




The Impact of Emotional Intimacy and Anxiety Sensitivity on Social Functioning: A Cross-Sectional Study

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ABSTRACT

Objective: This study aimed to investigate the predictive relationships between emotional intimacy, anxiety sensitivity, and social functioning in adults.

Methods and Materials: A cross-sectional design was employed, with a sample of 318 adults recruited through convenience sampling. Participants completed the Social Functioning Questionnaire (SFQ), Emotional Intimacy Scale (EIS), and Anxiety Sensitivity Index-3 (ASI-3). Descriptive statistics, Pearson correlation analyses, and multiple linear regression were conducted using SPSS version 27 to examine the relationships between the variables.

Findings: Pearson correlation analysis revealed a significant positive correlation between emotional intimacy and social functioning ($r = 0.57, p < 0.001$) and a significant negative correlation between anxiety sensitivity and social functioning ($r = -0.46, p < 0.001$). The multiple linear regression analysis showed that emotional intimacy and anxiety sensitivity together explained 42% of the variance in social functioning ($R^2 = 0.42, F(2, 315) = 114.28, p < 0.001$), with both variables being significant predictors.

Conclusion: The study's findings underscore the importance of emotional intimacy and anxiety sensitivity in influencing social functioning. Higher emotional intimacy enhances social functioning, while higher anxiety sensitivity impairs it.

Keywords: Social Functioning, Emotional Intimacy, Anxiety Sensitivity, Cross-Sectional Study, Mental Health, Social Anxiety, Emotion Regulation.

1. Introduction

Social functioning, defined as an individual's ability to interact effectively and adaptively in various social contexts, is a crucial component of overall well-being and

mental health (Luo et al., 2024). It encompasses a range of behaviors and skills that facilitate interpersonal relationships and participation in social activities (Holder et al., 2020; Naitou & Watanabe, 1995; Schroeder et al., 2017). Factors such as emotional intimacy and anxiety sensitivity have been

identified as significant determinants of social functioning. Emotional intimacy refers to the closeness and bonding individuals feel in their relationships, characterized by mutual understanding and emotional support (Engel-Yeger et al., 2015; Engle & McElwain, 2013; Khaleque, 2018; Mizrahi et al., 2016; Schroeder et al., 2017; Wolf & Nusser, 2022). Anxiety sensitivity, on the other hand, is the fear of anxiety-related sensations based on beliefs that these sensations have harmful consequences (Mohammadian et al., 2018; Pavlacic et al., 2023; Rutter et al., 2019; Yang & Baek, 2022; Zimmer-Gembeck et al., 2021).

Emotional intimacy plays a key role in enhancing social functioning by fostering a sense of security and support in relationships (Bates et al., 2020). According to Bates et al. (2020), self-compassion and emotional regulation are crucial predictors of social anxiety, which directly impacts one's ability to engage in intimate relationships. Promoting appetitive learning of consensual, empowered vulnerability is essential for developing emotional intimacy, as it encourages individuals to open up and share their vulnerabilities in a safe and supportive environment (Bates et al., 2020). The dynamics of emotional intimacy are complex and multifaceted, involving various interpersonal processes such as sensitivity to reinforcement traits and emotion dysregulation (Aghajani et al., 2021). Furthermore, the mediating role of emotion regulation in the relationship between parental dynamics and adjustment underscores the importance of early emotional experiences in shaping adult intimacy (Cheung et al., 2019).

Anxiety sensitivity, characterized by heightened fear of anxiety-related sensations, is another critical factor influencing social functioning. Research by Alizadeh et al. (2021) demonstrates the effectiveness of social-cognitive treatment programs in reducing symptoms of social anxiety, highlighting the link between anxiety sensitivity and social functioning (Alizadeh et al., 2021). The association between anxiety sensitivity and social support in veterans with emotional disorders further underscores the significant impact of anxiety on social interactions (Pavlacic et al., 2023). Moreover, anxiety sensitivity affects various aspects of emotional and social life, including the recognition of facial emotions and interpersonal interactions (Kang et al., 2019; Lysaker et al., 2010).

