

PERCEIVED PARENTAL AUTONOMY SUPPORT, EMOTION REGULATION DIFFICULTIES, AND DYSFUNCTIONAL ATTITUDES IN PAKISTANI YOUNG ADULTS: A CROSS-SECTIONAL STUDY

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Abstract

This cross-sectional study aimed to examine the correlation between perceived parental autonomy support (PAS), emotion regulation difficulties (ERD) and dysfunctional attitudes (DA) in young adults of Lahore, Pakistan. From an initial recruitment of (N = 201), 16 participants were excluded due to incomplete data, resulting in a final sample of (N = 185; n = 96 males, n = 89 females) aged 18–25 years. Participants filled out Urdu translated versions of Perceived Parental Autonomy Support Scale (PPASS), Dysfunctional Attitudes Scale (DAS), and Difficulties in Emotion Regulation Scale (DERS). The study investigated the "autonomy paradox" in a collectivist culture where autonomy support is juxtaposed with traditional family hierarchy and the concept of "izzat" (honor). Results showed that maternal and paternal autonomy support were significantly and negatively related to total ERD, and the final hierarchical model explained 42% of the variance ($R^2 = .42$). Preliminary evidence of the autonomy paradox was found in a small but significant positive correlation ($r = .15$) between maternal autonomy support and dysfunctional attitudes. The results of the mediation analysis indicated that the relationship between total PAS and DA was fully mediated by ERD (indirect effect = .539, 95% CI [.171, .897]), suggesting that the autonomy paradox works through emotion regulation pathways. There were significant gender differences as males had higher father-specific autonomy support and higher overall emotional regulation difficulties and females had higher dysfunctional attitudes. Results from psychometric analysis showed that the lack of emotional awareness ($\alpha = .62$) and adaptive attitude ($\alpha = .65$) subscales were marginally reliable and more culturally refined measurement tools are needed. The results indicate the intricate relationship between parenting, emotion regulation, and cognitive schemas in Pakistani young adults.

INTRODUCTION

Emerging adulthood is a developmental period of transition from dependence on parents to self-governance (Arnett, 2000). The quality of the parent-child relationship is key to psychological

adjustment during this time. Within western psychology, especially within the Self-Determination Theory (SDT), parental autonomy support (i.e., valuing the child's point of view, giving autonomy, and promoting self-initiation) is

regarded as one of the most important factors that serve as a trigger for healthy development (Deci & Ryan, 2000). But in Pakistan, a collectivist culture, these concepts need to be understood with sensitivity to the values and psychological processes of the culture.

The current study is based on three main theories. According to Deci and Ryan (2000), Self-Determination Theory states that three basic psychological needs must be fulfilled in order for humans to thrive: autonomy, competence, and relatedness. Autonomy support refers to parents' respect for their child's point of view and their encouragement of volitional action as a necessary basis for internalization of self-regulatory skills. Parents who foster autonomy give the psychological "nutriments" that are needed to enable individuals to learn how to regulate their emotional reactions effectively (emotion regulation). The notion of dysfunctional attitudes is explained by Beck's (1967) cognitive theory of depression that proposes that rigid, perfectionistic, and self-critical attitudes serve as cognitive vulnerabilities to emotional distress. This theory states that negative events trigger schemas that cause depression in vulnerable people, leading to self-centered information processing that leads to depression (Dozois & Beck, 2008). Dysfunctional attitudes include beliefs in approval, love, achievement, perfectionism, dominance, omnipotence, and autonomy (Beck, 1976). Lastly, the process model of emotion regulation (Gross, 1998) offers a framework that can be used to understand how people can control the emotions they experience and how they express them. This model proposes that problems with regulation occur when people do not have the means to monitor or alter their emotional state. Emotion regulation includes five families of strategies: situation selection, situation modification, attentional deployment, cognitive change, and response modulation (Gross, 1998; Webb et al., 2012). Parenting in the Pakistani society is a collectivist society with the family as the primary source of social identity. The "izzat" (family honor) has a great impact on parenting. Parents may feel a sense of

responsibility for the actions of their children as the actions of an individual may be viewed as a reflection on the reputation of the family. This frequently results in a parenting approach that takes a social monitoring, obedience, and high expectations approach. In this context, autonomy is often seen as not independence, but as possibly disruptive to family cohesion. Young adults are expected to reconcile their own ambitions with the strong social norms of family loyalty and cultural hierarchy (Kagitcibasi, 2005). Kagitcibasi (2005) explained the concept of "autonomous-related self" as individuals who become autonomous but remain interdependent with their families. This synthesis is especially pertinent to the urban middle-class context of Pakistan where functional requirements of independence in the world of work are juxtaposed with cultural preferences of family proximity. In Pakistan, parents can allow their children to be somewhat independent in their professional and educational pursuits, but they have to be very strict with the social and moral aspects of their lives to safeguard "izzat". This cultural perspective implies that the association between PAS and psychological outcomes could be different from those of the West (Kagitcibasi, 2005).

