

## Original Article

## Association of Attachment Styles with Anxiety Symptoms Among Young Adults: Emotional Dysregulation as a Mediator

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### Abstract

**Objective:** This study aimed to explore the effects of insecure attachment styles on anxiety symptoms in young adults and to test the mediating role of emotional dysregulation.

**Study Design:** A cross-sectional study was conducted.

**Place and duration of study:** The current study was conducted from November 2025 to Feb 2026 at different colleges and universities of Islamabad and Rawalpindi, Pakistan.

**Material and Methods:** The cross-sectional research was conducted to examine the relationship between study variables among young adults. The sample consisted of 400 participants, including both male and female, taken from public and private universities in Islamabad and Rawalpindi, through convenience sampling. The age range of the participants were 18 to 25 years. The Revised Adult Attachment Scale, the Emotional Dysregulation Scale and the Generalized Anxiety Disorder Scale (GAD-7) were used to collect data. SPSS, Version 25 was applied to analyze and interpret the data in statistical terminology.

**Results:** The results indicated that the attachment anxiety subscale had a significant and positive correlation with anxiety symptoms ( $r = .410, p < .01$ ) and emotional dysregulation ( $r = .494, p < .01$ ). Equally, the depend subscale had a significant negative relationship with anxiety symptoms ( $r = -.211, p < .01$ ) and emotional dysregulation ( $r = -.276, p < .01$ ). Close subscale showed an insignificant negative correlation with the anxiety symptoms ( $r = -.049, p > .05$ ) and positive association with emotional dysregulation ( $r = .065, p < .01$ ). Furthermore, indirect impact via emotional dysregulation was found to be significant ( $\beta = 1.96, SE = 0.39, 95\% CI [1.22, 2.74]$ ), which means that emotional dysregulation completely mediates the relation between insecure attachment and anxiety symptoms.

**Conclusion:** The research emphasizes the significance of treating emotional regulation issues in people with insecure attachment in order to lessen anxiety symptoms. These results bring to light significant implications of the psychological interventions and further studies.

**Keywords:** Attachment Styles; Anxiety Symptoms; Emotional Dysregulation; Young Adults

### 1. Introduction

Youth adulthood is a critical development period considered by immense psychological, emotional and social changes. This is a stage of exploring one's identity, uncertainty, and an extreme sense of interest in oneself, due to which emotional experiences become more intense and susceptible to mental health problems.

<sup>(1)</sup> At this phase, one may incline to feel more academic pressure, responsibilities, career confusion, and fluctuating interpersonal relationships. These developmental concerns could also be the reason of emotional stress and predisposition to psychological

disorders, for example anxiety disorders. <sup>(2)</sup> Anxiety disorders are considered the most common of them, with approximately 301 million individuals in the world having this condition, which implies a population of around 4.05%. <sup>(3)</sup> Poor treatment coverage, insufficient investment in mental health, and the inequitable access to competent specialists predominantly affect vulnerable groups. <sup>(4)</sup> Structural barriers, such as stigma, ineffective policy implement implementation and inadequately funded healthcare systems, also contribute further to unmet mental health needs.

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Insecure attachment style is defined as an individual's uneasiness with closeness, extreme dependence on others, or even fear of refusal and abandonment. Individuals having insecure attachment typically show signs of emotional pain and struggle with trust in interpersonal relations. The empirical research indicates that insecure attachment styles have a positive correlation with the degree of psychological distress, such as anxiety, depression, and emotional instability.<sup>(5)</sup> Emotionally dysregulated people also tend to have difficulties in controlling strong emotional reactions, which could be one of the causes of psychological distress and maladaptive coping.<sup>(6)</sup> Insecure attachment, at the mechanistic level, is represented in emotional dysregulation via specific regulatory mechanisms. Hyperactivation strategies are defined as anxious attachment, in which people intensify emotional cues to gain comfort and closeness. Fear of abandonment is linked to emotional under-regulation, which is characterized by a high degree of reactivity and the inability to calm down distress.<sup>(7)</sup> Conversely, avoidant attachment is associated with deactivating mechanisms such as emotional suppression and distancing that are correlated with the fear of being close and over-controlling of affect (7).

