
A ROMANIAN VERSION OF THE EXPERIENCES IN CLOSE RELATIONSHIP SCALE – SHORT FORM (ECR-S) MEASURE OF ADULT ATTACHMENT

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Abstract

The present research objective is to adapt the 12-item *Experiences in Close Relationship Scale – Short Form* (ECR-S) on the Romanian population. This self-report scale is used to assess adult attachment, by two dimensions: *Anxiety* and *Avoidance*. The psychometric properties of the instrument were assessed in a cross-sectional approach, by examining the reliability (in terms of internal consistency, as well as test-retest reliability), factor structure, convergent and predictive validity, in a sample from general population. A total number of 440 participants, aged 18 to 71 years-old, filled out a socio-demographics data sheet, the ECR-S and the Patient Health Questionnaire-9 (PHQ-9). The incomplete questionnaires were removed, resulting in a final number of 421 participants for the analysis. Results indicated good internal consistency (Cronbach's alpha coefficients 0.79, 0.73, McDonald's omega coefficients 0.80, 0.74) and good test-retest reliability over 2-weeks period (Spearman coefficients 0.86, 0.74) for both subscales (*Anxiety* and *Avoidance*). The confirmatory analysis revealed a bifactorial structure, with 11 items. Results confirmed convergent and predictive validity. Influence of socio-demographic variables was also assessed. The results indicate that the Romanian version of ECR-S has good psychometric properties, being a suitable instrument for assessing adult attachment.

Keywords: adult attachment; cultural adaptation; reliability; factor structure; convergent validity; predictive validity.

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Introduction

The attachment theory, developed by John Bowlby, reveals the importance of the relationship with the primary care figure, during childhood, on personality development, on physical and mental health, as well as on relationships in later life (Bowlby, 1973, 1980). Based on his interactions with the primary care figure, in the first years of life, the child develops mental representations about himself and others (representations called “internal working models”), which will influence his interactions with other people, during his life course (Bowlby, 1982). Thus, if the primary care figure is always available and responds adequately to his needs, the child develops a positive representation of self (“I can be loved”) and of others (“The others will be available and will respond properly to my needs”), these representations corresponding to a secure attachment. On the other hand, if the primary care figure isn’t always available and/or fails to fulfill his needs, the child develops a negative representation of self (“I do not deserve to be loved”) and/or of others (“The others will not be available and/or will not be able to provide me the emotional support I need”), these representations corresponding to an insecure attachment (Bowlby, 1973).

Bowlby’s theory was considered to be a good frame for understanding adult intimate relationships. Thus, romantic love was conceptualized as an attachment process, in which adults with secure attachment will manage to establish good and fulfilling relationships, while those with insecure attachment will tend to adopt an extreme attitude toward their partners, by approaching too much or by avoiding them (Hazan & Shaver, 1987). Based on Bowlby’s theory, Bartholomew and Horowitz (1991) developed a four-category model of adult attachment, depending on the model of self (positive or negative) and the model of others (positive or negative): secure, preoccupied, dismissing and fearful.

Subsequently, Brennan et al. (1998) conducted an analysis, by including 323 items corresponding to 60 attachment constructs from the existing self-report attachment scales. Their analysis revealed a two-dimensional structure of adult attachment: *Anxiety* and *Avoidance*, an approach which proved to be more appropriate for adult attachment assessment, by comparison to the categorical perspective (Fraley et al., 2015). Brennan et al. (1998) found that *Anxiety* is related to preoccupation, jealousy/fear of abandonment and fear of rejection, while *Avoidance* is related to discomfort with closeness, avoidance of intimacy and the tendency of self-reliance. Finally, out of the total pool of 323 items, the authors kept only 18 items for each factor, which resulted into a 36-item questionnaire (Brennan et al., 1998), called *Experiences in Close Relationships* (ECR), one of the most relevant instruments for adult attachment measurement (Ravitz et al., 2010). The scale has been translated into many languages and revealed a high level of internal consistency (near or above 0.90), as well as test-retest reliability (coefficients

between 0.50 and 0.75) (Mikulincer & Shaver, 2007). The validity was supported by the positive correlations between the two dimensions (*Anxiety* and *Avoidance*) and other constructs, such as depression, anxiety (Wei et al., 2005; Williams & Risking, 2004), emotion dysregulation (Liu & Ma, 2019), relationship dissatisfaction (Alonso-Arbiol et al., 2007; Conradi et al., 2006; Treboux et al., 2004) etc.

