



To explore relationship between the Adult Attachment Styles, Emotional Regulation, and Alcohol Consumption

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Abstract: This research explores how adult attachment styles relate to patterns of alcohol consumption, drawing on Bowlby's Attachment Theory. The theory suggests that early emotional bonds with caregivers shape lifelong emotional regulation and relational behaviors. The study hypothesizes that individuals with insecure attachment—particularly anxious or avoidant—are more likely to engage in maladaptive coping, including excessive alcohol use, to manage emotional distress. Using a quantitative design, the study employed three standardized tools: the Adult Attachment Questionnaire (AAQ) to assess attachment orientation, the Emotion Regulation Questionnaire (ERQ) to evaluate emotion regulation strategies, and the Alcohol Use Disorders Identification Test (AUDIT) to measure alcohol misuse. A total of 107 adults (aged 18–35) participated via an online survey. Results indicated that those with insecure attachment, especially anxiety-driven patterns, reported higher levels of alcohol consumption. Emotion regulation difficulties partially explained this link, suggesting that poor emotional control contributes to substance use. These findings have therapeutic relevance, highlighting the value of integrating attachment-focused and emotion-regulation-based interventions, such as expressive arts therapy, into alcohol misuse treatment. The study supports a holistic model that addresses emotional and relational factors in substance use behavior.

Keywords: *Adult Attachment Styles, Emotion Regulation, Alcohol Consumption*

1. Introduction

Attachment Styles

John Bowlby's Attachment Theory (1969) provides a foundation for understanding how early caregiver relationships shape emotional development. These early interactions form mental templates, or "internal working models," that guide how individuals perceive themselves and others in later relationships. This framework plays a critical role in emotional regulation and coping mechanisms throughout life.

Attachment is rooted in evolutionary biology, serving as a survival mechanism to keep infants close to caregivers. Consistent, nurturing care leads to secure attachment and emotional resilience, while inconsistent or neglectful care fosters insecure patterns.

Emotional Regulation

Emotion regulation is the ability to manage and respond to emotional experiences in healthy ways. According to Gross (1998), it includes both conscious strategies (like reappraising a situation or suppressing emotions) and unconscious reactions (like defense mechanisms).

Alcohol Consumption

Alcohol use ranges from social drinking to serious addiction. It is shaped by psychological, social, and biological factors. Tools like the Alcohol Use Disorders Identification Test (AUDIT) help assess drinking habits.

The relationship between attachment insecurity, emotional regulation difficulties, and alcohol consumption:

It is complex and bidirectional. Insecure attachment often leads to impaired emotional regulation, where individuals may struggle to manage distressing feelings or interpersonal conflict. This emotional dysregulation can drive individuals to use alcohol as a means of self-medication—either to numb emotional pain (in the case of anxious attachment) or to avoid confronting emotional discomfort (in the case of avoidant attachment). Over time, such patterns can contribute to the development of alcohol use disorders and other addictive behaviors. The interplay between attachment insecurity, difficulties in emotional regulation, and alcohol consumption is multifaceted and often reciprocal. Individuals with insecure attachment styles—whether anxious or avoidant—tend to experience heightened emotional vulnerability and challenges in managing their internal states. Anxiously attached individuals may turn to alcohol to soothe overwhelming emotions and gain a temporary sense of relief, while those with avoidant attachment might use alcohol to suppress or escape from emotional intimacy and discomfort. This maladaptive coping strategy can evolve into a persistent pattern, increasing the risk of problematic drinking and the development of alcohol-related

disorders. Such findings underscore the importance of addressing underlying relational and emotional dynamics when understanding substance use behaviors (Ravitz et al., 2010).

2. Review of Literature

Relationship Between Attachment Styles and Alcohol Consumption

Schindler & Bröning (2015) emphasizes the developmental pathways linking insecure attachment in adolescence to the increased likelihood of substance abuse in adulthood. Insecurely attached youth often lack effective emotional regulation and coping mechanisms, which predisposes them to seek alcohol and other substances as emotional self-soothing tools. Key Insight: The necessity of early interventions targeting attachment insecurities is highlighted as a preventive measure against future substance misuse.

McNally et al. (2003) explored how attachment anxiety impacts alcohol misuse in young adults. Their findings suggest that individuals with high attachment anxiety are more likely to use alcohol as a way of coping with emotional distress, particularly through emotion-focused coping strategies. Key Insight: Attachment anxiety is linked to alcohol misuse, with emotion-focused coping being a significant mediator in this relationship.