The "autonomy paradox" in collectivist societies is the surprising or counter-intuitive effects of autonomy support. In general, PAS is linked to less emotional regulation problems, but it can also be related to more dysfunctional attitudes if autonomy is seen as a lack of parental guidance. When autonomy-supportive parenting (an individualistic practice) occurs within a collectivist cultural framework, it creates a cultural mismatch young adults internalize conflicting messages about independence versus interdependence, manifesting as rigid perfectionistic belief (Stephens et al., 2012), resulting in rigid schemas of self-reliance or fear of failure (Naveed, 2024). This has been noted in other Asian settings, where parental warmth is more likely to be a more powerful predictor of adjustment than autonomy alone (Rosharudin et al., 2023). Developmental psychologists view parental autonomy support as fostering autonomous functioning and

emphasizing the significance of young adults' engaging in behavior that is in line with their own interests and values (Gray & Steinberg, 1999; Silk et al., 2003). Grolnick and Seal (2008) explain that parents who encourage autonomy give their child choices, listen to their voice and offer realistic explanations when choices are not available. But, the effectiveness of these behaviors may be different in different cultural contexts. A recent study has pointed out that there is a complex relationship between autonomy support and psychological outcomes, and that this relationship might be mediated by several factors. Gong et al., (2021) discovered that autonomy support is associated with emerging adults' high emotion regulation and self-esteem, with parental psychological control as a moderator. Vatandoost et al. (2025) showed that an autonomy-supportive parenting style is linked to integrative emotion regulation in adjudicated youth, irrespective of gender or posttraumatic stress symptoms. Little research, however, has been conducted on the mechanisms by which autonomy support is related to cognitive outcomes, especially in a collectivist context.

The current study seeks to fill the literature gaps by: exploring the relationship between PAS, ERD and DA in Pakistani young adults; finding the predictive power of maternal and paternal AS on different dimensions of ERD; exploring gender differences in perception of parental AS and emotional outcomes in the local cultural context; and testing the mediation of ERD between PAS and DA. Based on the theoretical and empirical literature, the following hypotheses were tested: 1. There will be significant negative relationships between perceived parental autonomy support and difficulties in emotional regulation in young

adults. 2. Perceived parental autonomy support will be a strong predictor of emotional regulation problems in young adults. 3. Gender differences will be found in young adults on the scales of perceived parental autonomy support, difficulties in emotional regulation, and dysfunctional attitudes with significant differences. The perceived parental autonomy support and dysfunctional attitudes will be mediated by emotion regulation difficulties.

Method

Research design

This study used a cross-sectional and correlational research design to explore the relationships between perceived parental autonomy support, emotional regulation difficulties, and dysfunctional attitudes among young adults. The subjects in this study were a purposive sample of $N = 185$ young adults (96 males, 89 females).

Sample

The participants were selected from different educational institutes and online sources in Lahore, Pakistan. The age range was 18 to 25 years ($M = 21.38$, $SD = 1.65$). A total of $N = 201$ participants were initially recruited, but 16 were eliminated from the final analyses because of a large amount of missing data (listwise deletion). The inclusion criteria were that participants had to be in the target age group, be able to speak Urdu and have both parents alive to complete the assessment of maternal and paternal autonomy support.

Table 1 presents the demographic characteristics of the sample.

