



# FEAR OF COMMITMENT AND ATTACHMENT STYLES IN YOUNG ADULTS: AN EXPLORATIVE STUDY

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## ABSTRACT

“Attachment theory focuses on relationships and bonds (particularly long-term) between people, including those between a parent and child and between romantic partners. It is a psychological explanation for the emotional bonds and relationships between people.” (Cherry,2023)

“According to psychology research, fear is a primal emotion that involves a universal biochemical response and a high individual emotional response. Fear alerts us to the presence of danger or the threat of harm, whether that danger is physical or psychological.” (Fritscher,2023)

## OBJECTIVE

The purpose of this dissertation is to find co-relation between fear of commitment and attachment styles in young adults.

This is to see that if attachment styles in childhood increases fear of commitment in adulthood and affect their relationship with their spouse.

## MATERIALS AND METHODS

To study the fear of commitment and young adults among the young population, two sets of questionnaires were chosen, fear of commitment questionnaire (Hanan Parvez,2022) For studying that if young adults have commitment fear and Adult Attachment Scale (Collins, 1996) to determine the attachment styles in young adults.

## RESULTS

The results of this study showed that there is a positive co-relation between attachment styles and fear of commitment.

## INTRODUCTION

“Attachment theory focuses on relationships and bonds (particularly long-term) between people, including those between a parent and child and between romantic partners. It is a psychological explanation for the emotional bonds and relationships between people.” (Cherry,2023)

### Stages of attachment

Rudolph Schaffer and Peggy Emerson investigated the number of attachment ties that develop over time in a study involving 60 new-borns. The new-borns had examinations every four weeks for the first year of their lives, and at 18 months, another examination was done.

Four unique stages of attachment were identified by Schaffer and Emerson using their data, including:

**Pre-attachment stage:** For the first three months of life, infants do not actually express fondness for a specific carer. Natural indications from the infant, such as crying and fussing, force the carer to pay attention, and the baby's adorable responses tempt the carer to stay.

**Indiscriminate attachment stage:** Infants begin to demonstrate preferences for both their primary and secondary providers when they are between the ages of 6 weeks and 7 months old, a stage known as indiscriminate attachment. Being looked after gives a new born confidence that their needs will be satisfied. Infants start to distinguish between known and unknown people, growing fonder of their primary caretaker while still being able to tolerate other people's care.

**Discriminate attachment:** which happens between the ages of 7 and 11 months, is characterised by a strong attachment to and preference for a specific person. They complain when separated from their primary attachment figure due to separation anxiety, and they act nervously around strangers due to stranger anxiety.

**Multiple Attachment:** After a child reaches the age of nine months, they begin forming enduring emotional ties with a number of carers in addition to their main attachment figure. A second parent, older siblings, and grandparents are also frequently mentioned in this context.

### Attachment Styles

the process by which people form emotional bonds with others, particularly in infancy, is referred to as their attachment style. Developmental psychology, clinical psychology, and other fields have conducted a significant amount of study on attachment types since John Bowlby first proposed the concept in the 1950s. The four primary attachment styles, their traits, and the developmental results of each are described in this literature review.

## Types of attachment styles

- **Secure attachment style:** Those that exhibit this attachment pattern are secure and are able to develop deep relationships with others and feel at ease with intimacy. They frequently perceive themselves and other people favourably, and they are able to trust others and communicate their feelings. Children with a stable attachment style typically have higher results in terms of social competence, emotional control, and academic performance and academic achievements.
- **Anxious-preoccupied attachment style:** Anxious-preoccupied attachment styles are characterised by an excessive reliance on others and a sense of impending doom. They may experience stress or overwhelm in close relationships and frequently have unfavourable perceptions of both themselves and others. Anxiety-preoccupied children may experience separation anxiety, emotional dysregulation, and low self-esteem.
- **Avoidant dismissive attachment style:** When it comes to intimacy and emotional expression, people with an avoidant-dismissive attachment style prefer to shy away. They might have unfavourable opinions of both themselves and other people, and emotional intimacy might make them uncomfortable. Children that exhibit an avoidant-dismissive attachment style may struggle with emotional regulation, have poor social skills, and have problems forming close relationships with others.
- **A fearful-avoidant attachment style:** It is characterised by both anxious and avoidant tendencies in the individual. They could struggle with intimacy as well as independence, and they might have negative opinions of both themselves and other people. Children that have a fearful-avoidant attachment style may experience emotional dysregulation, low self-esteem, and trouble building strong bonds with others.

