

Negating Emotions when Caring for Others: Emotion Dysregulation, Pathological Concern, and Attachment Style

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Abstract

Pathological concern is a critical phenomenon impacting a sense of self in individuals. Emotion dysregulation may further aggravate the severity of pathological concern in individuals. However, the research examining the circumstances under which emotion dysregulation is linked with pathological concern is limited. The present study thus investigated the moderating role of attachment style in the relationship between emotion dysregulation and pathological concern using convenience sampling. It was conducted on 518 emerging adults who completed the Difficulties in Emotion Regulation-Short form scale, Pathological Concern Questionnaire, and Measure of Attachment Style scale. The findings of the current study revealed that emotion dysregulation was linked with higher pathological concern in emerging adults. In addition, ambivalent and avoidant attachment style positively moderated the relationship between emotion dysregulation and pathological concern. This study thus revealed that insecure attachment styles strengthen the association between emotion dysregulation and pathological concern. The implications and future recommendations of the study are discussed.

Keywords emotion dysregulation, attachment style, pathological concern, emerging adults

Emerging adulthood is an imminent developmental stage where individuals transform from teenagers to young adults. It is defined as a “life stage between adolescence and young adulthood, having distinctive demographic characteristics, but with many possible paths through that stage, in terms of how emerging adults experience their education, work, beliefs, self-development and relationships” (Arnett, 2014, Schwartz & Petrova, 2019). This period is often marked by biopsychosocial transitions, where the brain continues to develop, and individuals are focused on forming their identities, establishing their careers, having stable long-term relationships, and handling family responsibilities (Arnett, 2014; Mitra & Arnett, 2019).

As emerging adults are growing into young adults, there is a massive expedition of new opportunities due to which they tend to form a sense of self or identity. And while there is excitement and zeal to achieve goals and become successful in life, this stage is also marked by uncertainty and instability, where emerging adults tend to experience fear, and anxiety to fulfil the tasks and responsibilities of this phase (Arnett, 2014, 2015). Due to the uncertainties, challenges, and responsibilities of this stage, emerging adults may experience difficulty in managing their emotions and end up engaging in unhealthy or maladaptive strategies to regulate their emotions (Zimmermann & Iwanski, 2014). While emotion regulation implies the use of adaptive or healthy strategies for managing emotions, emotion dysregulation occurs when individuals have difficulty in managing their emotions (Gross, 2013). It can also be understood as “patterns of emotional experience or expression that interfere with goal-directed activity” (Thompson, 2019).

Many studies have reported that emerging adults tend to experience higher dysregulation of emotions which results in mental health issues, such as higher anxiety concerns, somatic problems, higher stress levels, and decreased tolerance of uncertainty (Johnson et al., 2022; Lavanya & Manjula, 2017; Nekic, 2023). These researches also reported

that the persistence of mental health concerns may result in the development of mental disorders (Halliburton et al., 2021; Johnson et al., 2022; Sendzik et al., 2017).

The emotion dysregulation within emerging adults can also impact functioning in interpersonal relationships. Specifically, the psychosocial theory of development by Erik Erikson claims the existence of an important task during emerging adulthood, which emphasizes on building and sustaining relationships, where individuals tend to strive for intimacy and stable commitments in their interpersonal relationships (Feldman & Babu, 2018; Hall & Lindzey, 2007). Usually, the emerging adults experience a conflict between love and isolation in this stage, where success in forming and maintaining relationships build the virtue of love but failure to do so results in isolation. In order to prevent or impede isolation, the individuals may suppress their needs and emotions while prioritizing others' feelings and in turn may overinvest in interpersonal relationships. This may generate an unhealthy attitude, i.e. pathological concern. It is a "phenomenon characterized by an individual being compulsively concerned for other people's welfare while denying his or her own feelings and needs". It consists of two components- denial of needs of self; repressing needs and overinvestment in meeting needs of other people. It is often marked by higher levels of loneliness, emptiness, and emotional suppression (Shavit & Tolmacz, 2014), and individuals having higher pathological concern tend to have higher negative emotions, stress, anxiety, depressive features, attachment insecurities, lower self-esteem, less relationship and life satisfaction (Gerber, Tolmacz & Doron, 2015; Tolmacz et al., 2022). In the current literature, direct evidence between emotion dysregulation and pathological concern is limited but the existing indirect evidence exists which suggests that the inability or difficulty to express emotions results in higher emptiness and loneliness, which are some of the key features of pathological concern (Friedmann, Kearns & Creaven, 2017; Herron & Sani, 2022; Preece et al., 2021; Tolmacz & Doron, 2016).

