



## THE DECISION-MAKING STYLES: TOWARD BETTER DECISIONS, THROUGH UNDERSTANDING THEIR RELATIONSHIP WITH PARENTAL ATTACHMENT IN YOUNG ADULTS

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### **Abstract**

*One of the most essential factors that might influence our ability to cope with the majority of decisional situations in young adulthood is our relationship with our parents or caregivers in our childhood. Adaptive decision-making styles are regarded as the best decision-making styles since they allow us to make good decisions. The purpose of this study is to better understand and explain the relationship between decision-making styles and parental attachment in young adulthood. The Melbourne Decision-Making Questionnaire and the Adult Attachment Interview were used on a sample of young adults in the study. The results found that respondents who grew up with secure attachment are more likely to adopt adaptive decision-making styles, whereas respondents who grew up with insecure attachment tended to adopt maladaptive patterns. It was also shown that some individuals with insecure attachment tend to adopt adaptive strategies to make their decisions. The study emphasized the importance of handling young adults' needs for safety and security from early infancy, developing the bond of trust between parents or caregivers and the child, and focusing on the quality of attachment in childhood. Some of the study's implications are discussed and recommendations for making better decisions are suggested.*

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**Keywords:** *Decision-making styles, Parental Attachment, Qualitative approach, Adult Attachment Interview, Attachment theory.*

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### 1. INTRODUCTION

When making decisions, individuals adopt different strategies; some may be more avoidant, hesitant, or impulsive than others, while others may think carefully before making any decision. The strategies that individuals follow to make their decisions are called decision-making styles (DMS).

Individuals' satisfaction in most aspects of their social life is related to the extent of their satisfaction with the outcomes of their previous decisions that constructed their current situation (Deniz, 2011; Firsick, 2016). Childhood experiences and the relationship with parents can significantly influence

individuals' ability to make logical and reasonable decisions in their future lives (Reyes, 2019; Xing & Rojewski, 2018).

Researchers categorized DMSs in most scientific literature into two categories: Adaptive DMSs, in which the individual is able to consider the various possible choices and their consequences, and Maladaptive DMSs, in which the individual is unable to consider the possible choices and their consequences (Davids et al., 2016). DMSs differ from one to another, by the way of collecting information, examining possible alternatives related to the decision, and the sense giving to the information that has been collected (Davids et al., 2016).

DMS is defined as the way individuals tend to make the most of their decisions (Magnano, Paola, Paolillo & Giacomini, 2015), and it has been correlated in a number of previous studies to parental attachment (PA) (El-Hassan & Ghalayini, 2019; Halama & Pitel, 2016; Jang et al., 2019; Kvitkovičová et al., 2017; Phang et al., 2020; Wright et al., 2017). Individuals adopt distinct DMSs in decisional situations concerning their future lives as a result of PA patterns (Li, Lu, Lan, & Jiang, 2019). A decisional situation refers to situations in which an individual's decision is inevitable (Intezari & Pauleen, 2020).

Individuals who have positive experiences with their parents are more open to new experiences and discovering the world around them, and they have a positive perception of themselves and others, whereas individuals who have negative experiences, have a negative perception of themselves and others (Bowlby, 1973); moreover, the PA developed in early childhood has a significant impact on their emotional and social development (Groh et al., 2016).

An individual's tendency to adopt a certain DMS, can be closely related to his or her psychological development in its relationship with the environment, especially parents or caregivers, since childhood and continues until the young adulthood (Nordahl et al., 2020).

Savard (2010) defines PA as the emotional bond formed between parents and their children. Bowlby (1988) emphasized the importance of attachment in developing an internal working model, through which individuals develop their perceptions of themselves and others throughout their lives; individuals with a secure attachment (SA) explore the world around them and moderately seek safety, whereas individuals with an insecure attachment (IA) tend to adopt an avoidant, worried, and hesitated behavior.

From this perspective, PA can be considered as one of the most important factors that play a role in shaping individuals' thoughts, feelings, and behavior when making decisions regarding various aspects of their lives. Accordingly, previous studies confirmed a statistically significant relationship between DMSs and PA, based on various questionnaires and measures, however, most of these studies examined this relationship from a quantitative perspective, relying on large samples, through which they aimed to prove the relationship between these two variables, however, they did not focus on the qualitative aspect of this relationship; specially, how it is formed. Furthermore, previous studies on DMSs and PA included samples from various geographical locations, however, rare are the studies conducted in Arab countries in general, and in Morocco in particular.