Table 1
Demographic Characteristics of Participants ($N = 185$)

Variable	<i>N</i>	%	<i>M</i>	<i>SD</i>
Gender				
Male	96	51.9		
Female	89	48.1		
Education				
Undergraduate	174	94.1		

Graduate Age	11	5.9	20.38	1.65
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Measures

Perceived Parental Autonomy Support Scale (PPASS) An Urdu translated version (Samina & Gul, 2015) based on Robbins (1994) was used. This 36-item scale assesses perceived parental support of autonomy. It is a two-subscale instrument consisting of 18 items each rated on 5-point Likert scale (1 = Not at all true to 5 = Very true) as follows: Mother Autonomy Support and Father Autonomy Support. Items 2, 6, and 9 are reverse coded. A higher score reflects higher perceived autonomy support. The scale has been found to be reliable in previous studies ($\alpha = .83$; Samina & Gul, 2015).

Difficulties in Emotion Regulation Scale (DERS). An Urdu translated version (Ghaffar & Malik, 2015) was used, which was based on Gratz and Roemer (2004). It is a 36 item self-report measure of emotion regulation problems, divided into six subscales: Non-acceptance of emotional responses (NAER; 6 items), Difficulty engaging in goal-directed behavior (DEGDB; 5 items), Impulse control difficulties (ICD; 6 items), Lack of emotional awareness (LEA; 6 items), Limited access to emotion regulation strategies (LAERS; 8 items), and Lack of emotional clarity (LEC; 5 items). The responses to the items are measured on a 5-point Likert scale (1 = Almost never to 5 = Almost always). Items 1, 2, 6, 7, 8, 10, 17, 20, 22,

24, and 34 are reverse-scored. The higher the score, the more challenging it is to regulate emotions.

Dysfunctional Attitudes Scale (DAS). Weissman and Beck (1978) Urdu translated version (Mah Para Siddique, 2021) was used. A 40 item scale on a 7-point Likert scale (1 = Totally agree to 7 = Totally disagree) was used to measure rigid, perfectionistic beliefs. There are 10 items (2, 6, 12, 17, 24, 29, 30, 35, 37, 40) that measure attitudes of adaptation and 30 items that measure dysfunctional attitudes. A higher score on the dysfunctional attitude subscale reflects more rigid and dysfunctional attitudes.

Procedure

The participants were sampled by using university administration and online. The participants were given detailed information about the objectives and nature of the study before completing the questionnaires. All participants signed informed consent forms, and they were told that they could leave at any time without any repercussions. The confidentiality of the names and responses of participants was stressed as the purpose of the study was for research only. All three scales used were self-explanatory, but clarification was given as required.

Results

Table 2

Reliability Statistics for Scales and Subscales (N = 185)

Scale / Subscale	No. of Items	Cronbach's Alpha (α)
Total PPASS	36	.77
Father Autonomy Support	18	.75
Mother Autonomy Support	18	.71
Total DERS	36	.94
Non-acceptance (NAER)	6	.86
Goal-Directed Behavior (DEGDB)	5	.78
Impulse Control (ICD)	6	.82
Emotional Awareness (LEA)	6	.62
ER Strategies (LAERS)	8	.84
Emotional Clarity (LEC)	5	.79

Total DAS	40	.90
Adaptive Attitude	10	.65
Dysfunctional Attitude	30	.81

Cronbach's alpha (α) was used to assess internal consistency of the scales. Table 2 shows that the majority of scales had good to excellent reliability. The "Lack of Emotional Awareness" (LEA) subscale of the DERS, however, had marginal

reliability ($\alpha = .62$) and so did the DAS "Adaptive Attitude" subscale ($\alpha = .65$). Alphas for individual DERS subscales were between .62 (LEA) and .86 (NAER). The results indicate that there is a need for further cultural validation of some subscales.

Table 3
Mean, Standard Deviation, and Gender Differences in Study Variables

Variable	Male (n=96)	Female (n=89)	<i>t</i>	<i>p</i>	Cohen's <i>d</i>
	M (SD)	M (SD)			
Father Autonomy Support	31.35 (5.03)	28.83 (6.22)	3.04	.003	0.44
Mother Autonomy Support	30.12 (4.88)	29.54 (5.11)	-0.54	.593	0.12
Total DERS	96.73 (26.13)	89.04 (24.22)	2.20	.028	0.32
Non-acceptance (NAER)	17.10 (5.07)	15.22 (4.89)	2.89	.004	0.38
Goal-Directed Behavior (DEGDB)	13.33 (4.23)	12.01 (4.11)	2.83	.005	0.32
Impulse Control (ICD)	16.08 (5.25)	14.34 (5.01)	2.16	.032	0.34
ER Strategies (LAERS)	19.90 (6.72)	17.55 (6.34)	2.27	.025	0.36
Emotional Clarity (LEC)	12.60 (4.28)	11.22 (4.01)	2.00	.047	0.33
Dysfunctional Attitude (DAS)	111.78 (29.25)	123.12 (27.31)	-2.72	.007	0.40

