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## **DISORGANIZED ATTACHMENT IN ROMANTIC RELATIONSHIPS: OR THE ONSET OF THE INHIBITION OF MENTALIZING AND EMOTION DYSREGULATION<sup>2</sup>**

### **Abstract**

The topic of this research is understanding the romantic relationships of individuals with disorganized attachment. Based on existing theoretical findings, it can be assumed that disorganized attachment consists of certain dimensions of affective attachment (a negative self-model and negative model of others, unresolved anger, and unresolved family trauma), and that individuals with disorganized attachment primarily have emotion dysregulation and problems in mentalizing in their romantic relationships (problems with reflective functioning). The research was carried out on a sample of 300 students (252 females and 48 males), aged 19 to 24. The measuring instruments included: the *Adult Disorganized Attachment scale (ADA)*, the *UIPAV-R questionnaire for the assessment of the attachment quality of adults*, the *State Difficulties in Emotion Regulation Scale (S-DERS)*, and the *Reflective Functioning Questionnaire (RFQ)*. The results have confirmed most of the initial hypotheses. The dimensions which predominantly explain the disorganized attachment of an individual include: a negative self-model and negative model of others, unresolved family trauma, and unresolved anger. The hypothesis that we can predict the tendency for chaotic functioning in romantic relationships based on emotion dysregulation (both one's own and the emotions of others) has also been confirmed. The hypothesis regarding the possible predictability of disorganized attachment in romantic relationships based on low reflective functioning, or hypomentalizing, was also confirmed. We can conclude that disorganized attachment can be responsible for the failure of romantic relationships as a result of emotion dysregulation and inhibition of mentalizing, which might be significant indicators for psycho-therapeutic work with individuals with this type of attachment style.

**Keywords:** disorganized affective attachment, dimensions of attachment, reflective functioning, emotion dysregulation

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## Introduction

The aim of this study is to attempt to understand the functioning of individuals with disorganized attachment (DA<sup>3</sup>) in romantic relationships, that is, to study the connection between the *romantic problems* of individuals with DA, and emotion dysregulation and inhibition of mentalizing. Disorganized affective attachment (DA) is classified within the theory of affective attachment. What it represents is a pattern of behavior with unfavorable characteristics.

### **Disorganized attachment: How does it occur and how do we identify it?**

When the caregiver shows signs of rejecting the child, is unpredictable, frightening or frightened, the infant is caught in a dilemma of ‘fear without solution’ (Main & Hesse, 1990). Caregivers abdicate the caregiving role, experience themselves as having no control, and become *hostile/helpless* when it comes to protecting their child. The infant’s drive to approach the caregiver for care and protection results in fear and increased, rather than decreased, anxiety. The absence of a possible strategy for achieving a comfortable sense of closeness in infancy leads to confused and disorganized behavior. However, over time children of the preschool age begin to develop controlling forms of behavior in order to feel some degree of predictability and safety. These controlling types of behavior usually include role-reversal, in which a child behaves towards others like a parent might towards a child, e.g. its behavior is punitively aggressive, compulsively caregiving or compulsively self-reliant i.e. not accepting care. However, feelings of anxiety and fear remain unresolved and reappear in sometimes chaotic and destructive forms in times of stress.

In order to study the individual differences in affective attachment styles and their consequences for the further development, Mary Ainsworth (Ainsworth, Blehar, Waters, & Wall, 1978) designed the first, tri-partite classification of individual attachment styles based on observational and laboratory procedures (Ainsworth & Wittig, 1969). This classification consisted of: the secure attachment, insecure avoidant attachment and insecure ambivalent attachment style. Several decades later, one of Mary Ainsworth’s associates, Mary Main, introduced a fourth type of affective attachment: disorganized/disoriented (Main & Solomon, 1986). The identification of a new attachment style was based on the observations of the specific behavior of children in the aforementioned laboratory settings. These children acted scared, their behavior was difficult to understand, on occasion even bizarre, characterized by a sense of confusion, of being lost, frozen or inflexible. Some of the typical forms of behavior also included the child at the same time seeking the closeness with the mother, but also looking away from her, thus displaying as much fear of the mother as of unfamiliar individuals. Considering that Mary Main used the fourth attachment

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<sup>3</sup> Disorganised Attachment

style to identify children who are scared, that is traumatized, her next logical step was to identify who the “Scary Parents” are. That is how in 1982, what is now famously known as the Adult Attachment Interview (AAI; Main, Kaplan, & Cassidy, 1985), was designed. It allowed the creation of a new field of research: affective attachment among adults. Thus, in adulthood, it is possible to identify disorganized attachment<sup>4</sup> based on the Adult Attachment Interview.

