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The Association of Emotion Regulation Problems in Adults with the Degree of Autonomy and Intimacy in Their Family of Origin

Povezanost težav v regulaciji čustev pri odraslih s stopnjo avtonomije in intimnosti v njihovi izvorni družini

Abstract: Family of origin factors have a major impact on individuals and the way they experience emotions and relationships in adulthood. In a study of 396 participants, who completed the “Family of Origin Scale” (FOS) and the “Difficulties in Emotion Regulation Scale” (DERS), we investigated the relationship between difficulties in emotion regulation in adulthood and the degree of autonomy and intimacy in the family of origin. The results show that higher levels of both traits in the family of origin were statistically significantly associated with better emotion regulation in adults. The results for each of the family of origin categories suggest, that clarity of expression, respect for others, and responsibility in the family of origin are the factors most strongly associated with better emotion regulation in participants. The study confirms the importance of promoting autonomy and intimacy in the family of origin for the emotional development of individuals and offers important starting points for therapeutic work with couples and families and for preventive activities in the field of pastoral work and mental health.

Keywords: Emotion regulation, autonomy, intimacy, family of origin, psychotherapy, pastoral work, mental health

Povzetek: Dejavniki izvirne družine posameznika ter njegov način čustvovanja in vstopanja v odrasle odnose pomembno zaznamujejo. Z raziskavo, v kateri je sodelovalo 396 udeležencev, ki so izpolnjevali „Vprašalnik izvirne družine“ (*Family of Origin Scale – FOS*) in „Vprašalnik težav v čustveni regulaciji“ (*Difficulties in Emotion Regulation Scale – DERS*), smo proučevali korelacijo med težavami v regulaciji čustev pri odraslih ter stopnjo avtonomije in intimnosti v njihovi izvorni družini. Ugotovitve kažejo, da je bila višja raven obeh lastnosti v izvorni družini statistično pomembno povezana z boljšo regulacijo čustev pozneje pri odraslih. Rezultati po posameznih kategorijah izvirne družine naka-

zujejo, da so jasnost izražanja čustev, spoštovanje in odgovornost v izvorni družini tisti dejavniki, ki so z boljšo regulacijo čustev pri udeležencih povezani najmočnejše. Raziskava torej potrjuje pomen razvijanja avtonomije in intimnosti znotraj izvorne družine za čustveni razvoj posameznika, ponuja pa tudi pomembna izhodišča za terapevtsko delo s pari in družinami ter za preventivno delovanje na področju pastoralne dejavnosti in duševnega zdravlja.

Ključne besede: čustvena regulacija, avtonomija, intimnost, izvorna družina, psihoterapija, pastoralna dejavnost, duševno zdravje

1. Introduction

The connection between an individual's emotional maturity and their early environment is not new. As early as 1965, in his studies on child development, D. W. Winnicott posed the question of whether an individual can reach emotional maturity in ways other than in the context of a family configuration (Winnicott 2002, 207). In an appropriate family environment, the child makes important experiences by being able to perceive himself in his relationships with individual family members or in the relationship of the family as a whole to him (Winnicott 2004, 118). Building on attachment theory, a number of studies have confirmed the link between secure attachment and the development of effective emotion regulation skills in young children (Waters et al. 2010, 37). From a family systems perspective, researchers have paid particular attention to co-regulation, the process by which parents or caregivers provide external regulation or support to the child to promote the development of emotion regulation in the early stages of life. Caregivers must perceive and respond to the emotional needs of family members, and children must observe, process and respond to multiple sources of influence on their emotional lives (Paley and Hajal 2022, 19). Appropriate emotional co-regulation within the system contributes to the development of emotional self-regulation, which is usually defined as the set of control processes by which we consciously and voluntarily influence what emotions we have, when we have them, and how we experience and express those emotions (Schore 2003, xiv).

Children therefore develop the ability to understand and express their emotions in a regulated way through their interactions with others, starting with their relationship with their parents (Buckhold et al. 2014, 329). There is a strong link between family of origin factors and the child's emotion regulation (Sheffield Morris et al. 2007, 379), and the ability to regulate emotions is crucial for healthy development and adequate functioning in many domains, while difficulties in emotion regulation are a risk factor for a range of negative developmental outcomes in childhood and adolescence (Paley and Hajal 2022, 19).