The Introduction should provide a clear statement of the problem, the relevant literature on the subject and the proposed approach or solution.

## **2. OBJECTIVE AND HYPOTHESES**

The general objective of this study is to understand and explain the relationship between PA and DMSs with a sample of Moroccans aged 19 to 25 years - considering that this age represents a fundamental pillar and the future of every society, through the outcomes of their decisions - using a qualitative approach, given its importance in understanding in-depth human behavior and his thinking mechanisms by giving valuable data, focusing on the "how" and "why" to comprehend the phenomenon (McLeod, 2012).

### **Hypothesis**

It is assumed that the adaptive DMS explains the SA of young adults between 19 and 25 years and that the maladaptive DMS explains the IA of young adults between 19 and 25 years.

## **3. METHOD**

### Terms and Definitions

**Decision-Making Style:** The DMS in this research refers to the way individuals usually tend to make most of their decisions. According to Janis and Mann (1997), there are four styles of decision-making: Vigilance, Hypervigilance, Procrastination, and Back-Passing.

**Parental Attachment:** PA in this research refers to the relationship that was formed between the respondents and their parents since childhood and its effect on them until their current age, and according to John Bowlby (1973), this relationship can be manifested in two patterns: SA and IA.

### **Participants**

To test the hypotheses of this study, 11 male and female participants were selected from the student community, 8 of whom are males (63.6%) and 3 of whom are females (36.4%), due to their willingness to volunteer and participate in the research. The age range for participation was 19 to 25 years; the mean age was 20.36 years, with a standard deviation of 1.69. All participants are male and female students in their first and fourth years of university, with a mean of 2.27 and a standard deviation of 0.79. They originate from 10 different Moroccan cities and are pursuing their university studies at Tangier City. They are all singles and are not involved in any professional activities. The sample size of this study was determined for pragmatic reasons mainly related to time constraints, particularly in the part related to the interviews, which range in duration from an hour to an hour and a half and also require a long time to unload and classify, as we based it on a group of previous studies that worked on the same sample size or less (Vasileiou et al., 2018).

### Instruments

### ***The Melbourne Decision-Making Questionnaire (MDMQ)***

The MDMQ (Mann et al., 1997) consists of 22 items, and it is a revised version of the Flinders Decision-Making Questionnaire, which is based on conflict theory in decision-making, mainly that the need to make a decision creates a kind of conflict in the individual, and that the intensity of stress resulting from this situation is the main determinant of the style adopted by the individual.

The MDMQ Scale has good psychometric properties, which makes it a reliable and approved measurement tool in many studies. This measure enables the measurement of individuals' tendencies in coping with decisional situations, which are divided into four basic styles: Vigilance, which is considered the best DMS, is where the individual is able to examine all possible alternatives and the consequences that may result from them before making a decision; Hypervigilance, which is the tendency to make a decision hastily based on the available information, in order to relieve the psychological pressure resulting from the decisional situation; Buck-passing, which is based on passing the responsibility to others for making the decision in order to avoid the repercussions that might result from this decision; and procrastination, is a strategy by which individuals tend to relieve stress by postponing or not making decisions at all (Mann et al., 1997).

The respondent answers the questions by marking one of the following choices: "True for me" (two points), "Sometimes true" (one point), and "Not true for me" (0 point). This research used the adapted and validated version of the MDMQ in the Moroccan context by Attar and Ouadi (2023a), which shown good psychometric characteristics:

Confirmatory Factor Analysis results for 22 items using SPSS AMOS version 23: RMSEA = 0.05 ;GFI = 0.8; and AGFI = 0.79.

-Cronbach's internal consistency coefficient alpha (alpha), mean (M), and standard deviation (SD) for the Questionnaire's four subscales of decision-making:

Vigilance (M=8.65, SD= 2.99), alpha 0.85; Procrastination (M=4.53, SD=2.72), alpha 0.79; Hypervigilance (M=5.24, SD= 2.15), alpha 0.74; and Buck-passing (M=6.01, SD= 2.70), alpha-0.7.