Thus, difficulties in one's emotion regulation may result in pathological concern where interpersonal constructs may act as precipitating factors this relationship. This in turn may help to better understand when can emotion dysregulation becomes problematic that it gives rise to pathological concern. Since pathological concern is known to exist in relationships, social resources may be impacting it more intensely than other resources. One of the most crucial social resources is attachment, which is an affectionate bond individuals have with dear ones with whom they usually feel joy, and feel comforted and secure in stressful situations (Berk, 2013). A sense of healthy or secure attachment helps individuals built a healthy sense of self, characterized by self-acceptance, increased emotion regulation, higher commitment and relationship satisfaction, lower mental health concerns, and healthy adaptation to stressors in life (Gillath, Karantzas & Fraley, 2016; Mikulincer & Shaver, 2016; Sagone et al., 2023).

However, a healthy or unhealthy attachment may depend on one's attachment style or orientation, which is defined as "a psychological tie between two or more individuals who comprehends, have a sharing state of mind, and have a nature of solace and reliance with each other" (Ahmad, Jahan & Imtiaz, 2016). These attachment styles can be secure or insecure. The insecure attachment styles include ambivalent and avoidant attachment styles. Individuals with ambivalent attachment style tend to doubt their own abilities, have excessive need for interpersonal love, support, nearness or closeness, and have a fear of getting rejected or abandoned by others. Those having avoidant attachment styles usually have an unwillingness to trust people, low tolerance for intimacy, and interdependence, prioritize autonomy, and tend to suppress and downregulate their emotions. The individuals who score low on both orientations usually have a secure attachment style (Ahmad, Jahan & Imtiaz, 2016; Mikulincer & Shaver, 2018). Previous researches on insecure attachment styles have found that these individuals tend to have higher difficulty in regulating emotions, lower relationship quality, relationship satisfaction, and more instability in relationships (Alfred & Sethi, 2022;

Mikulincer & Shaver, 2016; Ozeren, 2022; Wegner et al., 2018). Also, insecurely attached individuals, specifically individuals with avoidant and ambivalent attachment styles have been linked with higher pathological concern and lower healthy concern (Gerber, Tolmacz & Doron, 2015; Shavit & Tolmacz, 2014; Tolmacz et al., 2022). These individuals also tend to have lower relationship satisfaction, authenticity, and higher levels of loneliness (Helm et al., 2020; Suri, Garg & Tholia, 2019; Tolmacz et al., 2022).

Considering the relationship between these variables, it is clear that individuals having insecure attachment styles have higher difficulties in regulating emotions and have higher pathological concern but it is unclear when emotion regulation difficulties may impact pathological concern.

The current study thus investigates the moderating role of ambivalent and avoidant attachment styles in the association between emotion dysregulation and pathological concern. The research hypotheses include: a) there would be a significant relationship between emotion dysregulation, attachment styles, and pathological concern, b) ambivalent attachment style would significantly moderate the relationship between emotion dysregulation and pathological concern, and c) avoidant attachment style would significantly moderate the relationship between emotion dysregulation and pathological concern.

Method

Participants

A total of 523 participants filled out the questionnaires. The inclusion criteria included individuals who were (a) between age 18 and 29 years, (b) currently residing in Delhi/National Capital Region (NCR), (c) able to comprehend Hindi or English languages, and (d) not diagnosed with a mental or physical illness. G* power software was used for calculating sample size having following input parameters: effect size ($f^2 = 0.15$), α error probability ($\alpha = 0.05$), and power of 80% ($1-\beta$ error probability). In most moderation-based research, it is observed

that majority of the authors have recommended similar approach for sample size calculation and it has been successful in most moderation studies (Hair et al., 2017; Uttley, 2019).

Procedure

The study commenced after the approval from the Ethics Committee of Manav Rachna International Institute of Research and Studies (MRIIRS). Convenient sampling was employed for collecting data. The participants who gave written informed consent participated in the research. Confidentiality was maintained. The demographic details of participants included age, gender, state, religion, family income, education, occupation, family type, residence, relationship status, presence of physical or mental illness, and existence of psychiatric treatment or counselling. A total of 523 responses were obtained but the final dataset included 518 responses because 5 did not qualify inclusion criteria and were thus eliminated. The data was then examined for any missing values, coded in Microsoft Excel, and data was analyzed using moderating analysis.