The means and standard deviations of all the variables of the study along with gender differences are presented in Table 3. Males scored significantly higher than females on Father Autonomy Support, $t(183) = 3.04$, $p = .003$, $d = 0.44$. Males also scored significantly higher on

Total DERS, $t(183) = 2.20$, $p = .028$, $d = 0.32$, reflecting higher overall emotional regulation problems. Females had significantly higher scores on Dysfunctional Attitudes, $t(183) = -2.72$, $p = .007$, $d = 0.40$.

Table 4
Pearson Correlation Matrix for Study Variables (N = 185)

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Age	—												
2. Father AS	-.13	—											
3. Mother AS	.02	.30**	—										
4. Total AS	-.07	.83**	.78**	—									
5. NAER	.08	-.34**	-.36**	-.43**	—								
6. DEGDB	.06	-.43**	-.36**	-.49**	.67**	—							
7. ICD	.03	-.40**	-.44**	-.52**	.77**	.75**	—						
8. LEA	-.05	-.34**	-.34**	-.42**	.29**	.47**	.37**	—					
9. LAERS	.11	-.44**	-.39**	-.51**	.76**	.77**	.79**	.40**	—				
10. LEC	.11	-.50**	-.45**	-.59**	.67**	.78**	.78**	.56**	.82**	—			
11. T-DERS	.07	-.48**	-.46**	-.58**	.84**	.88**	.89**	.59**	.92**	.91**	—		
12. AA	-.06	-.10	-.15*	-.15*	.12	.12	.14	.00	.11	.05	.11	—	
13. DA	-.16*	.02	.15*	.10	-.21**	-.18*	-.23**	-.11	-.27**	-.21**	-.25**	.13	—

Note. AS = Autonomy Support; NAER = Non-acceptance of emotional responses; DEGDB = Difficulty engaging in goal-directed behavior; ICD = Impulse control difficulties; LEA = Lack of emotional awareness; LAERS = Limited access to emotional regulation strategies; LEC = Lack of emotional clarity; AA = Adaptive Attitude; DA = Dysfunctional Attitude.

* $p < .05$, ** $p < .01$ (2-tailed).

Pearson correlation analysis was done to check the relationship between the study variables (Table 4). There were significant negative relationships between total PAS and total DERS ($r = -.58$, $p < .01$), meaning that a higher score on PAS was

associated with a lower score on DERS. Autonomy support from father and mother were both negatively correlated with all DERS subscales, from $-.34$ to $-.59$.

The age and dysfunctional attitudes had significant negative correlation ($r = -.24$, $p < .05$), indicating that dysfunctional attitudes might be reduced with age among young adults. Interestingly, the small and significant positive correlation between Mother Autonomy Support and Dysfunctional Attitudes ($r = .15$, $p < .05$) gives initial support for the autonomy paradox hypothesis. Mother Autonomy Support was also negatively correlated with Adaptive Attitudes ($r = -.15$, $p < .05$).

Table 5

Hierarchical Regression Analysis Predicting Total Emotion Regulation Difficulties (DERS)

Variables	B	SE	β	t	p
Step 1 ($\Delta R^2 = .03$)					
Age	-1.12	0.85	-.12	-1.32	.189
Gender	2.45	1.15	.15	2.13	.034
Step 2 ($\Delta R^2 = .39^*$)					
Father Autonomy Support	-1.84	0.42	-.429	-4.38	.000
Mother Autonomy Support	-1.52	0.48	-.324	-3.16	.002

Note. Step 1 included age and gender as control variables. Step 2 added father and mother autonomy support. Total $R^2 = .42$, $F(4,180) = 31.09$, $p < .001$. Gender was dummy coded (1 = male, 2 = female). $p < .001$

Hierarchical regression was used to explore whether perceived parental autonomy support was related to total emotion regulation difficulties, while controlling for age and gender (Table 5). In Step 1 age and gender were added, and they accounted for 3% of the variance in total DERS scores ($\Delta R^2 = .03$, $p = .356$). Significantly, father

and mother autonomy support were added in Step 2, accounting for an additional 39% of the variance ($\Delta R^2 = .39$, $p < .001$). The final model accounted for 42% of the variance in total DERS scores ($R^2 = .42$, $F(4,180) = 31.09$, $p < .001$). Finally, father autonomy support ($\beta = -.429$, $p < .001$) and mother autonomy support ($\beta = -.324$, $p = .002$) were both significant negative predictors of emotion regulation difficulties. Multicollinearity was not considered an issue as variance inflation factors (VIF) were less than 2 for each predictor (age VIF = 1.05; gender VIF = 1.05; father AS VIF = 1.02; mother AS VIF = 1.00).