Taylor & Stanton (2007) examined the role of insecure attachment in substance use, particularly alcohol. They suggest that insecurely attached individuals, especially those with avoidant attachment, often lack adaptive coping strategies and thus use alcohol to manage negative emotions and stress. Key Insight: Insecure attachment promotes maladaptive coping strategies, such as alcohol use, particularly in stressful situations.

Del Giudice (2009) proposed that attachment styles influence broader life strategies, including risk behaviors like substance abuse. Anxious and avoidant attachment styles are linked with higher impulsivity and substance use, particularly in the context of unregulated emotions. Key Insight: Attachment disruptions in early life can lead to maladaptive coping behaviors, such as alcohol misuse, due to emotional dysregulation.

Ravitz et al. (2010) reviewed adult attachment and its relevance to psychopathology, including substance use disorders. They found that insecure attachment styles increase emotional dysregulation, which in turn heightens susceptibility to substance misuse, including alcohol use. Key Insight: Attachment issues lead to difficulties in emotional regulation, increasing the risk of alcohol misuse as individuals seek to alleviate emotional distress.

3. Research Methodology

3.1 Aim

The primary aim of this study is to explore the relationship between attachment styles, emotional regulation, and alcohol consumption in adults. Specifically, the study investigates how different attachment styles influence emotional regulation strategies and patterns of alcohol use.

3.2 Research Variables

Independent Variable(s): Attachment Styles (measured via the Adult Attachment Questionnaire - AAQ)

Mediating Variable: Emotional Regulation (measured via the Emotion Regulation Questionnaire - ERQ)

Dependent Variable: Alcohol Consumption (measured via the Alcohol Use Disorders Identification Test - AUDIT)

3.3 Hypotheses

H1: Individuals with insecure attachment styles (anxious, avoidant, or disorganized) will report significantly higher alcohol consumption compared to individuals with secure attachment styles.

H2: Emotional regulation strategies (cognitive reappraisal and expressive suppression) will mediate the relationship between attachment styles and alcohol consumption.

H3: Individuals with secure attachment styles will use adaptive emotional regulation strategies (higher cognitive reappraisal, lower suppression) and report lower levels of alcohol consumption.

3.4 Research Design

3.4.1 Research Type

This study followed a quantitative, correlational, and cross-sectional design. The Participants are Adults aged 18 and above who consume alcohol.

3.4.2 Sampling

Convenient sampling was used. The researcher first sent the survey to known adult drinkers, who then shared it with others in their networks. There were 107 participants.

3.5 Data Collection Method

The study aimed to investigate the relationship between attachment styles, emotional regulation, and alcohol consumption. The data was Collected through an online survey created using Google forms, ensuring easy distribution and access for participants.

The survey utilized three standardized instruments, which includes: AAQ: Measures attachment styles. ERQ: Assesses emotion regulation strategies. AUDIT: Evaluates alcohol use and its impact

Demographic details like age and gender were also collected. The survey was shared through social media, messaging apps, and email. Participants gave informed consent, and anonymity and confidentiality were ensured.

3.6 Procedure

The survey was created using validated tools (AAQ, ERQ, AUDIT) and tested for clarity. Participants completed the questionnaire online via survey platform. The study is explained in detail, an informed consent is obtained before participation. Responses are anonymous and participants can withdraw at any time without penalty.

4. Statistical Analyses

The data analysis included several key steps to test the study's hypotheses and explore the relationship between Attachment styles, emotional regulation, and alcohol consumption. Descriptive statistics were first used to summarize demographic information and examine the distribution of responses.

