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Too Far, Too Close: Attachment and Early Relational Correlates of Pathological Affective Dependence and Fear of Intimacy

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ABSTRACT

Specific relational risk conditions may increase vulnerability to dysfunctional, coercive, or unsafe intimate relationships in adulthood. Pathological Affective Dependence (PAD) and Fear of Intimacy (FoI) represent two clinically relevant relational conditions associated with difficulties in adult intimacy. PAD is characterized by the perceived need to preserve the relational bond at all costs, even when the relationship is harmful or highly costly. FoI is characterized by avoidance of emotional closeness and defensive distancing from intimacy. Although recent research has linked these patterns to relational dysfunction and intimate partner violence risk, little is known about the attachment profiles, early relational experiences, and affective–cognitive mechanisms that differentiate PAD and FoI. The present study addressed this gap by examining, for the first time, PAD and FoI within a shared framework of attachment, recalled parental styles, and self- versus other-focused threat processes. Specifically, we aimed to (a) characterize adult attachment profiles and early relational experiences associated with PAD and FoI and (b) test whether shame and paranoia function as distinct mechanisms indexing negative views of the self versus others. A community sample of 245 adults ($M = 31.9$) completed measures of PAD, FoI, adult attachment, recalled parental styles (indifference, overcontrol, abuse), external shame, and paranoid ideation. PAD was uniquely associated with fearful attachment, whereas FoI was positively related to dismissing and negatively to secure attachment. Parental overcontrol and indifference predicted both outcomes; paternal overcontrol was especially relevant for PAD, and parental indifference for FoI. Mediation analyses supported distinct pathways: overcontrol was associated with higher shame, which in turn was associated with higher PAD, whereas indifference was associated with higher paranoia, which in turn was associated with higher FoI. Findings clarify PAD and FoI as distinct but related relational risk configurations and suggest tailored intervention targets to promote healthier intimacy and affect regulation.

1 | Introduction

Building and maintaining intimate relationships is a core task of healthy personality development and a robust marker of mental health (Bowlby 1979, 1988; Epstein 1994). Contemporary attachment research has further shown that adult romantic

relationships function as attachment bonds in which proximity seeking, felt security, affect regulation, and autonomy are continuously negotiated (Mikulincer and Shaver 2007). Yet many individuals struggle to achieve and sustain intimacy. Difficulties may involve over-reliance on the partner to self-define (Rathus and O'Leary 1997), limited autonomy and internal resources, or

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Key Points

- Pathological affective dependence and Fear of intimacy emerged as distinct but related relational risk configurations in adult close relationships.
- Pathological affective dependence was primarily associated with fearful attachment, whereas Fear of intimacy was linked to dismissing attachment and lower secure attachment.
- Recalled parental overcontrol and indifference were associated with both relational vulnerabilities, with different affective–cognitive pathways.
- Findings suggest that shame- and threat-related processes may represent distinct intervention targets for different forms of maladaptive intimacy regulation.

fears of being engulfed and controlled (Siegel et al. 1992). These patterns concern the broader construct of dependency, a relational condition grounded in attachment needs (Bowlby 1979; Mikulincer and Shaver 2007).

Healthy dependency is characterized by clear relational boundaries, reciprocity, and the capacity to move through cycles of mismatch and repair, thus fostering adaptive functioning (Tronick and Gold 2021). Steele et al. (2001) conceptualize dependency along a continuum from extreme dependency (hyperactivation, fusion, clinging) to counterdependency (withdrawal, pseudo-independence, overcontrol of relational needs), with secure dependency representing a balanced position in which needs can be expressed and proximity and distance are flexibly regulated (Bornstein 1998).

In this framework, we use the term dependency regulation to refer to the strategies through which individuals manage attachment-related needs for closeness, protection, autonomy, and emotional support.

Within adult romantic relationships, disruptions in this balance may be especially relevant when attachment strategies become disorganized or poorly integrated, leading to contradictory approach–avoidance responses to closeness and separation (Paetzold et al. 2015).

Adverse early relational experiences and insecure attachment can hinder the development of healthy dependency (Smith et al. 2010). This is consistent with evidence suggesting that disorganized attachment is associated with enduring alterations in affective and threat-related systems, including amygdala and hippocampal functioning (Lyons-Ruth et al. 2016; Cruciani et al. 2021), as well as psychophysiological responses during the recall of attachment memories (Zingaretti et al. 2020). Poor regulation of relational needs increases risk for psychopathology and is linked to impaired social functioning, conflict-resolution deficits, and problematic adult relationships (Colman and Widom 2004; Bigras et al. 2015), as well as beliefs that others are untrustworthy or unsupportive (Messman-Moore and Coates 2007). This perspective can be further clarified through the framework of epistemic trust, which refers to the capacity to consider interpersonally transmitted knowledge as reliable,

relevant, and personally meaningful. Recent evidence suggests that adverse childhood experiences may undermine epistemic trust and reduce openness to interpersonal learning, affective communication, and supportive relationships (Liotti et al. 2023; Tironi et al. 2024). Thus, when early relationships are experienced as unsafe, intrusive, neglectful, or unpredictable, individuals may not only develop insecure attachment expectations but also reduced trust in others as sources of emotional guidance, protection, or corrective relational experience.

More broadly, adverse relational experiences may shape adult intimacy through traumatic and disorganized attachment processes. Early caregiving environments characterized by devaluation, role reversal, intrusive control, neglect, or exposure to family violence may compromise the development of safe dependence, stable self-worth, and flexible interpersonal boundaries (Stith et al. 2000; Smith-Marek et al. 2015; Speranza et al. 2022). In such contexts, controlling, caregiving-based, or distancing strategies may emerge as attempts to preserve relational continuity, regulate fear, and maintain access to attachment figures. These early relational strategies may later be reactivated in adult romantic relationships, contributing to patterns of dependency dysregulation, boundary permeability or rigidity, and difficulties in negotiating closeness and autonomy.

Individuals exposed to early adversity often report less perceived support (Muller et al. 2008), greater social isolation (Berlin et al. 2011), and dominant/controlling or distancing interpersonal behaviors (Drapeau and Perry 2004), which can worsen mental health and increase suicide risk (Johnson et al. 2002; Rajalin et al. 2020). Dysregulated dependency also elevates risk for anxiety and depression (Rademaker et al. 2008) and has been associated with intimate partner violence (IPV), both victimization and perpetration (Stith et al. 2000; Velotti et al. 2018; Spencer et al. 2021).

Within this framework, recalled parental styles provide a clinically relevant operationalization of early relational environments. We focused on parental indifference, overcontrol, and abuse because these dimensions capture distinct caregiving disruptions potentially relevant to dependency regulation and affective vulnerability: emotional deprivation and mistrust, shame-based approval seeking, and threat sensitivity (Parker et al. 1997; Farina et al. 2021).

Taken together, these findings indicate that beliefs and experiences concerning intimacy are central to the emergence and maintenance of dysfunctional relationship patterns (Mikulincer and Shaver 2005; Smith and Stover 2016). Yet most work has examined isolated risk factors rather than the constellation of psychological processes that organize dependency-related cognitions and behaviors in intimate relationships. The present study addresses this gap by examining early relational correlates and affective–cognitive mechanisms underlying two prototypical profiles of dysregulated dependency: Pathological Affective Dependence (PAD) and Fear of Intimacy (FoI). Within Steele et al.'s (2001) dependency continuum, PAD corresponds to the excessive-dependency pole, whereas FoI reflects a counterdependent configuration. This positioning is intended as a heuristic dimensional framework rather than evidence of strict empirical symmetry between the two constructs.

