

### **Abstract**

The rationale for studying leadership, from an attachment perspective, often rests on the idea of leaders as caregivers. Therefore, it seems somewhat paradoxical that most studies focus on leaders' attachment style, rather than on their caregiving orientation. The present study first investigates the mediating role of caregiving avoidance on the relationship between leaders' avoidant attachment style and followers' experience of being cared for (i.e., interactive empathy, IE). Then the moderating effect of group cohesion is investigated, suggesting that avoidant leaders experience the interpersonal closeness of highly-cohesive groups as distressing, so provide lower-quality caregiving. Sampling from a context where leader caregiving was expected to be crucial, data was gathered from 410 Norwegian recruits during a two-week military leadership training program. The first study hypothesis was supported, such that the relationship between leaders' avoidant attachment style and follower-rated IE was fully mediated by leader's caregiving avoidance. However, contrary to prediction, group cohesion had a favorable effect on avoidant leaders. This suggests that cohesive groups may provide self-reliant, avoidant leaders with a sense of felt security, thus enabling them to provide care for followers in need. Implications for future research and leadership development are discussed.

*Keywords:* leadership, attachment style, caregiving avoidance, interactive empathy, group cohesion

### **Leaders that don't care: Investigating leader caregiving from an attachment-theoretical perspective**

The importance of leaders providing care and support to their followers has been at the center of leadership theory and practice since the middle of the 20<sup>th</sup> century (e.g., Stogdill, 1950). For example, *consideration*, referring to the degree to which a leader shows concern and respect for followers, looks out for their welfare, and expresses appreciation and support (Bass, 1990), has proven to predict a range of leadership outcomes (Judge et al., 2004; Piccolo et al., 2012). Consequently, knowledge of leaders' capacity and tendencies to provide care seems highly relevant, both for theoretical and practical purposes.

Being one of psychology's most influential theories (Simpson & Rholes, 2015), Bowlby's (1969/1982) *attachment theory* provides a distinct perspective on the study of compassion and care for others (Shaver et al., 2016). Attachment theory describes personality development as a function of the quality of early interaction between the child and its primary caregiver(s). According to Bowlby (1969/1982), lack of sensitivity and responsiveness from a caregiver would have the child develop negative mental representations of self and others, resulting in interpersonal difficulties such as distrusting others or being overly sensitive to rejection.

So far, attachment studies of leadership have almost exclusively investigated leaders' attachment style, rather than their capacity for caregiving. That is, the individual differences in leaders that are usually targeted by attachment scholars are the ones activated when the leader him/herself feels distressed, rather than the system being activated when others need help and support. This might seem paradoxical, as the idea of studying leader-follower relationships from an attachment point of view originally was inspired by Freud's (1930/1963) work that drew parallels between parent-child relationships and leader-follower relationships, the leader being the provider of care and the follower depending on the leader (Keller & Cacioppe, 2001; Popper et al., 2000). Therefore, it remains an open question whether followers' sense of being cared for is best understood as (a) a direct function of leaders' attachment insecurities or (b) a function of leaders' caregiving capabilities, which, to some degree, is influenced by their attachment insecurities. Such knowledge is not only theoretically relevant. If capacity for caregiving plays a crucial role, practitioners would have a broader portfolio of interventions to choose from when helping leaders to develop their relational skills (see Cassidy et al., 2017).

The present study first investigates the mediating role of caregiving avoidance on the relationship between leaders' avoidant attachment style and followers' sense of being cared for. Second, given the context-sensitive nature of the attachment and the caregiving system, we investigate the moderating effect of group cohesion. Building on previous research (Rom & Mikulincer, 2003), we suggest that high levels of group cohesion are perceived as a threat among self-reliant, avoidant leaders. Consequently, we expect these leaders to provide less care when group cohesion is high. A moderated mediation model integrating these two ideas is presented and empirically tested.

## **Theory and Hypotheses**

### **The attachment and the caregiving system**

The *attachment behavioral system* refers to people's inborn tendency to seek proximity to their loved ones in times of distress. The goal of the attachment system is to attain a sense of safety and security through the protection of others. Bowlby (1969/1982) postulated that, over time, a person's behavioral systems are shaped by actual experiences. For example, if the primary strategy (i.e., proximity-seeking) fails to attain the system's goal (i.e., sense of security) in the environment, secondary strategies (hyperactivation or deactivation of the system) are likely to emerge. Individual differences in attachment-system functioning, mirroring these strategies, are referred to as *attachment styles*, defined as *patterns of expectations, needs, emotions, and social behavior that result from a particular history of attachment experiences, usually beginning in relationships with parents* (Mikulincer & Shaver, 2016, p. 23).

