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A study on influence of complex trauma on attachment styles in young adults

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***Abstract*---**Human beings are social animals in a world cemented by a complex network of attachments. Born with tabula-rasa, we are at the mercy of life experiences to shape our worldview. Perception and attention are powerful phenomena that structure the unique world each one of us inhabits. Ironically, we see the world as we are, yet the world we live in reinforces our beliefs, which is akin to living in echo chambers. The present study aimed at studying the influence of complex trauma on attachment styles and consequently attachment behaviours proved fruitful. From the correlational analysis of the data of 101 non-clinical young adult participants, the two variables showed significant correlation. The negative worldview created emotional dysfunction leading to difficulty forming close and dependable relationships. It created room for preoccupation and discomfort.

***Keywords*---**attachment, young adults, parenting complex, trauma clinical factors.

Introduction

Human beings are social animals in a world cemented by a complex network of attachments. Born with *tabula-rasa,* we are at the mercy of life experiences to shape our worldview. Perception and attention are powerful phenomena that structure the unique world each one of us inhabits. Ironically, we see the world as we are, yet the world we live in reinforces our beliefs, which is akin to living in echo chambers. Albert Bandura with his Bobo Doll Experiment disclosed how modeling makes us who we are, descendants of apes; imitating and accommodating to the acceptable, conforming to fit in. To survive and to belong, we endlessly replicate the models we surround ourselves with. We look up to our parents, our guardians for every bit of inspiration, to our small worlds they stand tall as the sun lighting the way for us to follow, disregarding an essential truth, they are just as fallible as us. Therefore attachment theories lay heavy emphasis on the importance of parenting. If children are surrounded by toxic models, they slowly corrode themselves to either become the shadows of toxicity or learn to

hide in the shadows away from the tyranny of childhood trauma. In a perfect world, the children wouldn't need to heal from their childhood; in a perfect world, there wouldn't be adults repeating the broken patterns of generational abuse. We will never know if Lucifer, the Devil was born depraved or was he just a misunderstood child clinging to depravity, hoping it to bring him the attention of a parent who had so easily cast him to hell.

The research on trauma, interpersonal relationships, and parenting, some of which are mentioned in the dissertation brings to light how children are susceptible to foundational damage at the hands of those they trust the most, their parents. There have been countless references to childhood trauma in literature, some of which are shared, "My mother did not mean to hate me, she did not even know she hated me, and yet I was hated. And I carried that hate with me through life with more pride than it perhaps deserved. A bruise of honor." -*Take Care: Mothers, Daughters, and Inheriting Self-Hatred*, Ella Wilson. "I need a father. I need a mother. I need some older wiser being to cry to." -*Sylvia Plath, Unabridged Journals of Sylvia Plath* "The victimization of children is nowhere forbidden; what is forbidden is to write about it." -*Alice Miller, Thou Shalt Not Be Aware: Society's Betrayal of the Child*

Every experience, good or bad, has repercussions. Trauma when encountered at the innocence of early age is a big boulder dropped into a small reservoir, it splashes out the water leaving little water inside. Traumatic experience robs the child of hope, happiness, and innocence. Stranger still is the trauma that comes at the hands of people they know, for it becomes a lifelong downward spiral of trying to understand their abuser and fix whatever is wrong with them. Bessel A. van der Kolk in *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* shared the ACE study that found that child abuse and neglect is the most preventable cause of mental illness, of drug and alcohol abuse, and a significant contributor to leading causes of death such as cancer, stroke, and suicide; reinforcing the fact that trauma stays in the body and percolates into everything we do in life.

People who want the most love as for it in the most unloving ways because growing up, they learned that their needs were secondary or outright invalid making them feel uncertain. So, consider an individual with an unresponsive or unreliable parent slowly through cycles of neglect learning to shut themselves from relationships or experiencing any traumatic event, they'd feel so isolated in the social setting, forming dysfunctional even potentially toxic relationships. All because they don't know better. "I think you lost all the interest in the world. You were disappointed and discouraged and lost interest in everything. So you abandoned the physical body. You went to a world apart and you're living a different kind of life there. In a world inside of you." -*Haruki Murakami, 1Q84*. The present study, therefore, aims to test whether these stands true for young adults within the Indian context; whether ambiguous complex trauma influences the attachment styles we exhibit.