1.1 | Pathological Affective Dependence

PAD is a relational condition in which individuals perceive the partner as an indispensable attachment figure and feel compelled to preserve the bond despite evident personal costs (Pugliese, Saliari, et al. 2023; Pugliese, Mosca, et al. 2023). Importantly, PAD should not be understood as a stable personality trait or as a direct equivalent of victimization. Rather, it can be conceptualized as a latent vulnerability condition rooted in attachment-related and trauma-related experiences. It becomes clinically salient when activated within specific relational contexts, particularly those involving threat of abandonment, asymmetrical dependency, coercion, or abuse. Empirically, PAD comprises three components—Internal Conflict, Inability to Separate, and Partner Abuse—which together describe a maladaptive relational configuration marked by emotional ambivalence, difficulty ending the relationship, and involvement in abusive partner dynamics (Pugliese et al. 2025). Such relational dynamics may be particularly linked to shame-based self-evaluation: when the self is experienced as unworthy, inadequate, or at risk of rejection, maintaining closeness may become a way to restore belonging, regulate self-worth and save the relationship. The Partner Abuse component refers to the perceived presence of abusive, devaluing, or harmful partner behaviors; however, it is not intended as a standalone measure of victimization or IPV exposure. Instead, it indexes a clinically central feature of PAD: the persistence of dependency and relational investment despite awareness of the relationship's harmfulness.

Individuals often oscillate between the goal of maintaining the relationship at all costs and the wish to end it, reflecting intrapsychic conflicts and ambivalence (Sirvent-Ruiz et al. 2022; Özal et al. 2023) and may feel unable to leave.

Recent evidence indicates that PAD co-occurs with heightened partner-directed control strategies and internalized aggression that may externalize when the relationship is perceived as threatened, consistent with proximity-seeking regulation under boundary permeability (Pugliese, Saliari, et al. 2023; Papa et al. 2026). Developmentally, the central aim is not simply to obtain care, but to avoid losing the bond with a partner often construed as fragile or in need of rescue—someone to be loved, helped, or changed (Pugliese et al. 2025). This caregiving-fused stance is linked to earlier experiences in which basic relational needs for love, dignity, and safety were frustrated and to broader adverse caregiving contexts (e.g., devaluation, parentification, excessive control, or abuse; Stith et al. 2000; Speranza et al. 2022). PAD has been recognized as a condition that can hinder survivors of violence from exiting problematic relationships (Pugliese et al. 2025). Our focus on PAD does not imply responsibility for the harm suffered, but highlights emotional-cognitive vulnerabilities rooted in early relationships that shape boundary regulation and dependence, with possible downstream risk for distress and relational dysfunction.

1.2 | Fear of Intimacy

Fear of Intimacy (FoI) refers to the inability, due to fear, to exchange meaningful personal thoughts and emotions with a

valued other (Descutner and Thelen 1991). It involves discomfort with self-disclosure, concern about the content and emotional valence of disclosures, and perceived vulnerability given the importance of the partner. More recent accounts emphasize fears not only of exposure and rejection but also of depending on the other and losing oneself (Sobral et al. 2015). Desire for closeness may be present, yet fear inhibits its fulfillment (Reis and Grenyer 2004; Senese et al. 2020; Riazzi and Manouchehri 2024). FoI is not restricted to specific relationships and can be higher when the relationship is valued (Underhill et al. 2008; Senese et al. 2020).

FoI shows conceptual overlap with counterdependency, a psychodynamic stance marked by defensive denial of dependency desires, disregard of dependence in self and others, and avoidance of situations that activate attachment needs (Steele et al. 2001; Lingardi and Gazzillo 2014; Lingardi and McWilliams 2017). In FoI, individuals suppress needs and mask vulnerability because relationships are perceived as potentially dangerous; as a result, they do not emotionally engage or elicit care. In this configuration, threat-related mistrust and paranoid ideation may play a central role: when others are expected to be intrusive, rejecting, or harmful, emotional distance becomes a protective strategy to preserve autonomy and safety. In regulatory terms, FoI reflects defensive deactivation or inhibition of dependency needs expressed as rigid boundaries: closeness is feared, and distance is used to preserve autonomy and a coherent self. When the bond is threatened—or betrayal is anticipated—emotions tend to be kept internalized rather than disclosed, increasing misunderstandings, disengagement, and affective dysregulation (Velotti et al. 2014; Papa et al. 2024, 2026).

At the belief level, FoI is underpinned by expectations that needs for security, love, and dignity will not be met and is strongly associated with distrust and emotional deprivation (Obeid et al. 2020). Evidence links FoI with elevated loneliness and reduced emotional openness (Cortoni and Marshall 2001; Underhill et al. 2008), preference for autonomy over closeness (Ward et al. 1997), and power-related emotions (Neilson et al. 2023), delineating an avoidant, boundary-tight relational profile.

1.3 | Self- and Other-Focused Threat Processes: Shame and Paranoia

Building on the PAD and FoI conceptualizations described above, shame and paranoia may represent two affective-cognitive processes through which early relational adversity becomes organized around negative views of the self versus negative expectations of others.

External shame refers to negative evaluations of the self as seen and judged by others as inferior or inadequate (Matos and Pinto-Gouveia 2010). From an evolutionary perspective, shame signals potential social devaluation and threats to belonging (Gilbert 2007; Matos et al. 2013) and correlates with diminished perceived social rank (Birchwood et al. 2007; Michail and Birchwood 2013). High dependency may involve attempts to secure acceptance through self-promoting or self-sacrificial behaviors (Bornstein et al. 1996), which have been linked

to pathological dependence (Gramzow and Tangney 1992; Schoenleber and Berenbaum 2012). Shame-driven efforts to restore belonging foster hyper-regulation of dependency—accepting relational costs to keep proximity—aligning with PAD's pursuit of closeness to stabilize self-worth.

Paranoia involves excessive distrust and anticipation of hostile intent from others (Freeman and Garety 2004; Gilbert et al. 2005). It is often linked to attachment difficulties and early experiences of threat (Mikulincer and Shaver 2005; Gracie et al. 2007) and, when chronically upregulated, amplifies hypervigilance and negative models of others (Liotti and Gilbert 2011; Salvatore et al. 2012). Paranoia is associated with problems in interpersonal trust and fear of self-disclosure (Forbes and Roger 1999; Benn et al. 2005; Simpson et al. 2007; Murphy et al. 2012). These processes bias boundary management toward rigidity (avoidance, non-disclosure, distancing) as a means to preserve autonomy and safety, mapping onto the hypo-regulation of dependency needs characteristic of FoI (Pinto-Gouveia et al. 2014; Castilho et al. 2016).

In sum, shame-related devaluation tends to open boundaries (hyper-regulation) to regain inclusion, whereas paranoia-related distrust tends to close boundaries (hypo-regulation) to avert threat. These complementary pathways offer a framework for understanding how early interpersonal adversity can canalize PAD-like over-attachment versus FoI-like over-detachment and motivate the present study.

2 | Rationale of the Study

Clinical models of complex trauma and dissociation conceptualize individual differences in proximity, autonomy, and boundary permeability along a continuum from excessive dependency (clinging, fear of abandonment, permeable boundaries) to counterdependency (pseudo-independence, emotional distancing, intolerance of vulnerability), often shaped by inconsistent, intrusive, or frightening caregiving (Steele et al. 2001). Within this continuum, Pathological Affective Dependence (PAD) and Fear of Intimacy (FoI) represent two clinically salient manifestations of dysregulated dependency in adult intimacy. PAD is characterized by excessive proximity seeking and self-sacrificial behaviors aimed at preserving closeness “at all costs,” whereas FoI is marked by rigid boundaries and avoidance of closeness to protect autonomy and emotional safety (Descutner and Thelen 1991; Pugliese, Salianni, et al. 2023; Pugliese et al. 2025). Although PAD and FoI may be conceptualized as different regulatory responses along the dependency spectrum, they should not be understood as strictly symmetrical constructs. Despite their opposite expressions, both profiles can be understood as affective strategies developed to cope with early experiences of unmet needs for love, dignity, and safety (Steele et al. 2001; Pugliese, Salianni, et al. 2023; Papa et al. 2024, 2026).