Although *Experiences in Close Relationships* (ECR) has good psychometric properties, it can be quite difficult to be used in research or psychotherapy, because of the high numbers of items. In order to overcome this challenge, Wei et al. (2007) developed the *Experiences in Close Relationship Scale-Short Form* (ECR-S), a shorter version of the above-mentioned instrument, with only 12 items selected from the initial scale, corresponding to *Anxiety* or *Avoidance*. The authors validated the 12-item form in six studies, with American undergraduate students samples and the results showed psychometric properties comparable to the original 36-items version. Thus, the internal consistency was 0.77-0.86 for *Anxiety* and 0.78-0.88 for *Avoidance*; test-retest reliability was 0.82 for *Anxiety* and 0.89 for *Avoidance*, over a 3-week period, respectively 0.80 for *Anxiety* and 0.83 for *Avoidance*, over 1-month period. The two-factor structure model proved adequate fit to the data after removing the influence of response sets on the items, by adding two orthogonal response sets factors (a positively worded factor and a negatively worded factor). Construct validity was confirmed by correlations between the two subscales and other relevant constructs, such as depression or anxiety (Wei et al., 2007).

The *Experiences in Close Relationship Scale-Short Form* (ECR-S) was translated into languages other than English, including German (Neumann et al., 2007; Petrowski et al., 2020), Korean (Lee & Shin, 2019), Norwegian (Olsson et al., 2010; Pedersen et al., 2015), Portuguese – Brazil (Natividade & Shiramizu, 2015), Spanish (Brasch, 2018), Urdu (Imran et al., 2020). The studies confirmed the two-factor structure of the scale, but some differences were reported in terms of the number of items, compared to the English version: 6 items (German version), 10 items (Portuguese – Brazil version), 11 items (Korean and Spanish version), 12 items (Urdu version).

Although there is a long form of the scale, adapted for Romania (Negrei & Sava, 2006), no studies have been conducted, to the extent of the authors' knowledge, on the validation of the *Experiences in Close Relationship Scale-Short Form* (ECR-S) on the Romanian population. Having considered the importance of such instrument in various contexts (research, psychotherapy, organizational environment etc.), it would be of a great use to translate and validate this scale on Romanian population. Thus, the aim of the present study, performed in the general population, is to test the bifactorial model of the scale, to evaluate reliability, convergent and predictive validity, as well as to investigate the influence of the socio-demographic variables.

Methodology

Participants and procedure

The study was conducted on a sample (N=440) from the general Romanian population, selected from several companies, institutions and online groups. The total sample included 380 (86%) women and 60 (14%) men, within the age range of 18-71 years ($M = 33.09$; $SD = 12.00$), being geographically distributed in all the Romanian regions. In terms of current relationship status, 110 (25%) participants were single, while 330 (75%) participants were in a relationship. Participants' educational level was secondary education (124 participants – 28%) or higher education (316 participants – 72%) and their socio-economic status was low (158 participants – 36%), medium (192 participants – 44%) or high (89 participants – 20%), one participant not offering information regarding the socio-economic status.

Participants were invited to take part in the research and received an information sheet about the study, as well as an information content form, a socio-demographic data sheet, the Romanian translation of ECR-S and other questionnaire which was used to assess construct validity. After two weeks, 117 participants completed again the ECR-S scale, in order to investigate the stability in time of the results. The participants took part in the study on a voluntary basis, with no financial compensation. The study was carried out according to the American Psychology Association (APA) ethical standards.

Measuring instruments

The Experiences in Close Relationships Scale-Short Form (ECR-S) is a self-report 12-item scale for adult attachment assessment. The scale is comprised of two 6-item subscales (*Anxiety* and *Avoidance*), with 8 normal-scored items and 4 reverse-scored items. Participants rate the degree they agree with the 12 statements describing possible ways of experiencing romantic relationships. The answers are rated on a 7-point Likert scale ranging from 1 (Strongly Disagree) to 7 (Strongly Agree) (Wei et al., 2007). The score for each of the two subscales (computed as mean* of the 6 items corresponding to the subscale) ranges from 1 to 7. People who obtain high scores for *Anxiety* and *Avoidance* are considered to have an insecure attachment, while people who obtain low scores are considered to have a secure attachment (Brennan et al., 1998).