4.1 Methods Used

Descriptive Statistics

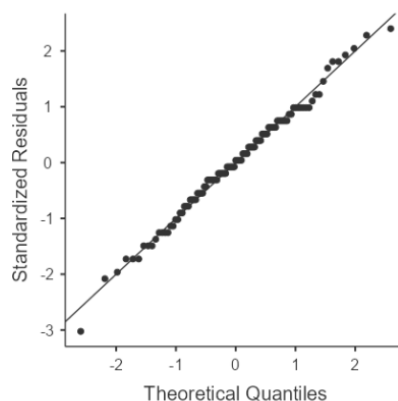
Table 1. *Descriptive Statistics for Variables A-F*

Variable	M	SD	Median	Min	Max	Skewness	Kurtosis
A (Secure)	3.63	1.73	3.00	1.00	7.00	0.30	-0.88
B (Avoidant)	3.80	0.81	3.80	1.40	5.80	-0.05	0.16
C (Anxious)	4.12	1.14	4.33	1.33	6.67	-0.12	-0.27
D (Cog Reap)	4.29	1.24	4.20	1.20	7.00	0.08	-0.03
E (Exp. Sup.)	4.49	1.39	4.50	1.00	7.00	-0.02	-0.63
F (AUDIT)	40.60	8.48	41.00	15.0	61.0	-0.11	0.21

Interpretation of Table 1:

The descriptive statistics in Table 1, updated for N = 106 participants, indicate that all variables display reasonably normal distributions. Measures of central tendency and spread are consistent with normality: all skewness and kurtosis values fall well within acceptable bounds (± 1), justifying the use of Pearson correlation and other parametric procedures. The

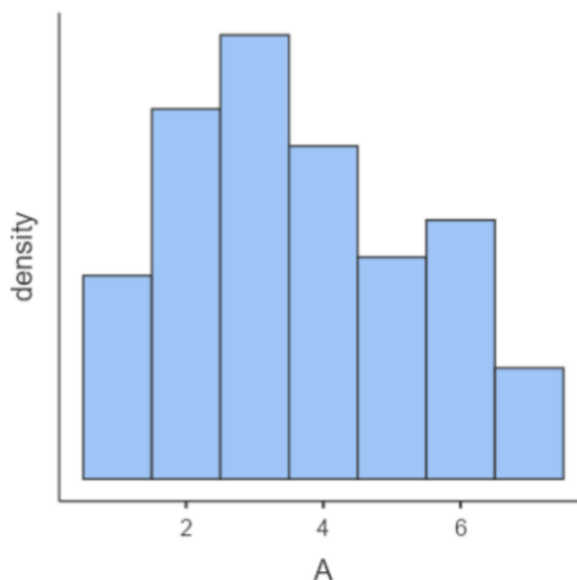
AUDIT scores (F) show a wide range (15–61) with a mean of 40.60, indicating significant variability in alcohol consumption patterns across the sample.



Below is a brief descriptive summary of each variable (A–F), first in terms of its histogram (shape, central tendency, skewness, modality, potential outliers) and then the corresponding Q–Q plot (degree to which the standardized residuals follow a straight-line, i.e. normality).