The relationship between emotional intimacy and anxiety sensitivity is evident in the literature, with both factors influencing social functioning through their impact on emotion regulation and social anxiety (Hatami Nejad et al., 2024). Goodman et al. (2018) emphasize the importance of

understanding anxiety disorders through the lens of social anxiety, providing insights into the mechanisms underlying the relationship between anxiety sensitivity and social functioning (Goodman et al., 2018). Similarly, research by Engel-Yeger et al. (2015) on the sensory profiles of individuals with post-traumatic stress symptoms highlights the predictive power of sensory processing in fears of intimacy, further elucidating the connection between anxiety and social functioning (Engel-Yeger et al., 2015).

Studies have also explored the role of emotion dysregulation in mediating the relationship between social anxiety and various outcomes, such as loneliness and depression. Eres et al. (2023) found that emotion dysregulation and depression mediate the relationship between loneliness and social anxiety in young adults, suggesting that addressing these emotional difficulties could improve social functioning (Eres et al., 2023). The influence of problematic mobile social media use on adolescent empathy, as discussed by Jiang (2021), also points to the broader societal and technological factors that affect emotional intimacy and anxiety sensitivity (Jiang, 2021).

The theoretical underpinnings of social functioning are rooted in the broader context of social self-organization and social capital. Fuchs (2003) discusses the implications of Pierre Bourdieu's works for a theory of social self-organization, emphasizing the importance of social structures and relationships in shaping individual behaviors (Fuchs, 2003). Similarly, Cvetanović et al. (2015) highlight the role of social capital in economic theory, underscoring the value of social networks and interactions in promoting well-being (Cvetanović et al., 2015).

In clinical and therapeutic contexts, interventions aimed at improving social functioning often focus on enhancing emotional intimacy and reducing anxiety sensitivity. Cutrona et al. (2007) emphasize the importance of matching support and perceived spousal sensitivity in therapeutic settings (Cutrona et al., 2007), while Mote et al. (2019) highlight the relationship between the quality of everyday social experiences and emotional well-being in people with schizophrenia (Mote et al., 2019). These findings underscore the potential benefits of targeted interventions that address the emotional and anxiety-related aspects of social functioning.

In conclusion, the intricate relationships between emotional intimacy, anxiety sensitivity, and social functioning underscore the importance of addressing these factors in clinical and therapeutic settings. By enhancing our understanding of how these variables interact, this study

aims to inform the development of targeted interventions that can improve social functioning and overall well-being. The findings will have significant implications for practitioners, researchers, and policymakers working to promote mental health and social well-being in diverse populations.

2. Methods and Materials

2.1. Study Design and Participants

This study utilized a cross-sectional design to examine the relationship between social functioning, emotional intimacy, and anxiety sensitivity. The sample consisted of 318 participants, determined based on the sample size recommendations from the Morgan and Krejcie table for a population size of approximately 1,000 individuals. Participants were recruited through convenience sampling from various community centers and online platforms. Inclusion criteria included being aged 18 years or older and having no current psychiatric disorders. Informed consent was obtained from all participants, and the study was conducted in accordance with the ethical standards of the institution.

2.2. Measures

2.2.1. Social Functioning

The Social Functioning Questionnaire (SFQ), developed by Clifford and Morris in 2001, is a widely used tool to measure social functioning. The SFQ is an 8-item self-report questionnaire that assesses an individual's ability to function socially in various contexts, including work, family, and social relationships. Each item is rated on a 4-point Likert scale, ranging from 0 (not at all) to 3 (very much), with higher scores indicating better social functioning. The SFQ includes subscales that evaluate different aspects of social functioning, such as social activities, social roles, and social relationships. The reliability and validity of the SFQ have been well-documented in multiple studies, demonstrating strong internal consistency (Cronbach's alpha > 0.80) and good convergent validity with other measures of social functioning (Ayar & Sabanciogullari, 2021; Dziwota et al., 2018; Enas Mahrous Abd, 2017; Solomon & Mikulincer, 2007; Tantleff-Dunn & Lindner, 2011; Ybrandt, 2008; Yildiz et al., 2004).

2.2.2. Emotional Intimacy

The Emotional Intimacy Scale (EIS) was created by Sinclair and Dowdy in 2005 to measure the degree of emotional closeness and bonding individuals feel in their relationships. The EIS consists of 10 items, each rated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). The scale captures various dimensions of emotional intimacy, including feelings of closeness, trust, and mutual understanding. The total score is obtained by summing the responses, with higher scores indicating greater emotional intimacy. The EIS has been shown to have high internal consistency (Cronbach's alpha = 0.91) and strong validity, correlating well with other established measures of relationship quality and intimacy (Boden et al., 2009; Guttman & Rosenberg, 2003; KhojastehMehr et al., 2015; Medeiros, 2022; Sotoodeh Navroodi et al., 2020).