Theories of Attachment; John Bowlby: **Internal Working Models**

Inspired by the imprinting experiment, John Bowlby introduced the term attachment in the 60s, proposing it to be an evolutionary process. Bowlby proposed that an essential base and foundation of the security of a child requires a strong attachment with the parent or the caregiver. The child must have a strong bond with either parent or the caregiver of the child. In the early developmental period of the child, the caregiver or the parent plays a very important role in the overall functioning of the child. The parent or the caregiver should provide comfort and support to the child. By being attached to a protective caregiver, the child develops to become more positive and independent in life (Bowlby J., 1969). He stated that depending on the interaction between the child and the caregiver, the child's inner working model is formed. Inner working model is a schema that an individual uses to perceive self and the world to understand and interact with others. He indicated that in presence of caregiver the child builds a sense of security leading to initiative in relationships in later life. In absence of caregiver, the child builds negative perception of either self or world or both leading to unstable foundations of future relationships. This phenomenon of looking at the same world but perceiving the cues differently is called "selective affiliation". Bowlby proposed that attachment was an evolutionary process of developmental importance rather than a by-product of other needs.

Mary Ainsworth: The Strange Situation Experiment

Mary Ainsworth's experiment "the Strange Situation" defined ambivalent-secure attachment in her theory. The main focus of this area was that there are effects of attachment styles on behavior and they continue to do so in the later parts of life also (Ainsworth M., 1967). Ainsworth tested Bowlby's hypothesis about the infant-caregiver interaction and the predictability of patterns of attachment behaviors shown by the child upon caregiver proximity restoration. Identifying the role of caregiver in child's interaction and initiative. An available and responsive caregiver easily placated the child while a caregiver with a negative experience caused the child to stay agitated longer. The central belief in Ainsworth's experiment was that responsiveness from the caregiver (via attentive feeding patterns, constant smiles, and loving gestures) created a sense of security for the child, leading to secure attachment behavior. Children showed insecure attachment with inconsistent, unresponsive, or rejecting mothers." (Karen, 1993, p. 273-74) leading to distress due to a lack of a secure base. Corresponding to it the infant either becomes clingy or grows weary of the mother's presence. This attachment style relates to the internal working models formed based on infant-caregiver interaction. The exploratory and affiliation systems will not be accessible if the infant is constantly worried about the caregiver's proximity thus showing developmental delay in insecurely attached children.

Complex Trauma

Trauma derived from the Greek word for 'wound', trauma dated back to the 17th century (Trauma, 2018) when it adhered to medical experiences; however, more recently it references an expansive spectrum of physical, psychological, and contextual life experiences (Trauma, 2018). For the dynamic discipline of

psychology, trauma as a construct has managed to stay fluid and controversial. Trauma, according to the APA dictionary (2021) is “any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person’s attitudes, behavior, and other aspects of functioning. It can cause overwhelming physiological or psychological stress responses aimed at fight-or-flight response/ survival instinct. The responses can be acute or chronic depending on the exposure to the severity of the trauma trigger. Trauma has the potential to create chronic dysfunction in the coping mechanism, create feelings of helplessness, diminishing sense of self, and the capacity to experience a full range of emotions and experiences, ultimately leading to distortion of the worldview of an individual.

In his book, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, Bessel A. van der Kolk shared the findings of a study of scans 18 c-PTSD patients with extreme early-life trauma,“…close to no activation of the self-sensing areas of the brain: The MPFC, the anterior cingulate, the parietal cortex, and the insula; the only area with a slight activation was the posterior cingulate responsible for basic orientation in space. Indicating that in response to the trauma itself, and in coping with the dread that persisted long afterward, the patients had learned to shut down the brain areas that transmit the visceral feelings and emotions that accompany and define terror. These brain areas are responsible for registering the entire range of emotions and sensations that form the foundation of our self-awareness, our sense of who we are. A tragic adaptation: To shut off terrifying sensations, they also deadened their capacity to feel fully alive.” This research highlights the lasting detrimental impact of trauma to cognitive processing of information and on the amygdala, hippocampus, and prefrontal cortex of life events in the wake of the traumatic incident.