Generally, early interactions with carers have an impact on attachment styles, which can then have an impact on social and emotional functioning throughout time. Clinical settings can benefit from an understanding of attachment types because therapists can utilise this information to assist patients create more secure attachment patterns and enhance their interpersonal interactions.

“According to psychology research, fear is a primal emotion that involves a universal biochemical response and a high individual emotional response. Fear alerts us to the presence of danger or the threat of harm, whether that danger is physical or psychological.” (Fritscher,2023)

Fear can occasionally be brought on by real dangers, but it can also result from made-up threats. Even though fear is a common response to some situations, it can also be excessive or out of proportion to the threat, which can lead to distress and disruption.

## Biological Reaction

Fear is a natural emotion and protective mechanism. When we experience a perceived threat, our bodies respond in a variety of ways. Due to the high quantities of adrenaline produced by fear, we physically react by perspiring, quickening our heartbeat, and being more alert.

Your body decides whether to fight or escape when you experience this physiological response, which is frequently referred to as the "fight or flight" response. This metabolic mechanism likely developed over the course of evolution. It's a typical response that is essential to our survival.

## Emotional Response

The way that panic affects various people emotionally varies. When watching scary films, for example, fear can be perceived as joyous because it triggers some of the same physiological and brain chemical changes in our bodies as happy emotions like

The two are thanks and excitement.

Extreme sports and other circumstances with high levels of excitement can particularly appeal to people who are adrenaline junkies. Some individuals react negatively to fear and purposefully avoid frightening circumstances.

"Commitment is what we do to first prove our dependability and deserve of intimacy, and to prevent flitting passions from overriding years of creating closeness. We may use commitment to say something about how much intimacy we have acquired or about our willingness to evolve in an intimacy"(Ingram,1986).

"A committed relationship is one in which you and your partner intentionally say yes to a future together, and that yes is preceded by conversations about future hopes, dreams and plans for yourselves and the relationship itself," (Scalisi,2018)

The instinctual feeling of fear may surface in response to a perceived threat or danger. It can be characterised as a state of concern, anxiety, or unease brought on by a real or perceived threat to one's existence, well-being, or safety.

Fear can manifest in a variety of ways, including through bodily sensations (such as trembling, increased sweating, or a racing heart), cognitive responses (such as worrying thoughts, worries, or anticipating danger), and behavioural responses (e.g., avoidance, freeze, fight or flight response). It can become bothersome and disrupt daily life or seriously disturb us when fear grows out of control or becomes unreasonable. Our ability to recognise and respond to potential hazards is aided by our natural and adaptive fear response.

Promises or responsibilities that a person or organisation makes to carry out a specific activity or responsibility are referred to as commitments. They might be simple jobs or significant undertakings, and they can be of a personal or professional nature.

Many commitments are examples:

- completing an assignment on time
- participating in a scheduled event or meeting
- timely payment of bills
- caring for a family member or a pet
- respecting an agreement or arrangement
- finishing a training or course programme
- giving it to charity
- fulfilling a commitment made to a friend or family member.

The psychiatric condition known as "commitment phobia," or "fear of commitment," is frequently prevalent and is characterised by a person's hesitation or dread of committing to a long-term relationship, employment, or other significant life decision. When faced with entering a long-term commitment, those who have commitment phobia frequently feel stressed, anxious, and afraid of the future.

Anxiety about committing to something can be influenced by a number of things, including terrible past events, experiences, a fear of losing one's freedom or independence, a fear of failing, and a low sense of self-worth. It may also be a learnt behaviour or be affected by society or cultural standards.



