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CAREGIVING IN ROMANTIC RELATIONSHIPS: THE ROLE OF EMOTIONAL STABILITY

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Abstract

This study investigated the relationship between caregiving and emotional stability in a sample of 121young adults aged between 23 and 41 years, including 63 females and 58 males. To measure the variables participants completed Emotional Stability Scale from the Big Five Factor Markers and the Caregiving Questionnaire. Simple linear regression indicated that emotional stability acts as a significant predictor for all dimensions of caregiving: proximity ($R^2 = .510$, $p = .000$), sensitivity ($R^2 = .291$, $p = .000$), control ($R^2 = .510$, $p = .000$) and compulsive caregiving ($R^2 = .086$, $p = .001$). In practice we can observe that individuals who show higher stability in the emotional area, tend to react less impulsively effectively managing their feelings and they tend to engage in context-appropriate caregiving behaviors within romantic relationships. The main limitation of this present study is that the data were collected through self-reported questionnaire responses, which may not fully capture the complexity of the emotions or relational dynamics that the participants might experienced. Longitudinal designs can definitely bring larger benefits, following individuals over time, and also including contextual variables as relationship satisfaction and partners responsiveness.

Keywords: *emotional stability, caregiving behaviors, proximity, sensitivity, control*

1. INTRODUCTION

Romantic relationships often generate emotional responses that are less evident in other spheres of life point this is possibly because there is more closeness involved and at least to some extent people rely on their partner (Bowlby, 1982; Hazan & Shaver, 1987). In these situations, it is more difficult to maintain a certain emotional distance and responses are more immediate. Other authors have discovered that close relationships have the capacity of magnifying rather than attenuate emotional reactions, which makes daily interactions more psychologically relevant than might appear at first (Reis & Clark, 2013). At the same time, offering support within a relationship is not a uniform process. Even when intentions are similar responses can be experienced very differently what feels supportive in one moment can be felt as intrusive or inadequate in another (Feeney & Collins, 2001; Mikulincer &shaver, 2007). This suggests that situational factors alone cannot fully explain how

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people respond to their partners. Individual differences in emotional regulation appear to play a central role. Also, the previous research reelevates that caregiving responses are often mirrored more by internal regulatory tendencies than by the immediate context (George & Solomon, 2008).

People respond on emotionally difficult situations in very different ways, some of the individuals are relatively stable and some fluctuate more dramatically in their emotional responses. These differences can be explained through emotional stability, especially the way people are getting overwhelmed and how quickly they can recover (Goldberg et al., 2006; Lahey, 2009).As a concept this often seen as the opposite of neuroticism and has been linked closely to patterns of emotional reactivity (McCrae & Costa, 2008; John et al., 2008). This trait is especially salient in close relationships.

Sometimes these differences are revealed in all kinds of vulnerability or when people need emotional support. Some individuals can be present and responsive in a calm attuned way, and others might get tight, or unsure or shut down. Such patters may, over the time, affect the climate of the relationship in general, mostly during the times of stress or conflict (Karney & Bradbury, 1995). From this perspective, support should not be treated as an automatic and uniform feature in romantic relationships, but as a context dependent form of responsiveness (Overall et al., 2009; Simpson & Rholes, 2017).

Although the personality traits and attachment process literature is vast, the specific relationship between emotional stability and caregiving remains unclear. One of the possible explanation for the inconsistent interpretation of this relationship is that caregiving does not have the same meaning in every relational context. Caregiving is better understood as part of the emotional regulation that takes place between partners, mostly when they negotiate closeness, vulnerability, and relational tension (Kunce & Shaver, 1994; Collins & Feeney, 2000; Reis & Clark, 2013).