### ***Adult Attachment Interview (AAI)***

The AAI (George, 1996) is a semi-structured clinical interview, lasting from 60 minutes to an hour and a half, consisting of 20 questions. This interview focuses on early attachment experiences and their impact on the current adult life, in which the respondents are questioned about their childhood relationship with their parents. The respondents are also asked about their early attachment to one of their parents, the closeness or rejection by them, and how they dealt with it from their perspective at the time, as well as how these experiences influenced their personal development.

The interview questions are designed to "surprise the unconscious" by asking questions that allow respondents to seem, contradict, or fail to support the answers they gave at the beginning of the interview or to be honest in their responses. The AAI is recognized as one of the most reliable and trustworthy assessments of adult attachment. The adapted and validated version of the AAI developed by Attar and Ouadi (2023b) in the Moroccan context is used in the present study. Its findings confirmed the tendency of participants with the SA style to metacognitive thinking

and coherence of mind and transcript, whereas participants with the dismissing attachment style exhibited idealization, passivity of thought, and inability to recall, while participants with preoccupied attachment style exhibited idealization, passivity of thought, and inability to recall, as a consequence of their immersion in talking about old memories, which were still present in their minds with all of their emotional strength.

In the present study, the focus was exclusively on the participants' State of Mind, particularly on the following measures: Idealism; Inability to Recall; Passivity of Thinking; Coherence of Mind; Coherence of Transcript and Metacognition, following the guidelines for classifying AAI (Steele, 1991).

#### Procedure

An appointment was fixed with the volunteers in a public library in a quiet room in March 2023. After I reminding them about the objective of the study and the procedure for administering the measures, all participants signed the free and informed consent. The MDMQ was administered to all participants. At the end, the appointments to administer the interviews were fixed with each participant according to his or her availability. Three interviews were conducted per week, and the remaining two interviews were conducted in the last week of April 2023.

## 4. RESULTS

### The Melbourne Decision-Making Questionnaire

Out of 11 male and female participants, 9 (81.82%) of them have adaptive DMSs; (66.67%) 6 of them are males, 3 (33.33%) of them are females, and (18.18%) 2 have styles Maladaptive DMS; (50%) one male and (50%) one female.

### The attachment interview in adults

Out of 11 female and male participants, 8 (72.73%) of them have SA, 6 (75%) of them are male and 2 (25%) are female, while 3 (27.30%) have IA, (66.67). 2% of them are females, and one male (33.33%).

### The adaptive DMS and the Secure PA

The adaptive and maladaptive DMS approach is used to examine the study's findings.

According to the MDMQ results, adaptive DMS (vigilance) is the most prevalent among respondents; respondents who are vigilant when making most of their decisions tend to consider all possible options; they also invest the time required to collect and examine information about those possibilities, focusing on choices that serve the goals set, and then thinking about the best way to apply them.

According to the AAI data, SA was the most common among the respondents. The focus of this study was mainly on the respondents' current states of mind in order to determine their attachment style, in other words, on the most import

childhood experiences and the relationship with parents, as well as their influence on their current personality from their current point of view, rather than on the events themselves.

The state of mind of respondents with SA is characterized by high levels of metacognition thinking, coherence of mind, and transcript, and low levels of inability to recall, idealism, and passivity of thinking.

*Metacognition:*

Respondents with SA are distinguished by their ability to comprehend the conscious and unconscious reasons and motives underlying their behaviors and as children and young adults, as well as their parents' behaviors toward them during childhood and the current era. Here are some of their responses:

"...My father was aggressive, perhaps because he was unemployed at that time, because his interactions with us improved when he found a job..."; "...I believe mom knew how to deal with children since she was a primary school teacher, compared to my father, who had no experience with children...". "...I believe that due to the way my father's treated me, I become stronger and more capable of confronting now..."; "...I believe they acted this way in order to push me out of my comfort zone, which is critical,... I know they were cruel, but they wanted me to be stronger..."; "...As we grow older and become adults, we understand our parents and sometimes feel pity for them and the pain and sacrifices they made for us."; "...I think that everything I have experienced shaped me into the person I am now; I became more sociable, and I can deal with anyone, regardless of religion or belief, and this is the most I believe I gained from my childhood."

*Coherence of Mind:*

During the interviews, the answers of the SA respondents reflected a good awareness of the various childhood experiences and the relationship with parents, and their speech was characterized by spontaneity and coherence in ideas and sequence in narrating events.

