

Predicting Fear of Emotional Intimacy Based on Childhood Trauma: The Mediating Role of Interpersonal Emotion Regulation Among Student Couples

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ABSTRACT

The present study aimed to predict fear of emotional intimacy based on childhood trauma, with the mediating role of interpersonal emotion regulation among student couples. In terms of purpose, this research was applied in nature. Regarding methodology, it was a quantitative, descriptive-correlational study utilizing path analysis. For this purpose, 250 student couples from branches of the Islamic Azad University in Tehran were selected through convenience random sampling. Participants completed the Childhood Trauma Questionnaire (CTQ; Bernstein et al., 2003), the Fear of Intimacy Scale (Descutner & Thelen, 1991), and the Interpersonal Emotion Regulation Questionnaire (IERQ; Hofmann et al., 2016). Data were analyzed using SPSS version 27 and AMOS through path analysis. The findings indicated that childhood trauma was a significant predictor of fear of emotional intimacy in couples' relationships. Furthermore, interpersonal emotion regulation played a significant mediating role in the relationship between childhood trauma and fear of emotional intimacy. In other words, experiences of early-life trauma may influence individuals' fear of emotional closeness in romantic relationships by weakening their ability to regulate emotions within interpersonal interactions. The results highlight the importance of addressing early life experiences and strengthening emotion regulation skills to improve the quality of couples' relationships, particularly during the university years. Accordingly, counseling and therapeutic interventions focused on enhancing interpersonal emotion regulation may be effective in reducing fear of intimacy and promoting marital satisfaction.

Keywords: Childhood trauma, fear of emotional intimacy, interpersonal emotion regulation, student couples, Islamic Azad University branches in Tehran

1. Introduction

Emotional intimacy is one of the most fundamental dimensions of close interpersonal relationships and plays a critical role in marital satisfaction, psychological well-being, and relationship stability. Emotional intimacy refers to an individual's ability to share personal thoughts, feelings, vulnerabilities, and emotional experiences with a significant other while maintaining a sense of trust, security, and acceptance. The development of emotional intimacy contributes to relationship satisfaction, emotional support, and psychological adjustment, whereas difficulties in establishing emotional closeness often result in interpersonal conflict, loneliness, emotional distress, and relationship dissatisfaction (Jafari Razji et al., 2021; Mousavi & Moharrami, 2019). Fear of emotional intimacy, characterized by discomfort, anxiety, or avoidance regarding emotional closeness with others, has emerged as an important construct in relationship psychology. Individuals who experience fear of intimacy often struggle to form and maintain satisfying romantic relationships because emotional disclosure and vulnerability are perceived as threatening rather than rewarding (Engel-Yeger et al., 2015; Khajeh Hosseini Rabari et al., 2024). Given the centrality of emotional intimacy in marital functioning, identifying the factors that contribute to fear of emotional intimacy remains a significant objective in contemporary psychological research.

One of the most influential factors associated with fear of intimacy is childhood trauma. Childhood trauma encompasses a wide range of adverse experiences, including emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect occurring during formative developmental periods. Extensive evidence suggests that traumatic childhood experiences exert long-lasting effects on emotional development, interpersonal functioning, self-concept, and psychological adjustment throughout adulthood (Sharma et al., 2024; Zahra & Ahmad, 2025). Early adverse experiences often disrupt the formation of secure attachment relationships and interfere with the development of trust, emotional security, and adaptive interpersonal expectations. Consequently, individuals exposed to childhood trauma may develop maladaptive cognitive schemas concerning themselves and others, leading to difficulties in establishing close emotional relationships later in life. Previous studies have demonstrated that childhood trauma is associated with a wide range of interpersonal difficulties, including

relationship instability, attachment insecurity, emotional avoidance, and diminished relationship satisfaction (Omopo, 2025; Richardson et al., 2024). Therefore, understanding the relationship between childhood trauma and fear of emotional intimacy is particularly important among married individuals and couples.