Measures

The Difficulties in Emotion Regulation Scale-Short Form (Kaufman et al., 2016): This tool is self-reported. It includes 18 statements which examines difficulties in managing one's emotions and includes six sub-domains: non-acceptance, absence of emotional awareness, impulse control difficulties, difficulties in engaging in behaviour which is goal-directed, limited access to strategies to regulate emotions, and lacking emotional clarity. A Likert scale is used for measurement which ranges from almost never (1 point) to almost always (5 point). It's Cronbach's α ranges from 0.78 to 0.91. This scale has been employed among Indian population and the psychometric properties in this population have been found to be robust (Bhat et al., 2024; Ram, George & Gowdappa, 2018).

The Pathological Concern Questionnaire (Shavit & Tolmacz, 2014): This scale is a self-report instrument composed of 18 items. It consists of two sub-components of pathological concern:

denial of needs and feelings of oneself, and overinvestment in satisfaction and fulfilment of needs of other individuals. Each item is answered using a Likert scale ranging from “not at all” (1 point) to “very much” (7 point). The Cronbach α is 0.89. The psychometric properties of this scale were examined in the current sample. It was found to be a valid and reliable tool for measuring pathological concern. The internal consistency in the current sample was found to be 0.903.

The Measure of Attachment Style (Ahmad, Jahan & Imtiaz, 2016): This is a self-report instrument consisting of 27 items which are measured on a Likert scale. It assesses the attachment patterns of individuals. The 27 items reflect different attachment patterns where items 5, 8, 11, 12(R), 16(R), 17, 20, 23 and 27(R) indicate secure attachment; items 2(R), 3, 6, 9, 15, 18, 21, 24 and 26 specify ambivalent-insecure attachment; and items 1, 4, 7, 10, 13, 14(R), 19, 22 and 25 imply avoidant-insecure attachment. R indicates reverse scoring of the specific item. Each item is measured on the Likert scale whose range is from “strongly disagree” (1 point) to “strongly agree” (point 5). A higher score indicates the dominant attachment pattern. The Cronbach’s α is 0.80. The reliability and validity of this scale have been established in Indian population and this scale has been widely used among Indian population (Kumar & Srivastava, 2024; Tholia & Suri, 2020).

Data Analysis

After the coding of data, descriptive statistics, correlational and regression analysis were followed using SPSS Version 27.0. Moderation analysis was conducted using SPSS Macro PROCESS.

Results

Descriptive statistics

In the preliminary stage of data analysis, means and standard deviation of all the variables were computed (see Table 1).

Table 1 Mean and Standard Deviation of Pathological concern, Attachment Styles and Emotion Dysregulation

Variable	M (SD)
PC	71.51 (18.71)
SEC	26.49 (5.24)
AMB	29.25 (6.27)
AVO	27.88 (6.01)
EDR	48.64 (12.92)
AWARE	7.46 (2.94)
STRATEGIES	8.03 (3.20)
NA	7.92 (3.30)
IMPULSE	7.50 (3.35)
GOALS	9.85 (3.34)
CLARITY	7.86 (2.93)

Note: M: mean; SD: standard deviation; PC: pathological concern; SEC: secure attachment style; AMB: ambivalent attachment style; AVO: avoidant attachment style; EDR: difficulty in regulating emotions; AWARENESS: lack of emotional awareness; STRATEGIES: limited access to strategies; NA: non-acceptance of emotional responses; IMPULSE: impulse control difficulties; GOALS: difficulty in engaging in goal-directed behaviour; CLARITY: lack of emotional clarity.

Also, bivariate analysis was run between all the variables as shown in Table 2. Emotion dysregulation was significantly associated with pathological concern ($r = 0.497$, $p < 0.01$),

ambivalent attachment style ($r = 0.484, p < 0.01$), and avoidant attachment style ($r = 0.204, p < 0.01$). Secure attachment style did not show a significant correlation with pathological concern ($r = -0.044, p > 0.01$), and ambivalent attachment style ($r = -0.047, p < 0.05$), but showed a negative and significant association with emotion dysregulation ($r = -0.134, p < 0.01$), and avoidant attachment style ($r = -0.318, p < 0.01$).