There are many different types of people who can have commitment anxiety, which is a widespread and complex emotional illness. This dread is typically accompanied with a potent feeling of concern, anxiousness, and uncertainty before making a significant life decision or committing to a long-term commitment. Individuals who have this anxiety may have trouble trusting others or themselves and may be intimidated by the idea of committing permanently. This anxiety may show up in a number of ways, such as outright avoidance of relationships, sabotaging current ones, or feeling entrapped and suffocated in committed relationships.

Fear of commitment is a frequent problem in romantic relationships and has received substantial psychological research. In this review of the literature, I'll give a general summary of the most recent studies on the definition, root causes, and effects of fear of commitment.

Fear of commitment is a psychological concept that describes a reluctance to commit to long-term partnerships or future long-term goals. Feelings of worry, apprehension, and doubt regarding the future of the partnership are frequently present.

**Causes:** Fear of commitment can have a variety of root causes. They consist of:

**Attachment style:** Individuals who have an insecure attachment style are more prone to dread commitment because they may find it difficult to build strong emotional bonds and trust people.

**Previous experiences:** Those who have gone through trauma or have had relationships end badly may be more prone to dread commitment.

**Cultural expectations:** Certain cultures place a high value on marriage and early marriage, which might make some people anxious and afraid of commitment.

**Consequences:** Fear of commitment can result in various unfavourable consequences such as:

**Displeasure in relationships:** Individuals who are hesitant to commit may encounter difficulties in building enduring relationships and may sense unfulfillment in their love lives.

**Mental health difficulties:** Depression, anxiety, and other types of anxiety that can result from attachment anxiety can all be precursors to other mental health issues, such as depression.

**Alienation:** Individuals who are apprehensive of commitment may evade social gatherings and seclude themselves from others, which can result in feelings of loneliness and isolation.

Fear of commitment is a frequent problem in romantic relationships that can be harmful to people's mental health and general welfare. It might be helpful for individuals and couples to address this problem and strive towards establishing happy, healthy relationships by being aware of its sources and effects.

## METHODOLOGY

### OBJECTIVE

- To determine the prevalence of fear of commitment among young adults.
- To find out the attachment styles of young adults.
- To determine the relationship between fear of commitment and domains of attachment styles: closeness, dependency and anxiety.

## HYPOTHESIS

H0: - There is a relationship between fear of commitment and attachment styles (closeness, dependency and anxiety)

## RESEARCH DESIGN

The current study is based on quantitative study. The objective of using quantitative method to analyse the data is to find co relation between fear of commitment and attachments styles in young adults.

## INCLUSION CRITERIA

- Individuals between the age range of 18-25
- Universe: Indian young adults
- Sampling Method: Convenience Sampling
- method of data collection: online and offline questionnaire.

## EXCLUSION CRITERIA

- Individuals outside the age group

## TOOLS USED

To study the fear of commitment and young adults among the young population, two sets of questionnaires were chosen, fear of commitment questionnaire (Hanan Parvez,2022) For studying that if young adults have commitment fear and Adult Attachment Scale (Collins, 1996) to determine the attachment styles in young adults.

## PROCEDURE

The nature of collecting data was well planned. To study the fear of commitment and young adults among the young population, two sets of questionnaires were chosen, fear of commitment questionnaire (Hanan Parvez,2022) For studying that if young adults have commitment fear and Adult Attachment Scale (Collins, 1996) to determine the attachment styles in young adults.

Online and offline mode of collecting the data was done. People were somewhat hesitant to answer because they felt their personal information shouldn't be told to anyone. I explained them that everything would be confidential and then they were fine to fill up the form. It was also seen that people were unable to understand some questions because most of them had difficulty understanding English even though they were college going students. It was because most of them know Gujarati more than any other language. It is crucial to remember that the questions' significance and essence were not jeopardised in the process of making them easier to understand for youngsters or teens. The entire streamlining process was completed with the utmost gravity.

Before we started with each questionnaire, we got the subject's consent. The remainder of the interview could only be conducted with the participant's consent. The participants received a brief debriefing on the subject and the study's goals just before the questionnaire was officially launched to them. The participants received every piece of information they required. The participant was assured that any questions or concerns they might have will be addressed at any time, and every effort was made to ensure that the person felt at ease while filling out the questionnaire. The participants received some instructions as well. One could select from a variety of options in the instructions to give a particular response. Before each questionnaire, there was a different set of thorough instructions.