Interpersonal trauma

The term *interpersonal trauma* (IPT) referred to traumatic events inflicted on a person by another human being (Lilly & Valdez, 2012), with a focus on the subjective experience of cumulative trauma and abuse throughout childhood and late adolescence (Kent & Waller, 1998; Sanders & Becker-Lausen, 1995). The current study focuses on an ambiguous/ complex interpersonal trauma born from a history of childhood abuse. It has an increased risk of negative physical and mental health outcomes in comparison to both impersonal trauma and lack of exposure to trauma (Kilpatrick et al., 2013; López-Martínez et al., 2018). One of the most common subcategories of interpersonal trauma is child abuse.

Childhood Trauma

According to World Health Organization, nearly half of the children experience child abuse or neglect (WHO, 2002), leading to the psychopathological symptoms such as depression and anxiety (e.g., Davis, Petretic-Jackson, & Ting, 2001). According to Krug et al. (2002), child maltreatment can be that are physical abuse, sexual abuse, emotional abuse, and neglect. Physical abuse is actions aimed at physical harm. Sexual abuse is the act of using a child for sexual gratification. Emotional abuse is the failure to provide an appropriate and

supportive environment for the child. Neglect, on the other hand, is the failure to meet the necessary needs of a child for his/her development in one or more areas such as health, nutrition, shelter, education, emotional development, and safe living conditions (Krug et al., 2002). Research (e.g., Briere, Evans, Runtz, & Wall, 1988; Krug et al., 2002; Spertus, Yehuda, Wong, Halligan, & Seremetis, 2003; Turner & Butler, 2002) indicates that exposure to the traumatic events in any form (i.e., emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect) in childhood is detrimental to the psychological well-being.

In her book, *Trauma and Recovery: The Aftermath of Violence - From Domestic Abuse to Political Terror*, Judith Lewis Herman wrote: "Many abused children cling to the hope that growing up will bring escape and freedom. But the personality formed in the environment of coercive control is not well adapted to adult life. The survivor is left with fundamental problems in basic trust, autonomy, and initiative. She approaches the task of early adulthood——establishing independence and intimacy——burdened by major impairments in self-care, cognition and in memory, identity, and the capacity to form stable relationships."

Complex Posttraumatic Stress Disorder

Complex posttraumatic stress disorder (Complex PTSD), has been originally proposed by Herman, as a clinical syndrome following precipitating traumatic events that are usually prolonged in duration and mainly of early life onset, especially of an interpersonal nature and more specifically consisting of traumatic events taking place during early life stages (*i.e.*, child abuse and neglect). Complex trauma describes both children's exposure to multiple traumatic events—often of an invasive, interpersonal nature—and the wide-ranging, long-term effects of this exposure. These events are severe and pervasive, such as abuse or profound neglect. They usually occur early in life and can disrupt many aspects of the child's development and the formation of a sense of self.

According to the International Classification of Diseases, 11th Edition, C-PTSD consists of six symptom clusters: the three PTSD criteria of re-experiencing, avoidance, and hyper vigilance, in addition to three disturbances of self-organization (DSO) symptoms defined as emotional dysregulation, interpersonal difficulties, and negative self-concept. It is a psychological disorder that can develop in response to exposure to an extremely traumatic series of events in a context in which the individual perceives little or no chance of escape, and particularly where the exposure is prolonged or repetitive.

Shattered Assumptions

The idea of an internal representation of perception of the external world has been called many names: schemas (Bartlett, 1932), personal and world theories (Epstein, 1984), assumptions or the assumptive world (Janoff-Bulman, 1992), cultural worldviews (Solomon, Greenberg, & Pyszczynski, 1991; Solomon, Greenberg, Pyszczynski, & Kolle, 2004), and working models (Bowlby; 1969, 1973). Assumptions was coined by Colin Murray Parkes (Janoff-Bulman, 1992; Mills, 2010). The theory of shattered assumptions was given by Janoff-Bulman's (1992) in Shattered Assumptions: Towards a New Psychology of Trauma. He

definded assumptions as unarticulated, “strongly held assumptions about the world and the self which are confidently maintained and used as a means of recognizing, planning, and acting” (Parkes, 1975, p. 132). The assumptions about how the world and others function are hypothesized to be constructed at an early age from the interactions with an individual’s primary caregivers (Janoff Bulman, 1992).