The scale was initially translated from English into Romanian, by two psychologists, PhD students, having an advanced level of English. The original “romantic partner” was replaced with the word “partner,” in masculine and feminine form („partener/parteneră”). Based on the two translations, an initial Romanian version of the scale was developed. This version was translated back to English by

* Similar to the longer version of the scale, developed by Brennan et al. (1998).

two psychologists, PhD students, having an advanced level of English. These translations were compared to the original questionnaire and proved to have a good match with the English version. Subsequently, the first Romanian version was analyzed by a jury of 23 Master's degree psychology students, which suggested replacing the plural form "partners", which could have the meaning of having multiple relationships at the same time, by the singular "partner", in order to avoid confusion. After these suggestions, the final form of Romanian ECR-S was developed.

The *Patient Health Questionnaire-9* is a 9-item questionnaire, integrated as a subscale of a larger self-administered questionnaire, *Patient Health Questionnaire*, developed by Spitzer et al. (1999), for assessing eight mental disorders. The *Patient Health Questionnaire-9* is used for assessing depressive symptoms severity. Participants rate how often they have been bothered by symptoms, over the last two weeks. The answers are rated on a 4-point Likert scale ranging from 0 (Not at all) to 3 (Nearly every day). The total score ranges from 0 to 27, with higher score indicating a higher severity and cutoff values at 5, 10, 15, 20 for mild, moderate, moderately severe and severe depression (Kroenke et al., 2001). This instrument was used in this study due to its psychometric properties: excellent internal reliability (0.89 and 0.86 in two studies), criterion and construct validity. Criterion validity was confirmed by the correlation of 0.84 between PHQ-9 scores and Mental Health Professional (MHP) interview scores, as well as the area under the ROC curve (AUC) of 0.95, indicating an outstanding capacity of PHQ-9 to discriminate between people with and without major depression. Construct validity was indicated by correlations between PHQ-9 and other constructs, such as functional status (0.33–0.73 for all the subscales), self-reported disability days (0.39), clinic visits (0.24), symptom-related difficulty in activities and relationships (0.55) (Kroenke et al., 2001). Moreover, compared to other instruments for assessing depression, PHQ-9 has the advantage of being a brief and efficient measure (only 9 items, mean scores nearly identical to the clinical interview) (Kroenke et al., 2001). This questionnaire proved to be adequate to detect depression not only in clinical, but also in the general population (Kocalevent et al., 2013; Martin et al., 2006). The Romanian version of PHQ-9 is free to use (as stated at <http://www.phqscreeners.com>) and its psychometric properties are similar to the original version (Lupascu et al., 2019). Previous research indicated correlations between adult attachment dimensions and depressive symptoms (Guzmán-González, et al., 2020; Petrowski et al., 2020), as well as the predictive role of adult attachment insecurity in depression (Vowels et al., 2022; Wei et al., 2003), therefore PHQ-9 would be a proper instrument to assess convergent and predictive validity of ECR-S.

Statistical analysis

Statistical analysis was conducted with the free soft Jasp, version 0.14.1, available online for research purpose.

Before the data entry, 19 questionnaires were excluded because of the incomplete answers (10 participants) or because the uncertain degree of cultural relevance (9 participants are living abroad and the number of years lived in Romania is not known). The exclusion of these 19 surveys led to a final sample of 421 participants for analysis (85.7% women and 14.3% men).

Data were assessed for normality, based on visual assessment of the histograms and also on skewness and kurtosis values. Reliability was assessed in terms of internal consistency, using Cronbach's alpha coefficient and McDonald's omega reliability coefficient (ω), as well as in terms of results stability (test-retest) after two-weeks, using Spearman's correlation coefficient (r_s), because the data were not normally distributed. Missing data of ECR-S (completed after two weeks) were imputed by the mean of the other scores corresponding to the subscale.