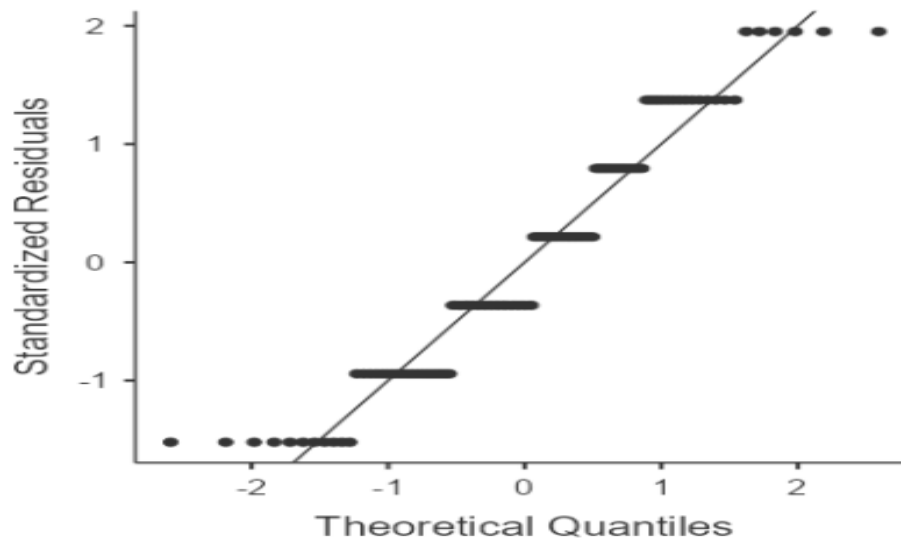
Plots

A

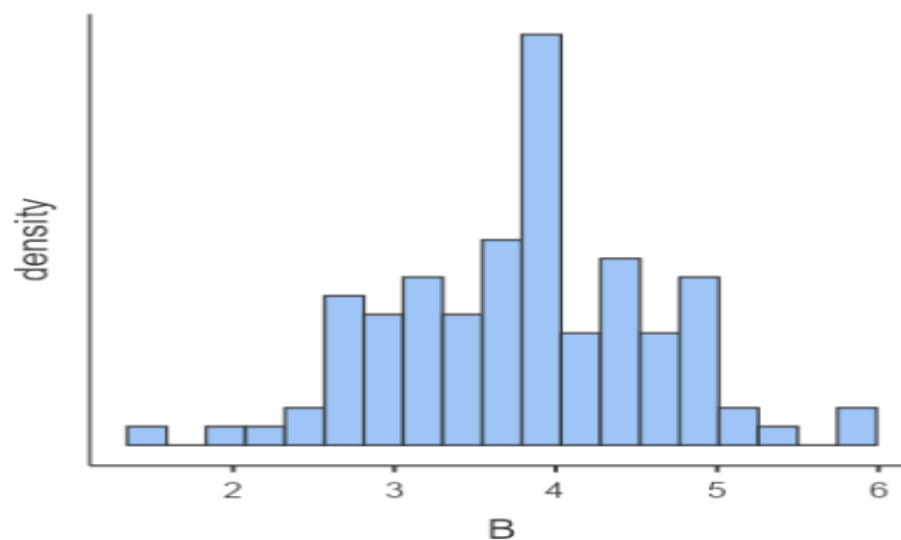


Variable A displays values ranging approximately from 1 to 7, with the majority of scores falling between 2 and 5. The distribution is slightly positively skewed, indicating a longer and less dense tail toward higher values, particularly around 5 to 7. The data forms a unimodal pattern, with the highest frequency of observations occurring near values 2 to 3. There are no distinct outliers, although a few higher scores are less commonly observed. The Q–Q plot suggests that the distribution is approximately normal, as most points follow the

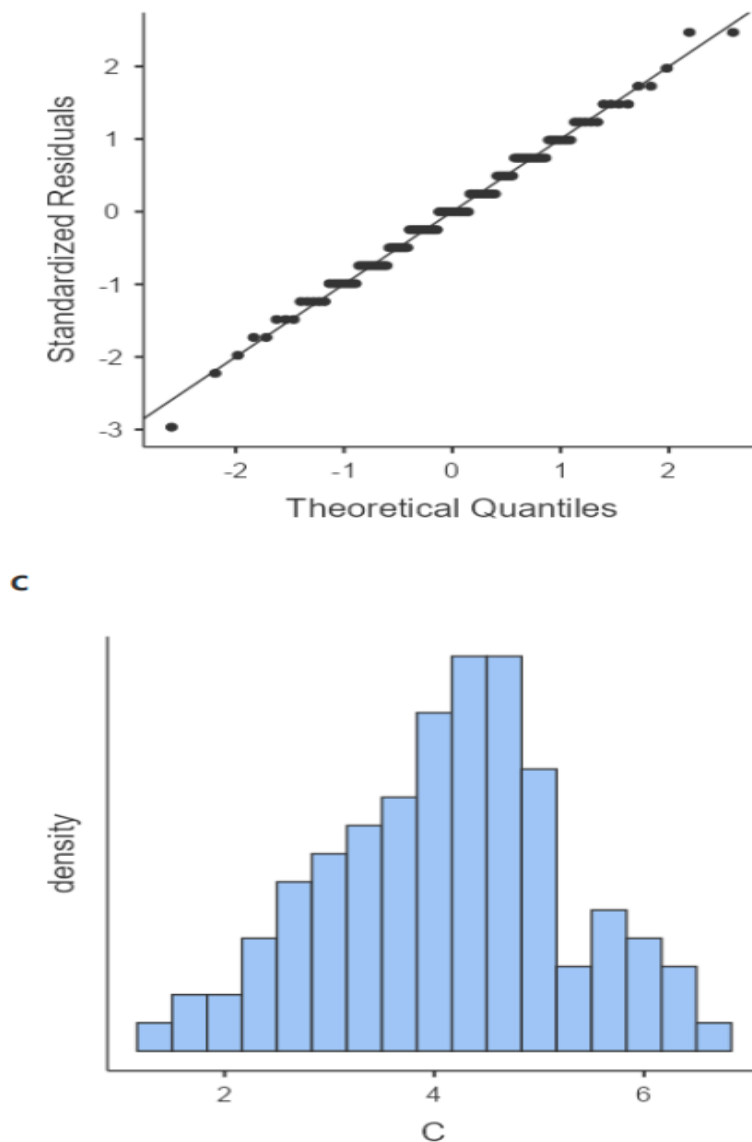
reference line closely in the central range. However, slight deviations occur at the tails, where the lower end dips just below the line and the upper end shows a few points above it, indicating mild non-normality at the extremes.