The complete questionnaire might be roughly broken down into three sections.

Debriefing and asking the right questions to the person made up the first section. The consent came next, and then a pre-survey was recorded that covered some particular and subjective information about the person.

The fear of commitment questionnaire (Hanan Parvez, 2022) was used for the well-being survey, which made up the second portion of the survey. This scale consists of 30 separate questions, with responses ranging from 4-0. If required, the participant was given an explanation for each question.

The Adult Attachment Scale (Collins, 1996) was employed as the third component of the telephone questionnaire to assess attachment styles. There are 18 questions on this scale, and the response was added based on the category into which it was divided. There were a lot of reverse score questions on this scale as well. The participant was given any necessary explanations for each question.

Both the questionnaire was explained to the participant with utmost clarity and precision and any quires and concerns that the participants had, were answered.

## RESULTS

### Frequencies

Frequencies of AGE

| AGE | Counts | % of Total | Cumulative % |
|-----|--------|------------|--------------|
| 18  | 10     | 12.3 %     | 12.3 %       |
| 19  | 12     | 14.8 %     | 27.2 %       |
| 20  | 22     | 27.2 %     | 54.3 %       |
| 21  | 14     | 17.3 %     | 71.6 %       |
| 22  | 10     | 12.3 %     | 84.0 %       |
| 23  | 6      | 7.4 %      | 91.4 %       |
| 24  | 5      | 6.2 %      | 97.5 %       |
| 25  | 2      | 2.5 %      | 100.0 %      |

From the total sample size of 80, the percentage of age group 18 is 12.3%, age group of 19 is 14.8%, 20 is 27.2%, 21 is 17.3%, 22 is 12.3%, 23 is 7.4%, 24 is 6.2% and percentage of age group 25 is 2.5%

### Frequencies

Frequencies of GENDER

| GENDER | Counts | % of Total | Cumulative % |
|--------|--------|------------|--------------|
| F      | 49     | 60.5 %     | 60.5 %       |
| M      | 32     | 39.5 %     | 100.0 %      |

From the sample size of 80, the percentage of female participants are 60.5% and male participants are 39.5%

## Frequencies

Frequencies of DOMIILE

| DOMIILE | Counts | % of Total | Cumulative % |
|---------|--------|------------|--------------|
| RURAL   | 18     | 22.2 %     | 22.2 %       |
| URBAN   | 63     | 77.8 %     | 100.0 %      |

From the sample size of 80, the percentage of female participants are 22.2% and urban participants are 77.8%

## Frequencies

Frequencies of INCOME

| INCOME      | Counts | % of Total | Cumulative % |
|-------------|--------|------------|--------------|
| 10000       | 2      | 22.2 %     | 22.2 %       |
| 12000       | 1      | 11.1 %     | 33.3 %       |
| 15000-20000 | 1      | 11.1 %     | 44.4 %       |
| 200000      | 1      | 11.1 %     | 55.6 %       |
| 360000      | 1      | 11.1 %     | 66.7 %       |
| 480000      | 1      | 11.1 %     | 77.8 %       |
| 800000      | 1      | 11.1 %     | 88.9 %       |
| NA.         | 1      | 11.1 %     | 100.0 %      |

From the sample size of 80, participants who earn 10000 are 22.2%, participants who earn 12000 are 11.1%, participants who earn 15000-20000 are 11.1%, participants who earn are 11.1%, participants who earn 360000 are 11.1%, participants who earn 480000 are 11.1%, participants who earn 800000 11.1% and participants who earn nothing are 11.1%

## Frequencies

Frequencies of NO. OF FAMILY MEMBERS

| NO. OF FAMILY MEMBERS | Counts | % of Total | Cumulative % |
|-----------------------|--------|------------|--------------|
| 2                     | 2      | 2.5 %      | 2.5 %        |
| 3                     | 13     | 16.0 %     | 18.5 %       |
| 4                     | 38     | 46.9 %     | 65.4 %       |
| 5                     | 17     | 21.0 %     | 86.4 %       |
| 6                     | 4      | 4.9 %      | 91.4 %       |
| 7                     | 2      | 2.5 %      | 93.8 %       |
| 8                     | 1      | 1.2 %      | 95.1 %       |
| 9                     | 1      | 1.2 %      | 96.3 %       |
| 14                    | 1      | 1.2 %      | 97.5 %       |
| 15                    | 2      | 2.5 %      | 100.0 %      |