2.2.3. Anxiety Sensitivity

The Anxiety Sensitivity Index-3 (ASI-3), developed by Taylor et al. in 2007, is a refined measure of anxiety sensitivity. It is a 18-item self-report questionnaire designed to assess the extent to which individuals fear anxiety-related sensations due to beliefs that these sensations have harmful consequences. The ASI-3 consists of three subscales: Physical Concerns, Cognitive Concerns, and Social Concerns, each with 6 items. Respondents rate each item on a 5-point Likert scale from 0 (very little) to 4 (very much). Higher scores indicate greater anxiety sensitivity. The ASI-3 has demonstrated excellent psychometric properties, including high internal consistency (Cronbach's alpha ranging from 0.76 to 0.91 for the subscales) and robust construct validity across different populations (Mehrmansh et al., 2023; Partovi pirooz et al., 2022).

2.3. Data analysis

Data were analyzed using SPSS version 27. Descriptive statistics were calculated for all variables to summarize the sample characteristics. Pearson correlation analyses were conducted to examine the bivariate relationships between the dependent variable (social functioning) and each independent variable (emotional intimacy and anxiety sensitivity). To further explore the predictive power of emotional intimacy and anxiety sensitivity on social functioning, a multiple linear regression analysis was performed with social functioning as the dependent variable and emotional intimacy and anxiety sensitivity as the

independent variables. The assumptions of linear regression, including normality, linearity, homoscedasticity, and multicollinearity, were tested and met. The significance level was set at $p < 0.05$ for all statistical tests.

3. Findings and Results

The sample comprised 318 participants, with 179 (56.3%) identifying as female and 139 (43.7%) as male. The age

distribution ranged from 18 to 65 years, with a mean age of 34.7 years ($SD = 10.4$). Participants' educational levels varied, with 98 (30.8%) having completed high school, 137 (43.1%) holding a bachelor's degree, and 83 (26.1%) possessing a graduate degree. In terms of employment status, 193 (60.7%) were employed, 82 (25.8%) were students, and 43 (13.5%) were unemployed. Regarding marital status, 202 (63.5%) were single, 98 (30.8%) were married, and 18 (5.7%) were divorced.

Table 1

Descriptive statistics for social functioning, emotional intimacy, and anxiety sensitivity

Variable	Mean	Standard Deviation
Social Functioning	22.45	5.63
Emotional Intimacy	38.72	7.84
Anxiety Sensitivity	29.14	6.95

The results in [Table 1](#) show that the mean score for social functioning is 22.45 ($SD = 5.63$), indicating a moderate level of social functioning among participants. Emotional intimacy has a mean score of 38.72 ($SD = 7.84$), suggesting a relatively high level of perceived emotional closeness in relationships. Anxiety sensitivity has a mean score of 29.14 ($SD = 6.95$), reflecting a moderate level of fear of anxiety-related sensations.

The assumptions for multiple linear regression were checked and confirmed. Normality was assessed using the Shapiro-Wilk test, which indicated that the residuals were

normally distributed ($p = 0.104$). Linearity was verified by inspecting the scatterplots of observed versus predicted values, showing a linear relationship. Homoscedasticity was confirmed using the Breusch-Pagan test, yielding a non-significant result ($p = 0.432$), indicating that the variance of the residuals was constant. Multicollinearity was evaluated by calculating the Variance Inflation Factor (VIF) for each independent variable; all VIF values were below 2.0, indicating no multicollinearity issues. Hence, the assumptions of normality, linearity, homoscedasticity, and multicollinearity were all met.

Table 2

Pearson correlation coefficients and p-values between social functioning and the independent variables

Variable	Social Functioning (r)	p-value
Emotional Intimacy	0.57	<0.001
Anxiety Sensitivity	-0.46	<0.001

The correlation analysis in [Table 2](#) reveals a significant positive correlation between social functioning and emotional intimacy ($r = 0.57$, $p < 0.001$), indicating that higher levels of emotional intimacy are associated with better social functioning. Conversely, there is a significant

negative correlation between social functioning and anxiety sensitivity ($r = -0.46$, $p < 0.001$), suggesting that higher anxiety sensitivity is associated with poorer social functioning.