A confirmatory factor analysis (CFA) using a diagonally weighted least squares (DWLS) estimation method, was conducted in order to determine whether the data fit the hypothesized bifactorial model of ECR-S. In order to assess the goodness of fit of the model within the given data, the following indices have been considered: chi-square (χ^2) – insignificant, $p\text{-value} > 0.05$ (Barrett, 2007, apud Hooper et al., 2008); normed chi-square (χ^2/df) – between 1 and 5 (Bollen, 1989, apud Guzmán-González et al., 2020), lower values indicating a better model fit; comparative fit index (CFI – comparative fit index) – minimum 0.95 (Hu & Bentler, 1999), 0.90 (Bentler & Bonett, 1980) or even 0.85 (Sava, 2011); TLI (Tucker-Lewis index) – minimum 0.95 (Hu & Bentler, 1999), 0.90 (Bentler & Bonett, 1980) or even 0.85 (Sava, 2011); SRMR (standardized root mean square residual) – maximum 0.08 (Hu & Bentler, 1999); RMSEA (root mean square error of approximation) – good fit for values < 0.05 , acceptable fit for values 0.05-0.08, marginal fit for values 0.08-0.10, poor fit for values > 0.10 (Browne & Cudeck, 1992, Steiger, 1989, apud Fabrigar et al., 1999).

Convergent validity was assessed by correlations between the scores of ECR-S subscales and the score of PHQ-9, for 407 participants. Missing data of PHQ-9 were imputed by the mean of the other scores of the questionnaire. Predictive validity was investigated by multiple regression analysis, considering both *Anxiety* and *Avoidance* in the same analysis as predictors for depression, in order to accommodate their shared variance, as recommended by Cameron et al. (2012). Influence of socio-demographic variables was assessed by Spearman's correlation coefficient (for age), Mann-Whitney U test (for gender, relationship status and education) and Kruskal-Wallis H test (for socio-economic status) for comparison between subgroups. Effect size was given by the rank biserial correlation (for Mann-Whitney U test) and η^2 (for Kruskal-Wallis H test).

Results

Descriptive statistics and subscales correlation

The descriptive statistics (mean, standard deviation, skewness and kurtosis) for the two subscales (*Anxiety* and *Avoidance*) of ECR-S are reported in Table 1. According to (Kim, 2013), the z-score (absolute value / standard error) for skewness should have values in (-2, 2) and the z-score for kurtosis should have values in (-7, 7), for sample sizes grater than 300. The values obtained show that the two subscales don't follow a normal distribution, which was an expected result.

Table 1. Descriptive statistics for ECR-S subscales

Subscale ECR-S	M	SD	Skewness (Standard Error)	Z Skewness	Kurtosis (Standard Error)	Z Kurtosis
Anxiety	3.449	1.370	0.436 (0.119)	3.664	- 0.541 (0.237)	- 2.283
Avoidance	2.338	1.054	0.898 (0.119)	7.546	0.672 (0.237)	2.835

Note. N = 421 participants

Correlation (Spearman's correlation coefficient) between the *Anxiety* and *Avoidance* subscales was $r_s=0.424$ ($p<0.001$).

Reliability

Internal consistency was assessed by Cronbach's alpha (this coefficient being used by the authors of the original scale), as well as by McDonald's omega, which is considered a better option for estimating reliability (Revelle & Zinbarg, 2009). The results show good internal consistency, comparable to the values obtained for the original instrument.

Test-retest reliability was assessed after two-weeks, for a number of 117 participants. Data were not normally distributed, so Spearman's correlation coefficient (r_s) was used. The results show good test-retest reliability, comparable to the values obtained for the original scale.

Table 2. Reliability for ECR-S subscales

Subscale ECR-S	Internal consistency		Test-retest reliability
	Cronbach's α	McDonald's ω	Spearman's r_s
Anxiety	0.79	0.80	0.86 ($p<0.001$)
Avoidance	0.73	0.74	0.74 ($p<0.001$)

Note. N = 421 participants (for Cronabch's α and McDonald's ω); N=117 (for Spearman's r_s)

Confirmatory factor analysis

The bifactorial model, with 12 items, had a good fit, according to χ^2/df , CFI and TLI and a poor fit, according to SRMR and RMSEA. Results indicated the removal of item 5. The second model (two factors, item 5 removed) revealed a good fit to data.

Table 3. Fit indexes for the confirmatory factor analysis

Model	$\chi^2 (df)$	χ^2/df	CFI	TLI	SRMR	RMSEA [90% CI]
12 items, two factors	$\chi^2(53) = 234.7, p < 0.001$	4.43	0.913	0.892	0.107	0.090 [0.079 – 0.102]
11 items, two factors	$\chi^2(43) = 111.7, p < 0.001$	2.60	0.965	0.956	0.074	0.062 [0.048 – 0.076]

The items and factor loadings for the final model are reported in Table 4. Each item loads on only one factor (anxiety or avoidance) and loadings to the other factor are set to 0, according to confirmatory factor analysis approach (Sava, 2011).