*Coherence of Transcript:*

The interviews with SA respondents were distinguished by their use of clear and comprehensible language, they were focused and expressive about the idea they wanted to convey, no contradictions in their statements and their transcripts were understandable.

*Inability to Recall:*

Respondents with SA did not show significant difficulties or challenges remembering some events, nor did they insist on not remembering if asked to discuss about their relationship with their parents, when answering the different interview questions.

*Idealization:*

Throughout the interview, respondents with SA do not present an exaggerated positive description of one of their parents or their relationship with them; their presentation of positive descriptions was supported by arguments, and they were realistic about the difficult circumstances they experienced or a flaw in their relationship with one or both of their parents, with no contradiction during the narration. Here are some of their responses:

“...My mother had faith in my abilities; on the days I was going to get my school results, she would already go to prepare the celebration party, because she knew I would succeed.”; “...Although she was kind and affectionate, she has a weak character, she didn't have any authority...”; “My mother was affectionate, defending me, she has all the good qualities, she played the mother and father roles, affectionate because she used to buy me what I love, and she had bought me a phone, and she gave me money.” She protected me several times; I remember one day when I was arguing with my cousin, and she frantically defended me in front of his parents; that moment is unforgettable, and she also defended me in front of my father.”; “My relationship with my father is a friendship.”; “He used to play football with me, encourage me, and accompany me to matches. He used to bring me books and take me to coffee shops to sit with his friends whenever he arrived from work.”

*Passivity of thought:*

It does not emerge in the respondents' speech with SA, distraction in expressing a specific event, or drifting while talking; instead, they complete the thoughts that they begin, and they are not pleased with simply answering the questions with short and unsupported responses.

In summary, the findings revealed that SA is the most prevalent among respondents that use adaptive DMSs, since the respondent is able to consider the possible options, gather information, and invest time in examining the possibilities and potential implications. Furthermore, the response fits specific goals, which necessitates a high level of metacognitive thinking, coherence of mind, and the ability to explain that decision clearly. Respondents with SA talk about their relationship with their parents and their childhood experiences with awareness, acceptance, and objectivity, whether they were positive or negative; additionally, they do not evoke emotions such as anger, crying, or joy when narrating, nor do they abbreviate or avoid talking to avoid some of the negative aspects of their experiences. On the contrary, they demonstrate collaboration and excellent communication throughout the interview.

**The maladaptive DMS and the Insecure PA**

According to the findings of this study, maladaptive DMSs are the least prevalent among the respondents. This category comprises three DMS styles: procrastination, buck-passing, and hypervigilance; however, respondents in the current study tend to use the hypervigilant style. Hypervigilant respondents are often pressured for time, and the prospect of a minor error drives them to rethink their decisions. When faced with a difficult dilemma, they are pessimistic about finding a solution. They also frequently spend a long time convincing themselves that the outcome is correct, and they can't think clearly if they have to make a decision in a hurry.

The IA is the least common among responders in the current survey. The dismissing attachment and the preoccupied attachment are the two basic forms of IA pattern. However, dismissing attachment is the most prevalent among this study's responders. In contrast to SA, respondents with IA had high levels of

inability to recall, idealizing, and passivity of thought, low levels of metacognition thinking, and incoherence of mind as well as transcript.

*Metacognition:*

Respondents with IA are identified by their inability to comprehend the reasons and intentions, conscious or unconscious, underlying their behavior as children and current age, as well as their parents' behavior toward them in childhood and in nowadays.

*Coherence of Mind:*

When talking about various childhood experiences and their relationship with parents, IA respondents' answers to the interview questions included some contradictions that reflect some irrationality, and their speech during the interview is characterized by hesitation and brevity, and they talk about a situation or description without providing answers that support it. Here are some of their responses:

“...My mother is not a bad person; she simply does not understand how to interact with young children; she is actually kind. She used to say to me, "I hate you!"”; “It's a perfect relationship; they provide me whatever I want.”; “My relationship is like any parent with their daughter; they do not hit me. All I remember is that if my mother wanted to slap me, I would scream loudly, but not to stop her; she would hit me for trivial reasons.”; “Our relationship is wonderful, full of understanding and love. My parents used to argue a lot, and my father would destroy everything around him, and sometimes he would hit my mother, even though he is not severed...”; “... She is right; if I were in her position, I would do the same; when I had children, I would not behave with them as my mother used to do, but rather in a better way, I mean that I have learned from my experience and would not repeat it to my children.”

