

Impact of Emotional Immaturity on Mental Wellbeing and Physiological Symptomology in Emerging Adults: Mediating Role of Distress Tolerance

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The present study investigated the impact of emotional immaturity on mental wellbeing and physiological symptomology with mediating role of distress tolerance in emerging adults. To recruit the research participants, convenient sampling technique was employed. Sample comprised of 382 emerging adults of age between 18 to 25 years ($M = 21.55$, $SD = 2.55$). The Warwick-Edinburgh Mental Wellbeing Scale (Tennant et al., 2007), Somatic Symptom Scale-8 (Gierk et al., 2014), Emotional Maturity Scale (Singh & Bhargava, 1990), and Distress Tolerance Scale (Simons & Gaher, 2005) were used to measure the variables under study. The results implied that emotional immaturity emerged as a negative predictor of mental wellbeing and a positive predictor of physiological symptomology. Whereas distress tolerance emerged as significant positive and negative predictors of mental wellbeing and physiological symptomology; respectively. Distress tolerance had a significant role as a mediator in the relationship between emotional immaturity, mental wellbeing, and physiological symptomology. Gender emerged as significant moderator in relationship between emotional immaturity and mental wellbeing. The current research provided the insight of how emotional maturity and distress tolerance can enhance mental wellbeing and reduce the physiological symptomology in emerging adults.

Keywords. Emotional immaturity, distress tolerance, mental wellbeing, physiological symptomology, emerging adults

Mental wellbeing is vital for the general wellbeing of people in all communities. All human beings experience ups and downs in their mental and physical health. Mental health and physical health are interrelated and have deep-seated effect on one another. Physiological

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and mental dimension are crucial for all human wellbeing standards (Hawker, 2012). However, there are various factors which have a great influence on both mental and physiological health. The World Health Organization (WHO, 2023) states health as a state of with physical as well as mental and social wellbeing and not merely the lack of illness implying that without mental wellbeing there is no health (WHO, 2018). Mental wellbeing is a communication of attitudes, beliefs and feelings that influences an individual's general level of efficacy, achievement, satisfaction, and efficiency in overall functioning as a person. This affects our ability to cope and handle life events and changes, such as depression (Keyes, 2002; Slade, 2010). It includes a broad spectrum of traits that range from affect to psychological traits such as emotional maturity (Salleh, 2008; Tennant et al., 2007).

Emotional maturity is a cognitive phase in which a person's personality strives to improve their health in the emotional realm, personality formation and growth (Sabatier et al, 2017). The American Psychological Association (2018) refers emotional maturity as an appropriate level of emotional regulation, control and communication. Whereas emotional immaturity is the expression of emotions disproportionately, accompanied by loss of control relevant to the context (Khan et al., 2015). Emotional maturity is an important requirement for the growth of each entity and thus, the earlier a person achieves a delicate balance between the components of self, the better that person will prevent the development of mental health and physical health issues (Ansari, 2015). Dutta and Rajkonwar (2015) characterized emotionally immature individuals as a child who might be self-centered, confrontational, and demanding person. An immature individual is excessively obsessed with weakness and has difficulties expressing love and accepting it. The egocentricity of immaturity needs acknowledgement, but it fails to consider the desire for acceptance from other people (Joy & Mathew, 2018).

Joy and Mathew (2019) studied the relationship between emotional immaturity and mental wellbeing. This study found that there is a significant negative relationship between mental wellbeing and emotional immaturity. Thus, greater the emotional immaturity, lower will be the mental wellbeing as well as life satisfaction (Johns et al., 2016). Research suggests a positive correlation between emotional maturity and mental wellbeing, and a negative correlation between emotional immaturity and mental wellbeing in adults (Chavda, 2018; Sekhukhune, 2008; Spindler et al., 2016). When emotional immaturity is considered in the context of positive and negative affect, it has been demonstrated that higher positive affect and emotional maturity linked

with increase in mental wellbeing. However, negative affectivity and emotional immaturity has been found to be a predictive factor for mental health disorder (Spindler et al., 2016).