The theoretical relationship between childhood trauma and fear of emotional intimacy can be explained through developmental and attachment-based perspectives. Individuals who experience abuse or neglect during childhood frequently learn that close relationships are associated with pain, rejection, unpredictability, or emotional invalidation. As a result, emotional closeness may become linked with fear and vulnerability rather than safety and support. Research has consistently shown that traumatic childhood experiences are associated with increased avoidance of intimacy and difficulties in emotional connectedness during adulthood (Engel-Yeger et al., 2015; Riazi & Manouchehri, 2024). Riazi and Manouchehri found that childhood trauma significantly predicted fear of intimacy and that psychological mechanisms related to self-processing and interpersonal understanding mediated this relationship (Riazi & Manouchehri, 2024). Similarly, Engel-Yeger and colleagues reported that post-traumatic symptoms were associated with greater fears of intimacy and impaired interpersonal functioning (Engel-Yeger et al., 2015). These findings suggest that early traumatic experiences may create enduring vulnerabilities that affect individuals' capacity for emotional closeness within intimate relationships.

Although childhood trauma has been repeatedly linked to fear of intimacy, contemporary psychological models emphasize that this relationship is unlikely to be direct alone. Instead, trauma often influences interpersonal outcomes through its effects on emotional processes. Among these processes, emotion regulation has received substantial empirical attention. Emotion regulation refers to the processes through which individuals influence the experience, expression, and management of emotions. Effective emotion regulation enables individuals to identify, understand, tolerate, and modify emotional experiences in adaptive ways, whereas emotion dysregulation is characterized by difficulties in emotional awareness, acceptance, control, and modulation (Agathos et al., 2025; Zitzmann et al., 2024). The literature consistently indicates that childhood trauma undermines the development of adaptive emotion regulation capacities because adverse caregiving environments frequently fail to provide appropriate emotional modeling, validation, and support

(Greene et al., 2026; Zitzmann et al., 2024). Consequently, individuals exposed to childhood trauma are more likely to exhibit emotional dysregulation across developmental stages.

Numerous empirical investigations have supported the association between childhood trauma and difficulties in emotion regulation. Studies have demonstrated that childhood trauma predicts emotional dysregulation in adolescents and adults across diverse populations and psychological conditions (Sharma et al., 2024; Zahra & Ahmad, 2025). Sharma et al. reported that emotion regulation significantly mediated the relationship between childhood trauma and psychological symptoms among adolescents (Sharma et al., 2024). Similarly, Zahra and Ahmad found that childhood trauma was strongly associated with emotional dysregulation among adults with obsessive-compulsive disorder (Zahra & Ahmad, 2025). Ahari et al. further demonstrated that emotion regulation difficulties mediated the relationship between childhood trauma and self-injurious tendencies among adolescents (Ahari et al., 2025). These findings suggest that emotional dysregulation may represent a key psychological mechanism through which childhood trauma contributes to maladaptive outcomes later in life.

Beyond individual emotion regulation, recent scholarship has increasingly emphasized the importance of interpersonal emotion regulation. Interpersonal emotion regulation refers to the processes through which individuals use social interactions and interpersonal relationships to manage, modify, or influence emotional experiences. Unlike intrapersonal emotion regulation, which focuses on internal self-regulatory processes, interpersonal emotion regulation involves seeking support, reassurance, perspective, validation, or emotional assistance from others (Greene et al., 2026; Reed et al., 2025). Interpersonal emotion regulation is particularly relevant in romantic relationships because partners frequently rely on one another to cope with stress, regulate negative emotions, and maintain emotional equilibrium. Effective interpersonal emotion regulation enhances communication, empathy, trust, and relational satisfaction, whereas deficits in this capacity may contribute to relationship difficulties and emotional disconnection.