Table 2 Correlation Coefficients Among Scores on Emotion Dysregulation (Predictor Variable), Attachment Styles, and Pathological Concern (Outcome Variable)

Variable	1	2	3	4	5	6	7	8	9	10	11
1.NA	1										
2.AWARE	.027	1									
3.STRA	.653**	-.049	1								
4.IMPULSE	.589**	-.069	.674**	1							
5.GOALS	.555**	-.153**	.613**	.563**	1						
6.CLARITY	.404**	.013	.480**	.383**	.363**	1					
7.EDR	.811**	.168**	.846**	.794**	.746**	.645**	1				
8.PC	.450**	-.176**	.526**	.392**	.431**	.345**	.497**	1			
9.AMB	.423**	-.141**	.491**	.412**	.404**	.329**	.484**	.647**	1		
10.AVO	.174**	-.070	.196**	.165**	.136**	.216**	.204**	.234**	.232**	1	
11.SEC	-.131**	-.121**	-.086	-.029	-.071	-.114**	-.134**	-.044	-.047	-.318**	1

**Correlation is significant at $p < 0.01$

Test of moderation

In this stage of analysis, moderating impact of attachment styles was tested using SPSS Macro PROCESS.

As Table 3 indicates, the ambivalent attachment style ($B = 0.02, p < .01$) had a moderating effect on the relationship between emotion dysregulation and pathological concern. The overall moderation accounted for 46% of the variance [$F(3,514) = 149.83, p < 0.01$] and ambivalent attachment style positively moderated the relationship significantly.

Table 3 Emotion Dysregulation Predicting Pathological Concern with Ambivalent Attachment Style as a Moderator of the relationship between Emotion Dysregulation and Pathological Concern

	<i>B</i> [95% CI]	SE	<i>t</i>	<i>p</i>
EDR	0.31 (0.21; 0.42)	0.05	5.90	<0.001
AMB	1.61 (1.39; 1.83)	0.10	14.72	<0.001
EDR × AMB	0.02 (0.01; 0.03)	0.01	3.19	0.002
R ²	0.47			
F (3, 514)	153.62			
P	0.001			

p < 0.001

Simple slope analysis demonstrated that emerging adults having higher emotion regulation difficulties with moderate to high levels of ambivalent attachment style had higher pathological concern (see Figure 1).

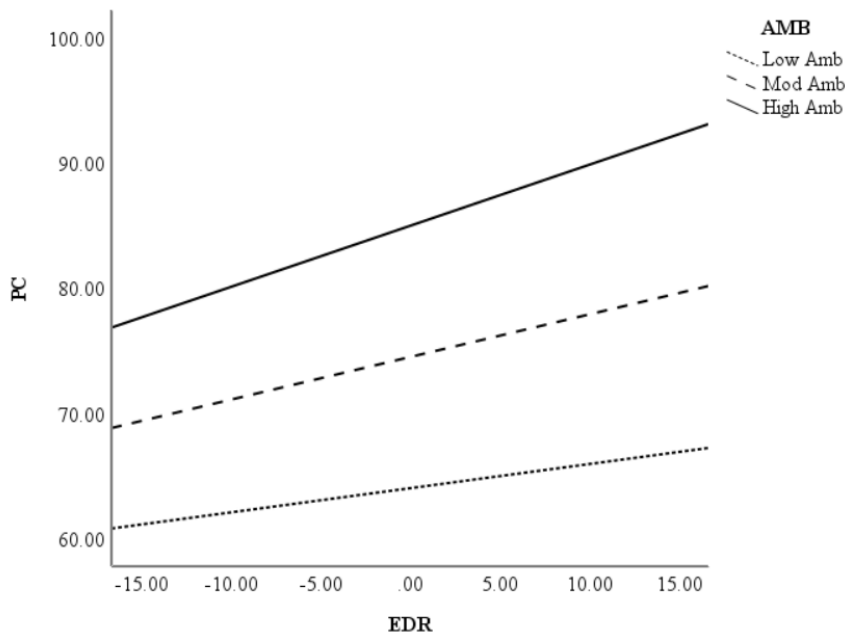


Fig. 1 Moderating role of Ambivalent Attachment style on the interaction between Predictor and Outcome Variable

Furthermore, avoidant attachment style also acted as a moderator in the association between emotion dysregulation and pathological concern. The overall moderation accounted for 27% of the variance [$F(3,514) = 64.19, p < 0.001$]. A positive and a significant moderating impact of avoidant attachment style on the relationship between emotion dysregulation and pathological concern was noted in emerging adults (see Table 4).