Emotional experiences such as shame and paranoia have been proposed as crucial mediators linking early relational contexts to later difficulties in boundary regulation (Gilbert 2007; Matos et al. 2013). Shame can be conceptualized as reflecting a negative internal working model of the self, marked by perceived inferiority and fear of social devaluation, whereas paranoia can

be understood as reflecting a negative internal working model of others-toward-the-self, marked by defensive mistrust and anticipation of interpersonal threat. Conceptually, shame aligns with proximity-seeking strategies that risk boundary permeability, whereas paranoia aligns with avoidance and boundary rigidity. Despite their theoretical relevance, PAD and FoI have not previously been examined together within a unified framework of boundary dysregulation that integrates attachment, parenting, and these emotional mechanisms.

2.1 | The Current Study

Although prior literature links early adversity, insecure attachment, and maladaptive intimacy, few studies have examined how specific recalled parental styles may be differentially associated with PAD and FoI. Moreover, it remains unclear whether these associations are explained by distinct affective-cognitive processes related to negative internal working models of the self versus others. Addressing this gap may clarify why some individuals respond to early relational adversity through proximity-seeking and boundary permeability, whereas others respond through emotional distancing and boundary rigidity.

The present research aimed to clarify associations linking PAD and FoI to adult boundary and intimacy regulation by pursuing three objectives:

1. Assess the associations between PAD/FoI and adult attachment styles to characterize how each condition regulates interpersonal boundaries;
2. Identify the early relational experiences involved in the development of PAD and FoI, focusing on recalled parental styles;
3. Test the mediating roles of shame and paranoia in the links between these early experiences and PAD/FoI in adulthood.

Based on a theoretical model of PAD and its extension to FoI, we formulated the following hypotheses:

H1a. *PAD is associated with fearful attachment, characterized by negative self-views and negative expectations of others.*

H1b. *FoI is primarily associated with dismissing attachment, characterized by negative expectations of others and emphasis on self-sufficiency.*

H2a. *PAD is more strongly linked to exposure to parental abuse, supporting the internal conflict of saving the relationship at all costs and saving themselves and separating.*

H2b. *FoI is more strongly linked to parental overcontrol, supporting the development of the expectations of others as controlling and tricky.*

H2c. *Neglect (indifference) is implicated in both conditions—as a driver of being “seen” and validated in adulthood in PAD, and as a precursor of fearing closeness in FoI, with expectations that proximity will not bring care.*

H3a. *Shame mediates the association between dysfunctional parental styles and PAD, consistent with a negative self-image and approval-seeking.*

H3b. *Paranoia mediates the association between dysfunctional parental styles and FoI, consistent with negative models of others and threat vigilance.*

3 | Methods

3.1 | Sample

An a priori power analysis was conducted with GPower 3.1 (Faul et al. 2009) for hierarchical multiple regression testing the incremental contribution of a predictor block (F test, Linear multiple regression: fixed model, R^2 increase). Assuming a medium effect size ($f^2=0.15$), $\alpha=0.05$, and power $(1-\beta)=0.95$ with nine predictors in the full model, the required sample size was $N=166$. For the simple mediation models, Monte Carlo-based guidelines (Fritz and MacKinnon 2007) suggest ~116–160 participants to detect medium indirect effects with 80%–90% power using bias-corrected bootstraps. Our achieved sample ($N=245$) therefore exceeds these thresholds, providing ample power for both the regression and mediation analyses.

The study consisted of 245 participants from the general population: 174 females, 69 males, and two persons who did not identify as any gender ($M=31.9$, $SD=8.77$). The participants fulfilled the following inclusion criteria: age 18 or older, education level of secondary school or higher, and easy access to the Internet. 0.4% of the sample had a middle school diploma, 21.6% a high school diploma, 16.3% a bachelor's degree, 34.3% a master's degree, and 27.3% a postgraduate degree. Only individuals who reported having been diagnosed with clinically severe disorders (e.g., schizophrenic spectrum disorders and other psychotic disorders, bipolar and related disorders, dissociative disorders) were excluded from the sample.

3.2 | Measures

Pathological Affective Dependence was assessed using the Pathological Affective Dependence Scale (PADS, Pugliese et al. 2025). The scale evaluates state and trait PAD and is composed of three dimensions: Internal Conflict (e.g., “I find myself suddenly changing my mind about whether or not I want to be with my partner, based on his/her behavior”), Inability to separate from the violent partner (e.g., “I would do anything in order to not lose my importance in my partner's sight”) and Partner abuse (e.g., “My partner devalues me”). Although one of the factors includes items referring to abusive behaviors, it is important to note that the scale does not specifically measure the experience of violence per se. Rather, it assesses the psychological condition of Pathological Affective Dependence, which is characterized by the persistence in a relationship marked by abusive dynamics and by a significant difficulty in ending the relationship. The scale was administered to an Italian sample composed of victims and non-victims of violence, showing a Cronbach's α value of 0.89 for the total score of both state and trait PAD. In this study, the α was 0.89 for state PAD and 0.93 for trait PAD.

The Fear of Intimacy Scale was used to assess FoI (FIS, Descutner and Thelen 1991; Italian validation by Senese et al. 2020). The questionnaire asks the individual to self-assess the degree of discomfort about self-disclosure in an intimate relationship and the face of intimacy demands. It consists of two parts: a state measure and a trait measure. In Part A, participants are asked to imagine a person with whom they are in a close/intimate relationship; this person is indicated in the items by the placeholder “0”. Examples of Part A items (state measure) are “I might be afraid to confide my innermost feelings to 0” and “I would sometimes feel uneasy if 0 told me about very personal matters.” Part B (trait measure) contains items such as “I have shied away from opportunities to be close to someone.” The Fear of Intimacy Scale showed good reliability in the Italian validation with Cronbach's $\alpha=0.91$ (Senese et al. 2020). In the present sample, internal consistency was good for Part A (state component; Cronbach's $\alpha=0.91$) and acceptable for Part B (trait component; Cronbach's $\alpha=0.74$). Cronbach's α for the combined total score used in the analyses was 0.91.

The Relationship Questionnaire (RQ, Bartholomew and Horowitz 1991; Italian translation and adaptation by Carli 1995) was used to assess attachment styles in adulthood. This two-item measure comprises four separate items, each representing one of the four attachment styles (“secure,” “preoccupied,” “dismissing,” and “fearful”). Participants are first asked to choose the attachment style with which they most identify; they are then asked to score the degree of correspondence with each attachment prototype on a seven-point Likert scale. Because each RQ item represents a distinct attachment prototype rather than an item of a common multi-item scale, Cronbach's alpha was not computed for the RQ.

The Measure of Parental Style (MOPS, Parker et al. 1997; Italian validation by Picardi et al. 2013) is a 30-item self-report measure that separately assesses maternal (15 items) and paternal (15 items) parental styles during the first 16 years of life. The items are rated on a 4-point Likert scale (from “not at all true” to “extremely true,” i.e., from 0 to 3) and grouped into three dimensions for each parent: indifference, overcontrol, and abuse. Higher scores indicate higher levels of self-reported dysfunctional parenting. Sample items related to parental behavior are “let me on my own a lot,” “tried to make me feel guilty,” and “made me feel in danger.” In the Italian validation study (Picardi et al. 2013), the measure showed good reliability for all subscales ($\alpha \geq 0.87$). In contrast, the value in the present sample was between 0.86 and 0.89 for the total scores (mother and father) of the three MOPS subscales used.

The Other As Shamer-2 (OAS-2, Matos et al. 2015; Italian validation by Saggino et al. 2017), an 8-item self-report instrument, was used to measure external shame. Respondents are asked to indicate the frequency of feelings and experiences of shame on a 5-point Likert scale. A sample item is “People see me as unimportant compared to others.” Cronbach's α was 0.89 in the Italian validation study (Saggino et al. 2017) and 0.92 in this study.