Descriptions of attachment style differences are derived from two underlying dimensions: *attachment anxiety* (hyperactivation of the attachment system) and *attachment avoidance* (deactivation of the attachment system). People holding an anxious attachment style (high scores on attachment anxiety, low scores on attachment avoidance) usually have a history of inconsistent parenting, resulting in an exaggerated desire for closeness and dependence, and hypersensitivity towards being rejected. People holding an avoidant attachment style (low scores on attachment anxiety, high scores on attachment avoidance) usually have a history of cold and distant parenting, resulting in a preference for self-reliance and discomfort with own and others' vulnerability. *Secure attachment style* (i.e., low scores on both dimensions) is characterized by being comfortable with intimacy, relying on others for support, and a general sense of being valued by others.

The *caregiving behavioral system* refers to people's inborn capacity to empathize and care for those who are either chronically dependent or temporarily in need (Mikulincer & Shaver, 2016). The goal of the caregiving system is to reduce others' suffering, protect them, and foster their growth and development (Collins et al., 2010). Effective caregiving depends on both intra- and interpersonal competencies, including social skills, psychological resources, and motivation to help (Collins et al., 2006). For example, important elements in the process of caregiving are caregiver's ability to show genuine interest in the person's problem, validating the troubled person's needs and feelings, and helping the other person feel cared for (Reis & Shaver, 1988).

Descriptions of individual differences in caregiving build on the same theoretical principle as the classification of attachment styles; namely, that if an individual repeatedly experiences that the primary strategy (i.e., helping those in need) has negative outcomes, secondary non-optimal strategies will emerge (either hyperactivation or deactivation of the behavioral system). For example, in environments where helping is disapproved of or punished, people are likely to suppress (i.e., deactivation) their tendencies to help, and develop secondary strategies such as insufficient empathy, offering half-hearted assistance, and insisting on maintaining emotional distance (Shaver et al., 2010).

One of the main contributions of attachment research has been to describe individuals' caregiving capacities partly as a function of experiences with their own caregiver(s) early in life (Mikulincer & Shaver, 2016, p. 347). That is, there seems to be a consensus in the literature that the two separate systems are interrelated, such that attachment security is considered a *foundation* for optimal functioning of the caregiving system (Collins et al., 2010). Empirical studies support the view of two separate, yet interrelated, systems. For example, studies have shown that adults with an avoidant attachment style, having themselves experienced neglectful caregiving relationships, are less likely to respond to others' needs (Bailey et al., 2012; Kogut & Kogut, 2013). This is in line with the theory proposing that, as a suffering person might mirror their own suppressed weaknesses, people with an avoidant attachment style are likely to distance themselves from distressed others as an unconscious strategy to regulate their own painful emotions (Mikulincer & Shaver, 2007, p. 331).

**Attachment and caregiving in leader-follower relationship**

There is growing interest in attachment theory among leadership scholars (Yip et al., 2018). The idea of applying a theory that originated in developmental psychology to the study of leadership was inspired by Freud's (1939) metaphor of leaders as father-figures (Popper & Mayseless, 2003), and Bowlby's equivalent descriptions of human's innate tendencies to seek proximity to significant others in times of distress (i.e., attachment-system activation), and to offer help and care when others are in need (i.e., activation of the caregiving system). Studies of followers support the view that the interpersonal dynamics outlined in attachment theory are present in leader-follower relationships. For example, followers with an avoidant attachment style seem to be more self-reliant and have less trust in their leader (Harms et al., 2016), whereas anxiously-attached followers are more prone to project their own unfulfilled needs onto leaders in order to create a sense of closeness (Popper et al., 2000).