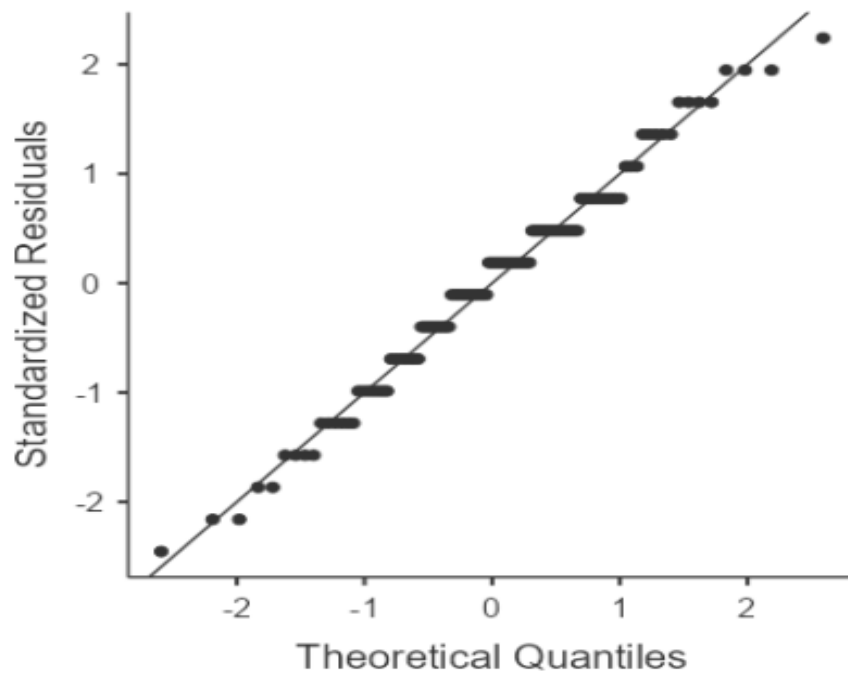
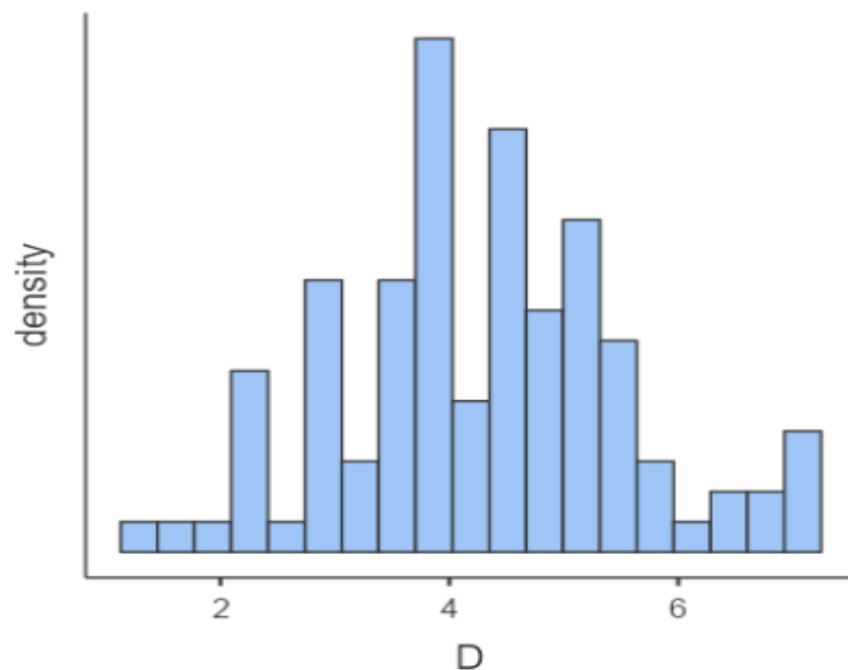
B



Variable B ranges from around 2 to 6, with a central tendency near 4, where most values are concentrated. The distribution appears nearly symmetrical, with a potential minor left skew suggested by a slight increase in frequency around value 3. It follows a unimodal trend, with the highest bar centered on value 4. No significant outliers are observed. The Q–Q plot further supports this observation, showing excellent alignment with the 45-degree line across all quantiles. Very minor deviations at the extremities suggest that the variable follows a near-normal distribution.