From the sample size of 80, participant who have only 2 family members are 2.5% only, participants who have 3 members in their family are 16%, participants who have 4 members in their family have been 46.9%, participant who have 5 members are 21%, participants who have 6 family members have 4.9%, participants who have 7 family members are 2.5%, participants who have 8, 9, 14 members in their family are 1.2% respectively and people who have 15 members in their family are 2.5%.

Frequencies of FAMILY TYPE

| FAMILY TYPE | Counts | % of Total | Cumulative % |
|-------------|--------|------------|--------------|
| J           | 15     | 18.5 %     | 18.5 %       |
| N           | 66     | 81.5 %     | 100.0 %      |

From the family size of 80, participants who have joint family are on 18.5% percentage and participants who have nuclear family are on 81.5% percentage.

## Frequencies

Frequencies of MEDICAL ILLNESS

| MEDICAL ILLNESS       | Counts | % of Total | Cumulative % |
|-----------------------|--------|------------|--------------|
| Na                    | 1      | 25.0 %     | 25.0 %       |
| asthma, thyroid, pcod | 1      | 25.0 %     | 50.0 %       |
| hyperhidrosis         | 1      | 25.0 %     | 75.0 %       |
| thyroid, pcod         | 1      | 25.0 %     | 100.0 %      |

From the sample size of 80, 75% people have medical issues like hyperhidrosis, pcod, asthma and thyroid. 25% people doesn't have any medical issues.

## Correlation Matrix

Correlation Matrix

|            |             | CLOSENESS | DEPENENDCY | ANXIETY | FoC |
|------------|-------------|-----------|------------|---------|-----|
| CLOSENESS  | Pearson's r | —         |            |         |     |
|            | p-value     | —         |            |         |     |
| DEPENENDCY | Pearson's r | -0.069    | —          |         |     |
|            | p-value     | 0.538     | —          |         |     |
| ANXIETY    | Pearson's r | 0.111     | 0.092      | —       |     |
|            | p-value     | 0.323     | 0.415      | —       |     |
| FoC        | Pearson's r | 0.246     | 0.048      | 0.533   | —   |
|            | p-value     | 0.027     | 0.670      | <.001   | —   |

## LINEAR REGRESSION OF CLOSENESS

**Linear Regression**

Model Fit Measures

| Model | R     | R <sup>2</sup> |
|-------|-------|----------------|
| 1     | 0.246 | 0.0606         |

Model Coefficients - FoC

| Predictor | Estimate | SE     | t    | p     |
|-----------|----------|--------|------|-------|
| Intercept | 20.64    | 11.221 | 1.84 | 0.070 |
| CLOSENESS | 1.41     | 0.624  | 2.26 | 0.027 |

## LINEAR REGRESSION OF DEPENDENCY

**Linear Regression**

Model Fit Measures

| Model | R      | R <sup>2</sup> |
|-------|--------|----------------|
| 1     | 0.0481 | 0.00231        |

Model Coefficients - FoC

| Predictor  | Estimate | SE     | t     | p     |
|------------|----------|--------|-------|-------|
| Intercept  | 40.214   | 12.752 | 3.154 | 0.002 |
| DEPENENDCY | 0.296    | 0.693  | 0.428 | 0.670 |



## Linear Regression

Model Fit Measures

| Model | R     | R <sup>2</sup> |
|-------|-------|----------------|
| 1     | 0.533 | 0.284          |

Model Coefficients - FoC

| Predictor | Estimate | SE    | t    | p     |
|-----------|----------|-------|------|-------|
| Intercept | 15.58    | 5.617 | 2.77 | 0.007 |
| ANXIETY   | 1.71     | 0.306 | 5.60 | <.001 |

### DATA ANALYSIS

Closeness, Dependency and Anxiety are factors of attachment style questionnaire.