As noted above, attachment studies on leader individual differences have primarily focused on attachment styles. Despite the growing evidence of leader attachment style as a predictor of important leadership outcomes, little is known about mechanisms explaining such a linkage (Paetzold, 2015, p. 281). Theoretically, one could argue for both direct effects (i.e., the processes associated with attachment-system hyperactivation and deactivation are influencing follower outcomes directly) and indirect effects (e.g., when followers are in need, leader responses are dictated by the caregiving system, which in turn have been shaped by attachment experiences in the past). Ronen and Mikulincer (2012) were the first to empirically investigate the mediating role of the caregiving system in the relationship between leader attachment style and follower outcomes (i.e., burnout and job satisfaction). In line with the theory, they found support for their model among anxiously-attached managers, suggesting that the lower levels of job satisfaction and higher levels of burnout found among followers of anxiously-attached leaders were related to these leaders' impaired capabilities of providing care. Surprisingly, no significant effects of caregiving avoidance were found. The authors suggested that avoidant managers' self-confident appearance could provide followers with some semblance of safety and security, hence counteract the negative effect of insensitive care on burnout and dissatisfaction. In other words, it could be that high levels of caregiving avoidance among leaders was experienced by followers as not being cared for, but their perception of the robustness and toughness of their leader might have provided some degree of compensation. Therefore, to expand the knowledge regarding this issue, the present

study investigates whether attachment and caregiving avoidance is related to followers' actual *experience of being cared for*.

To capture followers' sense of being cared for, we build on Kellett, Humphrey, and Sleeth's (2006) work, and their *interactive empathy* (IE) construct. IE was developed to fit the context of leadership, and it measures leaders' "*initiative in creating a two-way emotional bond in which they influence others' emotions as well as feel others' emotions*" (Humphrey, 2013, p. 103). We find this construct fits well with descriptions of caregiving in attachment literature, which highlights the ability to express empathic concern for another's suffering (Batson, 2010). This construct is also relevant because leaders responding empathically to followers' needs and initiatives represents the cornerstone of numerous contemporary leadership theories (e.g., Scott et al., 2010). For example, studies have found leaders' empathy to be related to leader-follower relationship quality (Mahsud et al., 2010). Finally, the construct fits the study design here, as reliable and valid measures of IE can be obtained from shorter time-periods of interaction, such as those found in assessment centers (Kellett et al., 2006).

As described above, the theory suggests that leaders' caregiving avoidance plays an important role in providing care and support for followers. To further investigate the discrepancy between theory and the empirical findings in Ronen and Mikulincer (2012), we propose, according to theory, that:

**Hypothesis 1:** Leader caregiving avoidance mediates the relationship between leaders' avoidant attachment style and IE, such that leaders with an avoidant attachment style engage more in caregiving avoidance, which explains why their followers feel less cared for.

### **The moderating role of group cohesion**

Individual differences research has often left out of the equation the fact that, from moment-to-moment, changing situations activate and de-activate a range of leader traits or features (Tuncdogan et al., 2017). Leadership studies of attachment styles are no exception (Paetzold, 2015), with only a few studies investigating moderating effects of contextual variables likely to activate or deactivate the attachment system (e.g., Thompson et al., 2016, 2018). In other research areas, a large body of literature on attachment security priming supports the context-sensitive view of attachment processes. For example, priming of attachment security in laboratory experiments (e.g., by having participants recollect

memories, reading a story, or looking at a picture of supportive others) has been found to promote empathic responses towards people in need (e.g., Mikulincer et al., 2001).

In the case of leadership, an obvious contextual factor, with the potential to trigger leaders' attachment insecurities, is the very group of people they are set out to lead. Groups hold the potential to be effective sources of support, comfort, and relief (Abrams, 2015), which could reduce the detrimental effects of attachment insecurities in group members. Investigating this idea empirically, Rom and Mikulincer (2003) found that group cohesion, (i.e., the shared bond or attraction that drives team members to stay together and to want to work together; Casey-Campbell & Martens, 2009), improved psychological functioning in insecurely-attached military recruits, but only the anxious ones. Similar favorable effects of group cohesion among anxiously-attached individuals have been found in studies of work training programs (Reizer et al., 2019) and student team projects (Lavy et al., 2015). However, the effect of group cohesion on avoidant individuals remains an open question. In the Rom and Mikulincer study, cohesiveness seemed to actually impair the functioning of avoidant individuals. The authors suggested that an explanation for this finding could be that the high level of interdependence found in cohesive groups may cause distress in self-reliant, avoidant people. To further investigate this idea that psychological functioning among avoidant individuals seems to decrease in cohesive groups, we suggest that a similar pattern will appear in our study:

**Hypothesis 2:** The negative relationship between leader's caregiving avoidance and follower-rated IE is moderated by group cohesion, such that IE ratings will be poorer when caregiving avoidance and cohesion scores are both high.