Finally, the subscale “paranoid ideation” of the Symptom Checklist-90-Revised (SCL-90-R, Derogatis 1975; Italian translation and adaptation by Sarno et al. 2011) was used as an index of subclinical suspiciousness and threat-related mistrust. The

participant is asked to indicate the intensity of specific experiences in the past week, e.g., “feeling that others are watching or talking about you” on a 5-point Likert scale. In particular, the subscale assesses suspiciousness and fear of losing autonomy, mixed with hostility and ideas of reference. The Italian translation and validation of the SCL-90-R reported Cronbach's α values ranging from 0.68 to 0.87 across the nine symptom dimensions (Sarno et al. 2011). In the present study, reliability was computed specifically for the Paranoid Ideation subscale used in the analyses, which showed good internal consistency (Cronbach's $\alpha = 0.81$).

In this study, we used the total state and trait scores combined for the PAD and FoI variables and the individual subscales of attachment and parental styles because the objective was to evaluate their specificity in these two conditions.

3.3 | Procedure

A non-probabilistic convenience sampling method was used for this study. Participants were invited to complete an online survey lasting approximately 15–20 min that included an initial demographic form designed to collect critical socio-demographic information (gender, age, nationality, city of residence, educational qualification, presence of psychological, psychiatric, or organic diagnosis) and a set of psychometric tests to assess PAD, FoI, Attachment Styles, Parental Styles, Shame, and Paranoia. In compliance with Legislative Decree No. 196 of 30 June 2003, the “Personal Data Protection Code” (which adapts Italian data protection legislation to the new provisions of the GDPR) guaranteed the participants' anonymity. To ensure confidentiality, no personally identifiable information was linked to the data collected, and all responses were stored in a secure, encrypted format to prevent unauthorized access. Recruitment took place by word of mouth and sharing information on the main social networks (e.g., Facebook, Instagram). Informed consent was obtained via electronic means prior to survey completion. The study received approval from the Ethical Committee (approval number: 04/2024). It was conducted following the ethical standards of the relevant national and institutional committees on human experimentation and the Helsinki Declaration of 1975, revised in 2013.

3.4 | Statistical Analysis

The analytic strategy was sequential and theory-driven. Hierarchical regressions were first used to examine the unique associations of adult attachment styles and recalled parental styles with PAD and FoI. Mediation models were then used to test specific affective–cognitive pathways linking the strongest recalled parental-style predictors to each outcome. Shame and paranoia were not entered as additional predictors in the regressions because they were conceptualized as proximal mediating mechanisms, whereas attachment styles were not included in the mediation models because the mediation hypotheses focused on recalled caregiving experiences as distal relational correlates. Separate mediation models were used to test theoretically specific pathways while reducing overfitting and interpretive instability.

All analyses were conducted in RStudio (version 2025.05.1+513). Data were screened for missingness and multivariate outliers (Mahalanobis distance). Bivariate associations among study variables were examined with Pearson's r using the Hmisc package ($\alpha = 0.05$). To test the unique contribution of attachment and parental styles to PAD and FoI, we estimated four hierarchical multiple regressions with base R (lm). For each outcome (PAD and FoI), Block 1 included gender, age, and education. Block 2 added either the four adult attachment prototypes (secure, preoccupied, dismissing, fearful; Bartholomew and Horowitz 1991) or, in separate models, parental styles during childhood (maternal/paternal indifference, overcontrol, abuse; Parker et al. 1997). The ordering of predictors followed theory: fearful attachment reflects attachment-system disorganization and is a major risk factor for adult psychopathology (Liotti 2004; Farina et al. 2019; Velotti et al. 2022); preoccupied and dismissing styles are linked to interpersonal difficulties and distress (Hayden et al. 2017); secure attachment is protective (Cassidy 2000).

The order of parental-style predictors in Block 2 was literature-driven: childhood abuse has been associated with greater difficulties in intimacy and trust as well as reduced willingness to disclose feelings (Davis et al. 2001; Ducharme et al. 1997); parental overcontrol has been frequently linked to increased risk of depression, anxiety, and suicidality in adulthood (Weich et al. 2009); and parental indifference is a recognized risk factor for interpersonal problems in adulthood and for externalizing/violent behavior (Poole et al. 2018; Malvaso et al. 2016). Multicollinearity was assessed via variance inflation factors using car.

As preregistered in our analytic plan, we tested whether shame and paranoid ideation mediate links between recalled parenting and dependence-related functioning. We first used the regression results to identify the strongest parenting predictors and then estimated two single-mediator models accordingly. Rather than specifying parenting predictors a priori, for each outcome (PAD; FoI) we selected the strongest parental-style predictor from the hierarchical regressions (based on standardized effects and significance) as the exogenous variable in the mediation model—shame as mediator for PAD and paranoid ideation as mediator for FoI. In each model, we retained the direct path from the selected parenting predictor to the outcome to obtain direct, indirect, and total effects. Models were fitted with the lavaan package using full-information maximum likelihood, and indirect effects were evaluated via nonparametric bootstrapping (2000 resamples); effects were deemed significant when the 95% bootstrap confidence interval excluded zero.

4 | Results

Descriptive statistics are reported in Table 1. Overall, the variables showed acceptable distributional properties. Some variables showed skewness and/or kurtosis values greater than |1|, particularly parental indifference, overcontrol, abuse, shame, and some attachment prototype ratings. However, all values fell within commonly accepted thresholds for normality, with skewness between -2 and $+2$ and kurtosis between -7 and $+7$ (Hair et al. 2013; Byrne 2010).

Correlation analyses showed that PAD correlated negatively with secure attachment ($r = -0.19$, $p < 0.01$) and positively with all three problematic parenting styles (indifference $r = 0.29$, $p < 0.01$; overcontrol $r = 0.34$, $p < 0.01$; abuse $r = 0.24$, $p < 0.01$). PAD was positively associated with dismissing attachment ($r = 0.22$, $p < 0.01$) and with fearful attachment ($r = 0.41$, $p < 0.001$), but it was not related to preoccupied attachment ($r = -0.10$, ns). FoI likewise correlated negatively with secure attachment ($r = -0.43$, $p < 0.001$) and positively with parental indifference ($r = 0.29$, $p < 0.01$), overcontrol ($r = 0.27$, $p < 0.01$), and abuse ($r = 0.19$, $p < 0.05$). FoI was positively related to dismissing ($r = 0.41$, $p < 0.001$) and preoccupied attachment ($r = 0.15$, $p < 0.05$), and showed only a small association with fearful attachment ($r = 0.18$, $p < 0.05$). Both PAD and FoI were positively associated with shame (PAD $r = 0.47$, $p < 0.001$; FoI $r = 0.31$,

$p < 0.001$) and paranoia (PAD $r = 0.41$, $p < 0.001$; FoI $r = 0.40$, $p < 0.001$). Importantly, shame and paranoia were also moderately correlated with each other ($r = 0.49$, $p < 0.001$), indicating partial overlap between these two affective–cognitive processes. Full correlation coefficients are reported in Table 2.

We estimated two hierarchical regressions—one for PAD and one for FoI. Block 1 included gender, age, and education; Block 2 added the four adult attachment styles (fearful, preoccupied, dismissing, secure).

For PAD, Block 1 was significant (adj. $R^2 = 0.026$, $F(3, 241) = 3.14$, $p = 0.026$), with older age predicting lower PAD ($b = -0.463$, $p = 0.009$). Adding attachment styles significantly improved fit ($\Delta R^2 \approx 0.168$; final $R^2 = 0.206$, adj. $R^2 = 0.182$). In the full

TABLE 1 | Descriptive statistics, reliability coefficients, and skewness and kurtosis values for study variables.