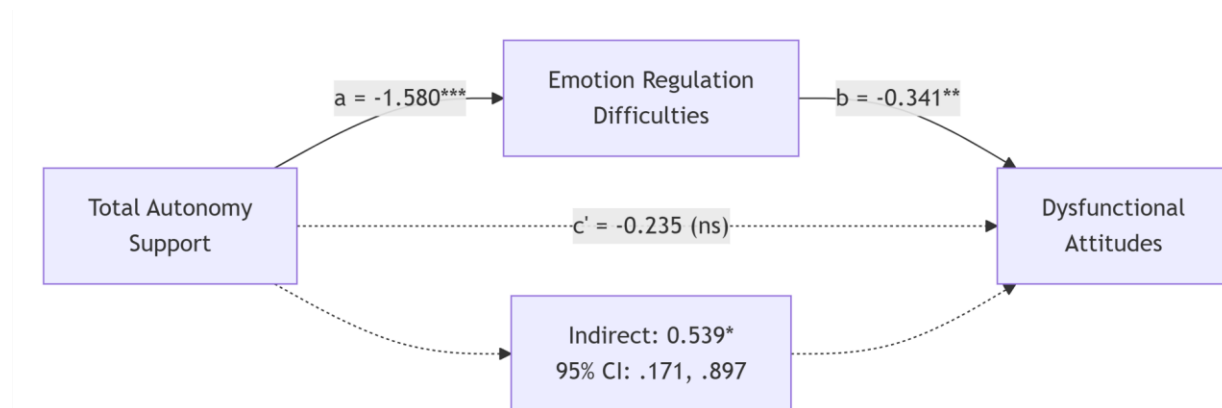


Figure 1

Mediation Model of the Relationship Between Total Autonomy Support and Dysfunctional Attitudes Through Emotion Regulation Difficulties

Note. *** $p < .001$, ** $p < .01$, ns = not significant.

Table 6
Mediation Analysis Results (N = 185)

Path	B	SE	t	p	95% CI
Path a (Total AS → DERS_T)	-1.580	.162	-9.737	<.001	-1.900, -1.260
Path b (DERS_T → DA)	-.341	.107	-3.198	.002	-.551, -.131
Path c' (Direct Effect: Total AS → DA)	-.235	.289	-.812	.418	-.804, .335
Indirect Effect (Total AS → DERS_T → DA)	.539	.184	-	-	.171, .897

Note. Bootstrap samples = 5000. CI = confidence interval. Total AS = total autonomy support; DERS_T = total emotion regulation difficulties; DA = dysfunctional attitudes.

In order to test the hypothesis that emotion regulation difficulties mediate the relationship between perceived parental autonomy support and dysfunctional attitudes, a mediation analysis was performed using Hayes' PROCESS macro (Model 4). Total autonomy support (X) was entered as the independent variable, total DERS (M) as the mediator variable, and dysfunctional attitudes (Y) as the dependent variable. Path A: Total Autonomy Support → Emotion Regulation Difficulties. The variable of total autonomy support was a significant predictor of emotion regulation difficulties ($\beta = -1.580$, $SE = .162$, $t = -9.737$, $p < .001$, 95% CI [-1.900, -1.260]), with higher scores on autonomy support being associated with less emotion regulation

difficulties. This model accounted for 34% of the variance in DERS scores ($R^2 = .340$, $F(1,184) = 94.80$, $p < .001$). Path B: Emotion Regulation Difficulties to Dysfunctional Attitudes. Emotion regulation difficulties significantly predicted dysfunctional attitudes ($\beta = -.341$, $SE = .107$, $t = -3.198$, $p = .002$, 95% CI [-.551, -.131]), controlling for autonomy support. This suggests that there was a negative correlation between emotion regulation difficulties and dysfunctional attitudes, which will be discussed.