Anxiety symptoms encompass excessive tension, agitation, frustration, inattention, and sleep problems. Numerous physical and mental concerns as well as other harmful outcomes are linked to the symptoms of anxiety. Palpitations, chest stiffness, dizziness, sleeplessness, and muscles tension are signs of physical distress that occur frequently.<sup>(8,9)</sup> Additionally, there is a high possibility of developing an illegitimate drug dependence in order to reduce anxiety and stress.<sup>(9)</sup> It has been found that anxiety disorders are one of the most prevalent mental health disorders in the world and are linked to high psychological, social, and economic costs.<sup>(10)</sup> It is documented that the rate of anxiety disorders in people aged 10-24 years is rising by 52 percent during the years 1990-2021, with an extreme rise after the year 2019.<sup>(11)</sup> According to<sup>(12)</sup>, persistent anxiety is often viewed as a maladaptive coping mechanism used

to regulate emotional suffering. One significant factor that links symptoms of anxiety and insecure attachment is emotional dysregulation.

Emotional dysregulation can be described as the inability to comprehend, accept, and regulate emotional experiences, which frequently leads to emotional reactivity, negative affect, impulsive response, avoidance of experience, and maladaptive coping.<sup>(13)</sup> It has been shown that emotion regulation deficits are the reasons behind the temporal co-occurrence of anxiety, depression, substance use, and other behavioral disorders.<sup>(14,15)</sup>

The concurrence of numerous kinds of psychopathologies has been proved to be explained by lack of control of emotions. Empirical evidence also shows that emotion dysregulation is the mediating factor between insecure attachment and maladaptive behaviors, which is the key mechanism.<sup>(16)</sup> At the neurobiological level, early attachment disruptions disrupt dyadic co-regulations that scaffold the development of neural activities that process affect integration and stress modulation.<sup>(17)</sup> Such emotional regulation problems can, in their turn, make one more susceptible to chronic worry and anxiety symptoms that are the characteristics of a generalized anxiety disorder.<sup>(12)</sup>

The attachment theory is a valuable theoretical source in explaining emotional and psychological development in the lifespan. Attachment theory, which was initially developed by<sup>(18)</sup>, proposes that early relationships between children and their caregivers establish internal working models that influence future expectations, emotional responses, and interpersonal relationships in the lives of individuals. The effects of these initial relational experiences are their perception of themselves and others, their emotional regulation, and stress management. Positive self-esteem and faith in others are nurtured by consistent and approachable caregivers, which leads to the growth of secure attachment. Conversely, insecure attachment patterns, including anxious/preoccupied, dismissing-avoidant, and fearful attachment, are formed in situations of inconsistent, rejecting, and unresponsive

caregiving. <sup>(19)</sup> Notably, the attachment is not limited to childhood but also to adulthood, as the attachment orientations in adulthood affect romantic relationships, intimacy, coping styles, and psychological well-being. <sup>(20)</sup> Secure attachment has always been empirically associated with adaptive psychosocial functioning, and attachment problems are associated with maladjustment and impaired psychological and social functioning. <sup>(21,22)</sup>

However, However, the available literature that has studied attachment styles, emotional dysregulation, and anxiety symptoms has been carried out in Western cultural settings, which limits their applicability to non-Western communities. The family patterns, interpersonal relations, and coping styles in various cultures can affect the relationship between the attachment patterns, emotional processes, and psychological well-being. Relational interdependence and social expectations may influence attachment experiences and emotional processes differently in collectivistic nations such as Pakistan. There is no empirical study looking at these linkages in the Pakistani context, despite the rising prevalence of anxiety among young adults. To fill the literature gap, the predominant objective of current research was to examine the relationship between insecure attachment styles, emotional dysregulation and anxiety symptoms among young adults, also to investigate whether emotional dysregulation mediate the relationship between insecure attachment styles and anxiety symptoms.

On the basis of literature review the hypotheses formulated were:

H1) There will be significant relationship between insecure attachment styles, emotional dysregulation and anxiety symptoms among young adults.

H2) Emotional Dysregulation will significantly mediate the relationship between insecure attachment styles and anxiety symptoms among young adults.

## 2. Materials & Methods

**Research design:** The current research used a cross-sectional quantitative research design. Data were collected from different academic institutions, colleges, and universities located in Islamabad and Rawalpindi from November 2025 to February, 2026.