Table 4. Final model (items and factor loadings) for ECR-S

ECR-S Items (English / Romanian)	Factor loadings
Anxiety subscale	
2. I need a lot of reassurance that I am loved by my partner. / Am nevoie de o mulțime de garanții că sunt iubit de partenerul meu (partenera mea).	0.573
4. I find that my partner(s) don't want to get as close as I would like. / Consider că partenerul meu (partenera mea) nu vrea să se apropie atât cât mi-aș dori.	0.802
6. My desire to be very close sometimes scares people away. / Dorința mea de a fi aproape, uneori sperie oamenii.	0.658
8(R). I do not often worry about being abandoned. / Nu îmi fac prea des griji că voi fi abandonat(ă).	0.429
10. I get frustrated if romantic partners are not available when I need them. / Devin frustrat(ă) dacă partenerul meu (partenera mea) nu este disponibil(ă) atunci când am nevoie de el (ea).	0.439
12. I worry that romantic partners won't care about me as much as I care about them. / Îmi fac griji că partenerul meu (partenera mea) nu va ține la mine la fel de mult cât țin eu la el (ea).	0.781
Avoidance subscale	
1(R). It helps to turn to my romantic partner in times of need. / La nevoie, îmi este de ajutor să apelez la partenerul meu (partenera mea).	0.294
3. I want to get close to my partner, but I keep pulling back. / Vreau să mă apropii de partenerul meu (partenera mea), dar continui să mă îndepătez de el (ea).	0.857
7. I try to avoid getting too close to my partner. / Încerc să evit să mă apropii prea mult de partenerul meu (partenera mea).	0.656
9(R). I usually discuss my problems and concerns with my partner. / De obicei, discut despre problemele și îngrijorările mele cu partenerul meu (partenera mea).	0.484
11. I am nervous when partners get too close to me. / Sunt neliniștit(ă) atunci când partenerul (partenera) se apropie prea mult de mine.	0.546

Note. The reverse-scored items are marked by "R"

Convergent and predictive validity

Convergent validity was investigated by correlations between the scores of ECR-S subscales and the score of PHQ-9, for 407 participants. Positive significant correlations have been found between *Anxiety* dimension and depression ($r_s=0.439$, $p<0.001$), as well as between *Avoidance* dimension and depression ($r_s=0.344$, $p<0.001$). Both correlations were moderate.

Predictive validity was assessed by using a multiple regression, considering the scores of both attachment dimensions as predictors for PHQ-9 score. Higher levels of *Anxiety* and *Avoidance* predicted higher levels of depression ($F(2, 404)=61.318$, $p<0.001$) and both attachment dimensions predicted 22.9% of the variance in depression ($r^2_{\text{adjusted}}=0.229$), the influence of *Anxiety* on depression being greater than the influence of *Avoidance* ($\beta_{\text{Anxiety}}=0.352$, $\beta_{\text{Avoidance}}=0.196$).

Influence of socio-demographic variables

Nonparametric tests were conducted to investigate the mean differences between subgroups (Mann-Whitney U test for gender, relationship status and education; Kruskal-Wallis H for socio-economic status), for both *Anxiety* and *Avoidance* subscales. The influence of age was assessed by Spearman's correlation coefficient.

Table 5. Influence of socio-demographic variables

Socio-demographic variable	Anxiety		Avoidance	
	M (SD)	Test statistic (U, H), p, effect size	M (SD)	Test statistic (U, H), p, effect size
Gender				
Male (N=60)	3.27 (1.24)	U=11559, $p=0.404$	2.57 (1.07)	U=8987.5, $p=0.034$, effect size= -0.17
Female (N=361)	3.48 (1.39)		2.29 (1.13)	
Relationship status				
Single (N=108)	3.97 (1.43)	U=21866, $p<0.001$, effect size=0.294	2.87 (1.21)	U=23077.5, $p<0.001$, effect size=0.365
In a relationship (N=313)	3.27 (1.30)		2.15 (1.03)	
Education				
Secondary education (N=117)	3.81 (1.29)	U=13717.5, $p<0.001$, effect size= -0.229	2.44 (1.11)	U=16242.5, $p=0.167$
Higher education (N=304)	3.31 (1.38)		2.29 (1.12)	
Socio-economic status				
Low (N=154)	3.75 (1.40)	H(2)=15.747, $p<0.001$, effect size=0.039	2.51 (1.24)	H(2)=4.001, $p=0.135$
Medium (N=82)	3.01 (1.21)		2.18 (0.96)	
High (N=185)	3.39 (1.36)		2.25 (1.06)	