Physiological symptomology is stated to be present, according to Kurlansik and Maffei (2016) when mental distress is exhibited in a way that is otherwise pathologically unexplained. It is an accepted fact that sound mind is a sound body. If individual experiences mental health issues, the physiology of human body is also affected concurrently. Psychosomatic disorders are a class of health conditions that are caused exclusively by psychosocial factors with no substantial biological understanding of the issue (Bohman et al., 2018; Mostafaei et al., 2019; Skapinakis & Araya, 2011; Ward & Stewart, 2003). Mental strain is usually expressed in manifestations such as anxiety, stress, restlessness, or depression (Trivedi, 2004). However, traits such as distress tolerance can be protective against the physiological response to negative emotions and stress. Mild stress can have an effect, such as transient stomach aches, whereas constant stress can strain the body overtime. Positive emotions correlate with person's mental state, while negative emotions and emotional immaturity correlate with deficits in person's physical wellbeing. Studies on distress tolerance take into account mental health disorders such as depression and anxiety. Macatee et al. (2016) found that distress tolerance positively predicts mental wellbeing and lower levels of distress tolerance leads to worry, anxiety and depressive symptoms (Zvolensky et al., 2011).

In the literature, distress tolerance has been characterized as an experience and ability to resist adverse psychological states (Akbari, 2017; Simons & Gaher, 2005). Perez et al. (2020) also viewed distress tolerance as a predictor for mental wellbeing, such that when stressful event occurs, less distress tolerance effects mental wellbeing negatively. Research has shown a significant link of emotional maturity with distress tolerance (Kewalramani & Pandey, 2020). Therefore, emotional maturity and emotional regulation is the key to deal with emotions and is proportional to distress tolerance (Bardeen et al., 2015). Van Eck et al. (2017) found that emotional immaturity and lower distress tolerance is significantly linked with psychological symptom severity that is poor mental health.

Views on distress tolerance indicate that people with low distress tolerance are vulnerable to react inappropriately in contexts of distress in present and forthcoming. As a result, individuals with low distress tolerance can tend to be less emotionally mature and avoid negative emotions. In contrast, people with high distress tolerance tend to be more emotionally mature and more capable of coping with negative

feelings (Leyro et al., 2010; Leyro et al., 2011). Inability to tolerate distress is linked to enhanced vulnerability to symptoms of anxiety (Keough et al., 2010) as well as depression (Ellis et al., 2013; Hernandez et al., 2019; Peterson et al., 2014). Hence, there is a strong link between distress tolerance and mental wellbeing and distress tolerance has been studied as a mediator in several studies with mental wellbeing as outcome (Boffa et al., 2018; Perez et al., 2020). However, distress tolerance has not been studied a mediator in the relationship between emotional immaturity and mental wellbeing. Therefore, this research studies it as a mediator to understand the mechanism of emotional immaturity to mental wellbeing.

The theory of Mental Health Continuum Model states that, depending on an individual's internal and external capacity, that individual can possibly lie at any moment at one point in the continuum and change position as the condition either enhances or worsens, thus defining which point the individual lies at i.e., the healthy point, the problem point and the disorder point. In general, the person lying at the healthy point is happy and satisfied with their life. They are emotionally stable, well balanced, can deal with distress and are physically healthy, whereas the individual lying in problematic situations in a relationship may show distress at some level which can lead inability to cope with the situation emotionally, but has normal daily life functioning (Keyes, 2002).

Current inquiry proposed that emotional immaturity impacts mental wellbeing and physiological symptomology in emerging adults and in what way distress tolerance has mediating effect on this relationship. This study will endeavor to tackle the problem related to the mental wellbeing and physiological symptoms in emerging adults and determining the mechanism involved in reduced mental wellbeing and physical symptomology associated with emotional immaturity. Moreover, distress tolerance is essential for mental health (Stemke, 2013) and there is lack of evidence on emotional immaturity and its pathway to mental health. Thus, studying distress tolerance as a mediator in the association between emotional immaturity and mental wellbeing is prime interest of this study.

Hypotheses

1. Emotional immaturity is likely to negatively predict mental wellbeing and positively predict physiological symptomology in emerging adults.

2. Distress tolerance will positively predict mental wellbeing and negatively predict physiological symptomology in emerging adults.
3. Distress tolerance is likely to mediate the relationship of emotional immaturity with mental wellbeing and physiological symptomology in emerging adults.
4. Gender is likely to moderate the relationship between emotional immaturity and mental wellbeing in emerging adults.

Method

Research Design

The present study is of quantitative nature and is based on correlational research design. The basic purpose of study was to explore the impact of Emotional immaturity with mediating role of distress tolerance on mental wellbeing and physiological symptomology in emerging adults. The study employed the use of structured questionnaires to collect data.