Path C' (Direct Effect): Total Autonomy Support → Dysfunctional Attitudes. The direct effect of total autonomy support on dysfunctional attitudes, after accounting for emotion regulation difficulties, was not significant ($\beta = -.235$, $SE = .289$, $t = -.812$, $p = .418$, 95% CI [-.804, .335]). This suggests that emotion regulation difficulties are a complete mediator between autonomy support and dysfunctional attitudes.

Indirect Effect (Path a $\times$ Path b). Total autonomy support had an indirect effect on dysfunctional attitudes through emotion regulation difficulties that was significant (effect = .539, BootSE = .184, 95% CI [.171, .897]) because the bootstrap confidence interval did not include zero. This suggests that emotion regulation problems were a significant mediator between autonomy support and dysfunctional attitudes.

The mediation analysis indicated that the indirect effect of autonomy support on dysfunctional attitudes via emotion regulation difficulties was positive (.539), suggesting that the higher the level of autonomy support, the higher the level of dysfunctional attitudes through its indirect association with emotion regulation difficulties. In particular, the more autonomy supportive, the less emotion regulation difficulties, and the less emotion regulation difficulties, the more dysfunctional attitudes. This counterintuitive pathway offers some initial understanding of the "autonomy paradox" in the Pakistani cultural context.

Discussion

This study explored the association of perceived parental autonomy support, emotion regulation difficulties and dysfunctional attitudes in young adults of Pakistan. The results give insights on the interplay between parenting practices, cultural values, and gender norms in the psychological outcome in a collectivist context. Further explanation of the mechanisms of the influence of autonomy support on cognitive schemas is provided by the mediation analysis. The results indicate that perceived parental autonomy support is strongly and negatively related to emotional regulation difficulties among Pakistani young adults. Variance in DERS scores was uniquely explained by both maternal and paternal support with the final hierarchical model accounting for 42% of the variance. This indicates that acknowledging children's feelings and promoting volitional action helps young adults to monitor and change their emotional reaction (Gong et al., 2021). This is in line with the Self-Determination Theory (Deci & Ryan, 2000) that suggests that

autonomy support helps internalize self-regulatory skills. Father autonomy support ($\beta = -.429$) had a slightly stronger predictive power than mother autonomy support ($\beta = -.324$) for total ERD. This could be indicative of the changing dynamics between fathers and children in Pakistan, where fathers are now more likely to play a role in their children's emotional growth while still holding onto traditional positions of authority (Cummings et al., 2025). The results build on previous studies and indicate that in a traditionally gendered culture, both mothers' and fathers' autonomy support are unique predictors of emotional competence in young adulthood. All six dimensions of emotion regulation difficulties (non-acceptance of emotional responses, difficulty engaging in goal-directed behavior, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity) were significantly predicted by parental autonomy support. The results are in line with the studies that have shown the importance of autonomy-supportive parenting in fostering the psychological basis of integrative emotional competencies (Gong et al., 2021; Vatandoost et al., 2025). Parents' support of self-initiation instead of external control enables young adults to develop internal regulation strategies which in turn increases their resistance to emotional stressors. A key finding is the small but significant positive correlation ($r = .15$) between Mother Autonomy Support and Dysfunctional Attitudes. This provides preliminary empirical evidence for the "autonomy paradox" in collectivist societies (Naveed, 2024). In the Pakistani context, high maternal autonomy support (which is traditionally not as prevalent as nurturing or protective roles) may be interpreted by the young adult as a decrease in parental care or guidance. This perception might lead to the formation of rigid self-reliance or perfectionist beliefs as a coping mechanism to the perceived lack of emotional scaffolding (Naveed et al., 2024). This discovery is consistent with those found in other Asian settings, where parental warmth is a greater predictor of adjustment than autonomy alone (Rosharudin et al., 2023). A high value of