Table 4 Regression analysis for determining the Moderating Role of Avoidant Attachment Style on the relationship between Predictor and Outcome Variable

	<i>B</i>	SE	<i>T</i>	<i>p</i>
	[95% CI]			
EDR	0.67	0.055	12.04	<0.001
	(0.56; 0.78)			
AVO	0.40	0.120	3.40	<0.001
	(0.17; 0.64)			

EDR × AVO	0.01	0.008	2.24	0.0194
	(0.002; 0.03)			
R ²	0.27			
F (3, 514)	64.03			
P	<0.001			

$p < 0.001$

Fig. 2 Moderating Role of Avoidant Attachment Style on the relationship between Pathological Concern and Emotion Dysregulation

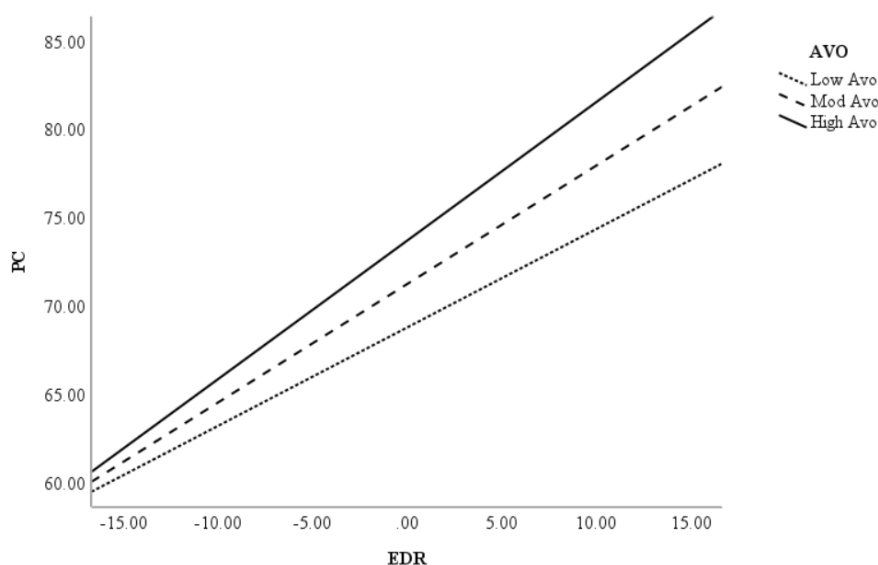


Figure 2 shows the simple slope analysis demonstrating that emerging adults having higher emotion regulation difficulties with moderate to high levels of avoidant attachment style had higher pathological concern where pathological concern was much higher in emerging adults having higher avoidant attachment style.

Discussion

Over the past decades, there has been a growing interest in the relationship between emotion dysregulation and attachment orientations in emerging adults. In recent times, there has been evidence of ambivalent and avoidant styles as significant variables in predicting a novel and imminent interpersonal construct, known as pathological concern, which tends to influence

both intrapersonal and interpersonal relationships (Shavit & Tolmacz, 2014). There is some literature which suggests that pathological concern is impacted by the dysregulation of emotions. However, under what conditions this phenomenon is impacted is unclear from previous researches. There is a possibility that individuals who have difficulty regulating emotions and have ambivalent or avoidant attachment styles may have higher pathological concern than who have lower levels of these attachment styles. The current study thus aims to investigate this by examining the moderating role of these attachment styles on the relationship between emotion dysregulation and pathological concern in emerging adults. The results of the current research found that emotion dysregulation and its sub-components had a positive correlation with ambivalent and avoidant attachment style, and a negative correlation with secure attachment style (see Table 3 and Table 4). The current findings are consistent with previous work reporting higher emotion dysregulation in insecurely attached individuals and lower emotion dysregulation in securely attached individuals (Alfred & Sethi, 2023; Eilert & Buchheim, 2023; Mikulincer & Shaver, 2018; Ozeren, 2022; Tammilehto et al., 2022).