2. OBJECTIVE AND HYPOTHESES

2.1. OBJECTIVE

The study focuses on the role of emotional stability in shaping caregiving responses within romantic relationships, with attention to the way individuals confront with emotional need or vulnerability. In this moments individual differences are more easily seen, especially in the way how partners respond to one another. Emotional stability matters here because it shows how individuals handle their emotions in times of distress. In the same time, caregiving behaviours reflect how individuals orient themselves toward their partner whether they remain engaged, become hesitant or withdraw. Given that, these processes unfold simultaneously, and distinguishing them can be challenging, yet they appear to be closely interconnected. Although both constructs have been explored separately in previous research, their relationship remains insufficiently understood, particularly in non-clinical populations. Caregiving does not have the same meaning in every relational situation. Which makes the association between the variables more difficult to be interpreted. For this reason, this study approached emotional stability as a personality dimension that may be reflected in the way individuals offer care and respond to partner's needs in romantic relationship

The study follows two main objectives:

1. Emotional stability is significantly associated with caregiving behaviors in romantic relationships.
2. To determine if emotional stability accounts for significant variance in caregiving behaviors.

2.2. HYPOTHESES

Assuming emotional balance may influence the way people offer care in close relationships, the following hypotheses were proposed:

H1: An association exists between emotional stability and caregiving behaviours.

H2: Emotional stability has a predictive role for the caregiving dimensions.

3. METHOD

3.1 THE PARTICIPANTS

A total of 121 young adults took part of the study. Their ages ranged from 23 to 41 years, having a mean age of 34,69 (SD = 5,16). Recruitment was carried out online, using public announcements and digital sharing channels addressed to individuals from the general population. Those who decided to participate accesed the questionnaire on their own and offered their confirmation on voluntary participation before completing the measures. The main eligibility conditions were belonging to the targeted age group, being able to provide informed consent and report having had at least one romantic relationship. Data collection was carried out through a self-administered questionnaire completed online in a private setting using personal devices. Prior to starting the questionnaire, participants read on information sheet and provide the informed consent electronically. Participation was entirely voluntary and participants were free to withdraw at any time without any consequences. Participants were assured anonymity regarding their answers and only basic demographic information was collected thus protecting confidentiality. The final group of participants consisted of a non-clinical sample of young adults considered appropriate for exploring how emotional stability relates to caregiving behaviors within romantic relationships.

3.2 INSTRUMENTS

Emotional stability was measured using the emotional stability scale derived from The Big Five Factor Markers, which is based on items from the International Personality Item Pool (IPIP) and has been adapted for use with the Romanian population (Iliescu et al., 2015). The scale includes 20 items, with responses recorded on a five-point Likert format, ranging from strong disagreement to strong agreement. Higher overall scores reflect a greater degree of emotional stability.

Caregiving behaviors were assessed with the Caregiving Questionnaire (Kunce & Shaver; 1994). The scale has 32 items and four dimensions of caregiving that are relevant to romantic relationships: proximity, sensitivity, control and compulsive caregiving. The the responses are given on a six-point response scale, from low to high agreement with each self-descriptive statement. Scores are calculated separately for each dimension with higher values indicating a stronger expression of the respective caregiving pattern.

3.3 PROCEDURE

Participants completed the questionnaire online at their own pace. Before starting they were presented with information about the study and provided their informed consent

electronically. After this step they filled in both the emotional stability scale and the caregiving questionnaire. Usual completion time was approximately 15 minutes. Identifiable information was kept confidential and the right to step back from the study was . The participation was anonymous and totally voluntary. Data were exported and analysed using IBM SPSS statistics, version 29. The methodology specified conducting these descriptive statistics for the variables of interest, assessing the correlations between emotional stability and caregiving dimensions, and performing simple linear regression analysis to examine the predictive role of emotional stability on caregiving behaviours.

4. RESULTS

Descriptive statistics were computed for the central variables of the study: emotional stability, caregiving dimensions, and age.

Table 1. Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Age	121	23	42	34.69	5.15
Emotional stability	121	1	5	3.32	0.98
Proximity	121	1.88	6	4.62	1.30
Sensitivity	121	1.50	6	4.34	1.14
Control	121	1.13	5.25	2.90	1.05
Compulsive caregiving	121	1.13	5.63	3.26	0.87
Valid N (listwise)	121				

The descriptive analysis indicated that the average emotional stability score among participants was M = 3.32 (SD = 0.99), suggesting a moderate level of emotional balance within the sample. This result may indicate that most young adults included in the study tend to show a relatively stable emotional functioning, although individual differences remain visible.