Research increasingly supports the role of emotion regulation processes in trauma-related interpersonal functioning. Individuals with histories of trauma often demonstrate reduced capacity to regulate emotions effectively within interpersonal contexts, which may increase vulnerability to relational difficulties and intimacy-

related fears (Jin et al., 2025; Weber & Lynch, 2024). For example, Jin et al. reported that emotion dysregulation played a significant role in explaining the relationship between insecure attachment and posttraumatic stress symptoms (Jin et al., 2025). Similarly, Weber and Lynch identified emotion regulation as a significant predictor of trauma-related psychological outcomes among women exposed to interpersonal violence (Weber & Lynch, 2024). Additional studies have demonstrated that emotion regulation functions as a mediator or moderator between trauma exposure and various psychological outcomes, including mental health difficulties, posttraumatic symptoms, sleep quality, and social functioning (Chukwuemeli, 2025; Taccini et al., 2024; Thompson & Martin-Wagar, 2024). Collectively, these findings indicate that emotion regulation processes may provide a critical pathway linking traumatic experiences to later relational difficulties.

Several studies have specifically examined the relationship between emotion regulation and fear of intimacy. Mousavi and Moharrami found that emotional dysregulation significantly predicted fear of intimacy among men and contributed to maladaptive relationship attitudes (Mousavi & Moharrami, 2019). Likewise, Jafari Razji et al. demonstrated that difficulties in emotion regulation were among the strongest predictors of fear of intimacy in female sex workers (Jafari Razji et al., 2021). Intervention studies further support this relationship. Jafari et al. reported that emotion-focused interventions significantly reduced fear of intimacy while simultaneously improving emotion regulation capacities among divorced women (Jafari et al., 2023). Similarly, Khajeh Hosseini Rabari et al. found that Emotion-Focused Therapy effectively reduced fear of intimacy and emotional dysregulation among women affected by marital infidelity (Khajeh Hosseini Rabari et al., 2024). These findings suggest that the ability to regulate emotions effectively may facilitate emotional openness and reduce avoidance of intimacy in close relationships.

The mediating role of emotion regulation in trauma-related outcomes has received increasing empirical support across multiple contexts. Studies have shown that emotion regulation mediates the effects of childhood trauma on impulsive behaviors, psychological symptoms, self-harm tendencies, posttraumatic stress symptoms, and broader mental health outcomes (Ahari et al., 2025; Richardson et al., 2024; Sharma et al., 2024). Agathos et al. emphasized the central role of emotion regulation processes in understanding posttraumatic adaptation and recovery among

individuals exposed to traumatic experiences (Agathos et al., 2025). Likewise, Ramadas et al. demonstrated that emotion regulation plays an important role in explaining the psychological consequences of potentially traumatic events and interpersonal vulnerabilities (Ramadas et al., 2024). Reed et al. and Taccini et al. further highlighted the importance of emotion regulation in mitigating trauma-related psychological distress among survivors of interpersonal adversity (Reed et al., 2025; Taccini et al., 2024). Despite these advances, relatively few studies have specifically examined interpersonal emotion regulation as a mediator between childhood trauma and fear of emotional intimacy, particularly within married student populations.

Student couples represent a unique population facing numerous developmental, academic, financial, and relational challenges. University years often coincide with important transitions involving identity formation, career development, marital adjustment, and increasing relational responsibilities. The ability to establish emotional intimacy and effectively regulate emotions within close relationships is therefore especially important during this period. However, unresolved childhood trauma may undermine these developmental tasks by impairing interpersonal functioning and increasing vulnerability to emotional avoidance and intimacy-related fears. Given the growing evidence linking childhood trauma, emotion regulation, and interpersonal adjustment, investigating these variables among married students may provide valuable insights for counseling, prevention, and intervention programs designed to strengthen couple relationships.