interdependence in the culture may lead to dysfunctional cognitive styles like "I have to do it all on my own" due to a fear of failure or isolation. This is important to understand the difference between "autonomy support" (facilitating choice with guidance) and "lack of guidance" (laissez-faire parenting). The result implies that in collectivist culture, the "support" dimension of PAS (warmth, validation, emotional connection) might be more important for psychological well-being than the "autonomy" dimension itself. Mediation Analysis and the Autonomy Paradox: The mediation analysis showed that the total autonomy support was fully mediated by emotion regulation difficulties and dysfunctional attitudes. The indirect effect was significant (effect = .539, 95% CI [.171, .897]), suggesting that the relationship between autonomy support and dysfunctional attitudes is mediated by emotion regulation pathways. But the indirect effect was not what was expected. Higher autonomy support was correlated with lower emotion regulation difficulties (Path a: $\beta = -1.580$) and lower emotion regulation difficulties were correlated with higher dysfunctional attitudes (Path b: $\beta = -.341$). This indicates that the "autonomy paradox" might function in an unexpected way: higher autonomy support is linked to better emotion regulation in young adults, which in turn is paradoxically related to increased rigidity of cognitive schemas. There are several possible explanations of why this counterintuitive finding is the case: The importance of Self-reliance in Collectivist cultures. Successful emotion regulation in the Pakistani context may be related to higher self-reliance and independence. People who manage their emotions well may develop beliefs about their own competence and achievement and internalize them, such as "I must succeed on my own to be worthy" (rigid perfectionistic beliefs). This is in line with the "autonomous-related self" model (Kagitcibasi, 2005), which posits that agency and interdependence exist side by side, but may lead to competing cognitive patterns. 2. Cultural understanding of emotion regulation. The DERS assesses emotion regulation, which involves the ability to monitor, appraise, and regulate

emotional responses. For those who are able to control their emotions well, they may also have higher self and other expectations that may result in perfectionistic beliefs in a collectivist culture that emphasizes emotional restraint. This could be a cultural phenomenon, in which emotions are considered an unruly and childish expression of immaturity and lack of social skills. 3. Compensatory Mechanisms. Perhaps those who are more emotion regulation competent in their life develop rigid cognitive schemas as a way to cope with the demands of the collectivist society. For instance, a young adult who is able to control his or her emotions well may also internalize ideas about the value of achievement and social approval that are reflected in the DAS. 4. Measurement Artifacts. This unexpected result could also be due to the way the measurements were taken. The DAS measures dysfunctional attitudes within the framework of the western individualistic values (approval, love, achievement, perfectionism). These beliefs might not be 'dysfunctional' in the Pakistani context but rather adaptive cultural values. The marginal reliability of the Adaptive Attitude subscale ($\alpha = .65$) also indicates that the DAS might not adequately represent the cultural aspects of cognitive schemas in Pakistan. The limitations of this mediation model should also be noted. The cross-sectional design does not allow to conclude causal direction and other models (e.g., mediation of the PAS-ERD relation by dysfunctional attitudes) are also possible. Longitudinal studies are warranted to better understand these associations.

The study showed that there were considerable gender differences, which are consistent with the cultural norms of Pakistan. Males had higher scores in Father Autonomy Support, which is in line with the cultural norm of giving sons more autonomy. This is consistent with Bronte-Tinkew et al. (2006) and Hoeve et al. (2009) who highlight the impact of same-sex parents, and argue that boys might feel more supported by fathers because of similarity and social learning. Males, however, also had significantly greater total emotion regulation difficulties ($M = 96.73$) than females ($M = 89.04$). This implies that the freedom given to

males might not be accompanied by emotional warmth or "relatedness," which is essential for the development of effective regulation strategies, resulting in greater suppression or lack of clarity (Rao et al., 2026). In Pakistani society, the socialization of males is often associated with the suppression of emotional expression, potentially hindering the development of emotional awareness and effective emotional regulation strategies (Bonnaire, 2023). On the other hand, females had significantly higher dysfunctional attitudes ($M = 123.12$, $d = 0.40$). This can be understood in the context of "izzat" and family honour. Pakistani young women are under greater scrutiny and pressure to meet the perfectionist standards to uphold the family's reputation. These rigid social expectations are likely to be internalized and expressed in higher scores on the Dysfunctional Attitudes Scale (Qin et al., 2020; Wang et al., 2022). This is consistent with previous studies that found that the scores of dysfunctional attitudes among females with MDD were higher, especially in the pursuit of approval, dependence, and self-determination attitudes (Qin et al., 2020).