Attention to family processes promotes a more comprehensive and complete understanding of emotion regulation (Fosco and Grych 2012, 557). The family context influences the development of emotion regulation in three important ways:

first, through observation; second, through specific parental practises and behaviours related to the socialisation of emotions; and third, through the emotional climate of the family, which is reflected in the quality of attachment relationships, parenting styles, family expressiveness, and the emotional quality of the relationship between parents (Sheffield Morris et al. 2007, 362). In early childhood, important factors for the development of emotion regulation skills are recognising emotions, linking emotions to experiences and responding appropriately to one's own emotional experience (Shewark and Blandon 2015, 279–280). Research from 2012 (Fosco and Grych 2012, 572–273) found that each of these dimensions has a specific relationship to children's emotional functioning. The emotional context of the family also plays an important role in explaining how the challenges of growing up in the family are related to the development of emotion regulation in adolescence (Herd et al. 2020, 1545). Certain parental behaviours that support children's needs have a positive effect on the well-being and development of adolescents in most families. In particular, parental warmth and parental autonomy support fulfil their basic psychological needs and contribute to their well-being (Bülow et al. 2022, 1). A 2014 study (Buckhold et al. 2014, 329) found that difficulties in emotion regulation are passed down through generations, and one possible mechanism of transmission of difficulties is invalidation of the child's emotions by the identified parent. Parents who have limited emotion management skills may not know how to help their child or may be overwhelmed by the adolescent's emotional experiences. By invalidating the child's emotions, they deprive them of the opportunity to learn how to deal with them appropriately.

The presence of parental conflict also has an important impact on the child's emotion regulation and is associated with a lower proportion of warm, emotionally sensitive responses to the child's emotions in mothers and fathers, as well as greater disruption of the emotional climate in the family, leading to more hostility and tension and less positivity between family members. In contrast, emotional support from the mother but also family positivity and cohesion, are directly positively related to children's emotion regulation. Parental warmth and emotional support as well as the emotional climate thus serve as specific socialisation channels for children's emotion regulation (Fosco and Grych 2012, 573). The results of study from 2024 (Ogan et al. 2024, 28) also confirm the negative effect of conflicts in the family of origin on later relationship skills due to a higher degree of emotional deregulation.

When talking about autonomy and intimacy within the family, it is worth mentioning the theory of self-determination (Ryan and Deci 2018), which postulates three basic and universal needs in terms of psychological growth and well-being: the need for relatedness (feeling connected to others), the need for autonomy (feeling self-willed and authentic) and the need for competence (feeling capable and effective) (Grolnick 2003, 12). One of the most important tasks of growing up is the differentiation of the self, i.e. the ability to balance the natural forces of relatedness and autonomy in relation to the family of origin (Ross and Murdock 2014, 495).

Parenting that promotes the child's autonomy brings many benefits, not only in terms of meeting the child's psychological needs, but also in shaping the way siblings interact in a way that supports autonomy (Kaap-Deeder et al. 2015, 1). When speaking of behavioural control, it is important to keep in mind that only parenting characterised by pressure, interference and dominance can be considered controlling, while parenting characterised by guidance would better be considered structuring (Grolnick and Pomerantz 2009, 165). Building autonomy and relatedness within family interactions is a primary task of adolescence and critical to the psychosocial development of adolescents (Allen et al. 1994, 188). Autonomy is an important component of healthy, emotionally engaged relationships in adulthood. Individuals who have higher levels of autonomy are more open, less defensive and use healthier communication strategies in disagreements and conflicts with their partner (Anderson 2019, 9).