Although previous research has independently examined childhood trauma, emotion regulation, and fear of intimacy, several gaps remain in the literature. First, relatively limited attention has been devoted to the role of interpersonal emotion regulation as a distinct mechanism linking childhood trauma to fear of emotional intimacy. Second, most existing studies have focused on clinical populations, trauma survivors, or individuals experiencing specific psychological disorders, while comparatively fewer investigations have examined these relationships among married student couples. Third, understanding the mediating mechanisms through which childhood trauma influences relational outcomes may contribute to the development of more targeted and effective therapeutic interventions aimed at improving emotional intimacy and relationship quality. Therefore, further investigation is warranted to clarify the interplay among childhood trauma, interpersonal emotion regulation, and fear of emotional intimacy.

Accordingly, the present study aimed to predict fear of emotional intimacy based on childhood trauma with the mediating role of interpersonal emotion regulation among married students enrolled in Islamic Azad University branches in Tehran.

2. Methods and Materials

2.1. Study Design and Participants

The present study was applied in terms of purpose and quantitative, descriptive-correlational in nature, employing path analysis. The research instruments included the Childhood Trauma Questionnaire, the Interpersonal Emotion Regulation Questionnaire, and the Fear of Emotional Intimacy Questionnaire. The statistical population consisted of all married students enrolled at Islamic Azad University branches in Tehran. For this study, the questionnaires and a checklist were prepared and approved by the research supervisor. Subsequently, the questionnaires were designed and distributed through the Porsline online survey platform and shared within student groups on WhatsApp and Telegram affiliated with Islamic Azad University branches in Tehran. Initially, the objectives of the study were explained to the participants, and after obtaining informed consent, the questionnaires were made available to them. To ensure compliance with ethical considerations, and in accordance with Articles 8-4 and 8-5 of the Ethical Code of the Iranian Psychological Association and Counseling Organization, informed consent was obtained from all participants. They were informed that the collected information would remain confidential, be accessible only to the researchers, and be used exclusively for research purposes. The estimated time required to complete the questionnaires was approximately 20–30 minutes.

The inclusion criteria required participants to be married university students. Having children or not was not considered a criterion for participation, and no specific duration of marriage was required. Participants were required to reside in Tehran and be enrolled in one of the Islamic Azad University branches in Tehran.

2.2. Measures

Childhood Trauma Questionnaire (CTQ). The Childhood Trauma Questionnaire (CTQ) was developed by Bernstein et al. (2003) to assess childhood trauma and adverse childhood experiences. The questionnaire consists of 28 items, of

which 25 items assess the primary dimensions of childhood trauma, while 3 items are designed to identify respondents who may be minimizing or denying childhood difficulties. The CTQ includes five subscales: Emotional Abuse, Physical Abuse, Sexual Abuse, Emotional Neglect, and Physical Neglect. Responses are rated on a Likert-type scale. An example item is: "A family member hit me so hard that I had to see a doctor or go to the hospital." Before scoring the questionnaire, items 2, 5, 7, 13, 19, 26, and 28 must be reverse-scored. Higher scores indicate greater childhood trauma, whereas lower scores indicate fewer traumatic childhood experiences. Scores on each subscale range from 5 to 25, and total scores range from 25 to 125. The scoring procedures for each subscale are presented subsequently. It should be noted that items 10, 16, and 22 are validity items intended to assess minimization or denial of childhood difficulties. If the total score on these items exceeds 12, the participant's responses are likely to be invalid. In the study conducted by Enfeal et al. (2021), the content, face, and criterion validity of the questionnaire were found to be satisfactory. In Iran, Ebrahimi et al. reported Cronbach's alpha coefficients ranging from .81 to .98 for the five subscales of the questionnaire. Additionally, Enfeal et al. (2021) reported a Cronbach's alpha coefficient above .70 for the overall scale.