Regarding caregiving behaviors, the highest mean score was observed for proximity (M = 4.62, SD = 1.30), followed by sensitivity (M = 4.34, SD = 1.15). These values suggest that participants generally reported a stronger tendency to offer closeness, comfort, and emotional responsiveness in romantic relationships. By contrast, the mean scores for compulsive caregiving (M = 3.26, SD = 0.88) and control (M = 2.91, SD = 1.06) were lower, which may indicate that more intrusive or overinvolved forms of caregiving were less strongly expressed in this sample.

The mean age of the sample was M = 34.69 (SD = 5.16), confirming the focus on young adults. This developmental period is typically associated with emotional maturation, relational commitment, and greater interpersonal responsibility, which makes the investigation of emotional stability and caregiving behaviors particularly relevant in the context of romantic relationships.

4.2 PEARSON CORRELATION ANALYSIS

To explore the associations between emotional stability with the different caregiving dimensions, Pearson correlation coefficients were calculated.

Table 2. Pearson Correlations Between Emotional Stability and Caregiving Dimensions

		1.	2.	3.	4.	5.
1. Emotional	Pearson Correlation	1	.553**	.539**	-.714**	-.293**

		1.	2.	3.	4.	5.
stability	Sig. (2-tailed)		<.001	<.001	<.001	.001
	N	121	121	121	121	121

1. Proximity
2. Sensitivity
3. Control
4. Compulsive caregiving

**. Correlation is significant at the 0.01 level (2-tailed).

The results indicated some statistically significant relationships between emotional stability and caregiving patterns. Emotional stability showed moderate positive correlations with both proximity ($r = .553$, $p < .001$) and sensitivity ($r = .539$, $p < .001$). Individuals that have higher emotional stability may be more able to remain emotionally present in the relationship and more available to their partner's needs.

Emotional stability strongly and negatively correlates with control ($r = -.714$, $p < .001$), indicating that higher levels of emotional stability are associated with a lower tendency to manifest controlling behaviours. A similar, but weaker, negative association was observed for compulsive caregiving ($r = -.293$, $p = .001$), suggesting that emotionally stable individuals appear more able to offer support while they can also maintain a healthy boundry.

When interpreted psychologically the results suggest that emotional stability may influence the emotional quality behind caregiving. A more emotional stable person may be better to remain calm and connected when the partner needs support, without tensioning the situation with suplimentary pressure. This is why, caregiving reflects not only the intention to help, but also the individual capacity to regulate their own emotional reactions and at the same time, still being emotionally present for the other person.

4.3 SIMPLE LINEAR REGRESSION ANALYSIS

To further examine whether emotional stability functions as a predictor of caregiving behaviors, a series of simple linear regression analyses was carried out.

Table 3. Linear Regression Coefficients predicting Proximity from Emotional Stability

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	2.192	.350		6.271	<.001
	Emotional stability	.731	.101	.553	7.246	<.001

a. Dependent Variable: Proximity

The linear regression model revealed that emotional stability significantly predicts proximity in young adults. The standardized beta coefficient ($\beta = .553$, $p = <.001$) indicates a moderate positive predictive relationship. The unstandardized coefficient ($B = .731$) suggests that for every one-point increase in emotional stability, the proximity score increases by approximately 0.73 points.

The model explained 30.6% of the total variance in proximity ($R^2 = .306$), reflecting a meaningful predictive effect of emotional stability. The results indicate that emotional stability positively predicts proximity in young adults, suggesting that higher emotional stability is associated with greater closeness and supportive responsiveness in romantic relationships.

Table 4. Linear Regression Coefficients predicting Sensitivity from Emotional Stability

Model	Unstandardized Coefficients	Standardized Coefficients	t	Sig.

		B	Std. Error	Beta		
1	(Constant)	2.260	.311		7.272	<.001
	Emotional stability	.627	.090	.539	6.986	<.001

a. Dependent Variable: Sensitivity

The linear regression model revealed that emotional stability significantly predicts sensitivity in young adults. The standardized beta coefficient (β = .539, p = <.001) indicates a moderate positive predictive relationship. The unstandardized coefficient (B = .627) suggests that for every one-point increase in emotional stability, the sensitivity score increases by approximately 0.63 points.