*Coherence of Transcript:*

Respondents who have IA use confusing and ambiguous language, as well as contradicting ideas, and the reader of the transcript will detect uncertainty in the responses and an absence of coherence in the narration.

*Inability to Recall:*

Respondents with IA have difficulty in remembering some events and insist on not remembering when asked to discuss certain events or their relationship with their parents. Here are some of their answers:

“They often threatened to beat me, and they actually beat me if I did something, but I don't remember a specific situation.”; “He used to embarrass me a lot in front of my friends, I don't remember exactly.”

*Idealization:*

Respondents with IA exaggerate when describing one of their parents or discussing their relationship with them, and their statements are unsupported by arguments, and they are unrealistic about the difficult circumstances they encountered or an issue in their relationship with one or both of their parents, with incoherence during the narration. Here are some of their answers:

“I imitate his entire personality, ideas, and everything.”; “Every kid views his father as a wonderful person and values him greatly.”; “...This is natural because they are afraid of me, and this is how they should behave”; “...Anyone would wish



they had parents like mine”; “My relationship with my parents is very good; each respects the other's life, and they adhere to their limits, which sounds good.” ; “...My relation with my father is typical, as it is with any son's relationship with his father.”

*Passivity of Mind:*

The respondents with IA, use short and concise answers, and their statements are ineffective, in addition to describing the relationship with the parents or describing the parents without supporting these descriptions with previous situations, and also forgetting some memories or their important details.

In sum, the results obtained found that the IA underlying dismissing in the present study is the most common pattern among respondents who tend to adopt a maladaptive style when making a decision, specifically the hypervigilance style. The respondents with IA in this study describe their parents and their relationship with them as a kind of rejection, or ideal or very positive without giving any evidence that supports their say. They also denied the painful memories they experienced, and this appears through the contradictions in their statements. One interviewee with IA found to have tendency to use adaptive DMSs, i.e. the vigilant style, contrary to what was expected.

## **5. DISCUSSION**

Do Adaptive Decision-Making Styles explain the Secure Parental Attachment?

The results of the current study, found that individuals with SA tend to adopt Adaptive DMS. These results are confirmed by previous studies (Bolat & Odac, 2017; El-Hassan & Ghalayini, 2019; Halama & Pitel, 2016; Jang et al., 2019; Kvitkoviová et al., 2017; Phang et al., 2020; Wright et al., 2017). Individuals' subsequent actions are influenced by their early experiences with their parents (Li et al., 2019). Furthermore, according to these research, adaptive DMSs are frequently identical to vigilant DMSs (Halama & Pitel, 2016), they are individuals who, in most decisional situations, evaluate all possible choices for available solutions and take into account the suitability of the desired goals with their values, they also identify the pros and cons of all possible solutions, and finally take into account the potential risks, and then prepare an appropriate plan to apply the decision (Burnett, 1991), all these are strategies that revealed in this the current study about the vigilant respondents.

According to the Janis and Mann (1997) model, which is based on conflict theory in decision-making, an individual's confrontation with a situation that requires him to make a decision generates psychological stress for him, and this stress plays a crucial role in making unsuccessful decisions, and it is due to two elements: first, the fear of serious personal, material, and social losses, regardless of the alternative chosen; and second, concern losing reputation and self-esteem if the decision is wrong (Mann et al., 1997). Individuals' common DMS differs based on their response to the psychological stress generated by the decisional situation; that is, how people deal with most decisions in their lives, is linked to how well

they deal with the psychological stress generated by each situation. The vigilant style is considered one of the best DMS, and it is associated with a moderate level of psychological stress, and it is the only pattern that allows for making reasonable and logical decisions (Mann et al., 1997).

Adaptive DMS (vigilance) can be explained by focusing on the stress generated by the decisional situation; when an individual is exposed to a stressful situation, his attachment system is activated automatically, and at the same time his usual mechanisms to confront it also activate (Guédény & Attale, 2010); through interviews conducted, this stress can be well understood in its relationship to childhood experiences with parents, especially since the interview questions are designed to surprise the unconscious, so the respondents quickly fall into contradiction, when they try to speak ideally about their childhood experiences, or their parents, or try to hide their feelings towards them.