Participants

Convenient sampling technique was used in this study. The sample consisted of both men and women with 382 emerging adults between the age of 18 to 25 years ($M = 21.55$, $SD = 2.55$) taken from various universities of twin cities of Pakistan. The sample comprised of 40.6% males ($n = 155$) and 59.4% females ($n = 227$). The distribution of sample based on education i.e. Intermediate, BSc/BA, BS, MSc/MA and MPhil was 26.2% ($n = 100$), 3.4% ($n = 13$), 50% ($n = 191$), 7.3% ($n = 28$) and 13.1% ($n = 50$) respectively. In the current sample of emerging adults, 68.1% ($n = 260$) had nuclear family structure and 31.9% ($n = 122$) had joint family structure. The percentage of birth order in the sample was 36.6% ($n = 140$), 25.4% ($n = 97$), 21.2% ($n = 81$), 9.9% ($n = 38$) and 6.8% ($n = 26$) for first born, second born, third born, fourth born and other respectively. Out of 382 emerging adults, 22.3% ($n = 85$) were employed and 77.7% ($n = 297$) were unemployed.

Instruments

The Warwick–Edinburgh Mental Wellbeing Scale

The Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS; Tennant et al., 2007) is a validated 14-item assessment tool for

measuring mental wellbeing, by which participants must answer on 5-point Likert scale. The participants can rate their responses from 1 to 5 i.e. none of the time to all of the time which yields a total score of 14-70, all of the items are scored positively. Higher scores are related with higher levels of mental wellbeing. This self-report scale measures the positive aspect of mental health. WEMWBS had an internal consistency of .89 in this study.

Somatic Symptom Scale-8

Physiological symptoms were assessed by Somatic Symptom Scale-8 (SSS-8) developed by [Gierk et al. \(2014\)](#). It is comprised of validated 8-items that measure the somatic symptoms. This self-report scale measures how much the subjects are troubled by somatic symptoms. The participants answer on 5-point Likert scale i.e., Not at all to very much (0-4) and yield a total score of 0-32. The score range of 16-32 indicates very high severity, 12-15 indicates high severity of symptoms, 8-11 means medium, 4-7 indicates low and 0-3 indicates no or minimal somatic symptoms. The reliability of SSS-8 was .80.

Emotional Maturity Scale

Emotional Maturity Scale developed by [Singh and Bhargava \(1990\)](#) was used to measure emotional maturity. The scale consists of total 48 validated items. The participant must answer on a 5-point Likert scale; Always to never (5-1). Score range of 52-80 suggests extreme emotional maturity, 81-88 shows moderate emotional maturity, 89-106 score range indicates emotional immaturity and a score of 107-240 indicates extreme emotional immaturity. The reliability of EMS was .88.

Distress Tolerance Scale

Distress Tolerance Scale (DTS) developed by [Simons and Gaher \(2005\)](#) is a 15 item self-report instrument that is marked on a 5-point Likert Scale; Strongly Agree to Strongly Disagree (1 to 5). Item 6 on DTS has reverse scoring. The score on DTS ranges from 15 to 75. High score on DTS indicate high level of distress tolerance. The reliability of DTS was .87 in this study.

Demographic Information Questionnaire

Participants completed a demographic questionnaire developed by the researcher. The demographic questionnaire consisted of

information regarding participant's gender, age, birth order, education, employment status of participants, and family structure.

Procedure

The study employed convenient sampling to recruit the participants. After receiving approval to use the questionnaires from their respective authors, data of emerging adults was collected from different colleges and universities of Islamabad and Rawalpindi. The researcher obtained the consent of participants for the study. Before taking data, the participants were informed about the significance, and purpose of the study. Confidentiality of information and identity was assured to the respondents. It was explained to the respondents that their participation was voluntary, and they had the right to discontinue their participation in the research. After receiving consent, they were also informed that the data and information gathered from this study would be used for research and academic purpose only. Each participant was given consent form and demographic information questionnaire along with assessment measures. After data had been gathered, it was analyzed using Statistical Package for Social Sciences (SPSS) and Process Macro.

Results

Statistical analyses conducted included regression analysis to find out the predictors of mental wellbeing and physiological symptomology and mediation analysis through process macro to investigate the mediating role of distress tolerance in relationship between emotional immaturity, mental wellbeing, and physiological symptomology in emerging adults. Moderation analysis was conducted to examine gender as a moderator in the relationship between emotional immaturity and mental wellbeing in emerging adults.

Table 1 presents regression analysis that was computed to find out emotional immaturity and distress tolerance as predictors of mental wellbeing and physiological symptomology. The results in Table 1 indicated that emotional immaturity emerged as a significant negative predictor of mental wellbeing and a significant positive predictor of physiological symptomology. Whereas, distress tolerance emerged as a significant positive predictor of mental wellbeing, but a significant negative predictor of physiological symptomology.