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## Methods

### Participants and procedure

Data was collected from a group of 410 applicants to the Officer Candidate School in the Norwegian Armed Forces. The sample consisted of 79% men and 21% women, with a mean age of 19.9 ( $SD = 1.52$ ). Only a small fraction of participants had previous military experience, having completed the basic one-year military service for conscripts.

Data was gathered over a two-week training period. Attachment and caregiving measures were distributed during the initial stage of this period (time 1). Respondents were informed that the data would be treated with strict confidentiality and assured that the data were to be used solely for research purposes. Then participants were assigned to groups of 7 to 9 members. They remained in the same group throughout this training period, working on solving challenging group tasks for one week. The leader role rotated between group members, so that everyone functioned as leader approximately one day each. The order of group leader was randomized. To limit the influence of a learning effect, no feedback was provided during the 14-day period.

Interactive empathy and group cohesion were measured at the end of the 14-day period (time 2). Each candidate evaluated overall group cohesion during the training period and rated each team members' IE based on how they interacted with the group when acting as leader.

## Measures

*Avoidant attachment style* was measured with the Norwegian short version (Olsson et al., 2010) of the Experiences in Close Relationships (ECR) measure (Brennan et al., 1998). ECR has demonstrated strong psychometric properties across different cultures (Ravitz et al., 2010), and the study items here were no exception, with a Cronbach alpha at .84. Responses were measured using a seven-point Likert scale (1 = strongly disagree, 7 = strongly agree). Sample items were: "I am nervous when another person gets too close to me" and "I want to get close to others, but I keep pulling back". Average scores were calculated for subsequent analyses. Following the guidelines of Mikulincer and Shaver (2016), aggregated scores were treated as contingent variables, rather than serving the function of classifying participants into categories (e.g., secure vs avoidant type).

*Caregiving avoidance* was assessed with 4 items (items 9, 15, 17, and 19) from the Caregiving System Scale (CSS) (Shaver et al., 2010), translated into Norwegian taking a collaborative and iterative approach (Douglas & Craig, 2007) to traditional back-translation (Brislin, 1970, 1980). These included the statements: "I feel uncomfortable when I'm required to help others" and "It's hard for me to work up much interest in helping others". Again, responses were measured using a seven-point Likert scale.

*Interactive empathy* was rated using the 5-item measure developed by Kellett, Humphrey, and Sleeth (2006). Translation of the measure into Norwegian followed the same

guidelines as described above, and again a seven-point Likert scale was used. Sample items were: “[The leader] feels emotions that other people experience” and “[The leader] encourages others to talk about how they feel”. An individual IE score for each participant was calculated by aggregating peer-ratings from all group members.

*Group cohesion* was measured with a Norwegian adaptation (Bartone et al., 2002) of the combat platoon cohesion questionnaire by Siebold and Kelly (1988). Only those four items that targeted small-unit cohesion at the squad or group level (horizontal cohesion) were included. Sample items were: “Members of this unit support each other as a team” and “Members of this unit care about each other“. Response options ranged from 1 (not at all true) to 5 (completely true).

### **Statistical analyses**

First, mediation analysis was conducted following the recommendations of Preacher and Hayes (2008). The effect of attachment avoidance on IE (total effect) and the effect of attachment avoidance on IE controlling for the mediating effect of caregiving avoidance (direct effect) were tested. Bootstrapping was used to determine whether the strength between the total and the direct effect was significantly different from zero, indicating a mediation effect (Preacher & Hayes, 2008). Bootstrapping estimates were based on 5,000 bootstrap samples. Second, to test the moderation hypothesis, a step-wise multiple linear regression analysis was conducted using IBM SPSS Statistics 24. As recommended by Aiken and West (1991), the nature of the moderating effect of group cohesion was examined by plotting the relationship between caregiving avoidance and IE at high (+1SD) and low (-1SD) levels of cohesion. Third, integrating hypotheses 1 and 2 into one model (fig. 1), and investigating under which conditions (i.e., levels of group cohesion) the proposed mediating effect occurred, a moderated mediation analysis was conducted, following the guidelines of Preacher, Rucker, and Hayes (2007), using the PROCESS macro (model 14) by Hayes (2013). For interpretation purposes, the moderated mediation index (Hayes, 2015) was calculated.