However, the implementation of the AAI is not only time-consuming, but the proper scoring of the voluminous transcript of the interview also requires training which perhaps only a dozen trainers in the world have completed (Hesse, 2008). Aware of the limitations of this type of attachment style identification, researchers more frequently opt for the construction of questionnaires based on self-reporting, and attempt to use them to evaluate psychological phenomena (at the level of representation) instead of social interaction. In our environment, an example of such an instrument is the UPIPAV-R questionnaire (Hanak, 2004).

On the other hand, considering that adulthood is marked by romantic relationships, researchers are correct in focusing on the construction of a questionnaire which will identify an individual with disorganized attachment precisely in romantic relationships (an example of such a questionnaire is the one which will be used in this study: The Adult Disorganized Attachment scale, ADA; Paetzold, Rholes, & Kohn, 2015). Namely, numerous studies (including Feeney & Noller, 1990) confirm that individuals with DA encounter the most difficulties in romantic relationships, since they simultaneously yearn for love and fear it. The outcome are fantasies and idealizations, relationships that begin and end in flirtation, the search for unavailable partners and quick withdrawal if the partner becomes available, numerous manipulations, simultaneous relationships with other people, etc (Nedeljković, Stefanović Stanojević, & Kostić, 2012). The modalities are numerous, and the most precise outcome is actually fear.

Having stated all the aforementioned, if we were to return to the basic research problem, it becomes clear that we will attempt to understand the love life of individuals with DA by integrating the developmental-clinical and social-personological approach.

We opted for a study of the associations between DA in romantic relationships and: dimensions of affective attachment, emotion dysregulation, and impairments in reflective functioning. Why?

## **Disorganized attachment and dimensions of affective attachment**

The dimensions of affective attachment which will be analyzed in this study include: using a secure base, fear of losing a secure base, mentalizing, unresolved family trauma, a negative self-model, a negative model of others and poor anger management. The nature of the aforementioned dimensions is somewhat different;

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<sup>4</sup> In later adolescence and adulthood, this pattern is referred to as *unresolved*.

some have already been determined empirically (using a secure base), some still represent only theoretical constructs (internal working models), and some can be recognized as an important feature of different styles of affective attachment and are used as criteria for coding AAI (mentalizing, unresolved trauma). In light of all the listed dimensions, to describe an individual with DA, the following dimensions might be relevant: a negative self-model, a negative model of others, unresolved family trauma and poor anger management. We will attempt to provide support for these expectations. Children who grew up with hostile or frightened parents were often scared and regularly did not have a strategy with which to regulate this uncomfortable emotion ('fear without solution'). Basically, they believed they were in the same room with someone who was supposed to love them and focus on them, but at the same time with someone they feared and someone who did not protect them. This resulted in a negative model of others (others are not a secure base), but also a negative self-model ("I do not deserve love", "I will never be able to survive", "...all I have is fear...") (Stefanović Stanojević, Tošić Radev, & Stojilković, 2018). The negative working models adopted during childhood persist through to adulthood and significantly shape romantic relationships. Just like their parent, a partner is someone who is yearned for, but is also someone to be feared.

When it comes to the association between DA and traumatic experiences, it is clear that the mere experience of 'fear without solution' represents a prolonged and unresolved trauma. More recent findings confirm that this type of trauma is transferred in a transgenerational manner. Namely, in the early work on DA, the focus had always been on searching for a specific trauma, that is, obtaining data on child molestation (alcoholism in the family, violence, etc.). „It is well-known that the prevalence of disorganized affective attachment is much higher in so-called risk groups than in the clinical population” (Išpanović, 2007, str. 68). Over the last few years, researchers have confirmed that DA can also be formed in non-risk, relatively typical family conditions. It is enough for the person who is taking care of the child to have DA, and be so overwhelmed with their own impulses as to send messages to the child which cannot be integrated into a clear and acceptable model of oneself and the world (Shemings & Shemings, 2011). In longitudinal studies done on the national level, it was determined that adolescents whose mothers had been evaluated as disorganized as far back as sixteen years ago, scored higher for unresolved trauma, even though they had not experienced any significant trauma during their childhood. The authors interpret these findings as unresolved trauma dating from the mothers' own childhood, due to which they not only do not recognize their own, but also the feelings of others, and consequently are not able to adequately explain the situations they are experiencing to their children, and are probably prone to more dramatic reactions to harmless causes or the absence of reaction to events which deserve attention. The question of whether one of the ways in which disorganized attachment is transferred is precisely unresolved trauma, or very likely the inability to process it, that is inhibited mentalizing, still remains open (Stefanović Stanojević & Tošić Radev, 2017).