Table 1

Emotional Immaturity and Distress Tolerance as Predictors of Mental Wellbeing and Physiological Symptomology (N = 382)

Criterion	B	SE	β	95% CI		Collinearity Diagnostics	
				LL	UL	Tolerance	VIF
Predictor: Mental Wellbeing							
Constant	49.58	4.06		41.59	57.58		
EM	-.12**	.02	-.28**	-.16	-.07	.71	1.39
DT	.22**	.04	.26**	.13	.30		
R	.48						
R ²	.23						
F	57.71**						
Predictor: Physiological Symptomology							
Constant	32.13	2.56		27.09	37.16	.71	1.39
EM	.11**	.01	.37**	.08	.14		
DT	-.12**	.03	-.21**	-.18	-.06		
R	.52						
R ²	.27						
F	70.05**						

Note. EM = Emotional Immaturity; DT = Distress Tolerance.

** $p < .05$.

Table 2 shows a significant indirect effect of emotional immaturity on mental wellbeing through distress tolerance, $b = -.06$, BCaCI [-.03, -.08]. This represents an effect, $k^2 = .14$, 95% BCaCI [-.08, -.20]. The mediation role is further validated by the values of Bootstrap Indirect Effect indicating that 0 does not lie between BCCIs.

Table 2

Mediating Role of Distress Tolerance in Relationship of Emotional Immaturity With Mental Wellbeing and Physiological Symptomology (N = 382)

Variables	Total Effect				Direct Effect				Indirect Effect		95% CI	
	B	SE	t	p	B	SE	t	p	B	SE	LL	UL
MWB	.18	.01	-9.26	.00	-.12	.02	5.38	.00	-.06	.01	-.08	-.03
PS	.14	.01	10.9	.00	.11	.01	7.21	.00	.03	.01	.02	.05

Note. MWB = Mental Well-being; PS = Physiological Symptomology.

The results in Table 2 also display significant indirect effect of emotional immaturity on physiological symptomology through distress tolerance, $b = .03$, BCa CI [.02, .05]. This represents an effect,

$k^2 = .11$, 95% BCa CI [.17, .05]. The mediational role is further validated by the values of Bootstrap Indirect Effect indicating that 0 does not lie between BCCIs.

Results of moderation analysis revealed that gender emerged as a significant moderator in relationship between emotional immaturity and mental wellbeing in emerging adults (see Table 3). Interaction effect of emotional immaturity and gender revealed that for both males and females, there is significant negative relation between emotional immaturity and mental wellbeing as represented in Figure 1. But for females the relation between emotional immaturity and mental wellbeing is quite strong as compared to males. Therefore, confirming the interaction effect of emotional immaturity and gender on mental wellbeing among emerging adults.

Table 3
Gender as Moderator in the Relationship Between Emotional Immaturity and Mental Wellbeing

	B	SE	t	p	95% CI	
					LL	UL
Constant	61.83	3.69	16.75	.00	24.58	69.09
Emotional immaturity	-.13	.02	-4.57	.00	-.19	-.07
Gender	7.38	4.92	1.50	.00	-4.68	-.92
Emotional Immat. X Gender	-.08	.03	-2.15	.03	-.16	-.00
R	.46					
R ²	.21					
F	33.48**					
R ² -change	.01					

Note. Immat. = Immaturity

* $p < .05$. ** $p < .01$.

Figure 1
Moderating Effect of Gender in the Relationship Between Emotional Immaturity and Mental Wellbeing in Emerging Adults

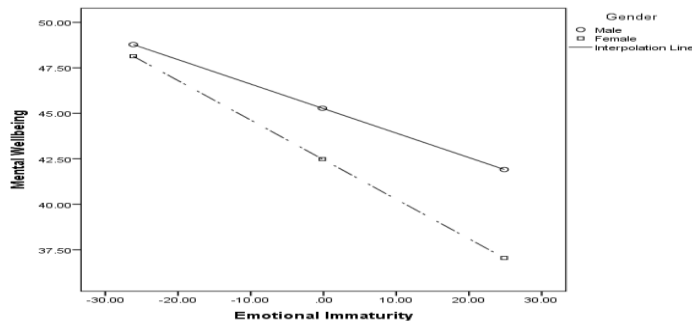


Figure 1 depicts that gender has a significant moderating role in the association between emotional immaturity and mental wellbeing highlighting that negative relationship between emotional immaturity and mental wellbeing is strong for females as compared to males.