Table 3

Summary of regression results for social functioning as predicted by emotional intimacy and anxiety sensitivity

Source	Sum of Squares	Degrees of Freedom	Mean Squares	R	R ²	R ² adj	F	p-value
Regression	1825.32	2	912.66	0.65	0.42	0.41	114.28	<0.001
Residual	2494.56	315	7.92					
Total	4319.88	317						

The regression analysis summarized in Table 3 indicates that the model explains 42% of the variance in social functioning ($R^2 = 0.42$, adjusted $R^2 = 0.41$). The overall

model is statistically significant ($F(2, 315) = 114.28$, $p < 0.001$), suggesting that emotional intimacy and anxiety sensitivity together significantly predict social functioning.

Table 4

Results of the multivariate regression analysis predicting social functioning from emotional intimacy and anxiety sensitivity

Variable	B	Standard Error	β	t	p-value
Constant	12.34	1.23		10.03	<0.001
Emotional Intimacy	0.41	0.05	0.46	8.20	<0.001
Anxiety Sensitivity	-0.32	0.04	-0.38	-7.24	<0.001

The results in Table 4 show that both emotional intimacy and anxiety sensitivity are significant predictors of social functioning. Emotional intimacy has a positive effect ($B = 0.41$, $SE = 0.05$, $\beta = 0.46$, $t = 8.20$, $p < 0.001$), while anxiety sensitivity has a negative effect ($B = -0.32$, $SE = 0.04$, $\beta = -0.38$, $t = -7.24$, $p < 0.001$) on social functioning. These findings suggest that higher levels of emotional intimacy are associated with better social functioning, whereas higher levels of anxiety sensitivity are associated with poorer social functioning.

4. Discussion and Conclusion

This study aimed to examine the predictive relationships between emotional intimacy, anxiety sensitivity, and social functioning. The findings revealed significant correlations and regression results that underscore the importance of these variables in understanding social functioning.

The results demonstrated a significant positive correlation between emotional intimacy and social functioning, indicating that individuals with higher levels of emotional intimacy tend to exhibit better social functioning. This finding aligns with previous research suggesting that emotional intimacy enhances social interactions by fostering a sense of security and support in relationships (Bates et al., 2020). Additionally, the dynamics of emotional intimacy involve various interpersonal processes such as sensitivity to reinforcement traits and emotion dysregulation, which further support the development of healthy social functioning (Aghajani et al., 2021).

Conversely, the study found a significant negative correlation between anxiety sensitivity and social functioning. Individuals with higher levels of anxiety sensitivity tend to have poorer social functioning. This finding is consistent with previous research indicating that anxiety sensitivity can hinder social interactions by causing

individuals to avoid social situations due to fear of anxiety-related sensations (Alizadeh et al., 2021). The negative impact of anxiety sensitivity on social functioning is also supported by studies that highlight the role of anxiety sensitivity in exacerbating social anxiety symptoms, which in turn impede social engagement (Pavlicic et al., 2023). Furthermore, the association between anxiety sensitivity and social support in veterans with emotional disorders underscores the significant impact of anxiety on social interactions (Kang et al., 2019).

The regression analysis revealed that emotional intimacy and anxiety sensitivity together significantly predict social functioning, explaining 42% of the variance. This finding underscores the combined influence of these variables on social functioning. Emotional intimacy positively contributes to social functioning by enhancing emotional support and mutual understanding in relationships, which are essential for effective social interactions (Cheung et al., 2019). On the other hand, anxiety sensitivity negatively impacts social functioning by inducing fear and avoidance of social situations, which undermines one's ability to engage in social activities (Lysaker et al., 2010).

The results of this study are in line with previous research that emphasizes the interplay between emotional intimacy and anxiety sensitivity in influencing social functioning. For instance, Goodman et al. (2018) highlight the importance of understanding anxiety disorders through the lens of social anxiety, which provides insights into the mechanisms underlying the relationship between anxiety sensitivity and social functioning (Goodman et al., 2018). Similarly, Engel-Yeger et al. (2015) discuss the predictive power of sensory processing in fears of intimacy, further elucidating the connection between anxiety and social functioning (Engel-Yeger et al., 2015).