And finally, the dimension which refers to poor anger management is actually only a logical consequence of the absence of healthy coping strategies in the case of

DA. Anger dysregulation could play a significant role in the inability to maintain a romantic relationship.

### **Disorganized attachment and emotion dysregulation**

Emotion dysregulation is the inability to flexibly respond to and manage emotions (Carpenter & Trull, 2013). Affective attachment and emotion regulation are inseparably bound together. It could be said that emotional responses play the most important role in maintaining the affective attachment of the child to his caregiver. Emotional reactions are actually the deciding way in which a child contributes to the interaction with his caregiver. A child which, for example, has experience with a rejecting caregiver or one who is unresponsive to the emotions he is displaying, will attempt to minimize his own emotional reactions and so reduce the possibility of being rejected again. On the other hand, a child whose mother reacts only occasionally to its emotions will maximize its emotional reactions so as to draw the attention to this insufficiently available mother. Naturally, a child which has experience with an adequate and available mother has learned that its emotional reactions will be answered, has learned how to process his negative emotions, how to display his positive emotions, or in other words, this child flexibly accepts and integrates both positive and negative emotions.

A child which has formed DA has a mother (caregiver) who is the reason for its fear without solution. The emotion regulation of this child is difficult to describe. We assume that we are dealing with a series of impulsive and contradictory reactions, that is, emotion dysregulation in the relationship with the caregiver. What stems from there are a series of bizarre types of behavior in the experimental *Strange situation* (Ainsworth et al., 1978): complete immobility, rigidity, movement towards the mother and avoiding eye contact, attempts at running away by climbing a wall, etc (Main & Solomon, 1986) .

In adulthood, the relation between emotion regulation and affective attachment is a part of one's state of mind. The mind of individuals with DA, despite their ability for abstract thought, is not characterized by coherence, or more precisely is still conditioned by fear. That is why individuals with DA are more often prone to incorrect interpretation of emotional statements, both their own and those of others. The usual emotional exchanges with a partner are inadequately interpreted, and this leads to inadequate reactions. To be more precise, they still see the world through the eyes of a scared child. This may mean that DA in romantic relationships can be recognized based on unusual, unexpected emotional reactions which are difficult to explain. We might say that if individuals had bizarre reactions to the *Strange situation* as children, their bizarre reactions would be directed towards their partner during adulthood.

An overview of the existing empirical evidence confirms the outlined association both for a sample comprised of children, and sample comprised of adolescents (Bender, Sømhøvd, Pons, Reinholdt-Dunne, & Esbjorn, 2015). „Empirical findings suggest

interrelations among attachment security, emotion dysregulation and anxiety. The aim of the present study was to test a model of the interrelations among the three factors on a sample of 673 youths (age 9–16), using structural equation modelling. Results showed that more securely attached youths reported less emotion dysregulation and that youths who did not have pronounced emotion dysregulation experienced less anxiety. The association between attachment security and anxiety was mediated by emotion dysregulation. The model was confirmed for both children and adolescents” (Bender et al., 2015, p. 189).

### **Disorganized attachment and reflective functioning**

In order to understand reflective functioning and its association with affective attachment, it is necessary to first understand the relationship between reflective functioning and mentalizing. Mentalizing is the ability to mentally process one’s own emotions instead of venting them through behavior without thinking. To be more precise, we distinguish between two aspects of mentalizing: the ability to recognize and name our own psychological experiences and make sense of them, and the ability to understand that the behavior of others can be explained by their own mental states (attitudes, intentions, plans, desires, and feelings) which gives it form and makes it reflective (Fonagy & Target 1997). Reflective functioning is a term used for operationalization at the usual level of mentalizing of an individual, and is thus used more often for research purposes and for constructing instruments (Fonagy, Target, Steele, & Steele, 1998). Even though mentalizing, that is reflective functioning, is a specifically human characteristic, we were not born with it, and instead it represents an important developmental achievement (Allen, Fonagy, & Bateman, 2008). In order for it to develop, what is necessary is secure attachment between a child and its mother, since only in these conditions can a child be relatively free to explore the mind of the other person.