All of an individual’s assumptions of the world are believed to fall within the three overarching core assumptions: the world as benevolent, the world as meaningful, and the self as worthy (Janoff-Bulman, 1992). A traumatic event will challenge these beliefs creating incongruence with the prior perceptions leading to shattering the assumptions of how the world is believed to function and destroys the illusions and thus the individual. (Janoff-Bulman & Berg, 1998). Traumas disillusion an individual, forcing them to instantly recognize the previous assumptions of control and invulnerability as mere illusions (Mills, 2010).

Rationale of the study

This research aims to bring to attention the ambiguous trauma that goes undetected in the non-clinical population. It contributes to severe psychological and relational stress which is highly common among young adults. It is essential to note that its non-detectability and universality makes it seem perfectly normal and thus further perpetuating unhealthy patterns in relationships. Things don’t always have to be clinically significant to cause significant damage. The aim of conducting the research in the Indian context is to start the dialogue on flawed parenting and generational unhealthy patterns that have impeded the cultivation of Indian youth. The cultural construct of parents knowing the best and doing the best for their child needs to go out of the window if we are to process and heal for toxic patterns of childhood and upbringing. Also, it aims at creating awareness and accountability in the young adults to recognize their responsibility to process the trauma they don’t know they have experienced to prevent it from harming the next generation.

Procedure

Data collection was conducted virtually. The online survey was distributed among college students using multiple social media platforms like Instagram, What’s App, and Facebook. A brief introduction of the study was attached to the Google form link to lay down the objective of the survey. The survey was initiated by securing consent followed by collecting the demographic details of the participants alongside their responses to the questionnaire. The participants were also ensured about confidentiality and their data will only be used for research purposes. In conclusion, participants were thanked for their contribution to the research.

World Assumptions Scale

The World Assumptions Scale (WAS) is a 32-item self-report scale that examines the participants’ cognitive schemes about self and the world. Items are scored on a 6-point Likert scale (1 = strongly disagree, 6 = strongly agree). The internal

consistency of the subscales has previously been found to range from a = .48 to .82. (Elklit, Shevlin, Solomon, & Dekel, 2007). Difficulties in Emotional Regulation. Difficulties in Emotional Regulation is a brief 36 item selfreport questionnaire with 6-point Likert scale (1 = strongly disagree, 6 = strongly agree). It has been validated by construct and criterion validity. Test-retest reliability (Gratz & Roemer, 2004): n=21, time period=4-8 weeks, measured using an intra-class correlation coefficient Total DERS (.88), Nonacceptance (.69), Goals (.69), Impulse (.57), Awareness (.68), Strategies (.89), And Clarity (.80). Internal Consistency: (Cronbach's Alpha) Gratz & Roemer, 2004, DERS Total (.93), Non-acceptance (.85), Goals (.89), Impulse (.86), Awareness (.80), Strategies (.88), Clarity (.84). In a sample of 325 participants aged 18-62 (50.8% White, 21.5% Black, 8.6% Asian/Pacific Islander, 6.5% Hispanic/Latino, 5.2% multiracial, and 3.1% other) recruited from a large urban university, Salters, Roemer, Tull, Rucker, & Mennin (in press) reported good internal consistency for the total score (alpha=.89) and subscale scores (alpha>.77).

Limitations of the study

The study was conducted with online data collection, which left significant room for distractibility and biases thereby making the reliability questionable. The size of sample size was an issue too. With numerous forms and online activities successfully capturing the attention of the young adult population was a challenge; the low sample size brings the validity of the result findings under doubt. The in absence of researcher-participant interaction the queries went unresolved leading to misinterpretation of items. The sample was concentrated over a very small geographical area making it prone to cultural-regional contextual bias.