The marginal reliability of the Lack of Emotional Awareness (LEA, $\alpha = .62$) and Adaptive Attitude (AA, $\alpha = .65$) subscales indicates that caution is needed when using Western developed scales in Pakistan. This is consistent with recent findings by Correa et al. (2024) who emphasized the dimensionality and consistency of the DERS scale vary across different populations and that culturally specific measurement tools are needed. In a culture that does not traditionally encourage emotional introspection, the meaning of items like "I pay attention to how I feel" (DERS item 2) and "I am attentive to my feelings" (DERS item 6) could be different. Likewise, items of Adaptive Attitude subscale might be interpreted as individualistic values which do not necessarily correspond to Pakistani culture. Additionally, negative item-total correlations were found for some of the PPASS items (2, 6, 9), which indicate cultural misinterpretation of these items. Future studies should be directed towards the use and

validation of culturally adapted measures for Pakistani population.

Limitations

The cross-sectional design precludes causal inference, and the purposive Lahore-based sample limits generalizability. Additionally, marginal reliability of some subscales suggests the need for cultural validation of certain measures. Despite these constraints, the study provides meaningful preliminary evidence regarding parenting, emotion regulation, and cognitive schemas in the Pakistani context.

Future Research Directions

Future research should employ longitudinal designs to establish causal direction and test the temporal sequence of the mediation model, while multi-informant approaches incorporating parent reports and observational measures would reduce common method variance and provide a more comprehensive understanding of family dynamics. Qualitative studies exploring how Pakistani young adults conceptualize autonomy within family relationships would offer essential contextual insights for developing culturally relevant interventions, alongside efforts to create and validate culturally adapted measures of autonomy support and emotion regulation through confirmatory factor analysis. Cross-cultural comparisons between Pakistan and other collectivist (e.g., China, Malaysia) and individualist nations would clarify the cultural specificity of the autonomy paradox and advance theoretical understanding of how culture shapes parenting and psychological development. Finally, randomized controlled trials testing autonomy-supportive parenting interventions in Pakistani families are needed to inform evidence-based practice, while alternative mediation models—including the possibility that dysfunctional attitudes mediate the PAS-ERD relationship or that bidirectional effects exist—should also be examined.

Conclusion

The present study examined the relationship between perceived parental autonomy support, emotional regulation difficulties and dysfunctional attitudes among young adults in Pakistan. The results show the importance of parents' autonomy support in enhancing emotion regulation in young adults. A higher score in perceived autonomy support was related to lower scores in emotional regulation difficulties, highlighting the importance of autonomy-supportive parenting for emotional competence and self-determination. The study revealed that young adults perceiving higher levels of parental autonomy support experienced less non-acceptance in their emotional responses, greater goal-directed behavior, better impulse control, increased awareness about emotions, and better access to strategies of emotion regulation. These results support Self-Determination Theory, which highlights how autonomy support fosters intrinsic motivation and well-being. Gender differences were found, with males having higher scores on father autonomy support, and higher scores on emotion regulation difficulties, and females having higher scores on dysfunctional attitudes. This is in line with the earlier studies which have pointed out that gender-specific factors should be taken into account while designing psychological interventions and that cultural sensitivity is important in mental health care in Pakistan. Results of the study also offered preliminary support for the "autonomy paradox" in collectivist societies, that is, maternal autonomy support was paradoxically linked to greater dysfunctional attitudes. Moreover, mediation analysis showed that the relationship between autonomy support and dysfunctional attitudes was completely mediated by emotion regulation difficulties, indicating that the autonomy paradox is mediated by emotion regulation processes. The surprising result of the relation between lower emotion regulation difficulties and higher dysfunctional attitudes suggests further research, and may be related to the cultural values of self-reliance and achievement. The psychometric weaknesses found in this study indicate the need for culturally

adapted instruments for use in the Pakistani context. Some Western-developed instruments might need to be adapted for use in Pakistan because of the marginal reliability of the Lack of Emotional Awareness and Adaptive Attitude subscales.

To conclude, this study highlights the importance of parental autonomy support in the emotional well-being of young adults in Pakistan, which is influenced by cultural values and gender norms. The "autonomy paradox" implies that autonomy needs to be combined with relatedness to avoid the formation of dysfunctional cognitive schemas. The results of the mediation also indicated that emotion regulation plays a crucial role in the link between autonomy support and cognitive patterns. This knowledge is crucial for healthcare providers, teachers, and policymakers working to ensure the mental health of the future generation in Pakistan. These relationships should be further explored in future research with attention to gender, culture and other factors that may influence them.

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