In addition, emotion dysregulation was positively associated with pathological concern as shown in Table 2. This suggests that a rise in emotion dysregulation results in a higher pathological concern among emerging adults and vice-versa. Previous researches support this outcome which have revealed that individuals having higher dysregulation of emotions or who use maladaptive strategies to manage negative emotions usually have higher loneliness, guilt, emptiness, and lower positive emotions such as joy and love, which are some of the major sub-components of pathological concern (Kearns & Creaven, 2017; Herron & Sani, 2022; Preece et al., 2021; Shavit & Tolmacz, 2014). Also, insecure attachment styles had a positive association with pathological concern while secure attachment style had an insignificant correlation with pathological concern (Table 2). The literature has also reported that individuals

with insecure attachment styles usually report higher pathological concern (Gerber, Tolmacz & Doron, 2015; Shavit & Tolmacz, 2014; Tolmacz et al., 2022).

Additionally, findings of current research reported that ambivalent attachment style positively moderated the relationship between emotion dysregulation and pathological concern as seen in Table 3. Specifically, moderate to high level of ambivalent attachment style was linked with stronger association between higher emotion dysregulation and pathological concern as shown in Figure 1. In other words, emerging adults with greater difficulty in regulating emotions with moderate to higher level of ambivalent attachment style were found to have higher pathological concern. This also means that the effect of emotion dysregulation on pathological concern is highest for emerging adults who has a greater level of ambivalent attachment style, followed by emerging adults having a moderate level, and least for those having lower ambivalent attachment style. The results of current study are in concordance with what was hypothesized.

Furthermore, avoidant attachment style also positively moderated the relationship between emotion dysregulation and pathological concern (see Table 4). It is evident from the table 4 and figure 2 that, when avoidant attachment style is low, the effect of emotion dysregulation on pathological concern is lower but when the level of avoidant attachment style in emerging adults is moderate to high, the effect of emotion dysregulation on pathological concern is strongest, indicating higher pathological concern in these individuals.

Both the findings throw light on the extent to which emerging adults experience difficulty in managing emotions, which has a huge impact on the functioning of relationships. The emerging adults who have higher ambivalent or avoidant attachment style may employ maladaptive emotion regulation strategies (Alfred & Sethi, 2022; Delgado et al., 2023; Peng, Patterson & Wang, 2023; Younas, Fatima & Qayyum, 2023), due to which their intrapersonal and interpersonal functioning may be impacted, leading to higher pathological concern within

them. Usually, individuals with insecure attachment styles have higher pathological concern as reported by previous studies (Shavit & Tolmacz, 2014)

Also, secure attachment style had an insignificant relationship with pathological concern. A secure attachment style help individuals to have lower difficulties in regulating emotions, they feel safe when close to others, acknowledge and address their own needs and feelings (Ahmad, Jahan & Imtiaz, 2016; Alfred & Sethi, 2022). This in turn further may help in preventing pathological concern within them or reducing it altogether.

Thus, these results indicated that having an ambivalent or avoidant attachment style may strengthen the relationship between dysregulation of emotions and pathological concern.

Implications

The current study investigated moderating role of attachment styles in the association between emotion dysregulation and pathological concern in emerging adults. The findings revealed that ambivalent and avoidant attachment styles positively moderated the relationship between emotion dysregulation and pathological concern. These results may help in planning and development of interventions for insecurely attached individuals having higher emotion regulation difficulties, which may help in not only reducing pathological concern but also building more secure individuals with adaptive emotion regulation abilities and lower difficulties in managing emotions.

Limitations

The current study was cross-sectional which limit causal relationships between the variables. Longitudinal investigations are needed to have a deeper understanding of the causality of relationships between variables. In addition, the results are based on self-report measures. Future research may focus on qualitative researches to understand the determinants of pathological concern. Furthermore, the current study was performed on emerging adults and

thus cannot be generalize to other age groups. Finally, the findings concerning pathological concern and its relationship with other variables in Indian population are preliminary, more research is vital to further understand the connections between emotion dysregulation, pathological concern and attachment styles.

Conclusion

The present research provides a new direction to the field of clinical psychology where dysregulation of emotions could result in the development of pathological concern in individuals having ambivalent and avoidant attachment styles. These findings, in addition, may extend the literature shedding light on the mechanism through which pathological concern works. Thus, the current research would be beneficial for other researchers and enable mental health professionals to develop treatment or prevention approaches for individuals having pathological concern.

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