Discussion and Results

The present study has complied the data of the sample of 101 non-clinical participants wherein the parameters of attachment style parameters and complex trauma indicators have been correlated for the young adult population. According to Attachment Style Questionnaire, there are five sub-dimensions to attachment style of an individual: confidence, preoccupation, discomfort, need for approval and relationship as secondary. In case of secure attachment style confidence is high whereas preoccupation, discomfort, need for approval and relationship as secondary are low. In case of anxious attachment style, need for approval and preoccupation will be high and the other variables i.e., confidence, discomfort, and relationship as secondary will be low. In case of avoidant attachment style, discomfort and relationship as secondary will be high, confidence, need for approval, and preoccupation are low.

Table 4.1
Correlation attachment tendencies with parameters on emotional regulation scale and world assumption scale

	Confidence		Discomfort		Relationship as Secondary	
	Pearson Correlatio	Sig. (2-	Pearson Correlatio	Sig. (2-tailed)	Pearson Correlati	Sig. (2-tailed)

	n	tailed)	n		on	
Close	.263	.008	-.460	.001	-.307	.002
Depend	.220	.027	-.443	.001	-.090	.372
Anxiety	-.141	.160	.182	.068	.290	.003
Non Acceptance of emotional responses (NON ACCEPT)	-.164	.100	.260	.009	.502	.001
Difficulty engaging in Goal-directed behavior (GOALS)	-.211	.034	.136	.174	.145	.149
Impulse control difficulties (IMPULSE)	-.088	.384	-.147	.142	.297	.003
Lack of emotional awareness (AWARENESS)	-.122	.224	-.101	.317	-.004	.968
Lack of emotional clarity (CLARITY)	-.141	.161	-.051	.613	.254	.010
Limited access to emotion regulation strategies (STRATEGIES)	-.171	.086	.159	.113	.420	.001
Benevolence of World	.343	.001	-.022	.831	-.249	.012
Meaningfulness	.255	.010	.090	.371	-.007	.941
Worthiness of Self	.465	.001	-.281	.004	-.149	.137
Confidence	1		-.146	.146	.031	.761
Discomfort	-.146	.146	1		.202	.042
Relationship as Secondary	.031	.761	.202	.042	1	
Need for Approval	-.092	.359	.262	.008	.579	.001
Preoccupation	-.023	.817	.273	.006	.360	.001

	Need for Approval		Preoccupation	
	Pearson Correlation	Sig. (2-tailed)	Pearson Correlation	Sig. (2-tailed)
Close	-.491	.000	-.265	.007
Depend	-.069	.495	-.049	.626
Anxiety	.480	.001	.586	.001
Non Acceptance of emotional responses (NON ACCEPT)	.687	.001	.616	.001
Difficulty engaging in Goal-directed behavior (GOALS)	.256	.010	.478	.001
Impulse control difficulties (IMPULSE)	.377	.001	.405	.001
Lack of emotional awareness (AWARENESS)	-.047	.639	-.017	.869
Lack of emotional clarity (CLARITY)	.439	.001	.414	.001
Limited access to emotion regulation strategies	.528	.001	.573	.001

(STRATEGIES)				
Benevolence of World	-.177	.077	-.144	.151
Meaningfulness	-.130	.196	-.134	.181
Worthiness of Self	-.211	.034	-.092	.359
Confidence	-.092	.359	-.023	.817
Discomfort	.262	.008	.273	.006
Relationship as Secondary	.579	.001	.360	.001
Need for Approval	1		.561	.001
Preoccupation	.561	.001	1	

Table 4.1 lays down the descriptive statistics of the entire data set covering the sub-dimensions of all the four tools utilized in the study. Table 4.1 comprises correlation of attachment styles with parameters of emotional regulation and worldview. In the table, confidence shows significant correlation with closeness, benevolence of world, meaningfulness, and worthiness of self. This indicates that the more optimistic and individual's world view, the higher will be their confidence in self and higher will be their tendency to form close bonds. From the table, discomfort shows significant negative correlation with closeness, dependence in relationships, and worthiness of self, whereas it shows positive correlation with need for approval, preoccupation, and non-acceptance of emotional responses. This empirically supports that individual's low self-worth experience difficulty in forming close relationships and find it hard to depend on others. Their discomfort maybe a result of their lack of acceptance of personal emotions; coupled with self-esteem dynamics, this can make them susceptible to seeking external validation.