The model explained 29.1% of the total variance in sensitivity (R^2 = .291), reflecting a meaningful predictive effect of emotional stability. The results indicate that emotional stability positively predicts sensitivity in young adults, suggesting that higher emotional stability is associated with greater attentiveness to a partner's emotional needs.

Table 5. Linear Regression Coefficients predicting Control from Emotional Stability

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	5.454	.239		22.864	<.001
	Emotional stability	-.766	.069	-.714	-11.125	<.001

a. Dependent Variable: Control

The linear regression model revealed that emotional stability significantly predicts control in young adults. The standardized beta coefficient (β = -.714, p = <.001) indicates a strong negative predictive relationship. The unstandardized coefficient (B = -.766) suggests that for every one-point increase in emotional stability, the control score decreases by approximately 0.77 points.

The model explained 51.0% of the total variance in control (R^2 = .510), reflecting a substantial predictive effect of emotional stability. The results indicate that emotional stability negatively predicts control in young adults, suggesting that higher emotional stability is associated with lower levels of controlling caregiving behaviours.

Table 6. Linear Regression Coefficients predicting Compulsive Caregiving from Emotional Stability

		Unstandardized Coefficients		Standardized Coefficients		
Model		B	Std. Error	Beta	t	Sig.
1	(Constant)	4.129	.271		15.242	<.001
	Emotional stability	-.261	.078	-.293	-3.341	.001

a. Dependent Variable: Compulsive caregiving

The linear regression model revealed that emotional stability significantly predicts compulsive caregiving in young adults. The standardized beta coefficient (β = -.293, p = .001) indicates a weak to moderate negative predictive relationship. The unstandardized coefficient (B = -.261) suggests that for every one-point increase in emotional stability, the compulsive caregiving score decreases by approximately 0.26 points.

Emotional stability explained 8,6% of the variance in compulsive caregiving (R^2=.086), showing a small but still relevant predictive contribution of emotional stability. The negative direction of the effect shows that young adults who are more emotionally stable, report lower levels of compulsive caregiving, indicating a lower implication in excessive overinvolvement behaviours.

5. CONCLUSIONS

The present research helped to understand if emotional stability is connected to the way young adults offer care in close relationships, and the results suggest that it is relevant for all dimensions of caregiving explored in the analysis, More precisely, it showed positive associations with proximity ($r = .553$, $p < .001$) and sensitivity ($r = .539$, $p < .001$), and negative associations with control ($r = -.714$, $p < .001$) and compulsive caregiving ($r = -.293$, $p = .001$).

The regression analyses provided additional support for these patterns, indicating that emotional stability acts as a meaningful predictor across all caregiving dimensions. It accounted for 30.6% of the variance in proximity ($R^2 = .306$), 29.1% in sensitivity ($R^2 = .291$), 51.0% in control ($R^2 = .510$), and 8.6% in compulsive caregiving ($R^2 = .086$).

Individuals who show higher levels of emotional stability tend to respond to their partners in ways that involve closeness and sensitivity while being less inclined toward controlling or overly intrusive forms of caregiving. Beyond being a stable personality characteristic, emotional stability can also be understood as a psychological resource that supports emotional regulation, atonement to others and more balanced ways of offering support. Given that young adulthood is the period character characterized by ongoing identity development increasing emotional maturity and deeper relational involvement, these findings provide useful insight into how personality traits may influence the way individuals function within close relationships. At the same time lower emotional stability appears to be associated with less consistent caregiving patterns, often marked by tension control or excessive involvement.

From an applied perspective these results highlight the potential value of psychological interventions focused on improving social regulation increasing self-awareness and straightening relational skills. Enhancing emotional stability may have benefits not only at the individual level but also in promoting more supportive and functional romantic relationships.

Several limitations should be considered when interpreting these findings. The cross-sectional design does not allow conclusion about causality, and the use of self-report measures may introduce biases related to social desirability and subjective perception. Future studies could address this limitation by using longitudinal designs including more diverse samples and examining additional relational factors that may further clarify the role of emotional stability in caregiving processes.

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