## **Results**

Means, standard deviations, correlations for all variables, and coefficient alphas are presented in table 1. Hypothesis 1 proposed that caregiving avoidance mediates the relationship between avoidant attachment style and IE, and results are presented in table 2. The direct effect ( $c'$ ) of avoidant attachment style on IE was not significant, in contrast to the

relationship between the independent variable and mediator variable (*a*), and the relationship between the mediator variable and dependent variable (*b*). As the indirect effect was significant, with a 95% confidence interval of -.066 to -.004, and the direct effect was not, the result indicates an indirect-only mediation (Zhao et al., 2010). Consequently, hypothesis 1 was supported.

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Hypotheses 2 proposed that group cohesion moderates the relationship between caregiving avoidance and IE. To test this hypothesis, a multiple ordinary least squares regression was conducted. Model 1 contained the control variable, model 2 control variable and the main variables, and model 3 consisted of control variable, main variables, and the proposed interaction effect. Results are presented in table 3, with the interaction term being significant ( $p = .02$ ), and model 3 demonstrated an increase in R square. However, although the interaction effect was significant, slopes were contrary to our prediction, as seen in figure 2. A simple slopes test (Aiken & West, 1991), investigating the relationships between caregiving avoidance and IE at high (+1SD) and low (-1SD) levels of cohesion, demonstrated significant values at low levels only ( $\beta = -.18, t = -3.33, p > .01$ ). That is, results showed that when cohesion was high, there were no significant difference in IE scores of leaders scoring high or low on caregiving avoidance. In contrast, the combination of high caregiving avoidance scores and perceiving the group as less cohesive was associated with significantly lower ratings of IE by followers. This seemingly favorable group effect on avoidant leaders' ability to engage empathically with their followers' struggles is the opposite of what was proposed by Rom and Mikulincer (2003), and hypothesis 2 was therefore not supported.

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Finally, the two hypotheses were tested in a moderated mediation model. All statistical requirements for a moderated mediation were met (Hayes, 2013), although the p

value for the interaction between caregiving avoidance and group cohesion was .06, as seen in table 4. To further interpret this interaction effect, an investigation was conducted on how different levels of cohesion influenced the conditional indirect effect of attachment avoidance on IE through caregiving avoidance. Bootstrapping tests for two out of three conditions yielded significant indirect effects, i.e., for mean levels of cohesion (95% CI: -.170 to -.010) and for levels of cohesion 1 standard deviation below the mean (95% CI: -.277 to -.048). The third condition (i.e., 1 standard deviation above the mean) did not yield significant results. This is in line with the findings related to hypothesis 2. As indicated by the moderated mediation index (Hayes, 2015) in table 4, the overall moderated mediation model was significant (95% CI: .002 to .054), suggesting that in groups where cohesion scores are average and low, the lower IE ratings found among leaders with an avoidant attachment style is related to caregiving avoidance.

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### **Discussion**

An important characteristic of leadership effectiveness is the ability to offer support and respond empathically to follower needs (Piccolo et al., 2012). The psychological dynamics of providing and receiving care are thoroughly described and studied in the field of attachment, and have inspired leadership scholars to view leadership as a process wherein leaders provide their followers with a *secure base* for exploration and a *safe haven* for comfort and support (e.g., Wu & Parker, 2017). Ronen and Mikulincer (2012) were the first to include measures of both leader attachment style and caregiving orientation, hence introducing a key element of the original attachment theory (i.e., the caregiving system) to leadership research. However, contrary to what was expected from theory, they found no link between caregiving avoidance on follower burnout and job satisfaction. As they suggested that the toughness associated with caregiving avoidance could compensate for the potential lack of care offered to these followers, the aim of the present study was to further investigate whether caregiving avoidance is, in fact, related to followers' sense of being cared for.

In line with studies in other areas linking avoidant attachment style to lack of empathy (e.g., Cassidy et al., 2017), the study here found that followers experience leaders with an

avoidant attachment style as less supportive and sensitive to their needs, and that caregiving avoidance mediates this relationship. This suggests that the lack of care and support given is not a direct consequence of these leaders' patterns of relating to others when they are distressed themselves (i.e., their attachment style). Rather, the lack of support seems to be better explained by these leaders' tendency to move away from others' suffering, and their limited repertoire of caregiving strategies (i.e., their caregiving avoidance).