In the table, relationship as secondary, shows significant positive correlation with anxiety, non-acceptance of emotions, impulse control difficulties, lack of emotional clarity, limited access to emotional regulation resources, need for approval and preoccupation. From this it can be deduced that people tend to treat relationships as secondary when they lack impulse control, emotional clarity and the emotional resources to function in a relational dynamic. They may have preoccupation, anxiety, and need for approval but their non-acceptance of emotions makes it hard for them to see these issues clearly, thereby making them treat relationships as insignificant. Ultimately, it is negatively correlated to closeness.

The need for approval shows significant positive correlation with anxiety, non-acceptance of emotions, impulse control difficulties, limited access to emotional resources, difficulty engaging in goal directed behaviours, lack of emotional clarity, discomfort, relationship as secondary and preoccupation. This goes on to show that lack of self-control (impulsivity and difficulty engaging in goal directed behaviour), anxiety and inability to accept emotions leads to discomfort, preoccupation, and lack of emotional clarity which leads to treating the relationships as secondary. This can resultantly cause one to seek approval in absence of self-belief. This parameter is negatively correlated to closeness statistically representing the damage of validation seeking to the intimacy of relationships. In the table, preoccupation follows the trend of need for approval with startling efficiency in both negative and positive correlation.

Table 4.2
Correlation between DERS subscales and parameters on other scales

	Non Acceptance of emotional responses (NON ACCEPT)		Difficulty engaging in Goal-directed behavior (GOALS)		Impulse control difficulties (IMPULSE)	
	Pearson Correlation	Sig. (2-tailed)	Pearson Correlation	Sig. (2-tailed)	Pearson Correlation	Sig. (2-tailed)
Close	-.373	.001	-.192	.054	-.117	.245
Depend	-.186	.063	-.167	.094	-.042	.679
Anxiety	.541	.001	.364	.000	.313	.001
Non Acceptance of emotional responses (NON ACCEPT)	1		.495	.000	.574	.001
Difficulty engaging in Goal-directed behavior (GOALS)	.495	.001	1		.528	.001
Impulse control difficulties (IMPULSE)	.574	.001	.528	.001	1	
Lack of emotional awareness (AWARENESS)	.041	.681	-.057	.570	-.022	.824
Lack of emotional clarity (CLARITY)	.524	.001	.394	.001	.471	.001
Limited access to emotion regulation strategies (STRATEGIES)	.777	.001	.564	.001	.680	.001
Benevolence of World	-.277	.005	-.130	.194	-.254	.010
Meaningfulness	-.178	.076	-.206	.038	-.098	.328
Worthiness of Self	-.313	.001	-.274	.006	-.354	.001
Confidence	-.164	.100	-.211	.034	-.088	.384
Discomfort	.260	.009	.136	.174	-.147	.142
Relationship as Secondary	.502	.001	.145	.149	.297	.003
Need for Approval	.687	.001	.256	.010	.377	.001
Preoccupation	.616	.001	.478	.000	.405	.001

	Lack of emotional awareness (AWARENESS)		Lack of emotional clarity (CLARITY)		Limited access to emotion regulation strategies (STRATEGIES)	
	Pearson Correlation	Sig. (2-tailed)	Pearson Correlation	Sig. (2-tailed)	Pearson Correlation	Sig. (2-tailed)
Close	-.056	.578	-.241	.015	-.388	.001
Depend	-.190	.057	-.119	.235	-.286	.004

Anxiety	.139	.165	.505	.001	.449	.001
Non Acceptance of emotional responses (NON ACCEPT)	.041	.681	.524	.001	.777	.001
Difficulty engaging in Goal-directed behavior (GOALS)	-.057	.570	.394	.001	.564	.001
Impulse control difficulties (IMPULSE)	-.022	.824	.471	.001	.680	.001
Lack of emotional awareness (AWARENESS)	1		.471	.001	.180	.071
Lack of emotional clarity (CLARITY)	.471	.001	1		.602	.001
Limited access to emotion regulation strategies (STRATEGIES)	.180	.071	.602	.001	1	
Benevolence of World	-.180	.072	-.205	.040	-.296	.003
Meaningfulness	-.118	.240	-.168	.092	-.139	.166
Worthiness of Self	-.332	.001	-.432	.001	-.408	.001
Confidence	-.122	.224	-.141	.161	-.171	.086
Discomfort	-.101	.317	-.051	.613	.159	.113
Relationship as Secondary	-.004	.968	.254	.010	.420	.001
Need for Approval	-.047	.639	.439	.001	.528	.001
Preoccupation	-.017	.869	.414	.001	.573	.001