In addition to autonomy, intimacy within the family structure is a multi-layered concept that has a significant impact on emotional well-being, relationship satisfaction and overall family dynamics. Research shows that a high level of intimacy within the family creates a supportive environment that is crucial for the healthy development of the child. Higher levels of family intimacy may be a preventative factor for suicidality and self-harm in adolescents, suggesting that a good parent-child relationship is essential for a child's mental health (Gao et al. 2024, 1). Family of origin experiences have a significant impact on interpersonal competence, which is also reflected in adult relationships (Czyżowska et al. 2019, 8), allowing us to recognise the importance of intimacy in the family for healthy romantic relationships later in life. The effects of intimacy in the family of origin go beyond direct emotional support; they also impact broader social interactions. Research by Zhou et al. (2023, 1) confirms that family intimacy positively influences adolescents' relationships with peers via psychological capital and self-identity, indicating the indirect influence of family dynamics on social development and the importance of fostering intimacy in the family for children's social skill development and peer interactions. According to Erikson's theory of psychosocial development (1980, 90–91) intimacy is the result of a positive resolution of a crisis in early adulthood. A young person developing his or her own identity should have the capacity for genuine and reciprocal psychological intimacy with another person. Negative resolution of this crisis leads to isolation, which manifests itself in difficulties in close relationships and consequently impairs the further development of the individual. The research to be presented below contributes to further understanding and confirmation of the importance of the family of origin, and in particular the promotion of intimacy and autonomy within it. The focus is also on the development of skills for appropriate emotion regulation, which is an important developmental achievement for the individual and has far-reaching implications for their relationships both with themselves, with others and the world.

2. Method

2.1 Participants

The study¹ included 396 participants, 383 women and 13 men. The average age was 35.5 years (standard deviation 10.2) and the median was 34 years. The age of the participants ranged from 18 to 68 years. Most participants (174; 44%) were in the age group 31 to 45 years, 36% (142) were in the age group 18 to 30 years, 15% (59) were in the age group 46 to 60 years, 2% (6) were 61 years or older, and 15 (4%) did not specify their age. Most of the participants had an educational level equivalent to a pre-baccalaureate or a first Bologna degree (117, 29.5%), 27.5% (109) had a secondary school degree, 24.7% (98) had a pre-baccalaureate or a second Bologna degree, 10.6% (42) had a specialisation, a master's degree or a doctorate, 28 participants (7.1%) had a professional degree and 2 (0.5%) had a primary school education. In terms of employment structure, most participants were employed (271, 68.4%), 60 (15.2%) were students, 26 (6.6%) were unemployed, 25 (6.3%) were self-employed, 8 (2.3%) were retired and 3 (0.8%) were on maternity leave at the time of their participation in the study. 174 participants (43.9 %) were in an unmarried partnership, 136 (34.3 %) were married, 63 (15.9 %) were single, 17 (4.3 %) were divorced and 6 (1.5 %) were widowed. 224 participants (56.4 %) were Roman Catholic, 150 (37.8 %) did not belong to any religion, 10 (2.5 %) did not answer the question and the rest belonged to other religions.

2.2 Measuring Instruments

The participants answered the Family of Origin Scale, abbreviated FOS (Fischer and Corcoran 2007), and the Difficulties in Emotion Regulation Scale, abbreviated DERS (Gratz and Roemer 2004). The Family of Origin Scale is a 40-item instrument designed to measure the health of a person's family of origin (Fischer and Corcoran 2007). It is an important instrument in psychological research, particularly for understanding family dynamics and their impact on individual functioning. It was developed to measure the retrospective assessment of an individual's health and functioning in a family context and has undergone numerous validations and adaptations in different cultural contexts, emphasising its importance in both clinical and research settings. One of the pioneering validation studies of the questionnaire was conducted by Hovestadt et al. (1985), and their findings have been consolidated and extended by a number of subsequent studies and evaluations (Hemming et al. 2012; Kline and Newman 1994).

The questionnaire focuses on autonomy and intimacy as two key concepts that develop in the individual over the course of life in a healthy family. The questionnaire contains 20 questions on autonomy (AUT), which are divided into the following categories: Clarity of expression (CE), Responsibility (R), Respect for others (RO), Openness to others (O), Acceptance of separation and loss (A) and 20 questions on Intimacy within the family of origin (INT), organised into the following

¹ For a complete scientific database of research data see Kreš and Jerebic 2025.

categories: Encouraging the expression of a range of feelings (RF), Creating a warm atmosphere in the home, referred as mood and tone (MT), Dealing with conflict resolution without undue stress (C), Promoting sensitivity or empathy (E) and Developing trust in humans as basically good (T).