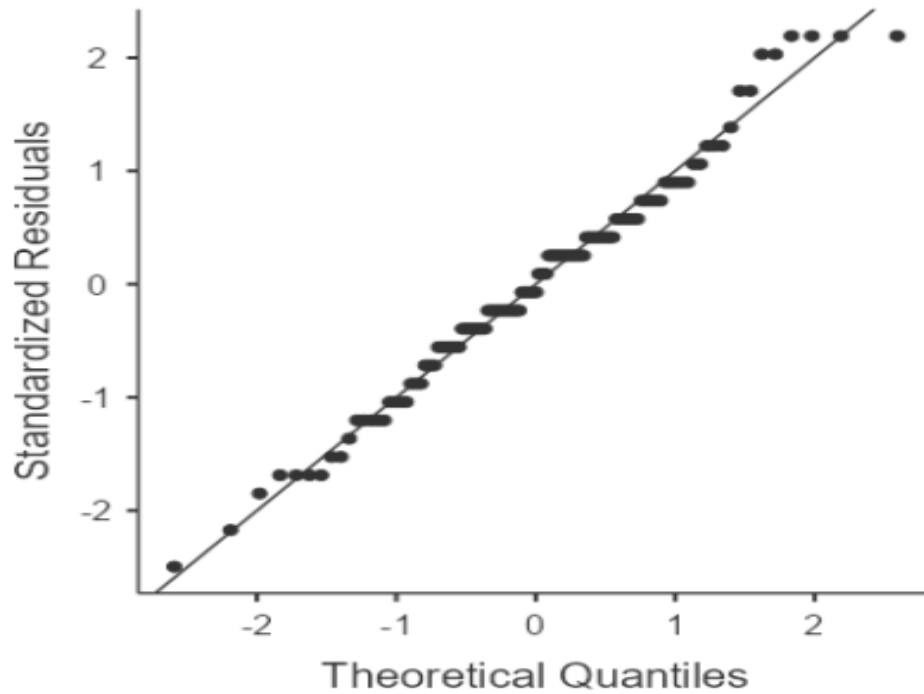
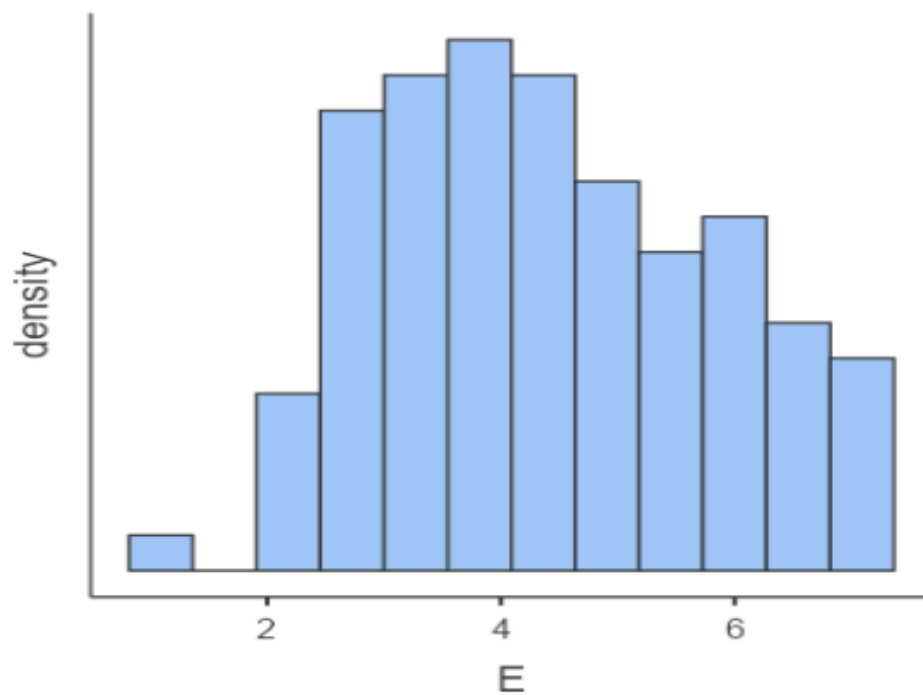