**Sample:** Through convenience sampling method total of 400 young adults were recruited between age range of 18-25 years from either gender and who consented to be part of study. Young people who were between 18 and 25 years of age and volunteered to take part in the study. The respondents were also required to possess the capacity to read and understand English to answer the questionnaires correctly were included in the study. Participants diagnosed with any psychiatric disorder or those undergoing psychiatric treatment; with any medical and cognitive disorder were excluded from study.

### Instruments

**Adult Attachment Scale:** The scale was developed by <sup>(23)</sup>, consisted of 18 items which were to be used in the measurement of three dimensions of attachment among adults that were secure, anxious and avoidant attachment styles. The answers were noted in a 5-point Likert scale with 1 (not at all characteristic of me) and 5 (very characteristic of me) to all 18 items. The higher scores of each subscale represented a higher predisposition to the corresponding style of attachment. The scale has shown internal consistency, and Cronbach's alpha coefficient is .86 in the initial validation study.

**Generalized Anxiety Disorder (GAD):** It consists of seven items measuring symptoms of anxiety. Each item is scored on a four-point Likert scale (0–3) with total scores ranging from 0 to 21 with higher scores reflecting greater anxiety severity.

Scores above 10 are considered to be in the clinical range. <sup>(24)</sup>

Emotional Dysregulation Scale – Short Version: Developed by <sup>(25)</sup> to measure the difficulties in emotional regulation. It was a 12-item scale comprising cognitive, emotional, and behavioral scales of emotional dysregulation. The participants answered every item based on a Likert scale of 7 points, starting with 1 (not true) and 7 (very true). Greater overall scores were signs of increased emotional dysregulation. The scale has also shown high internal consistency in its development, and the reported Cronbach alpha coefficient is 0.93.

**Procedure**

After receiving ethical approval from the National University of Medical Sciences' Institutional Ethical Review Board. Permission was taken from educational institutes for data collection. Once approvals were made, students between 18 and 25 years of age were approached for consent. They were explained about study objectives, procedures, confidentiality and voluntary participation, also about the right to withdraw at any time without having any adverse effects. Structured self-report questionnaires were used to collect data along with other demographic questions.

Statistical Package of the Social Sciences (SPSS)-25 was used to analyze data. Descriptive and inferential statistics were done.

**3. Results**

To summarize the characteristics of data, measures of central tendency such as mean, median, and mode were computed to conduct descriptive analysis. Pearson Product-Moment Correlation analysis was conducted to test the relationships between study variables. Mediation analysis was implemented by the Hayes PROCESS Macro to

observe the modulating role of emotional dysregulation in suggested associations.

Table 1

Descriptive statistics of the sample (N=400)

Characteristics of participant	f	%
Age		
18-20	90	22.5
20-22	142	35.5
22-25	168	42.0
Gender		
Male	128	32
Female	272	68
Education		
Matric/intermediate	53	13.3
Bachelors	293	73.3
MS/MPhil	54	13.5

Table 1 suggest that most participants. 42% were from age range 22 to 25, females (68%) and enrolled in bachelor’s degree programs (73.3 %)

Table 2

Psychometric Properties of the study variable/scale (N=400)

Variable	k	a	M	SD	Range		Skew.	Kurt.
					Actual	Potential		
EDS	12	.91	46.41	16.65	12-84	12-84	.23	-.51
GAD	7	.83	7.84	4.97	.00-21	0-21	.35	-.52
AAS	18	.72	2.98	.64	1.5-4.3	18-90	.51	1.0
Close	6	.63	2.98	.64	1.5-4.8	6-30	-.01	-.33
Depend	6	.63	2.83	.64	1.0-4.67	6-30	-.23	.20
Anxiety	6	.82	2.67	1.02	1-5.0	6-30	.12	-.78
Closdep	12	.62	2.90	.49	1.3-4.3	12-60	-.17	.71

Note: EDS = Emotional Dysregulation Scale, BRS = Brief Resilience Scale, GAD-7= Generalized Anxiety Scale, AAS=Revised Adult Attachment Scale- Close Relationship version,

Table 2 summarized that insecure attachment styles, emotional dysregulation and anxiety

symptoms scales has an acceptable alpha reliability of .91, .83 and .72 respectively. All of the values of skewness (+2 to -2) and kurtosis (+10 to -10) of the variables under study were within a reasonable range, which means that the data were normally distributed