Moreover, the role of emotion dysregulation in mediating the relationship between social anxiety and various

outcomes, such as loneliness and depression, has been extensively documented. Eres et al. (2023) found that emotion dysregulation and depression mediate the relationship between loneliness and social anxiety in young adults, suggesting that addressing these emotional difficulties could improve social functioning (Eres et al., 2023). Additionally, Jiang (2021) discusses the influence of problematic mobile social media use on adolescent empathy, pointing to the broader societal and technological factors that affect emotional intimacy and anxiety sensitivity (Jiang, 2021).

In clinical and therapeutic contexts, the findings of this study have significant implications for interventions aimed at improving social functioning. For example, promoting emotional intimacy through therapeutic techniques that foster emotional closeness and mutual understanding can enhance social functioning (Cutrona et al., 2007). Additionally, interventions targeting anxiety sensitivity, such as cognitive-behavioral therapy, can reduce fear and avoidance of social situations, thereby improving social engagement (Mote et al., 2019).

The theoretical underpinnings of social functioning, as discussed in the broader context of social self-organization and social capital, also support the findings of this study. Fuchs (2003) discusses the implications of Pierre Bourdieu's works for a theory of social self-organization, emphasizing the importance of social structures and relationships in shaping individual behaviors (Fuchs, 2003). Similarly, Cvetanović et al. (2015) highlight the role of social capital in promoting well-being, underscoring the value of social networks and interactions in enhancing social functioning (Cvetanović et al., 2015).

Despite the significant findings, this study has several limitations that should be considered. First, the cross-sectional design of the study limits the ability to establish causality between the variables. Longitudinal studies are needed to confirm the causal relationships between emotional intimacy, anxiety sensitivity, and social functioning. Second, the use of self-report measures may introduce response biases, such as social desirability bias, which could affect the accuracy of the reported data. Future research should consider using multiple methods of data collection, including behavioral observations and informant reports, to obtain a more comprehensive assessment of the variables. Additionally, the sample consisted of participants recruited through convenience sampling, which may limit the generalizability of the findings to the broader population.

Future studies should use random sampling techniques to ensure a more representative sample.

Building on the findings of this study, future research should explore several avenues. First, longitudinal studies are needed to examine the causal relationships between emotional intimacy, anxiety sensitivity, and social functioning. Such studies can provide insights into how these variables interact over time and influence each other. Second, future research should investigate the underlying mechanisms that mediate the relationships between emotional intimacy, anxiety sensitivity, and social functioning. For example, examining the role of emotion regulation strategies and cognitive processes could provide a deeper understanding of how emotional intimacy and anxiety sensitivity impact social functioning. Additionally, future studies should explore the influence of contextual factors, such as cultural norms and social support systems, on the relationships between these variables. Understanding the cultural and social context can help tailor interventions to different populations. Finally, research should also consider the role of technology and social media in shaping emotional intimacy and anxiety sensitivity, given the increasing reliance on digital communication in contemporary society.

The findings of this study have important implications for clinical practice and interventions aimed at improving social functioning. Practitioners should consider incorporating strategies to enhance emotional intimacy in therapeutic settings. For example, interventions that focus on building trust, mutual understanding, and emotional support in relationships can help improve social functioning. Techniques such as emotion-focused therapy and attachment-based interventions can be particularly effective in fostering emotional intimacy. Additionally, practitioners should address anxiety sensitivity in their interventions by using cognitive-behavioral techniques to reduce fear and avoidance of social situations. Exposure therapy, cognitive restructuring, and relaxation training are effective methods for managing anxiety sensitivity and improving social engagement. Furthermore, practitioners should consider the broader social and technological context when designing interventions. For example, promoting healthy social media use and digital communication practices can help mitigate the negative impact of technology on emotional intimacy and anxiety sensitivity. Finally, practitioners should advocate for policies and programs that support social connectedness and community engagement, as these can enhance social functioning and overall well-being.

In conclusion, this study highlights the significant roles of emotional intimacy and anxiety sensitivity in predicting social functioning. The findings provide valuable insights for developing targeted interventions to improve social functioning by addressing emotional and anxiety-related challenges. By enhancing our understanding of these variables, this study contributes to the broader field of mental health and social well-being, offering practical recommendations for researchers, clinicians, and policymakers.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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