Let us consider how the development of reflective functioning could look from the viewpoint of an individual with DA. Children with disorganized affective attachment carry a trauma over from their childhood, and they had no one to process it with. Unresolved, the trauma is blocked and repressed, or through disassociation separated from the conscious part of the personality, so neither the trauma, nor the feelings and consequences which have stemmed from it, are thought about and spoken of. This has significant consequences for the development of mentalizing, that is, it leads to its inhibition. Namely, each trauma, just like overly intense and long-lasting stress which trigger the attachment system, at the same time decreases the desire for exploration, curiosity, and as a consequence mentalizing. Furthermore, by means of „identification with the aggressor” the child could internalize the intentions of the abuser into the “dissociated” part of its own self, which is why it may later not have insight into the actual causes of some of its actions. Finally, the child could also stop relying on its own mind in the defense process, in the attempt to avoid the contradiction that the source of its fear is a person close to it. In this case the child is unconsciously, and provisionally speaking, rejecting the desire to think, in order to preserve the good model of the people close to it. Altogether, among individuals with DA, reflective functioning will

be weakened by the chronic activation of the bonding system, a high level of vigilance and fear of the content of the minds of other people. The extent to which this state does not allow a romantic connection which is stable and rooted in confidence is quite clear. Romantic relationships will be contaminated by mistakes in understanding the thoughts and feelings of one's partner (Fonagy, 2008, as cited in Mitrović, 2016).

Based on the aforementioned, and with the aim of better understanding an individual with DA, we defined the following hypotheses: 1) a high level of DA will have a positive association to the dimensions of affective attachment: a negative self-model, a negative model of others, poor anger management and unresolved family trauma; 2) a high level of DA will have a negative association with the following dimensions: using a secure base, fear of using a secure base, and mentalizing; 3) a high level of DA will be associated with a high level of emotion dysregulation expressed with the following dimensions: Nonacceptance of Current Emotions, Limited Ability to Modulate Emotions, Lack of Awareness of Current Emotions, and Lack of Clarity about Current Emotions; 4) a high level of DA will be associated with insecurity in terms of understanding one's mental states and the mental states of others, as well as being negatively associated with security in understanding mental states; 5) based on the following dimensions of affective attachment: a negative self-model, a negative model of others, anger dysregulation and unresolved family trauma, it is possible to predict a tendency towards DA in romantic relationships; 6) based on the following dimensions of emotion dysregulation: Nonacceptance of Current Emotions, Limited Ability to Modulate Emotions, Lack of Awareness of Current Emotions and Lack of Clarity about Current Emotions: it is possible to predict a tendency toward DA in romantic relationships; and 7) based on insecurity in terms of understanding both one's own mental states and those of others, it is possible to predict a tendency towards DA in romantic relationships.

## **Method**

### **Sample and procedure**

The research was carried out on a sample of 300 students (252 females and 48 males) aged from 19 to 24. The average age of the respondents was 20. The sample was convenient. The study was carried out anonymously and the paper-pen test was carried out by email. The respondents all gave their oral consent for participation in the study, foregoing any monetary compensation. The percentage of those who refused to participate was negligible, and according to all the characteristics available for analysis, non-systematic.

### **Measures**

**The Adult Disorganized Attachment scale (ADA; Paetzold et al., 2015).** The instrument was designed based on a detailed review of the existing literature on disorganized affective attachment. The initial list of items consisted of descriptions of

the characteristics of DA such as fear, confusion in relationships, mistrust of others, etc. After further analysis, the initial list was reduced to only 9 items which offer a good measure of disorganized attachment in romantic relationships. The ADA consists of 9 items, each rated on a 7-point scale, from 1 (*strongly disagree*) to 7 (*strongly agree*). Sample items include “I find romantic partners to be rather scary,” “It is normal to have traumatic experiences with the people you feel close to,” “Strangers are not as scary as romantic partners,” and “Compared to most people, I feel generally confused about romantic relationships.” The value of Cronbach’s alpha for the current sample was .78.