Note. Effect size was reported only for statistically significant differences

Regarding the *Anxiety* subscale, results revealed statistically significant differences between subgroups, in terms of relationship status, education and socio-economic status: single participants scored higher than those having a relationship, people with lower education scored higher than people with high education and participants with a low socio-economic status scored higher than those with a medium or high level. Significant, but low negative correlation has been found between age and *Anxiety* ($r_s = -0.165$, $p < 0.001$).

Regarding the *Avoidance* subscale, results revealed statistically significant differences between subgroups, in terms of gender and relationship status: men scored higher than women and single participants scored higher than those having a relationship. There was no significant correlation between age and *Avoidance* ($r_s = 0.05$, $p = 0.308$).

Discussion

The bifactorial structure of ECR-S was confirmed, but the Romanian version has 11 items, compared to the 12-item original version. This result is line with other studies (Lee & Shin, 2019; Natividade & Shiramizu, 2015), which also reported a number of 11 items, when adapting the original English scale on different population. The model obtained for this sample had good fit to data.

The Romanian ECR-S showed good internal consistency and good test-retest reliability after two-weeks. These results are comparable to the original version of the scale (Wei et al., 2007), as well as the versions adapted for other cultures and languages (Brasch, 2018; Natividade & Shiramizu, 2015).

Convergent validity was supported by positive statistically significant correlations between attachment dimensions (*Anxiety* and *Avoidance*) and depression. Moreover, predictive validity was supported by multiple regression and the results showed that both attachment dimensions predict depression, influencing almost 23% of the variance in depression. Brasch (2018) and Guzmán-González et al. (2020) also reported that people with higher scores at attachment *Anxiety* and *Avoidance* had greater depressive symptomatology. In the present study, the comparisons based on socio-demographic variables revealed higher score for men, on *Avoidance* subscale, and no differences for *Anxiety*, in terms of gender. Similar results have been obtained by Petrowski et al. (2020), while other studies (Natividade & Shiramizu, 2015) revealed higher score for men on *Avoidance*, but, contrary to our results, differences have been also reported for *Anxiety*, women scoring higher than men. Our results indicated that single participants scored higher on both attachment dimensions, compared to those having a relationship. Other studies (Natividade & Shiramizu, 2015; Olsson et al., 2010) also reported higher scores obtained by single people on *Anxiety* and *Avoidance*. Moreover, the present study revealed that participants having secondary education and low income scored higher

on *Anxiety* and no differences have been found for *Avoidance*, in terms of education and socio-economic status. Different results have been reported by Petrowski et al. (2020), who found no differences for *Anxiety*, in terms of education level, but significant differences for *Avoidance*, people with a lower education level having higher scores. In the current sample, there was a negative correlation between age and *Anxiety* and no correlation between age and *Avoidance*, similar findings being reported by Petrowski et al. (2020). Thus, the results of the present study are in line with the results indicated in the attachment literature.

Conclusion

The present research represents the first attempt in validating the ECR-S scale on the Romanian population. The main advantage of such an instrument for adult attachment assessment consists in the ease of use due to the small number of items. Thus, the instrument offers a good input in a short time, which is valuable for research and psychotherapy. The Romanian version of ECR-S has good psychometric results, comparable to the English version, and is, therefore, a reliable short instrument for assessing adult attachment.

The sample had a good level of diversity, including people from all the Romanian geographical regions, with various socio-demographic characteristics. Compared to the original English version (Wei et al., 2007), validated on students, the Romanian version provides results for the general population. However, there are some limitations of the study. The selection method (convenience sampling) led to a considerable disproportion in terms of gender (86% women and 14% men), therefore the extrapolation of the results to the general population should be made cautiously. Further research is needed in order to investigate the psychometric properties of the ECR-S, on other populations, clinical and non-clinical.

Authors Note

We have no known conflict of interest to disclose.

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