Traditional psychometric studies consistently found the FOS to be reliable. They also demonstrated evidence of discriminant validity and provided some support for construct validity (Hemming et al. 2012, 35). In the original FOS study, the authors reported two-week test–retest reliabilities of 0.97 for the overall scale, with a median of 0.77 for the 20 Autonomy items and 0.73 for the 20 Intimacy items. Internal consistency in the original study, measured by Cronbach’s alpha, was 0.97 (Hovestadt et al. 1985, 290). Our study also confirmed high internal consistency for the overall scale, with a Cronbach’s alpha of 0.982. The subscales of Autonomy and Intimacy likewise showed high internal consistency, with Cronbach’s alpha values of 0.963 (Autonomy) and 0.969 (Intimacy), respectively. All the Autonomy items also demonstrated high internal consistency, with Cronbach’s alpha values as follows: Clarity of Expression 0.846, Responsibility 0.829, Respect for Others 0.896, Openness to Others 0.872 and Acceptance of Separation and Loss 0.883. The 20 questions on Intimacy organized into subdimensions, showed the following Cronbach’s alpha values: Encouraging the Expression of a Range of Feelings 0.918, Creating a Warm Atmosphere in the Home (Mood and Tone) 0.879, Dealing with Conflict Resolution without Undue Stress 0.902, Promoting Sensitivity or Empathy 0.900, and Developing Trust in Humans as Basically Good 0.817.

The factor structure of the scale was not a central concern of this study, since the primary objective was not to validate the questionnaire but rather to explore the intricate relationships within family dynamics. Nonetheless, Hemming and colleagues (2012, 39–40) conducted a principal components analysis, which identified nine factors using the criterion of eigenvalues above one. Their findings also pointed to a dominant component of the FOS, which reflects the overall emotional atmosphere in the family and the quality of communication. Additional factors highlighted by the scale appeared to capture aspects such as conflict management and the degree of support for, as well as openness to, diverse perspectives, including those from outside the family system. Even though these factors did not correspond directly with the dimensions initially proposed by the developers of the instrument, the authors emphasized that they still offer meaningful insights into family functioning and may serve a useful role in clinical practice (Hemming 2012, 39–40).

When presenting the study and discussing its limitations, it is important to note that the Family of Origin Scale (FOS) is a retrospective self-report instrument. The scale measures the self-perceived functioning of the family during childhood and adolescence and does not provide an objective report on the actual family environment decades earlier (Hovestadt et al. 1985, 287). This methodology inevitably harbours the risk of retrospective recall errors (e.g. selective recall, underreporting of negative experiences) as well as socially desirable responding, both of which can systematically influence self-report data (Hovestadt et al. 1985, 294–

295; Hardt and Rutter 2004 266–268; Paulhus 1991, 17–29). Several international validation studies recognise these limitations and point out that the instrument captures perceptions rather than historical facts, and they recommend interpreting the results with caution (Niedermeier et al. 1994, 236; Petropoulos 2010, 7).

The “Difficulties in Emotion Regulation Scale” (DERS) is a widely used instrument for measuring various aspects of difficulties in emotion regulation. In its original form, it was developed by Gratz and Roemer in 2004 for the in-depth measurement of difficulties in emotion regulation (Gratz and Roemer 2004). Their seminal work has been evaluated by a number of studies that have demonstrated the reliability and construct validity of the questionnaire (Bjureberg et al. 2004, 2015; Burton et al. 2022; Hallion et al. 2018; Neumann et al. 2010; Ritschel et al. 2015; Ganguly et al. 2024). The Difficulties in Emotion Regulation Scale was developed based on theoretical frameworks that explain emotion regulation as a process that includes awareness and understanding of emotions, acceptance of emotions, ability to engage in goal-directed behaviours, ability to control impulsive behaviours when experiencing negative emotions, and access to affective emotion regulation strategies (Gratz and Roemer 2004). The first category is Non-Acceptance of Emotional Responses (NONACC) and measures negative secondary emotional reactions to negative emotions or non-acceptance reactions to one’s own distress. The Difficulties Engaging in Goal-directed behaviour (GOALS) category measures difficulty concentrating and completing tasks when the person is experiencing negative emotions. The Impulse Control Difficulties (IMPULSE) category measures the difficulty in controlling one’s behaviour when experiencing negative emotions, and the Lack of Emotional Awareness (AWAR) category assesses the difficulty and/or unwillingness to feel and recognise emotions. The fifth category, Limited Access to Emotion Regulation Strategies (STRAT), refers to the belief that not much can be done to effectively regulate emotions when a person is upset, and the sixth category, Lack of Emotional Clarity (CLARITY), measures the extent to which individuals are clear and aware of what emotions they are experiencing.