**The Questionnaire for Assessment of Adult and Adolescent Attachment (UPIPAV-R; Hanak, 2004; Vukosavljević-Gvozden & Hanak, 2007).** UPIPAV-R studies the basic aspects of affective attachment, determined based on an analysis of the existing theory and instruments for the evaluation of affective attachment at the level of mental representations. Unlike most of the questionnaires and scales used to evaluate affective attachment which are used to determine the quality of the attachment to certain figures (parents, friends, partners), this instrument studies general attachment, (in)security, which according to theory, is a reflection of the “state of mind in terms of affective attachment” (Hesse, 2008; Main et al., 1985), that is, of the representational world of the individual. The following dimensions were included: Unresolved family trauma, Fear of losing a secure base<sup>5</sup>, a Negative working model of others, Mentalizing, a Negative working model of the self, Using a secure base<sup>6</sup> and Dysregulation of anger. Each of the dimensions is represented by 11 items, so that the questionnaire consists of a total of 77 items. The respondents expressed their attitudes on a seven-point Likert scale.

Table 1  
*Reliability of the UPIPAV scale*

Name of the scale	<i>N</i> item	$\alpha$
Unresolved family trauma	11	.91
Fear of losing a SB	11	.89
A negative model of others	11	.91
Using a SB	11	.78
A negative self-model	11	.88
Dysregulation of anger	11	.88
Mentalizing	11	.87

**The State Difficulties in Emotion Regulation Scale (S-DERS; Lavender, Tull, DiLillo, Messman-Moore, & Gratz, 2015).** The questionnaire was designed with the intention of making up for the shortcomings of existing instruments used for the evaluation of emotion dysregulation (DERS; Gratz & Roemer, 2004). Namely, S-DERS focuses on the existing emotional state of the respondent, and not on any general tendencies, which is very important for the evaluation of emotion regulation and represents an advantage from the perspective of the researcher: it enables the identification of changes in emotion dysregulation in repeated measures and over short intervals. A factor analysis was used to

<sup>5</sup> Herein SB

<sup>6</sup> Herein SB



isolate the following subscales: Nonacceptance of Current Emotions (Nonacceptance) and the Limited Ability to Modulate Current Emotional and Behavioral Responses (Modulate). The subscales consist of seven items each. Lack of Awareness of Current Emotions (Awareness) consists of five items, and Lack of Clarity about Current Emotions (Clarity) consists of two items. The questionnaire consists of 21 items. For each S-DERS item, the respondents were asked to read a statement and “indicate how much it applies to your emotions right now,” with response options ranging from 1 (*not at all*) to 5 (*completely*). The value of Cronbach’s alpha for the current sample was .85.

**The Reflective Functioning Questionnaire (RFQ; Fonagy et al., 2016).** The questionnaire consists of 54 items. Starting from the determination of the reflective functioning as the ability to rationalize one’s own emotions and those of others, two types of methods were chosen: *simple polar-scoring* (a higher score indicates a higher level of mentalizing; e.g. “I understand that I can sometimes misinterpret the reactions of my best friends”) and *median-scoring* (extreme responses in both directions indicate qualitatively different inhibitions of mentalizing (hypermentalizing or hypomentalizing). The questionnaire consists of two sub-scales: *Certainty about Mental States - RFQ\_C* and *Uncertainty about mental states - RFQ\_U*. The extreme responses to the items of the first subscale indicate hypermentalizing, and to those of the second, hypomentalizing. All the items were coded so that the highest score could be obtained for the more neutral responses (*I somewhat agree or somewhat do not agree*). For each of the items the respondents voiced their opinions on a seven-point Likert scale. The value of Cronbach’s alpha for the current sample was: (RFQ\_C) .85 and (RFQ\_U) .78.

## Results

The research results will be presented in the following manner: we will start with the descriptive indicators, move on to correlations between the basic research variables, and finally end with the prediction of disorganized attachment based on mentalizing and emotion regulation.

Firstly, Table 2 shows the descriptive indicators.