Variable	Cronbach's α	McDonald's ω	<i>M</i>	<i>SD</i>	Min.	Max.	Skewness	Kurtosis
PAD	0.93	0.93	75.8	24	34	149	0.34	−0.45
FOI	0.91	0.92	72.5	20.0	39	128	0.48	−0.75
IND	0.86	0.89	2.84	5.40	0	30	2.19	4.49
OVER	0.89	0.89	3.22	5.03	0	22	1.52	1.35
ABU	0.89	0.89	1.96	4.26	0	22	2.68	6.93
SEC_AT	—	—	3.69	1.91	1	7	0.02	−1.37
FEAR_AT	—	—	2.94	2.04	1	7	0.63	−1.01
DISM_AT	—	—	3.33	2.13	1	7	0.36	−1.36
PREO_AT	—	—	3.71	1.92	1	7	0.06	−1.23
OAS	0.92	0.92	7.90	6.97	0	32	1.08	−0.55
PARA	0.81	0.81	57	12.7	36.1	97.8	0.37	0.99

Note: Reliability coefficients were not applicable to RQ attachment ratings, as each attachment prototype was assessed with a single item. Abbreviations: ABU, parental abuse; DISM, dismissing attachment; FEAR, fearful attachment; FOI, Fear of Intimacy; IND, parental indifference; OAS, external shame; OVER, parental overcontrol; PAD, Pathological Affective Dependence; PARA, paranoid ideation; PREO, preoccupied attachment; SEC, secure attachment.

TABLE 2 | Pearson's correlations between Pathological Affective Dependence and Fear of Intimacy with the main variables of the study ($n = 245$).

	PAD	FOI	SEC	PREO	FEAR	DISM	IND	OVER	ABU	OAS	PARA
PAD	—										
FOI	0.23**	—									
SEC	−0.19**	−0.43***	—								
PREO	−0.11	0.15*	−0.08	—							
FEAR	0.42***	0.18*	−0.30***	−0.02	—						
DISM	0.22***	0.41***	−0.47***	0.07	0.28***	—					
IND	0.30***	0.29***	−0.22***	−0.09	0.20**	0.26***	—				
OVER	0.35***	0.27***	−0.18**	−0.18**	0.24***	0.26***	0.42***	—			
ABU	0.24***	0.19**	−0.11	−0.10	0.24***	0.21***	0.73***	0.57***	—		
OAS	0.47***	0.31***	−0.31***	−0.01	0.45***	0.24***	0.43***	0.37***	0.39***	—	
PARA	0.41***	0.40***	−0.24***	0.03	0.32***	0.25***	0.24***	0.33***	0.21***	0.49***	—

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

TABLE 3 | Results from hierarchical multiple regression for attachment styles.

		PAD		FOI		Collinearity
		β	t, p	β	t, p	VIF
Step 1	Gender	−0.02	−0.28, 0.78	−0.03	−0.48, 0.63	1.08 ^{a,b}
	Age	−0.17	−2.63, 0.009	0.04	0.70, 0.49	1.09 ^{a,b}
	Education	−0.08	−1.35, 0.17	−0.17	−2.65, 0.008	1.06 ^{a,b}
	R^2_{adj}	= 0.026		= 0.020		
	$F(3, 241), p$	= 3.14, 0.026		= 2.68, 0.048		
Step 2	Gender	−0.01	−0.17, 0.86	−0.56	−1.00, 0.32	1.08 ^{a,b}
	Age	−0.09	−1.52, 0.13	0.13	2.29, 0.02	1.09 ^{a,b}
	Education	−0.03	−0.49, 0.62	−0.08	−1.46, 0.14	1.06 ^{a,b}
	FEAR_AT	0.35	5.63, <0.001	0.02	0.31, 0.76	1.19 ^{a,b}
	PREO_AT	−0.11	−1.90, 0.06	0.10	1.71, 0.09	1.04 ^{a,b}
	DISM_AT	0.09	1.37, 0.17	0.28	4.41, <0.001	1.38 ^{a,b}
	SEC_AT	−0.04	−0.54, 0.59	−0.29	−4.55, <0.001	1.34 ^{a,b}
	R^2_{adj}	= 0.182		= 0.260		
	$F(7, 237), p$	= 8.76, <0.001		= 13.26, <0.001		

Note: The superscript letters indicate the VIF in the different hierarchical regression models: a = PAD model, b = FOI model. β = standardized regression coefficient. Italics values indicate statistically significant p values ($p < 0.05$).

Abbreviations: DISM_AT, dismissive attachment; FEAR_AT, fearful attachment; FOI, fear of intimacy; PAD, Pathological Affective Dependence; PREO_AT, preoccupied attachment; SEC_AT, secure attachment.

model, fearful attachment was the only robust positive predictor ($b = 4.184, p < 0.001$) (H1a). Preoccupied showed a marginal negative trend ($b = -1.409, p = 0.058$), while dismissing and secure were non-significant; age was no longer significant.

For FoI, Block 1 explained ~2% of the variance (adj. $R^2 = 0.020, F(3, 241) = 2.68, p = 0.048$), with lower education predicting higher FoI ($b = -3.075, p = 0.009$). Block 2 substantially improved fit ($\Delta R^2 \approx 0.249$; final $R^2 = 0.281$, adj. $R^2 = 0.260$). In the full model, dismissing attachment positively predicted FoI ($b = 2.675, p < 0.001$) and secure attachment negatively predicted FoI ($b = -3.043, p < 0.001$) (H1b); preoccupied showed a marginal positive trend ($b = 1.004, p = 0.089$) and fearful was non-significant. In this block, age also positively predicted FoI ($b = 0.301, p = 0.023$), whereas education and gender were non-significant. A detailed summary of the hierarchical regression outputs for adult attachment styles is provided in Table 3.

Subsequently, we estimated two additional hierarchical models—one predicting PAD and one predicting FoI. Step 1 entered gender, age, and education. Step 2 simultaneously added six parenting predictors to test parent- and parent-specific effects (maternal/paternal abuse, overcontrol, and indifference).

For PAD, Step 1 was significant (adj. $R^2 = 0.026, F(3, 241) = 3.14, p = 0.026$), with older age predicting lower PAD ($b = -0.463, p = 0.009$). Adding the parenting variables improved the model ($\Delta F(6, 235) = 7.36, p < 0.001$; $\Delta R^2 \approx 0.152$; final $R^2 = 0.190$, adj. $R^2 = 0.159$). In the full model, paternal overcontrol ($b = 1.652, p = 0.004$), maternal overcontrol ($b = 1.230, p = 0.034$), and paternal indifference ($b = 1.128, p = 0.012$) uniquely predicted higher PAD (H2a, H2c); maternal indifference and both abuse

indices were non-significant. Age remained a negative predictor ($b = -0.443, p = 0.008$), while gender and education were non-significant.

For FoI, Step 1 explained a small portion of variance (adj. $R^2 = 0.020, F(3, 241) = 2.68, p = 0.048$), with lower education linked to higher FoI ($b = -3.075, p = 0.009$). Step 2 significantly improved fit ($\Delta F(6, 235) = 6.09, p < 0.001$; $\Delta R^2 \approx 0.130$; final $R^2 = 0.163$, adj. $R^2 = 0.131$). In the full model, paternal overcontrol ($b = 1.129, p = 0.020$), maternal overcontrol ($b = 0.997, p = 0.043$), maternal indifference ($b = 1.107, p = 0.021$), and paternal indifference ($b = 0.907, p = 0.017$) were significant positive predictors; maternal abuse showed a marginal effect ($b = -1.109, p = 0.064$), and paternal abuse was non-significant. Education remained a negative predictor ($b = -2.486, p = 0.025$); age and gender were non-significant.

Overall, overcontrol (both parents) and indifference (paternal for PAD; both parents for FoI) emerged as the most consistent parenting correlates of these relational vulnerabilities (H2a, H2b, H2c). A detailed summary of the hierarchical regression outputs for parental styles is provided in Table 4.