In the initial study Cronbach’s alpha was calculated to determine the internal consistency of the DERS items. Results indicate that the DERS had high internal consistency (0.93). All of the DERS subscales (computed from the 6 factors obtained in the factor analysis) also had adequate internal consistency, with Cronbach’s alpha above 0.800 for each subscale. Cronbach’s alphas for separate items of the DERS questionnaire in the initial study were 0.85 for Non-Acceptance of Emotional Responses, 0.89 for The Difficulties Engaging in Goal-directed behaviour, 0.86 for Impulse Control Difficulties, 0.80 for Lack of Emotional Awareness, 0.88 for Limited Access to Emotion Regulation Strategies and 0.84 for Lack of Emotional Clarity (Gratz and Roemer 2004, 47–50). Although several subsequent studies have also reported high Cronbach’s alpha values, they consistently note weaker performance and lower reliability for the Awareness subscale, recommending either its exclusion or at least caution regarding its limitations (Moreira et al. 2022, 757; Sousa et al. 2023, 10; Kim et al. 2024, 10; Burton et al. 2022, 6). In our study,

Cronbach’s alpha coefficients for the subscales were as follows: Non-Acceptance of Emotional Responses, 0.897, Difficulties Engaging in Goal-Directed Behaviour, 0.893, Impulse Control Difficulties, 0.894, Lack of Emotional Awareness, 0.779, Limited Access to Emotion Regulation Strategies, 0.900 Lack of Emotional Clarity, 0.890 and DERS total 0.960. These results indicate that, although the score for the Awareness items was somewhat lower, it was still sufficiently high to justify retaining all items in the present study.

2.3 Procedure

Participants were randomly selected for the study and participation was voluntary. Participants were invited to take part in the study via an advertised link on Facebook, which they accessed directly or shared via social media. The survey was conducted from September to December 2024 in Slovenian language and the results were statistically analysed using the Jamovi web tool (version 2.6.24.0).

3. Results

3.1 Descriptive statistics

An overview of the basic descriptive statistics for each category of the Family of Origin Scale is provided in Table 1 and Table 2.

	CE	R	RO	O	A	AUT
M	11,30	11,10	11,70	12.0	11,10	57.3
Me	11	11	11	12	11	54
SD	4,20	3,97	4,67	4,33	4,56	19,70
Mo	10*	9	8	12	4*	50
Min	4	4	4	4	4	21
Max	20	20	20	20	20	100

Notes: M - arithmetic mean, Me - median, SD - standard deviation, Mo - mode, Min - minimum, Max - maximum, * there is more than one mode, the first one is given, CE - clarity of expression, R - responsibility, RO - respect for others, O - openness to others, A - acceptance of separation and loss, AUT - autonomy.

Table 1: Descriptive statistics for each category of the Family of Origin Scale - Part 1.

	RF	MT	C	E	T	INT	FOS
M	12,30	13,10	10,80	11,50	12,90	60,70	118,00
Me	12	13	10	11	13	60	114
SD	4,91	4,54	4,49	4,58	4,00	20,70	39,90
Mo	8	13	8	8	12	77	85
Min	4	4	4	4	4	20	44
Max	20	20	20	20	20	100	200

Notes: M - arithmetic mean, Me - median, SD - standard deviation, Mo - mode, Min - minimum, Max - maximum, RF - encouraging the expression of a range of feelings, MT - mood and tone, C – dealing with conflict resolution without undue stress, E - encouraging sensitivity and empathy, T - developing trust in humans as basically good, INT - intimacy, FOS - total score on the Family of Origin Scale.