Table 2  
*Descriptive indicators for: ADA, UPIPAV-R, RFQ, and S-DERS*

Questionnaire	Scales	<i>N</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>
ADA	ADASUM	300	10	41	20.59	7.74
	Unresolved trauma	300	11	73	32.13	16.08
	Fear of losing a SB	300	17	68	46.75	13.65
	A negative model of others	300	12	77	43.86	14.30
UPIPAV-R	Mentalizing	300	31	74	57.85	9.10
	A negative self-model	300	13	69	32.59	12.71
	Using a SB	300	18	77	61.07	11.77
	Anger dysregulation	300	13	68	33.44	12.36

S DERS	Nonacceptance	300	7	32	11.36	5.20
	Modulate	300	8	30	15.51	4.56
	Awareness	300	13	23	11.57	2.57
	Clarity	300	2	10	3.76	1.83
RFQ	LRF_U	300	2	44	13.42	7.81
	LRF_C	300	7	65	24.14	11.30

Tables 3, 4 and 5 show the correlations between the basic research variables.

Table 3

*Correlations between the dimensions UPIPAV-R and ADA*

	Unresolved trauma	Fear of losing a SB	Negative others	Mentalizing	Negative self-model	Using a SB	Dysregulation of anger
ADA	.30	.02	.46	-.10	.49	-.27	.20
<i>p</i>	.000	.670	.000	.071	.000	.000	.001

As assumed, there are statistically significant correlations between Disorganization in romantic relationships (ADA) and Unresolved trauma ( $r = .30$ ,  $p < .001$ ), a Negative model of others ( $r = .46$ ,  $p < .001$ ), a Negative self-model ( $r = .49$ ,  $p < .001$ ), and Dysregulation of anger ( $r = .20$ ,  $p < .001$ ). On the other hand, there is a statistically significant negative correlation between DA and the ability to use others as a secure base ( $r = -.27$ ,  $p < .001$ ).

Table 4

*Correlations between ADA and the S-DERS scales*

	Nonacceptance of Emotions	Limited Ability to Modulate Emotions	Lack of Awareness of Emotions	Lack of Clarity about Emotions
ADA	.54	.40	.09	.30
<i>p</i>	.000	.000	.125	.000

As seen from the table 4, what was also confirmed was the expectation of a significant connection between DA in a romantic relationship and Nonacceptance of emotions, Non-modulation of emotions, and Lack of Clarity about emotions. Only the correlation between the Lack of awareness of emotions and DA, even though positive, is not statistically significant.

Table 5

*Correlations between ADA and RFQ*

	<i>Certainty about Mental States –</i> RFQ_C	<i>Uncertainty about mental states –</i> RFQ_U
ADA	-.13	.22
<i>p</i>	.027	.000

Table 5 indicates that there is a statistically significant positive correlation between DA and the uncertainty of the respondents regarding their understanding

of their own mental states and the mental states of others, as well as a statistically negative correlation between DA and the uncertainty of the respondents regarding their understanding of their own mental states and the mental states of others. These findings confirm the associations between DA and the tendency towards hypomentalizing, that is, the inhibition of mentalizing.

Tables 6, 7 and 8 show the results of the regression analysis.

Table 6

*Prediction of DA in romantic relationships (ADA) based on the dimensions of affective attachment*

	<i>R</i>	<i>R</i> <sup>2</sup>	<i>F</i>	<i>p</i>	$\beta$	<i>t</i>	<i>p</i>
A negative self-model	.51	.26	98.73	.000	.51	9.94	.000
A negative model of others	.47	.22	81.98	.000	.47	9.05	.000
Unresolved trauma	.29	.09	28.02	.000	.29	5.29	.000
Dysregulation of anger	.20	.04	12.08	.001	.20	3.48	.001

Based on the data in table 6, we could say that the dimensions of affective attachment significantly explain the proposed model, that is, DA in romantic relationships.

Table 7

*Prediction of DA in romantic relationships (ADA) based on the dimensions of emotion dysregulation*

	<i>R</i>	<i>R</i> <sup>2</sup>	<i>F</i>	<i>p</i>	$\beta$	<i>t</i>	<i>p</i>
Nonacceptance of Emotions	.54	.29	122.95	.000	.54	11.09	.000
Limited Ability to Modulate Emotions	.40	.16	55.87	.000	.40	7.47	.000
Lack of Awareness	.09	.01	2.37	.125	.09	1.54	.125
Lack of Clarity	.30	.09	29.88	.000	.30	5.47	.000

From the table 7 we can see the nonacceptance of current emotions, the inability to modulate one's current emotions, and thus the failure to identify one's current emotions significantly predict DA in romantic relationships.