While Rom and Mikulincer's (2003) study suggested that cohesive groups could be perceived as a threat by avoidant individuals, hence activating secondary strategies, the findings here suggest the opposite. That is, in highly cohesive groups, avoidant leaders were more likely to provide care for their followers, compared with less cohesive groups. A plausible explanation for this finding is that the group itself provided the avoidant leaders with a sense of felt security. At the theoretical level, this state of security would reduce the likelihood of applying secondary caregiving strategies, and enable avoidant leaders to direct attention to others' needs, taking their perspective and reacting empathically to their distress (Mikulincer & Shaver, 2016, p. 370). This interpretation of the attachment and caregiving systems being sensitive to contextual factors, is in line with studies demonstrating that priming attachment security increases the ability to show compassion (for review, see Gillath & Karantzas, 2019).

A different interpretation of the contradictory finding outlined above is that these results reflect different procedures for measuring cohesion. Traditionally, cohesion is assumed to be a group-level construct (Mullen & Copper, 1994), and Rom and Mikulincer applied this understanding of the construct when they used group scores of cohesion, calculated by averaging each group member's evaluation of group cohesion. In the present study, we chose not to aggregate cohesion scores to a group-level score. Instead, building on the principle of attachment-system activation (Bowlby, 1973), stating that attachment strategies are activated as a consequence of an individual's *subjective* evaluation of potential threats, our understanding is that the self-experienced level of cohesion is a more precise measure of internal distress than group-level cohesion. Therefore, even though Rom and Mikulincer found within-group variance to be significantly smaller than the between-group variance, there is a chance that the negative effects associated with group-level cohesion in their study reflect the experience of being alone in a cohesive group, while the positive effect of individual-level cohesion reflects the experience of being part of a cohesive group. Obviously, more research is needed before a firm conclusion can be drawn.

**Practical implications**

Overall, attachment styles are rooted in childhood experiences, and remain relatively stable over time (Fraley et al., 2011). Therefore, scholars have not focused on developing interventions designed to change attachment style in the workplace (Paetzold, 2015). As we find that caregiving avoidance plays an important role in understanding followers' sense of support, interventions designed to improve leaders' abilities and motivation to care seem more relevant.

One such intervention could involve educating leaders about effective emotion regulation strategies, such as validating followers' emotions rather than invalidating them. Validation refers to responding to others' affective experiences with understanding, legitimacy, and acceptance of their inner experience (Linehan, 1997). That is, rather than trying to minimize or dismiss emotional experiences (e.g., "it will get better soon, don't worry about it"), validation seeks to help others process and work through their emotions (e.g., "no wonder you feel like that, because..."). Studies have shown that repeated exposure to invalidating responses in a laboratory setting increases negative affect, heart rate, and skin conductance (Shenk & Fruzzetti, 2011). However, there is promising research in other areas of psychology suggesting that learning about and practicing the skill of validating emotions is an effective way of supporting others and improving relationship quality (e.g., Ansar, 2019).

Our findings also encourage addressing caregiving in attachment-oriented leadership coaching (e.g., Drake, 2009). For example, leaders might find it easier and more practically useful to reflect upon their ways of caring for others, rather than primarily focusing on issues related to their own unmet attachment needs.

Another route to promoting followers' sense of being cared for by leaders implied in the present findings is through increasing group cohesion. The positive effects of cohesion among avoidant leaders found in our study suggest that interventions proven effective to enhance cohesion in groups (e.g., see Senécal et al., 2008) could be even more crucial in groups led by avoidant leaders.

**Limitations and future directions**

Studying the interplay between the attachment and the caregiving system within the field of leadership is new and promising. However, given the complexity of predicting organizational outcomes from individual differences (Tuncdogan et al., 2017), the present study has several shortcomings. For example, potential interaction effects between leaders'

caregiving avoidance and follower attachment style were not examined, although, from a theoretical point of view, such an effect could be relevant (e.g., Keller, 2003). Furthermore, the nature of our data does not allow for causal inferences. That is, the interaction between our research variables may be more complex and dynamic than we have proposed. For example, followers who show appreciation for being cared for may encourage their leader to continue behaving in a supportive and caring fashion, while less expressive followers of supportive and empathetic leaders may cause leaders (in particular the insecure, avoidant ones) to withdraw and seek alternative ways to lead.