Table 2: *Descriptive statistics for each category of the Family of Origin Scale - Part 2.*

The results of the descriptive statistics for each category of the Difficulties in Emotion Regulation Scale are shown in Table 3.

	NONACC	GOALS	IMPULSE	AWAR	STRAT	CLARITY	DERS
M	15,50	14,60	14,60	14,90	19,20	11,80	90,60
Me	14	14	14	15	18	11	87
SD	6,38	5,12	5,89	4,54	7,67	4,57	28,10
Mo	12	10	13	14	13	10	72
Min	6	5	6	6	6	5	37
Max	30	25	30	29	40	25	178

Notes: M - arithmetic mean, Me - median, SD - standard deviation, Mo - mode, Min - minimum, Max - maximum, NONACC - non-acceptance of emotional responses, GOALS - difficulties engaging in goal-directed behaviour, IMPULSE - impulse control difficulties, AWAR- lack of emotional awareness, STRAT - limited access to emotion regulation strategies, CLARITY - lack of emotional clarity, DERS - total score on the Difficulties in Emotion Regulation Scale.

Table 3: *Descriptive statistics for each category of the Difficulties in Emotion Regulation e.*

3.2 The Correlation Between Family of Origin Factors and Emotion Regulation

In the second part of the study, we investigated whether there was a correlation between the individual categories of family of origin and the categories of emotion regulation in the participants. To do this, we first used the Shapiro-Wilk test to

	CE	R	RO	O	A	AUT	RF	MT	C	E	T	INT	FOS
NONACC	Spearman's rho	-0.414***	-0.394***	-0.359***	-0.344***	-0.420***	-0.369***	-0.376***	-0.392***	-0.383***	-0.376***	-0.412***	-0.422***
	p-value	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001
GOALS	Spearman's rho	-0.320***	-0.333***	-0.290***	-0.272***	-0.338***	-0.315***	-0.313***	-0.316***	-0.313***	-0.271***	-0.333***	-0.339***
	p-value	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001
IMPULSE	Spearman's rho	-0.300***	-0.289***	-0.271***	-0.234***	-0.304***	-0.264***	-0.302***	-0.316***	-0.286***	-0.256***	-0.309***	-0.309***
	p-value	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001
AWAR	Spearman's rho	-0.260***	-0.246***	-0.195***	-0.226***	-0.248***	-0.229***	-0.200***	-0.190***	-0.214***	-0.222***	-0.228***	-0.241***
	p-value	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001
STRAT	Spearman's rho	-0.404***	-0.387***	-0.354***	-0.327***	-0.407***	-0.375***	-0.393***	-0.397***	-0.388***	-0.393***	-0.422***	-0.420***
	p-value	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001
CLARITY	Spearman's rho	-0.420***	-0.396***	-0.325***	-0.341***	-0.399***	-0.393***	-0.370***	-0.336***	-0.382***	-0.360***	-0.401***	-0.406***
	p-value	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001
DERS	Spearman's rho	-0.433***	-0.424***	-0.370***	-0.359***	-0.436***	-0.398***	-0.406***	-0.406***	-0.409***	-0.387***	-0.436***	-0.441***
	p-value	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001	<.001

Notes: *** statistical significance at 0.01 level, Spearman's rho - Spearman's correlation coefficient, NONACC - non-acceptance of emotional responses, GOALS - difficulties engaging in goal-directed behaviour, IMPULSE - impulse control difficulties, AWAR - lack of emotional awareness, STRAT - limited access to emotion regulation strategies, CLARITY - lack of emotional clarity, DERS - total score on the Difficulties in Emotion Regulation Scale, CE - clarity of expression, R - responsibility, RO - respect for others, O - openness to others, A - acceptance of separation and loss, AUT - autonomy, RF - encouraging the expression of a range of feelings, MT - mood and tone, C - dealing with conflict resolution without undue stress, E - encouraging sensitivity and empathy, T - developing trust in humans as basically good, INT - intimacy, FOS - total score on the Family of Origin Scale.