Building on these associations, we tested two single-mediator models, selecting parenting predictors on the basis of the hierarchical regressions. For PAD, parental overcontrol was chosen because it showed the most consistent unique effects across parents ($\beta^m = 0.166, p = 0.034$; $\beta^f = 0.206, p = 0.004$), whereas indifference was less consistent ($\beta^f = 0.204, p = 0.012$; $\beta^m = 0.075$, n.s.). For FoI, indifference was selected because it was the most robust correlate, with both maternal and paternal coefficients positive, similar in size, and slightly larger than overcontrol

TABLE 4 | Results from hierarchical multiple regression for parental styles.

		PAD		FOI		Collinearity
		β	t, p	β	t, p	VIF
Step 1	Gender	−0.02	−0.28, 0.78	−0.03	−0.48, 0.63	0.96 ^{a,b}
	Age	−0.17	−2.63, 0.009	0.04	0.70, 0.49	0.97 ^{a,b}
	Education	−0.09	−1.35, 0.18	−0.17	−2.65, 0.008	0.98 ^{a,b}
	R^2_{adj}	= 0.026		= 0.02		
	$F(3, 241), p$	= 3.14, 0.026		= 2.68, 0.048		
Step 2	Gender	−0.07	−1.22, 0.22	−0.08	−1.32, 0.19	1.09 ^{a,b}
	Age	−0.16	−2.69, 0.008	0.06	0.93, 0.35	1.05 ^{a,b}
	Education	−0.05	−0.90, 0.37	−0.14	−2.26, 0.02	1.03 ^{a,b}
	ABU_M	−0.05	−0.54, 0.59	−0.18	−1.86, 0.06	2.60 ^{a,b}
	ABU_F	−0.05	−0.56, 0.58	−0.07	−0.81, 0.42	2.16 ^{a,b}
	OVE_M	0.17	2.13, 0.03	0.16	2.04, 0.043	1.76 ^{a,b}
	OVE_F	0.21	2.92, 0.004	0.17	2.35, 0.02	1.45 ^{a,b}
	IND_M	0.07	0.89, 0.37	0.20	2.33, 0.02	2.04 ^{a,b}
	IND_F	0.20	2.54, 0.01	0.20	2.41, 0.02	1.88 ^{a,b}
	R^2_{adj}	= 0.159		= 0.130		
	$F(9, 235), p$	= 6.12, <0.001		= 5.07, <0.001		

Note: The superscript letters indicate the VIF in the different hierarchical regression models: a = PAD model, b = FOI model. β = standardized regression coefficient.

Italics indicate statistically significant p values ($p < 0.05$).

Abbreviations: ABU_F, father abuse; ABU_M, mother abuse; FOI, fear of intimacy; IND_F, father indifference; IND_M, mother indifference; OVER_F, father overcontrol; OVER_M, mother overcontrol; PAD, Pathological Affective Dependence.

(indifference: $\beta^m \approx 0.198$, $p = 0.021$; $\beta^f \approx 0.197$, $p = 0.017$; overcontrol: $\beta^m \approx 0.161$, $p = 0.043$; $\beta^f \approx 0.169$, $p = 0.020$). To reflect this pattern and to keep the mediation models parsimonious, we created composite indices by summing mother and father scores, since there was no clear parent-specificity and the two versions shared variance (VIFs ≈ 1.45 – 2.60), indicating redundancy.

In the first model, parental overcontrol predicted higher shame ($b = 0.502$, 95% bootstrap CI [0.337, 0.686], $\beta = 0.365$, $p < 0.001$), and shame, in turn, predicted higher PAD ($b = 1.358$, 95% bootstrap CI [0.948, 1.774], $\beta = 0.394$, $p < 0.001$). The indirect effect of parental overcontrol on PAD via shame was significant (H3a) ($b = 0.682$, 95% bootstrap CI [0.397, 1.073], $\beta = 0.144$, $p < 0.001$). A residual direct effect of parental overcontrol on PAD remained ($b = 0.957$, 95% bootstrap CI [0.351, 1.583], $\beta = 0.202$, $p = 0.003$), indicating partial mediation. Variance explained: $R^2_{shame} = 0.133$; $R^2_{PAD} = 0.254$. The total effect of parental overcontrol on PAD was $b = 1.639$ (95% bootstrap CI [1.021, 2.242], $\beta = 0.345$, $p < 0.001$).

Figure 1 illustrates the mediation model with standardized path coefficients (β). Table 5 reports the corresponding estimates for the component paths and for the indirect, direct, and total effects.

In the second model, parental indifference predicted higher paranoia ($b = 0.467$, 95% CI [0.229, 0.725], $\beta = 0.240$, $p < 0.001$), and paranoia predicted higher FoI ($b = 0.556$, 95% CI [0.379, 0.739], $\beta = 0.353$, $p < 0.001$). The indirect effect of parental

indifference on FoI via paranoia was significant (H3b) ($b = 0.260$, 95% CI [0.126, 0.426], $\beta = 0.085$, $p = 0.001$). A direct effect of parental indifference on FoI also remained ($b = 0.633$, 95% CI [0.266, 0.993], $\beta = 0.207$, $p = 0.001$), again consistent with partial mediation. Variance explained: $R^2_{paranoia} = 0.058$; $R^2_{FoI} = 0.202$. The total effect was $b = 0.893$ (95% CI [0.491, 1.289], $\beta = 0.292$, $p < 0.001$).

Figure 2 illustrates the mediation model with standardized path coefficients (β). Table 6 reports the corresponding estimates for the component paths and for the indirect, direct, and total effects.

5 | Discussion

The present study examined how early caregiving environments shape maladaptive intimacy patterns by tracing associations linking recalled early relational experiences to Pathological Affective Dependence (PAD) and Fear of Intimacy (FoI). We focused on recalled parental styles, adult attachment, and the mediating roles of shame and paranoia to understand how individuals come to maladaptive dependency strategies in close relationships.

Overall, PAD and FoI showed distinct attachment signatures. PAD aligned with fearful attachment, characterized by negative representations of both self and others (Bartholomew and Horowitz 1991), consistent with internal conflict, rapid shifts in

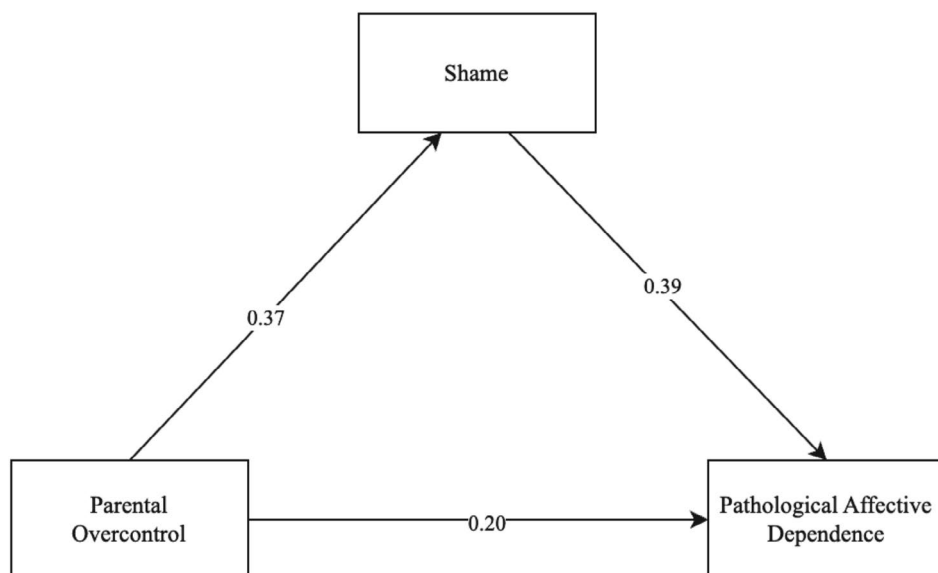


FIGURE 1 | Mediation model for pathological affective dependence. Standardized coefficients (β). $N=245$; robust MLR estimation. The predictor “Parental Overcontrol” was computed as the sum of mother and father scores; partial mediation.