The method used to analyze the study's findings—in-depth interviews and important psychological tests—seems to be effective. Using in-depth interview alongside with assessments is believed to be a successful method that should be applied to other kinds of research as well as physiological research (Janus et al., 1987). Psychoanalysts argue that lack of love and empathy, parental separation and severe neglect, and a lack of opportunities for identification, growth, and learning are the main contributors to psychological stress (Janus et al., 1987).

The purpose of PA, according to the attachment theory, is to simultaneously protect and discover. This is because a child's bond with his or her parents or caregivers is based on security and protection (Savard, 2010). In other words, a child who feels secure can progressively distance himself from his parents and explore the world around him while feeling secure, knowing that they will always be there to help him if he needs them. According to Bowlby (2005), the trust maintained between a child and attachment symbol, makes him overcome his fears, even in the absence of that symbol. This explains the tendency of individuals with SA in this study to use adaptive DMSs, because the attachment relationship with their parents is characterized by its quality, despite the presence of some traumatic events in their childhood, it does not budge their sense of protection, safety and trust towards their parents, until their current age, which is shown through continuous contact, and the support they receive despite the distance between them, and this is what characterizes secure individuals (Ainsworth et al., 2015). Bowlby (2005) highlighted the important role of emotions, especially security, fear, anxiety, and anger. When the child is exposed to fear, he seeks proximity to the attachment symbol. The internal working model that individuals develop since their childhood, shapes representations of themselves and those around them, thing that affects how they respond to stressful life events (Grossmann & Grossmann, 2019). The effectiveness of this model depends on how well parents or other primary caregivers can meet the child's needs for safety and protection; the better they understand and can meet those needs, the more secure the child will feel; on the other hand, if they are less capable of meeting those needs or give poor responses, the child will become more frustrated and anxious, which could result in an IA (Grossmann & Grossmann, 2019). This explains how individuals with SA respond to psychological stress in decisional situations and their capacity collect

information, ask for advice, or seek help when necessary, as well as consider different options and potential outcomes. As a result, the individual is able to face life's challenges and experiences with as much flexibility and comfort as possible. This is made possible by the individual's faith in others, which increases his sense of self-esteem, as well as the development of his emotional regulation skills and accurate cognitive strategies, which enable him or her to use adaptive strategies in any situation (Guédénéy & Attale, 2010).

## 2. How do Maladaptive Decision-Making Styles explain the Insecure Parental Attachment?

The results obtained found that individuals who tend to make maladaptive DMSs (hypervigilance) in this study have an IA, which have been confirmed statistically by a number of previous studies that examined the relationship between these two variables (Bolat & Odac, 2017; El-Hassan & Ghalayini, 2019; Halama & Pitel, 2016; Jang et al., 2019; Kvitkoviová et al., 2017; Phang et al., 2020; Wright et al., 2017). Hypervigilance, buck-passing, and procrastination are all synonymous of maladaptive DMSs, according to the majority of scientific literature (Davids et al., 2016; Halama & Pitel, 2016). Individuals, who tend to be hypervigilant search quickly for a solution to the decision that poses a dilemma for them, feel pressured by time, and in the most extreme cases, they may enter panic, because a hypervigilant individual is under severe psychological stress (Burnett, 1991; Mann et al., 1997). The maladaptive DMSs are due to the difficulty faced when dealing with the psychological stress resulting from the decisional situation (Mann et al., 1997).

The maladaptive DMSs can be explained by highlighting the psychological stress that the decisional situation generates (Guédénéy & Attale, 2010); these become clear during interviews through the brief and short answers by respondents to some questions about some previous painful experiences, such as loss, neglect, or cruel treatment, as well as the avoidance of answering, keeping silent, skipping to the next question, or forgetting some events, underestimating their suffering, or idealizing their parents without evidence that supports their claims, and their entire speech is characterized by contradiction. The tendency of young adults with IA (dismissing) to maladaptive DMSs can be explained by the fact that they try to quickly get rid of and avoid various situations that stimulate those emotions (anger, sadness, crying, ...), which accompanied their previous experiences in childhood, resulting from feeling unprotected and unsafe towards parents. The feeling of protection and safety strengthens the attachment bond with the parents, which gives the child a comfortable feeling to play and explore the world around him or her, without fear or anxiety, in contrast of a child who has a dismissing attachment who pretend to be indifferent toward his or her parents (Ainsworth et al., 2015).