**Table 3**

*Pearson product-moment correlation among attachment styles and anxiety symptoms in young adults (N=400).*

Variable	1	2	3	4	5	6
1 Close	-	.191**	-.023	.771**	-.049	.065
2 Depend		-	-.245**	.772**	-.211**	-.276**
3 Anxiety			-	-.173**	.410**	.494**
4 Closedep				-	-.168**	-.137**
5 GAD					-	
6 EDS						

Note: \*p<0.05, \*\*P<0.01. \*\*\*P<0.001

Findings (see Table 3) suggest that the attachment anxiety subscale had a significant and positive correlation with anxiety symptoms (r =.410, p < .01) and emotional dysregulation (r =.494, p < .01). Equally, the depend subscale had a significant negative relationship with anxiety symptoms (r = -.211, p < .01) and emotional dysregulation (r = -.276, p < .01) Close subscale showed an insignificant negative correlation with the anxiety symptoms (r = -.049, p >.05) and positive association with emotional dysregulation (r =.065, p < .01). Moreover, the sum of Close and Depend dimensions had a significant negative correlation with anxiety symptoms (r =.168, p <.01).

**Table 5**

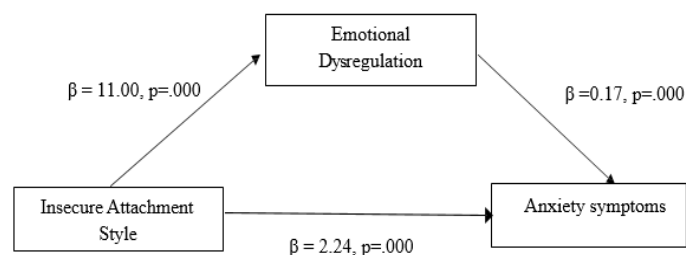
Mediating Analysis across all variables of the main study (N = 400)

Paths	β	SE	95% CL		t	p
			LL	UL		
IAS → ED	11.00	1.85	7.35	14.64	5.93	0.00
ED → AS	0.17	0.01	0.15	0.20	14.28	0.00
IAS → AS	2.24	0.56	1.13	3.36	3.96	0.00
Total Effect	2.25	0.57	1.13	3.36	3.97	0.00
Direct Effect	0.28	0.48	-0.65	1.23	0.59	0.55
Indirect Effect	1.96	0.39	1.22	2.74		

Note. IAS = Insecure Attachment Style; ED = Emotional Dysregulation; AS= anxiety Symptoms; B= Coefficient; t= t-Statistics; CI=Confidence Interval; LL= Lower Limit; UL= Upper Limit; p< .05

The mediation analysis Table 5, suggest that the overall impact of insecure attachment on the symptoms of anxiety was significant (β= 2.25, p <0.001). But once Emotional Dysregulation was added to the model, the direct effect of insecure attachment on anxiety symptoms was insignificant (β= 0.28, p <.55). Indirect impact via emotional dysregulation was found to be significant (β = 1.96, SE = 0.39, 95% CI [1.22, 2.74]), which means that emotional dysregulation completely mediates the relation between insecure attachment and anxiety symptoms. These findings imply that insecure attachment is a risk factor for greater anxiety symptoms, largely due to high levels of emotional dysregulation.

**Figure 2:** Path Diagram of mediation in the relationship between Insecure Attachment Style, Emotional Dysregulation, and Anxiety Symptoms



**4. Discussion**

The current study sought to investigate the connection between young people insecure attachment style,

emotional dysregulation, and anxiety symptoms, as well as the mediating function of emotional dysregulation. The results supported both hypotheses.