Variable C spans from approximately 1.5 to 7, with a central clustering between 3 and 5. The histogram reveals a noticeable right skew, where the distribution tapers off gradually towards the higher end, particularly from 6 to 7. It maintains a unimodal shape, peaking near 3.5 to 4. Although there are a few high-end values, they are not isolated enough to be considered outliers. The Q-Q plot indicates good fit through the central portion of the distribution, but the upper tail curves upward and diverges from the reference line. Additionally, the lower tail exhibits slight compression, suggesting that while the middle distribution is relatively normal, the skewed upper tail introduces moderate deviation.

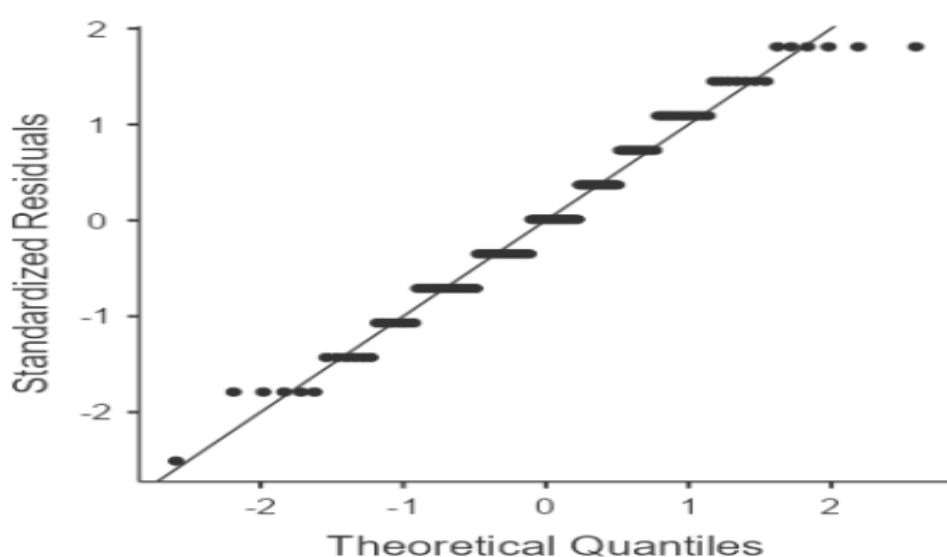
**D**

Variable D has values ranging from about 2 to 7, with most data concentrated between 3 and 6. Its distribution is nearly symmetrical, with only a slight positive skew. The shape is unimodal and features a plateau of adjacent bins with high frequencies between values 3.5 and 5. No extreme or isolated scores are present. The Q–Q plot illustrates that the data closely follows the theoretical normal line throughout most quantiles. Minor deviations

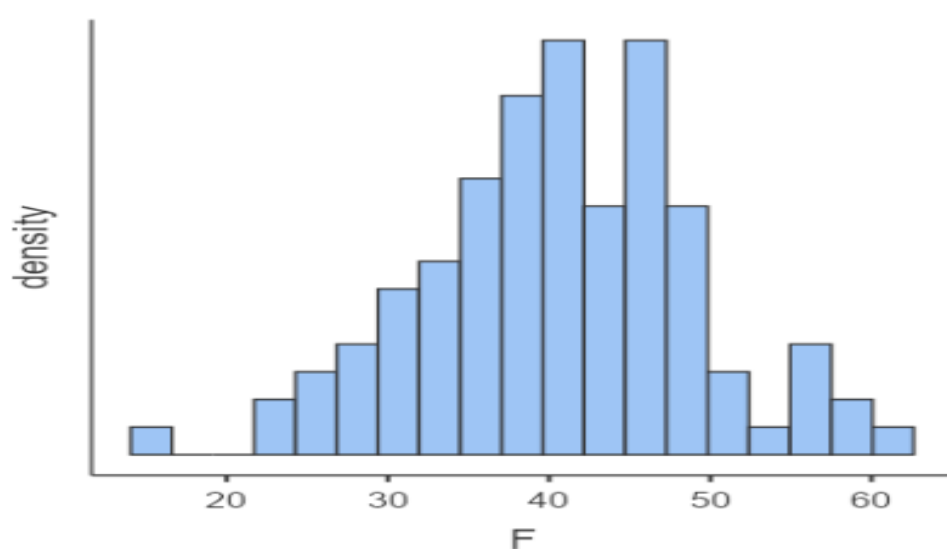
are visible in the tails, where a couple of upper-tail points rise slightly above the line, and a single lower-tail point dip just below it. Overall, the distribution aligns well with the assumption of normality.