According to literature review on PA, individuals with IA tend to have higher levels of anxiety and depression symptoms (Deniz, 2011). Maladaptive DMSs have also been associated with higher levels of depression, negative emotions, and a defect in performing some cognitive functions, as well as a misinterpretation of external events (Cosenza et al., 2018). It was also found that individuals who tend to adopt adaptive DMSs estimate their achievements, unlike individuals who tend

to adopt maladaptive DMSs, especially hypervigilance, as they tend to underestimate the value of their achievements (Christopher et al., 2021).

This explains the tendency of young adults with IA to maladaptive strategies in most decisional situations. However, the results found a respondent with IA, but uses adaptive DMSs (Vigilance) when making most of her decisions. This result can be reinforced by a previous study by Bolat and Odacı (2017) that found the same conclusion among some of the participants in the study; that is, there is a positive relationship between IA and adaptive DMSs. This contradiction can be explained by considering that some individuals with IA, feel that they are less valuable and have negative perception about others, which lead them to rely on themselves and face difficult situations that generate great psychological stress, because they do not expect others to help them, and they do not count on them to meet their needs of safety and protection, because they do not trust others, and this is due to exposure to a series of frustrations in childhood to meet their needs of protection and security according to Bartholomew and Horowitz (1991).

As a result, adaptive DMSs can explain the secure PA of individuals between 19 and 25 years old, and they can also explain in some cases the insecure PA, and therefore the first hypothesis of this research was partially confirmed. It also concluded that maladaptive DMSs explain the insecure PA of the respondents, and therefore the second hypothesis of this research was confirmed.

## **6. CONCLUSION**

This study aimed to understand and explain the relationship between DMSs and PA, through a clinical approach to attachment theory, and based on the recommendations of a number of previous studies that suggested the need to use measurement tools that enable a good understanding of PA in adults, such as the AAI, this study tried to fill this gap, and thus enable researchers and those interested in the field of decision-making and attachment to understand this relationship, and suggesting appropriate intervention programs that help develop adaptive DMSs, based on a focus on attachment style.

This study explained how the parents' relationship and childhood experiences can greatly affect their personality, and therefore their DMSs in most decisional situations, through the internal working model that they developed from their childhood. Also how some individuals can adopt adaptive DMSs despite of their IA, through a qualitative approach.

This study provides an important data about PA and DMSs, given the crucial importance of childhood experiences which have a lifelong effect on young adults, also to professionals in the field related to childhood, especially child care institutions, to develop the quality of services provided to children, in order to work on developing a SA as possible, by focusing on the quality of the relationship between the child and the caregiver, given its importance in preventing the deterioration of mental functions and dementia later (Walsh et al., 2019), knowing that the experience of living in alternative care negatively affects the formation of a SA later (Garcia Quiroga & Hamilton-Giachritsis, 2016). In addition to focusing on developing treatment programs based primarily on attachment, a group of

countries has begun to encourage researchers in the field of parental attachment to develop attachment-based measurement and intervention tools for clinical adoption (Negrini, 2018), which has begun to yield effective and appropriate results, especially in Australia (Gregory et al., 2020).

Furthermore to the practitioners in counseling and guidance, given the nature of their work that requires them to deal with the various cases that frequent them for advice; where it will be important to incorporate techniques that help subjects reduce levels of anxiety and negative thoughts, in order to help them make adaptive decisions, such as practicing mindfulness, which has been associated with DMSs in professional life (Galles et al., 2019), as it helps to reduce anxiety levels, overcome negative thoughts, while raising the level of self-clarity, and developing problem-solving skills.

Therefore, it is necessary to develop adaptive DMSs in order to make good decisions, and for this, the current study suggests:

- Focusing on providing protection and safety for the child in the early years by building a bond of trust with parents or caregivers, because the SA does not only mean physical proximity but the quality of this closeness as well.
- Developing programs that develop the skills of controlling emotions through cognitive behavioral therapy by gradually exposing young adults and training them to face decisional situations or those that generate psychological stress for them.
- Encouraging young adults to seek help or advice when needed from specialists or qualified people by rebuilding trust with others.
- Making young adults engage in activities and go through new experiences and challenges that enable them to make good decisions in the future.

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