Table 4: Statistical significance of the correlations between the categories of the Family of Origin Scale and the categories of the Difficulties in Emotion Regulation Scale.

check whether the distributions of the scores for the individual categories deviated statistically significantly from the normal distribution. As none of the variables were normally distributed, we calculated the correlations using Spearman's rho. The web-based programme Jamovi was used for the statistical processing of the data. The results of the correlations are shown in Table 4.

The results showed a statistically significant medium negative association between the total score on the family of origin questionnaire and the total score on the emotion regulation difficulties questionnaire (-0.441) at the 1% risk level, as well as medium and negative correlations between the family of origin autonomy category and emotion regulation difficulties, and between the family of origin intimacy category and emotion regulation difficulties combined (both -0.436) at the 1% risk level. The study found that at the 1% risk level, all correlations between the categories of the two scales were statistically significant. All results are shown in Table 4.

4. Discussion

The results show that there is a link between a number of factors of intimacy and autonomy within the family of origin and emotion regulation in adults, which is consistent with previous research findings (Bülow et al. 2022; Ganguly et al. 2024; Herd et al. 2020; Ogan et al. 2024). The study from Sheffield Morris et al. (2007, 380) confirmed that there is a strong link between family factors and emotion regulation in children and that the mechanism of this link operates primarily through the emotional climate within the family, parental behaviour in relation to children's emotions, and learning about emotions and emotion regulation through observation. In our study, creating a warm atmosphere at home was also associated with more successful emotion regulation in general as well as with all other subcategories, but especially with better access to emotion regulation strategies, acceptance of emotional reactions and greater emotional clarity in the participants. In our study, encouragement to express a range of feelings in the family of origin also emerged as an important factor that was moderately negatively correlated with emotion regulation in general, as well as with greater emotional clarity and better acceptance of emotional reactions. This means that greater encouragement to express a range of feelings in the family of origin was associated with fewer problems with emotion regulation in participants and all categories of emotion regulation. The intergenerational transmission of difficulties in emotion regulation was also investigated in a 2014 study (Buckhold et al. 2014, 330), which showed that parents who have difficulties in emotion regulation themselves invalidate their children's emotions, with the result that the children or later the adolescents also have difficulties in emotion regulation. Parental invalidation of emotions can contribute to a child's lack of adaptive strategies and emotion regulation skills, while also contributing to emotional and behavioural problems. Furthermore, experiences in the family of origin also have an important influence

on adult partner relationships (Levy et al. 1997). Most of the research mentioned above has focused on children or adolescents, but our research provides insight into the strength of these relationships in adults and shows that family of origin factors can follow a person into late adulthood.

With regard to autonomy in the family of origin, the study showed that greater promotion of autonomy in the family of origin was associated with fewer difficulties in emotion regulation and all categories of emotion regulation. The importance of promoting autonomy in the family was already highlighted in a 1994 longitudinal study (Allen et al. 1994, 179). Anderson (2019, 3) believes that the concept of autonomy needs to be given a more central role in couple therapy research and clinical practise. Our research has also confirmed these relationships and at the same time pointed to emotion regulation as an important determinant of these relationships.

Another interesting contribution of our study is the finding that the category of developing trust in humans as basically good in the family of origin is moderately negatively related to some categories of emotion regulation problems, meaning that the more an individual develops trust in people as basically good in the family of origin, the fewer problems he or she will have in emotion regulation later in life. Trust in the good in people is the subject of research in many disciplines, including psychology and neuroscience. Social trust is the belief that people are generally fair and trustworthy, and reflects an individual's positive attitude towards humanity (Flanagan and Stout 2010, 748). Balconi (2020, 69–70) considers trust to be a central component of all human relationships, and trusting behaviour is expressed as a basic need for people to connect with others and develop supportive relationships.