Discussion

Present study was carried out to examine emotional immaturity as predictor of mental wellbeing and physiological symptomology in emerging adults as mediated by distress tolerance. The result indicated that individuals with emotional immaturity tend to have poor psychological wellbeing and severe physiological symptomology. These findings are supported by empirical evidence that emotional immaturity has a negative link with mental wellbeing and positive link with physical symptomology (Chavda, 2018; Joy & Mathew, 2019). A study by Kaur (2016) supported current results that emotional immaturity emerged as a positive predictor of mental wellbeing, concluding the study with the results that emotional immaturity is a significant predictor of mental wellbeing. The explanation of individuals with emotional maturity suggests that they can manage and express their emotions, along with rational thinking as compared to emotionally immature individuals which fosters mental wellbeing among emotionally mature individuals (Sabu & Majeed, 2022). Therefore, empirical evidence supports these findings.

Distress tolerance was found to have a significant role in this study. Current research also revealed distress tolerance as significant positive predictor of mental wellbeing. Research by Stemke (2013) on distress tolerance and mental health outcomes concluded that distress tolerance positively predicts mental wellbeing and negatively predicts physical symptomology. Chowdhury et al. (2018) also found that higher distress tolerance predicts negative mental wellbeing. Studies have found a positive correlation between emotional maturity, distress tolerance, and mental wellbeing (Kaur, 2016; Rigi et al., 2019). Furthermore, previous research also shows that low tolerance to distress can result into physiological symptomology concluding that distress tolerance is a negative predictor of physiological symptomology (Garnevall et al., 2013). A study conducted by Azhar et al. (2020) on undergraduates in Pakistan found that low levels of distress tolerance predict mental wellbeing in undergraduates. The results of previous studies are in line with the outcome that distress tolerance is associated with mental wellbeing and physical symptomology.

The mediation analysis conducted for the present study indicated that distress tolerance indeed mediated the relationship between emotional immaturity, mental wellbeing, and physiological symptomology. In many researches, distress tolerance has played significant part in mediating the relationship. A study by [Rigi et al., \(2019\)](#) concluded that all indirect parts in distress tolerance as a mediator with relation of emotional maturity and adjustment were found significant. The empirical evidence from other studies supports that results that distress tolerance is a significant mediator in the relationships with mental wellbeing as an outcome ([Perez et al., 2020](#); [Robinson et al., 2021](#)).

Gender has been found to moderate the association between emotional immaturity and mental wellbeing. [Arfae and Tabesh \(2023\)](#) conducted a study on students and found gender to moderate the relationship between emotional maturity and delinquency. Several indigenous studies have revealed gender as a moderator in relationship of cyber victimization ([Musharraf & Anis-ul-Haque, 2018](#)), gender role beliefs ([Mushtaq & de Visser, 2023](#)) and psychological capital ([Younas et al., 2020](#)) with mental wellbeing. These results are in line with the findings from previous studies that gender has a significant moderating effect in this study.

Limitations and Future Recommendations

The current study has several limitations. Firstly, the study was based on correlational research design; however, qualitative research design can be employed in future for in-depth exploration of emotional immaturity and the study variables which would determine the patterns of emotional immaturity and its impact on various domains of life. Secondly, self-report measures were used which might indicate the responses to be socially desirable. Therefore, structured interviews can be conducted in future to reduce the probability of biases in data. Furthermore, the sample size was small which reduces the generalizability of the results. Thus, large sample collected from various areas of the country would be helpful in increasing the generalizability of the results. Further investigation is needed in the area of emotional maturity; it will help in guiding emerging adults on the importance of emotional maturity and its impact on their mental health.

Implications

The findings of this study shed light on the need of appropriate mental health interventions to educate and motivate the emerging

adults to get help and be aware of their mental health issues, specifically those individuals who are prone to low distress tolerance. Mental health practitioners can focus on an individual's emotional immaturity and distress tolerance to cater the mental health issues associated with them as these factors can lead to psychopathology.

Conclusion

The current research adds to the significance of emotional maturity and distress tolerance. Additionally, the study suggests the negative link of emotional immaturity with mental wellbeing and physical symptomology and distress tolerance with mental wellbeing and physical symptomology in emerging adults. The mediating role of distress tolerance describes the pathway between emotional immaturity, mental wellbeing and physical symptomology. Findings of this study imply that there is a need to develop more awareness of mental wellbeing and physiological symptomology, and how important is the concept of emotional maturity and distress tolerance. Enhanced emotional maturity and distress tolerance may subsequently improve mental wellbeing in emerging adults.

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