Table 8

*Prediction of uncertainty regarding the understanding of mental states based on the tendency towards DA in romantic relationships*

	<i>R</i>	<i>R</i> <sup>2</sup>	<i>F</i>	<i>p</i>	$\beta$	<i>t</i>	<i>p</i>
<i>RFQ_U</i>	.22	.05	14.82	.000	.22	3.85	.000

And finally, from table 8 we can see that the uncertainty when it comes to understanding the mental states of others, as well as one's own, significantly predicts the tendency for DA in romantic relationships.

To conclude, the tendency for DA in romantic relationships can be predicted based on: a negative self-model and a negative model of others, unresolved family

trauma, dysregulation of anger, nonacceptance of current emotions and the inability to modulate them, failure to identify current emotions and failure to understand one's own mental state and the mental state of others.

## Discussion

The discussion of the results will be organized around the proposed hypotheses.

The first hypothesis was confirmed in full. The dimensions which predominantly describe an individual with DA include: a negative self-model and a negative model of others, unresolved family trauma and dysregulated anger. If we were to model an individual with such personality traits, it would be sufficiently clear that they would be having a very difficult time in their respective relationships. Furthermore, the second hypothesis was confirmed in part. A negative correlation was established between DA and Mentalizing, that is, the ability to understand one's own mental states, as well as the mental states of other people. The dimensions of Using a SB and Fear of losing a SB do not correlate significantly with DA. The first two hypotheses already provide a sketch of an individual insecure about oneself and about others, an impulsive person, with inhibitions when it comes to understanding oneself and the world around them, and with an unresolved trauma which is probably the cause of this dissociation between them and any mental states, be it their own or those of others. In confirming hypothesis no. five, we have confirmed that we can expect someone who is able to bring from their childhood a negative self-model and negative model of others, who has not been helped to process the traumatic things which occurred during their childhood and who was unable to regulate their anger – not to stand a great chance of being successful in romantic relationships, to rush into them and at the same time run away from them.

The expectation of an association between emotion dysregulation and a tendency towards DA in romantic relationships was also confirmed (hypothesis no. three). Individuals who are not ready to accept the emotions they are currently experiencing, who are not able to adequately modulate these emotions, and who are not even able to correctly identify the emotions which are dominating current events – are all individuals who are prone to disorganized attachment in romantic relationships. The expectation that we can predict a tendency towards chaotic functioning in romantic relationships based on any emotion dysregulation, both one's own and that of others, was also confirmed (hypothesis no. six).

A description of an individual prone to DA would be incomplete without an evaluation of their relationship towards mentalizing, or more precisely, with the development of reflective functioning. Individuals prone to chaos in romantic relationships suffer from uncertainty when it comes to understanding mental states, both their own and those of others (hypothesis no. four). The correlation between security in terms of understanding mental states and the tendency towards DA is also significant, but it is negative. The proposed hypothesis on the possible predictability of DA in romantic relationships based on low reflective functioning, that is, hypomentalizing – was confirmed in hypothesis no. seven.

## Conclusion and possible implications

To conclude: 1) the tendency towards DA in romantic relationships is associated with four dimensions of affective attachment (the negative self-model and negative model of others, unresolved family trauma and dysregulation of anger); 2) the tendency towards DA in romantic relationships is associated with emotion dysregulation (nonacceptance of current emotions, the inability to modulate emotions and behavior, and lack of success in their identification); 3) the tendency towards DA in romantic relationships is associated with low expressed reflective functioning, that is, the inability to understand both one's own mental states and the mental states of others; 4) based on the dimensions of affective attachment (a negative self-model and negative model of others, unresolved family trauma and dysregulation of anger) it is possible to predict the tendency towards DA in romantic relationships; 5) based on the extent of dysregulation, it is possible to predict a tendency towards DA in romantic relationships; and 6) based on the extent of reflective functioning, it is possible to predict a tendency towards DA in romantic relationships.

Based on the obtained results we will attempt to, instead of a conclusion, sketch the love life of an individual prone to DA. Individuals who have grown up with DA experience their internal world as a dark and intimidating corridor. As chaos, as fear. From this corridor they live in, they do not see a way out, nor do they have a strategy which would lead them into the light of day. Over time, it is precisely the life of crisis and chaos that becomes the only thing they know and the only way they know how to live (a negative self-model, unresolved family trauma).