TABLE 5 | Direct, indirect, and total effects for the mediation of shame between parental overcontrol and PAD.

Type	Effect	Estimate	SE	β	z	p
Indirect	OVER $\rightarrow$ OAS $\rightarrow$ PAD	0.682	0.171	0.144	3.99	<0.001
Component	OVER $\rightarrow$ OAS	0.502	0.088	0.365	5.69	<0.001
	OAS $\rightarrow$ PAD	1.358	0.210	0.394	6.46	<0.001
Direct	OVER $\rightarrow$ PAD	0.957	0.317	0.202	3.02	0.003
Total	OVER $\rightarrow$ PAD	1.639	0.313	0.345	5.24	<0.001

Note: β = fully standardized estimate; z = Wald test; p = two-tailed. “Indirect” is the product-of-coefficients path via OAS (shame); “Component” rows list the constituent paths; “Total” = direct + indirect.

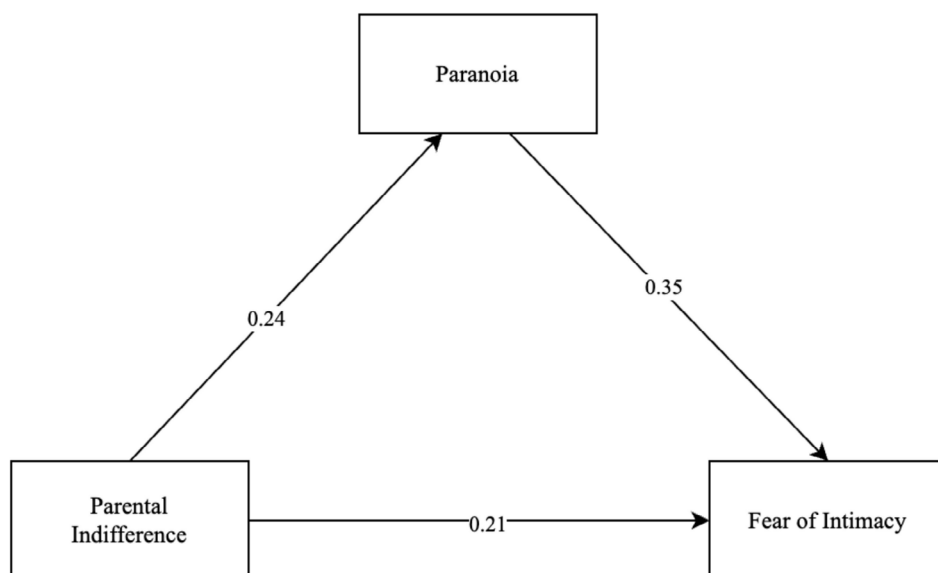


FIGURE 2 | Mediation model for Fear of Intimacy. Standardized coefficients (β). $N=245$; robust MLR estimation. The predictor “Parental Indifference” was computed as the sum of mother and father scores; partial mediation.

TABLE 6 | Direct, indirect, and total effects for the mediation of paranoia between parental indifference and FoI.

Type	Effect	Estimate	SE	β	z	p
Indirect	IND → PARA → FoI	0.260	0.076	0.085	3.42	0.001
Component	IND → PARA	0.467	0.127	0.240	3.67	<0.001
	PARA → FoI	0.556	0.091	0.353	6.10	<0.001
Direct	IND → FoI	0.633	0.188	0.207	3.36	0.001
Total	IND → FoI	0.893	0.206	0.292	4.34	<0.001

Note: β = fully standardized estimate; z = Wald test; p = two-tailed. "Indirect" is the product-of-coefficients path via PARA (paranoia); "Component" rows list the constituent paths; "Total" = direct + indirect.

partner appraisals, and difficulty disengaging from costly relationships (Pugliese et al. 2025). Notably, PAD was also positively associated with dismissing attachment at the bivariate level, although this association did not remain significant in the multivariate model. This suggests that PAD may include overlapping attachment processes, where fear of abandonment and dependency needs coexist with distrust, defensive distancing, or difficulty relying on others. This pattern refines prior mixed findings linking maladaptive intimacy to either anxious or avoidant attachment (Velotti et al. 2018, 2022) by suggesting that disorganized attachment configurations—rather than simple anxiety or avoidance—may predispose to PAD and to the maintenance of dysfunctional or violent bonds (Smith and Stover 2016; Speranza et al. 2022).

FoI, by contrast, was positively associated with dismissing and negatively with secure attachment, reflecting a preference for self-sufficiency and relational distance (Mayseless 1991; Spencer et al. 2021). Approaching intimate contact may be experienced as threatening due to low felt security, eliciting withdrawal-based regulation and rigid boundaries. The negative association with secure attachment observed only for FoI suggests that secure attachment may be particularly protective against avoidance-based intimacy difficulties, whereas PAD may emerge even in relationships that provide some felt reassurance despite being asymmetrical or costly. Age predicted higher FoI, possibly reflecting the cumulative impact of disappointing relational experiences and a progressive shift toward autonomy over intimacy (Sumter et al. 2013), while education related to lower FoI, perhaps by broadening coping and relational skills (Brunner et al. 2014; Schirra et al. 2016).

Regarding caregiving, both PAD and FoI were positively associated with recalled parental indifference, overcontrol, and abuse. In multivariate models, however, indifference and overcontrol emerged as central, while abuse did not independently predict either condition—likely reflecting the non-clinical nature of our sample. PAD was uniquely predicted by paternal overcontrol and indifference, with an additional contribution of maternal overcontrol. These findings suggest that excessive parental control may scaffold a representation of the world as threatening and of the self as fragile (Farina et al. 2021; De Rossi et al. 2023). The stronger linkage with paternal variables echoes literature highlighting fathers' impact on relationship dynamics and dependence power (Samp and Abbott 2011), potentially shaping tolerance for harmful behavior and maintaining PAD-like overinvestment.

FoI, in contrast, was predicted by both indifference and overcontrol from both parents, with indifference showing slightly stronger and more consistent effects. Emotional neglect has been identified as a distal risk factor undermining affect regulation and mentalization and increasing negative affectivity (Schimmenti et al. 2015; Poole et al. 2018), which may foster interpersonal mistrust, constraints on closeness, and fear of rejection that map onto FoI (Obeid et al. 2020; Riazi and Manouchehri 2024). The marginal trend for maternal abuse in predicting FoI may hint at a preferential maternal signal in this profile, paralleling the paternal salience observed for PAD and warranting further investigation.

Our mediation analyses provided preliminary support for distinct affective–cognitive pathways. Parental overcontrol predicted higher shame, which in turn predicted higher PAD, with a significant indirect effect and a residual direct effect consistent with partial mediation. Overcontrolling caregiving often involves restriction of autonomy, criticism, and limited emotional attunement (Weich et al. 2009; Farina et al. 2021; Perlman et al. 2022), which can foster a sense of low personal value and chronic fear of devaluation—core to shame (Matos and Pinto-Gouveia 2010; Van der Kolk 2005; Mills 2005). In turn, shame's function as a warning signal of possible rejection (Gilbert 2007) may bias individuals toward proximity-preserving, self-sacrificing strategies to maintain belonging, consistent with PAD (Bornstein et al. 1996; Gramzow and Tangney 1992; Schoenleber and Berenbaum 2012).

For FoI, parental indifference predicted higher paranoia, which in turn predicted higher FoI, again with partial mediation. Indifference was associated with heightened sensitivity to threat and hostile intent (Hastings et al. 2019; Gebhardt et al. 2017), captured by paranoid ideation and its characteristic hypervigilance and negative other-models (Freeman and Garety 2004; Gilbert et al. 2005; Liotti and Gilbert 2011; Salvatore et al. 2012). Paranoia thus appears to canalize dependency regulation toward withdrawal, non-disclosure, and rigid interpersonal distance—hallmarks of FoI's hypo-regulated profile (Forbes and Roger 1999; Murphy et al. 2012; Castilho et al. 2016). When intimacy cues are encoded as signals of possible harm or exploitation, closeness may activate defensive responses (e.g., anger, suspicion, avoidance) that prioritize self-protection over connection (Velotti et al. 2014; Papa et al. 2024).