An additional limitation associated with the study data is shortening of the scales (i.e., the CSS and cohesion scale). Our respondents were exposed to numerous long questionnaires, both for evaluation and research purposes, throughout the 14-day training period. Therefore, as longer surveys increase the likelihood of careless responding (Goldammer et al., 2020), we reduced our scales. First, we left out reversed items, as recent studies have demonstrated that reversed statements can threaten reliability (Suárez Álvarez et al., 2018). Second, we included only those items that, in the back-translation process, were found easy to translate into simple statements. However, we acknowledge the potential threat to validity this practice represents. Furthermore, the fact that attachment avoidance was the only one of the research variables measured with a questionnaire validated in a Norwegian sample, also highlights the need to interpret our findings with caution.

Responding to Ronen and Mikulincer's (2012, p. 842) call for research replicating their research model in more demanding contexts, our sample consisted of military recruits under highly stressful conditions. However, although our results underline the importance of context, a limitation of the present study is the generalizability to non-military or other non-extreme settings, as leadership under such conditions, in many aspects, is somewhat different (Hällgren et al., 2018).

Comparing our results with the Rom and Mikulincer (2003) study, the unexpected positive effect of cohesion might have been caused by differences in the two participant samples. Even though both samples were drawn from military populations, the Israeli army may be considered a more extreme context than military training in Norway, in terms of aspects such as probability of negative consequences and proximity to threat (Hannah et al., 2009). Consequently, their potentially higher levels of fear could make them more prone to

apply de-activating strategies, rather than benefiting from the protection and security offered by cohesive groups. Obviously, more research is needed.

From an attachment perspective, the key factor in leaders' failure to empower followers is the inability to develop a secure attachment bond to followers, due to a lack of sensitivity and responsiveness to their needs (Mikulincer & Shaver, 2016, p. 481). Our study suggests that individual differences in caregiving are an important variable when investigating the emotional bonds between leaders and followers. We, therefore, share the view of Mayseless and Popper (2019), that future attachment studies could benefit from viewing the leader-follower relationship through the lens of care and caregiving. In addition, more research investigating the role of organizational context is needed (Paetzold, 2015). As the attachment system is activated and deactivated as a reaction to the individual's evaluation of threat, moderators likely to reduce or trigger a sense of threat (e.g., group cohesion) should be of particular interest (Yip et al., 2018). Leadership studies incorporating this key feature of attachment-system functioning have shown promising results (Thompson et al., 2018). Specifically, we urge attachment scholars to further investigate the role of cohesion, given the incongruent results discussed in this paper.

### **Conclusion**

Favorable consequences of leaders showing care and support for followers are well-documented in leadership research. The present study investigated the origin and intra-psychological mechanisms underlying these leadership behaviors. Applying attachment theory as a framework for capturing individual differences in leader caregiving capabilities, the results support the idea that experiences from close relationships (e.g., with parents) influence leaders' patterns of caring, which, in turn, explain why some leaders are perceived as more empathic and supportive than others. However, it seems that avoidant leaders are able to generate in their followers a significantly stronger sense of being cared for when individuals in the group they set out to lead make their leader feel safe and secure.

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**Table 1***Descriptive statistics, correlations, and scale reliabilities*

Variable	Mean	SD	Age	Att. avoid.	Care. avoid.	IE	Cohesion
Age	19.9	1.52					
Avoidant attachment style	2.19	1.09	-.06	(.84)			
Caregiving avoidance	2.38	.84	-.12*	.40**	(.71)		
Interactive empathy (IE)	5.43	.73	.11*	-.09	-.14**	(.91)	
Cohesion	4.52	.48	.02	-.22**	-.06	.20**	(.77)

*N* = 410. Coefficient  $\alpha$ 's are displayed on the diagonal. \*  $p < .05$ ; \*\*  $p < .01$

**Table 2**

*Bootstrap analysis summary showing the indirect effects of attachment styles on interactive empathy via caregiving avoidance*

Independent variables (IV)	Mediator variables (MV)	Dependent variables (DV)	<i>a</i> path coef. (IV-MV)	<i>b</i> path coef. (MV-DV)	<i>c'</i> path coef. (direct effect)	Mean indirect effect ( <i>ab</i> )	SE of mean	BC 95% CI mean indirect effect (lower, upper)
Attachment avoidance	Caregiving avoidance	Interactive empathy	.38**	-.08*	-.03	-.03*	.02	(-.066, -.004)

\*  $p < .05$ , \*\*  $p < .01$ . Values based on standardized path coefficients. Bootstrap sample size = 5 000.