Individuals with DA naturally yearn for a romantic relationship, yearn to be loved, to be taken care of, to be saved. In their desire to be led out of the dark, they search for a partner. They find him – or even more often the partner finds them. However, the lesson they carry from their childhood instructs them that the most important thing is not to recognize the emotion which is being manifested by their significant other (inhibition of mentalizing), as these emotions can be unbearably painful or intimidating. When a partner enters their life and begins displaying love, attention, affection – they are on unfamiliar territory. They know they should be feeling joy and a final sense of security, but all they actually feel is fear of the unknown and the anxiety which overwhelms them, since there is the possibility of them being led out of the dark into the (frightening) light of day.

What do they do in that case? Well, in short, we could say that they sabotage the romantic relationship that they had craved so much in a variety of different ways. For example, they announce their *dilemma* to their partner in an incoherent and non-understandable way, as they cannot do it any better. When their partner is confused by this and becomes distant, they find evidence that he does not care enough for them, and that he should not have been trusted (a negative model of others), and so they leave him. There are also more complex modalities. Individuals with DA are prone to, at the mere hint of more subtle emotions towards their partner, impulsively or almost obsessively begin to search for their partner's flaws, so as to diminish their sense of guilt when they leave him, to find a reason for the anticipated experience of being rejected (emotion dysregulation). It happens that they select partners who are

unavailable, they fight for them, and when they finally have them, they conclude that the person in question was not as worthy as they had initially thought, otherwise he would not have allowed himself to be seduced. They decide that it was all not worth it. The modalities are numerous, but what is common is the inability to predict emotional reactions, even to correctly identify them (emotion dysregulation). After each of these attempts to establish a stable love affair, they return to the good old chaos, and the only thing they are certain of is that they will repeat this once again, one way or another. In a word: disorganized attachment is also called the shattered self (Gregg, 2016).

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## **OBRAZAC DEZORGANIZOVANE AFEKTIVNE VEZANOSTI U LJUBAVNIM VEZAMA: POREKLO INHIBICIJE KAPACITETA ZA MENTALIZACIJU I KAPACITETA ZA EMOCIONALNU REGULACIJU**

### **Apstrakt**

Osnovni problem istraživanja je razumevanje ljubavnih veza osobasa dezorganizovanim obrascem. Na osnovu postojećih teorijskih dometa, pretpostavljeno je da DA<sup>8</sup> organizaciju ličnosti čine određene dimenzije afektivne vezanosti (negativna slika o sebi i drugima, disregulacija besa i nerazrešena porodična traumatizacija), kao i da DA organizacija ličnosti u ljubavnim vezama pre svega ima problem sa regulacijom emocija i kapacitetom za mentalizaciju (refleksivnom funkcijom). Istraživanje je sprovedeno na uzorku od 300 studenata (252 devojke i 48 momaka), uzrasta od 19 do 24 godine. Instrumenti: *Adult Disorganized Attachment scale* (ADA), *Upitnik za procenu afektivne vezanosti odraslih* (UPIPAV-R), *The State Difficulties in Emotion Regulation Scale* (S-DERS) i *The Reflective Functioning Questionnaire* (RFQ). Rezultati su potvrdili većinu postavljenih očekivanja. Dimenzije koje dominantno opisuju kvalitet vezanosti DA organizacije ličnosti su: negativna slika o sebi i drugima, nerazrešena porodična traumatizacija i disregulacija besa. Očekivanje da na osnovu teškoća u regulaciji aktuelnih emocija (sopstvenih i tuđih) možemo predvideti sklonost haotičnom funkcionisanju u ljubavnim vezama takođe je potvrđeno. Postavljeno očekivanje o mogućoj predvidljivosti DA organizacije u ljubavi na osnovu niske refleksivne funkcije, odnosno hipomentalizacije takođe je potvrđeno. Mogli bismo zaključiti da DA organizacija ličnosti neuspeh u ljubavnim vezama duguje teškoćama sa regulacijom emocija i nerazvijenosti kapaciteta za mentalizaciju, što bi mogli biti značajni indikatori u psihoterapijskom radu sa osobama ovakve organizacije.

**Ključne reči:** dezorganizovana afektivna vezanost, dimenzije vezanosti, refleksivna funkcija, emocionalna disregulacija

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