**Closeness:** the state of being extremely familiar with, fond of, and desiring to spend a lot of time with someone.

**Dependency:** the condition of dependence or impossibility to survive without someone or something

**Anxiety:** Tension-inducing sensations, uneasy thoughts, and bodily changes like elevated blood pressure are all hallmarks of the emotion of anxiety.

This correlation matrix displays the p-values and Pearson's r correlation coefficients for the four variables of closeness, dependence, anxiety, and fear of commitment (FoC).

The matrix's rows and columns each include a list of the variables. The diagonal cells display the one-sided correlation coefficient between each variable and itself. The p-values connected to such correlations are shown in the lower triangle of the matrix's upper triangle, which displays the correlation coefficients between the variable pairs.

Looking at the matrix, we can see that:

CLOSENESS has a positive correlation with ANXIETY ( $r = 0.111$ ,  $p = 0.323$ ) and FoC ( $r = 0.246$ ,  $p = 0.027$ ). However, neither of these correlations is particularly strong, with both r values below 0.3.

DEPENDENCY has a very weak negative correlation with CLOSENESS ( $r = -0.069$ ,  $p = 0.538$ ), indicating that higher levels of dependency are slightly associated with lower levels of closeness. However, the p-value suggests that this correlation is not statistically significant.

ANXIETY has a weak positive correlation with CLOSENESS ( $r = 0.111$ ,  $p = 0.323$ ) and a weak positive correlation with FoC ( $r = 0.533$ ,  $p < .001$ ). However, the correlation with FoC is the strongest in the matrix, with an r value above 0.5.

FoC has a moderate positive correlation with ANXIETY ( $r = 0.533$ ,  $p < .001$ ) and a weak positive correlation with CLOSENESS ( $r = 0.246$ ,  $p = 0.027$ ).

## DISCUSSIONS

The study's finding that dependence and proximity are unrelated to anxiety and the fear of commitment is significant because it offers light on the complex dynamics of romantic relationships. Fear of commitment is a common issue that can greatly impair someone's ability to form and maintain meaningful relationships. People may be able to overcome commitment anxiety and create stronger relationships if they are aware of its roots.

The study's finding that anxiety and the fear of commitment are strongly associated highlights how anxiety affects people's attitudes and behaviours in romantic relationships. Anxiety is a common and usually incapacitating illness that can make it difficult for individuals to forge and maintain deep connections with others. Given the close connection between anxiety and the fear of commitment, resolving anxiety may be a key first step in helping people resolve their commitment concerns.

It's intriguing that the study failed to find a link between proximity or dependency and apprehension about commitment. This suggests that those who are highly concerned and hesitant about marriage might not necessarily feel more or less reliant on or close to their partner. This finding implies that factors besides reliance and intimacy may be to blame for a person's aversion to commitment.

It is possible that the fundamental mechanisms generating fear of commitment are different from those underpinning dependency and proximity, as the result that these two variables are not co-related shows. Dependence and closeness are crucial components of intimate relationships, and those who struggle to develop strong bonds with their partners may find it challenging to establish and maintain relationships. The fact that these qualities do not co-relate with the fear of commitment, however, shows that there may be additional causes for this concern, such as past traumatic experiences or anxiousness.

Overall, the study's findings show how proximity, dependence, commitment phobia, anxiety, and other factors interact intricately in romantic relationships. Given that anxiety and fear of commitment are closely related, treating anxiety may be a crucial first step in assisting people in overcoming their commitment issues. The discovery that fear of commitment is not correlated with dependency or proximity, however, implies that other factors may be at play and that treating anxiety alone may not be sufficient to get rid of fear of commitment.

A deeper understanding of the intricate dynamics of commitment fear and how it interacts with other elements like anxiety, dependency, and proximity requires more research. Future research might assist people in overcoming their fear of commitment and enhancing their personal relationships by illuminating the intricate interplay between these characteristics. The study's conclusions serve as a crucial springboard for additional research into the causes of commitment anxiety and how it affects close relationships.

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Sincerely,

Muskan Motwani

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