It is important to note, however, that shame and paranoia were moderately correlated, suggesting that these mediators should

not be interpreted as fully independent processes. Rather, they may reflect partially overlapping forms of interpersonal threat processing. Shame primarily involves negative self-evaluation and fear of social devaluation, whereas paranoia involves distrust, threat vigilance, and negative expectations of others. Thus, the two processes may share a common interpersonal-threat basis while still showing relative specificity in their associations with PAD and FoI. This interpretation is consistent with our mediation findings, in which shame was more strongly involved in the pathway to PAD, whereas paranoia was more strongly involved in the pathway to FoI.

Taken together, these findings support conceptualizing PAD and FoI as distinct, partially contrasting regulatory profiles within a broader spectrum of dependency dysregulation, rather than as strictly symmetrical opposites. Our data do not test dimensional symmetry directly; rather, they suggest that PAD and FoI share a common domain of dependency while being associated with different attachment configurations and affective-cognitive pathways. PAD appears organized by internalized self-devaluation and fear of exclusion (negative self), favoring overinvestment, boundary permeability, and difficulty leaving costly relationships (Pugliese, Saliani, et al. 2023; Pugliese, Mosca, et al. 2023; Pugliese 2024). FoI appears organized by distrust and threat vigilance (negative other), favoring disinvestment, rigid boundaries, and avoidance-based coping that can escalate defensive responses and loneliness (Reis and Grenyer 2004; Underhill et al. 2008; Neilson et al. 2023). These complementary patterns may help explain heterogeneity in adult boundary problems and clarify when dependency dysregulation confers vulnerability to IPV (Velotti et al. 2018; Smith and Stover 2016).

6 | Limitations and Future Research

Several limitations qualify our conclusions. First, the cross-sectional design precludes causal inferences about pathways from parenting to shame/paranoia and to PAD/FoI. Longitudinal, multi-wave designs are needed to test temporal ordering and reciprocal influences. Second, data were based on self-report, including retrospective accounts of parenting, which may be influenced by current mood, attachment, or symptomatology. This limitation is particularly relevant for recalled parental indifference and overcontrol, as these dimensions may be reconstructed through participants' current relational schemas, negative self-views, mistrust, or affective distress. Therefore, our findings should be interpreted as associations with perceived or remembered parenting experiences, rather than as objective indicators of early caregiving environments. Future studies should incorporate multi-informant data, observational methods, and ecological momentary assessment to capture daily processes of intimacy regulation.

Third, our non-clinical community sample limits the generalizability and ecological applicability of the findings to clinical populations, particularly individuals with severe or chronic parental trauma, complex psychopathology, dissociation, or documented histories of IPV. While the community nature of the sample likely reduced base rates of extreme adversity, it may also have constrained variability in abuse and in more severe forms of PAD and FoI. In addition, the relatively high educational level

of the sample may limit generalizability to individuals with lower educational attainment or different socio-economic backgrounds, for whom dependency regulation, access to relational resources, and help-seeking processes may differ. Future work should examine these profiles in clinical and high-risk samples, as well as in more socio-demographically diverse populations, and explicitly model IPV as an outcome, exploring conditions under which PAD and FoI increase risk for perpetration and victimization (Velotti et al. 2018, 2022).

Fourth, the sample was predominantly female, with approximately 71% of participants identifying as women. Although gender did not emerge as a statistically significant predictor in the present analyses, this imbalance limits the generalizability of the findings to men and gender-diverse individuals. Therefore, conclusions regarding the role of gender should be considered preliminary. Future studies should recruit more gender-balanced samples to examine whether the associations among attachment, recalled parenting, shame, paranoia, PAD, and FoI vary across gender groups.

Fifth, the assessment of paranoia relied on the Paranoid Ideation subscale of the SCL-90-R. Although this measure captures sub-clinical suspiciousness, interpersonal mistrust, and ideas of reference, it does not directly assess paranoia as a cognitive-interpersonal schema or attachment-based threat model. Therefore, the present findings should be interpreted as referring to suspiciousness and threat-related mistrust rather than to paranoia in a broader clinical or schema-based sense. Future studies should employ more specific measures of paranoia, interpersonal threat beliefs, or negative other-schemas to better test the proposed attachment-based threat pathway.

An additional analytic limitation concerns the specificity of the mediation models. Although the indirect pathways through shame and paranoia were theoretically grounded, the models did not control for adult attachment styles or for the alternative mediator, that is, shame in the paranoia model and paranoia in the shame model. Given the significant associations among attachment styles, PAD, FoI, shame, and paranoia, the indirect effects should not be interpreted as fully independent or specific pathways. Future studies should test more comprehensive models that include adult attachment dimensions and alternative mediators simultaneously, in order to further examine the specificity and robustness of the proposed mechanisms.

Finally, other constructs not assessed here—such as interpersonal guilt, mentalization capacities, rejection sensitivity, and specific emotion regulation strategies—may further clarify developmental pathways and should be integrated into broader models.

7 | Conclusions

Our findings support the view that recalled early dissatisfaction of core caregiving needs—love, dignity, and safety—is associated with later maladaptive intimacy and affective dysregulation (Hazan and Shaver 2017; Pugliese, Saliani, et al. 2023). Within this context, PAD and FoI appear as two distinct configurations of dysregulated dependency. In PAD,

disorganizing representations of self and other and shame-based self-devaluation were associated with difficulty disengaging from costly relationships, potentially increasing vulnerability to coercive or violent dynamics (Smith and Stover 2016; Pugliese, Mosca, et al. 2023; Pugliese et al. 2025). In FoI, negative other-models and threat-related mistrust were associated with withdrawal and avoidance of intimacy, undermining healthy forms of dependence and mutual regulation (Mayseless 1991; Obeid et al. 2020; Papa et al. 2024).

Clarifying these relational and emotional associations has important implications for prevention and intervention, although future studies should test whether shame and threat-related mistrust explain unique variance beyond broader processes such as general psychological distress, negative affectivity, personality traits, trauma exposure, and current relationship status. In PAD, treatments may benefit from targeting shame, stabilizing self-worth, and promoting more balanced dependency through compassion-focused and emotion regulation strategies (Gilbert 2007; Velotti et al. 2014; Visco-Comandini et al. 2025). In FoI, interventions may prioritize threat appraisal, trust-building, and graded exposure to interpersonal vulnerability, helping individuals to revise negative expectations of others and to experiment with flexible boundary regulation (Matos et al. 2013; Castilho et al. 2016; Riazzi and Manouchchri 2024). Future translational studies should directly test such tailored modules and evaluate their impact on relational well-being and IPV risk.

More broadly, viewing PAD and FoI as partially contrasting yet intertwined risk configurations along a shared dimension of dependency dysregulation invites a shift from global notions of “insecure attachment” to more fine-grained profiles of boundary and affect regulation. This perspective may improve the identification of vulnerable individuals and inform targeted efforts to foster safer, more reciprocal intimacy across development.

Author Contributions

Carolina Papa: conceptualization, writing – original draft, writing – review and editing, methodology, investigation, data curation, visualization, formal analysis. **Erica Pugliese:** conceptualization, writing – original draft, writing – review and editing, supervision. **Claudia Perdighe:** conceptualization. **Francesco Mancini:** project administration. **Marcela Matos:** writing – review and editing, methodology, supervision.

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I confirm that ChatGPT (version 5) was used solely for the purpose of reviewing and enhancing the English language in this manuscript, specifically to improve the clarity of the text. After using this tool, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

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The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Due to the sensitive and confidential nature of the data, the dataset cannot be made publicly available, but the data supporting the findings of this study are available from the corresponding author upon reasonable request.

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