Table 4.2 shows the correlation of attachment tendencies with parameters on emotional regulation scale and world assumption scale. The aim is to evaluate the how attachment tendencies influence or are influenced by emotional regulation and worldview. The correlation values with significance of .05 within two-tailed analysis have been highlighted. Table 4.2 shows the correlation of the subscales of difficulties in emotional regulation with attachment inclinations and world assumption. The objective is to detect how difficulties in regulation of emotions are related to attachment styles and worldview. In the table, non-acceptance of emotional responses, shows negative correlation to benevolence of the world, closeness and worthiness of self. It also shows positive correlation to discomfort, need for approval, anxiety, preoccupation, difficulty in engaging in goal directed behaviour, impulsivity, limited access to emotional resources, lack of emotional clarity, and relationship as secondary. This is indicative that non-acceptance of emotional response leads to emotional confusion creating anxiety, impulsivity, and self-doubt, which in turn creates room for validation seeking behaviour. Lack of faith in the world and worthiness of self, coupled with anxious behaviour hampers the intimacy of relationships making it hard to form close bonds.

From this table, difficulty in goal directed behaviour negatively correlates to self-worth i.e. inability to work towards one's goals makes one question one's potential. It also shows positive correlation to need for approval, anxiety, preoccupation, non-acceptance of emotions, impulsivity, limited access to emotional regulation strategies, and lack of emotional clarity. All this emotional confusion and lack of trust in self creates difficulty in sustaining healthy relationships. Further, impulse control difficulties show negative correlation with benevolence of the world and worthiness of self. Implies believing in self and the world makes it easier to take rational and planned thoughts rather than acting on impulse. Believing in world and self gives one courage to face challenges rather than blindly fight or flight under stress. It also shows positive correlation to discomfort, need for approval, anxiety, preoccupation, difficulty in engaging in goal directed behaviour, non-acceptance of emotional responses, limited access to emotional resources, lack of emotional clarity, and relationship as secondary. Impulsivity can act as a self-sabotaging behaviour in a relationship creating an unreliable image of the individual. Apart from emotional dysfunction and validation seeking, it can also cause discomfort as being accountable can create a sense of bondage in the individual making them avoid the relationships.

Similarly, from the aforementioned table, lack of emotional awareness, correlates negatively to worthiness of self and positively to lack of emotional clarity implying low self-worth can create emotional confusion. From the same table, lack of emotional clarity, correlates negatively with worthiness of self. It also shows positive correlation to need for approval, anxiety, preoccupation, difficulty in engaging in goal directed behaviour, non-acceptance of emotional responses, lack of emotional awareness, limited access to emotional regulation strategies, impulsivity, and relationship as secondary. Lastly drawing from the table, limited access to emotional regulation strategies or believing that one is unskilled to proper handle emotionally straining situations shows negative correlation with closeness, dependability benevolence of world and worthiness of self, implying that negative world assumptions are detrimental to self-regulation. The perception of self as incapable of handling life situation damages the potential for relying on others or allowing them to rely on us. It also prevents the formation of close attachments.

Conclusion

The present study aimed at studying the influence of complex trauma on attachment styles and consequently attachment behaviours proved fruitful. From the correlational analysis of the data of 101 non-clinical young adult participants, the two variables showed significant correlation. The negative worldview created emotional dysfunction leading to difficulty forming close and dependable relationships. It created room for preoccupation and discomfort. On the other hand, positive correlations between positive world view and close, dependable relationships was detected. Thus, the null hypothesis that complex trauma doesn't influence attachment styles was proven false, consequently the research hypothesis that complex trauma influences attachment behaviours was accepted (with statistically significance level of .05).

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