Another important lesson from our research concerns the question of how conflicts can be resolved without undue stress. Resolving conflict with less unnecessary family-of-origin stress has been shown to be moderately associated with better emotion regulation in general, better access to emotion regulation strategies, and greater acceptance of emotional reactions, which is consistent with the Ogan et al. study (2024) that confirmed that family of origin conflict is associated with higher emotional dysregulation in participants. When it comes to the inadequate resolution of family of origin conflicts, it is important to emphasise that difficulties in emotion regulation also play an important mediating role between family of origin violence and intimate partner violence, and that different forms of family of origin violence can affect emotion regulation differently in men and women. According to the results of Oliveros and Coleman's study (2021, 9428), sons' emotion regulation problems were most strongly influenced by the father's aggression towards the mother, meaning that sons considered this form of aggression to be the most threatening to their emotional security, while aggression directed towards the child, by both parents, appeared to be more threatening to daughters.

The results of our study have important implications for therapeutic work, especially for work with couples or parents of young children and adolescents.

Encouraging parents to work on their own emotion regulation and to develop greater intimacy and autonomy within the family system can be extremely important for the development of appropriate emotion regulation in children. The results of this study may also be useful in the design of parenting programmes to teach emotion regulation skills and in parenting schools, whose programmes should also focus on promoting autonomy and intimacy within the family and help parents understand the impact of their own behaviour on their children's emotional development. Teaching parents appropriate emotion regulation skills is crucial for their children's emotion regulation and mental health, as impaired emotion regulation skills have been identified as a transdiagnostic risk factor for a range of mental disorders (Aldao 2016, 257), and consequently, emotion regulation skills have been identified as a highly important developmental task to be fostered in child rearing. According to Ogan (2024, 40), when working with individuals or couples, it is important to reduce their emotional reactivity and identify behaviours that are consistent with their goals, which has the potential to promote behaviours that will help them maintain romantic relationships. These behaviours can reduce their experiences of ongoing relationship problems, negative conflict, and instability that reinforce cycles of deregulation across generations. Indeed, the difficulties parents have with emotion regulation can be passed on to adolescents through the invalidation of emotions. Inadequate skills and low self-efficacy in coping with negative emotions can contribute to persistent feelings of sadness and consequently depression, anxiety and a tendency to withdraw into themselves. In addition, teens may not seek support from their parents if their feelings have been invalidated in the past. Another way adolescents react inappropriately is impulsivity, which can contribute to aggressive behaviour and noncompliance with rules (Buckhold et al. 2014, 329–330). For parents the period of their child's early adulthood can be particularly challenging, as they must adapt their parenting behaviour to the fact that their older children are still living at home but are socially considered as adults. With the increasingly common phenomenon of children staying at home until almost the age of 30, parents have few role models in this changing role and are often in doubt as to how they should behave (García-Mendoza et al. 2020, 385).

By working to improve intimacy and autonomy within the family, we indirectly influence a more appropriate way of regulating the emotions of all family members, which can have far-reaching consequences. The results of our research can therefore also have a wider reach in the field of mental health. Indeed, difficulties with emotion regulation, as measured by the Difficulties in Emotion Regulation Scale, are considered a transdiagnostic risk factor for many forms of psychopathology (Skutch et al. 2019, 485). The questionnaire has shown correlations with borderline personality disorder, post-traumatic stress disorder, anxiety disorders, substance abuse disorders, depression and eating disorders (Sörman et al. 2022, 213), with greater difficulties in emotion regulation more likely to lead to alcohol as a coping mechanism (Simonič et al. 2024, 1). This highlights the importance of

a healthy family environment where open communication and expression of emotions are encouraged, which may reduce the risk of developing unhealthy forms of coping with stress. The results may also be useful for pastoral practice. Pastoral workers working with families can use the intervention of deepening the emotional experience to provide a sense of safety for family members to explore certain emotions in an empathic relationship and find more soothing ways to respond emotionally (Ganc and Jerebic 2024, 184). The results can provide a holistic approach to supporting believers that takes into account both their family experiences and their ability to deal with emotions, which can lead to better spiritual and personal growth.

The main limitation of our study concerns the participants, as the sample was predominantly female (97%). In future studies, it would be useful to include an approximately equal number of men and women, which would also allow us to observe possible differences in family factors related to emotion regulation problems between women and men. It is also difficult to talk about causal relationships as this is a correlational study. Future research should address this limitation by investigating potential causal relationships more directly. Despite some limitations, the study provides important insights into family factors and their relationship to emotion regulation in adulthood.

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