The findings showed a strong positive correlation between anxiety symptoms and insecure attachment. In particular, there was a somewhat high connection ( $r = .410$ ,  $p < .01$ ) between anxiety symptoms and the anxiety dimension of attachment. This suggests that anxiety symptoms are more common in people who have higher levels of attachment-related distress. On the other hand, the depend ( $r = -.211$ ,  $p < .01$ ) and close ( $r = -.049$ ,  $p > .05$ ) subscales revealed negative and insignificant associations, indicating that the people who are more comfortable with intimacy and reliance in interpersonal relationships are more likely to report lower degrees of anxiety symptoms. Theoretically, these findings are compatible with the attachment theory<sup>(26)</sup> who assumes that the initial experiences in relations can influence the formation of an internal working model of the self and other individuals. Hyperactivating behavior, like worrying excessively, rumination, and sensitivity to interpersonal clues, may also be observed, and it may help sustain emotional distress and cause anxiety. On the other hand, secure attachment characteristics in terms of closeness and dependability supported emotional stability and adaptive coping, minimizing exposure to symptoms of anxiety. The findings are consistent with previous studies indicating that insecure attachment is related with higher anxiety across a variety of demographics. Research has shown that attachment anxiety correlates with anxiety symptom severity, and insecure attachment correlates with anxiety outcome, even after adjusting for other factors.<sup>(27)</sup> The research studies on attachment, emotion regulation, and mental health symptoms indicate that attachment anxiety plays a role in the overall psychological distress, including anxiety outcomes. The idea that insecure attachment is closely connected to anxiety and anxiety-related symptoms in young adults is upheld by empirical evidence on the Pakistani samples, too.<sup>(28)</sup> In a similar study, the authors carried out research in Pakistan, reported that the anxious attachment style was modestly but

significantly related to social anxiety, explaining a significant amount of the variance in anxiety symptoms.<sup>(29)</sup>

The association between insecure attachment and anxiety symptoms was substantially mediated by emotional dysregulation, supporting the second hypothesis. Anxiety symptoms were more prevalent in those with higher levels of insecure attachment because they had more trouble controlling their emotions. According to<sup>(30)</sup> model, which connects insecure attachment to inefficient emotional processing, emotional dysregulation was a significant predictor of anxiety symptoms. Crucially, the inclusion of emotional dysregulation rendered the direct impact of insecure attachment on anxiety non-significant, demonstrating complete mediation. This implies that rumination, heightened threat perception, and poor emotional control are some of the ways that insecure attachment affects emotional regulatory systems, which in turn contribute to anxiety. Empirical studies have also revealed that insecure attachment is related to anxiety symptoms via emotional dysregulation.<sup>(31)</sup> In a similar vein,<sup>(32)</sup> highlighted that the emotional regulation mechanisms are the reason behind the high anxiety symptoms in those with attachment anxiety. In their study, they support the mechanism found in the present study.

There are a number of limitations to this study that should be taken into account. It is impossible to determine if insecure attachment causes anxiety or vice versa due to the cross-sectional design's limitations on causal interpretation. Future research should include longitudinal designs to better understand casual inferences. Bias, such as social desirability and common method variance, may be introduced by the use of self-report measures. Future research should use a variety of evaluation techniques, such as clinical interviews or observational assessments. Furthermore, the results cannot be applied to other populations due to the limited and culturally specialized sample. To increase the generalizability of results, researchers are also urged to use bigger and more varied sample sizes.

The study implies that the emotional dysregulation as a mediator further emphasize adapting coping strategies, distress acceptance, and mindfulness may be beneficial for decreasing symptoms of anxiety.

### Conclusion

In conclusion, the study suggests convincing indication of emotional dysregulation as a significant mediator the association between insecure attachment styles and symptoms of anxiety among young adults. These results are aligned with recognized theoretical frameworks and empirical evidence, highlight the implication of managing emotional regulation difficulties in young people having insecure attachment to decrease anxiety symptoms.

### Limitations

This study has several key limitations. Its cross-sectional design prevents establishing causal relationships. Convenience sampling may introduce selection bias, while reliance on self-reported data carries measurement bias. The use of a self-developed questionnaire lacks formal validity. Further limitations include a small sample size, single-location recruitment in Jatoi, and marked gender imbalance, all of which restrict generalizability. Future studies should employ larger balanced samples, multicenter settings, validated tools, and longitudinal designs to address these shortcomings.

### Future Recommendations

Future studies should include a larger and more diverse sample to improve the validity and generalizability of the findings. Extending the duration of the research would allow better observation of long-term trends and outcomes related to plantar fasciitis. Additionally, ensuring balanced gender representation among participants would provide more accurate and representative results.

### Disclosure /Conflict of interest:

Authors declare no conflict of interest.

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