**Table 3**

*The moderating effect of group cohesion on the relationship between caregiving avoidance and interactive empathy*

Variable	Step 1	Step 2	Step 3
<b>Control variable</b>			
Age	.10*	.09	.04
<b>Main effects</b>			
Caregiving avoidance		-.12*	-.10**
Team cohesion		.18**	.13**
<b>Interaction effect</b>			
Caregiving avoidance x Team cohesion			.08*
F-value	4.03*	8.12**	7.47**
Total R-sq	.01	.06	.07

*N* = 410. Coefficients are standardized.

Dependent variable = Interactive empathy

\*  $p < .05$ , \*\*  $p < .01$

**Table 4***Results of moderated mediation analyses*

Mediator variable model: DV = Caregiving avoidance				
Predictor	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>
Constant	-.02	.05	-.34	.73
Avoidant attachment style	.37	.05	7.87	.00

Dependent variable model: DV = Interactive empathy				
Predictor	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>
Constant	5.43	.04	147.18	.00
Caregiving avoidance	-.09	.04	-2.20	.03
Avoidant attachment style	.00	.04	-.08	.94
Cohesion	.14	.04	3.64	.00
Caregiving avoidance x Cohesion	.07	.04	1.90	.06

Conditional effects X at Y at values of cohesion DV = Interactive empathy				
Team cohesion	Boot indirect effect	Boot <i>SE</i>	Boot LLCI	Boot ULCI
- 1 SD	-.99	.06	-.277	-.048
Mean	.01	.04	-.170	-.010
+ 1 SD	1.01	.05	-.122	.089

Index of moderated mediation				
Team cohesion	Index	Boot <i>SE</i>	Boot LLCI	Boot ULCI
Team cohesion	.03	.01	.002	.054

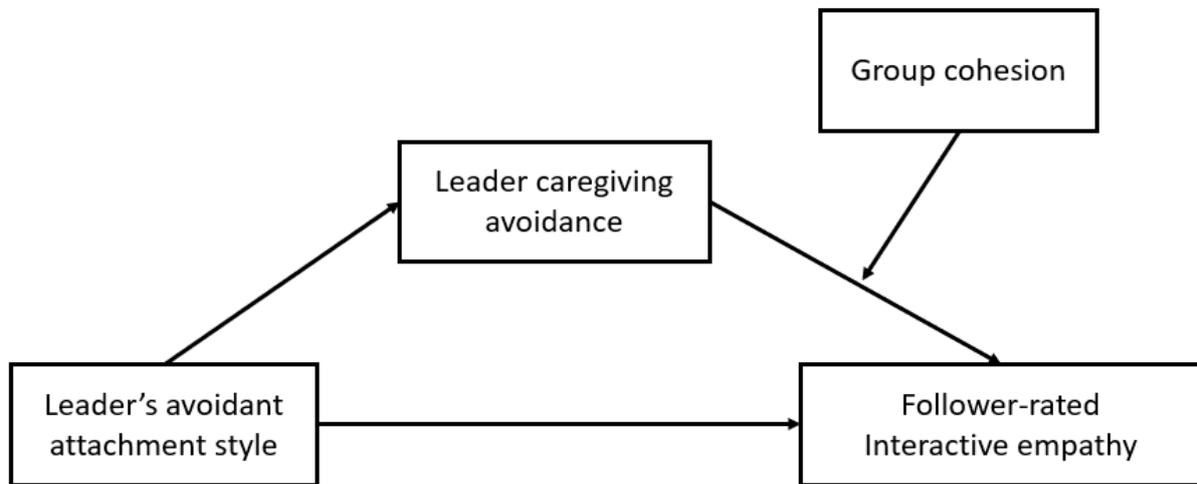
*Notes* . Standardized regression coefficients are reported. Bootstrap sample size = 5 000.

DV = Dependent variable; SD = standard deviation; SE = standard error;

LLCI & ULCI = lower & upper levels of confidence interval

**Figure 1**

*The proposed moderated mediation model*

**Figure 2**

*The moderating effect of cohesion on the relationship between caregiving avoidance and interactive empathy*