**E**

Variable E ranges from roughly 1.5 to nearly 7, with the most frequent scores falling between 3 and 6. The histogram indicates a slight left skew, as the lower tail, particularly below 2.5, extends further than the upper tail. The distribution is unimodal, with the highest frequency observed between values 4 and 5. One or two lower values fall below 2, though they do not appear to be significant outliers. In the Q–Q plot, mid-range values conform closely to the expected normal line, while the lower tail shows a few points falling beneath it. The upper tail, by contrast, remains aligned. These observations suggest a distribution that is roughly normal, with a modest skew toward the lower end.



F



Variable F has a broader range, extending from approximately 15 to 60, with scores centered around 40. The histogram reveals a notable positive skew, characterized by a long tail stretching toward the higher values, particularly in the range of 55 to 60. The distribution is unimodal, with most values falling between 30 and 50. While a few high-end scores are relatively infrequent, they are not distinct enough to qualify as severe outliers. The Q–Q plot indicates that while central values correspond well with the reference line, the upper tail deviates upward significantly, and the lowest point falls considerably below the line. These patterns reflect substantial deviation from normality in both tails, especially in the upper range.

Overall, most variables—specifically A, B, D, and E—demonstrate distributions that are largely consistent with normality, showing only minor skew or tail-related irregularities. In contrast, Variables C and F exhibit more pronounced deviations, especially in the form of positive skew and tail heaviness. These characteristics, particularly in Variable F, may warrant data transformation or alternative statistical techniques when conducting analyses that assume normally distributed data.

Table 2. *Pearson Correlation Matrix among Variables A–F (N = 106)*

	A	B	C	D	E	F
A	—	.16	.04	.05	.16	–.04
B		—	.30	.18	.13	.58
C			—	.14	.14	.63
D				—	.78	.06
E					—	.01
F						—

Note. $p < .05$; $*p < .01$; $**p < .001$.

Interpretation of Table 2:

With the corrected sample size of $N = 106$, the significant associations remain consistent. Emotional-regulation variables B and C continue to show strong positive correlations with alcohol use (F), $r = .58$ and $.63$, respectively, both significant at $p < .001$. The attachment variable D correlates highly with E ($r = .78$, $p < .001$), supporting their conceptual similarity. In contrast, variables A and E show no meaningful correlation with AUDIT scores, suggesting that not all facets of attachment and emotion regulation are directly related to alcohol consumption.

5. Discussion

The results did not support the original hypotheses. No significant relationships were found between attachment style and alcohol use, nor between emotion regulation and drinking. A slight trend showed that anxious attachment may relate to expressive suppression, but it was not statistically meaningful. Regression analysis also showed no predictive power of attachment or emotion regulation on alcohol use.

These results suggest that in this sample, attachment and emotion regulation do not strongly influence alcohol consumption. Most participants were low to moderate drinkers, which may have limited the ability to detect meaningful patterns. These findings indicate that the link between attachment insecurity and substance use may be stronger in clinical or high-risk groups than in the general population.

6. Conclusion

This study explored the connection between adult attachment styles, emotional regulation, and alcohol use among 107 non-clinical adults using the AAQ, ERQ, and AUDIT. Contrary to the hypothesis, no significant links were found, although a minor trend between anxious attachment and emotional suppression emerged. These findings suggest that alcohol use may be shaped by a broader range of factors beyond attachment and emotional regulation alone. Clinically, this points to the importance of holistic approaches that integrate emotional, relational, and behavioral strategies. Future research should focus on diverse, clinical samples and consider additional influences such as trauma and social context.

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