Interpersonal Emotion Regulation Questionnaire (IERQ). The Interpersonal Emotion Regulation Questionnaire is a self-report instrument developed by Hofmann et al. (2016) to assess emotion regulation processes within interpersonal interactions. The questionnaire consists of 20 items and four subscales: Enhancing Positive Affect, Soothing, Social Modeling, and Perspective Taking. The psychometric properties of the instrument have been reported as satisfactory. Internal consistency coefficients for the four subscales—Enhancing Positive Affect, Soothing, Social Modeling, and Perspective Taking—were reported as .98, .94, .93, and .91, respectively. Factor analytic findings also confirmed the presence of these four factors. The overall Cronbach's alpha coefficient of the questionnaire was reported as .90.

Fear of Intimacy Scale (FIS). The Fear of Intimacy Scale (FIS) is a 35-item self-report instrument developed by Descutner and Thelen (1991) to assess anxiety related to close interpersonal relationships. Items are rated on a five-point Likert scale ranging from 1 ("Not at all characteristic of me") to 5 ("Completely characteristic of me"), yielding total scores ranging from 35 to 175. The instrument is scored on a five-point continuum from very low to very high and

consists of two subscales. To establish the validity of the scale, Descutner and Thelen (1991) examined both discriminant and convergent validity. For this purpose, they employed Jourard's Self-Disclosure Scale, Miller's Social Intimacy Scale, the UCLA Loneliness Scale, the Short Form Need for Cognition Scale, and measures of friendship and intimacy self-assessment. Results from both validation procedures demonstrated satisfactory psychometric properties. Regarding reliability, the original study reported high internal consistency ($\alpha = .93$) and strong test-retest reliability ($r = .89$). Fallahzadeh et al. (2011) examined the psychometric properties of the scale in Iran. Factor analysis identified two factors among the 35 items: Factor 1, Fear of Intimacy in Relation to Spouse, and Factor 2, Fear of Intimacy in Relation to Others. Internal consistency coefficients were .83 for the total scale, .81 for the first factor, and .79 for the second factor. Test-retest reliability coefficients were .92 for the total scale and .87 and .85 for Factors 1 and 2, respectively. In a preliminary validation study, the Cronbach's alpha coefficient of the Persian version among married university students was reported as .91, indicating high internal consistency. Furthermore, the correlation coefficient between scores obtained across two administrations with a four-week interval was .87, demonstrating strong test-retest reliability for the Persian version.

2.3. Data Analysis

Data analysis was conducted at both descriptive and inferential levels. Descriptive statistics included the calculation of means, standard deviations, kurtosis, and skewness. Inferential analyses were performed after verifying the assumptions of parametric statistical tests. Pearson's correlation coefficient and path analysis were employed to test the research hypotheses. Data were analyzed using SPSS version 27 and AMOS software.

3. Findings and Results

A total of 250 married students participated in the study. Of these, 198 participants (79.2%) were female and 52 (20.8%) were male. Participants ranged in age from 22 to 68 years. Regarding educational attainment, 32 participants (12.8%) were enrolled in associate degree programs, 93 (37.2%) were undergraduate students, 89 (35.6%) were master's students, and 36 (14.4%) were doctoral students. These findings indicate that the sample consisted predominantly of female participants and included students

from various academic levels, thereby providing a diverse representation of married students enrolled at Islamic Azad University branches in Tehran.

Table 1

Descriptive Statistics and Correlations Among Study Variables (N = 250)

Variable	M	SD	Min	Max	Skewness	Kurtosis	1	2	3
1. Childhood Trauma	63.80	6.98	41.00	96.00	0.80	2.97	—		
2. Interpersonal Emotion Regulation	59.14	8.20	30.00	87.00	0.78	1.26	-.357**	—	
3. Fear of Emotional Intimacy	93.50	11.57	59.00	131.00	-0.08	1.09	.243**	-.297**	—

As presented in Table 1, the mean (SD) scores for childhood trauma, interpersonal emotion regulation, and fear of emotional intimacy were 63.80 (6.98), 59.14 (8.20), and 93.50 (11.57), respectively. Examination of skewness and kurtosis values indicated that all variables fell within acceptable ranges, suggesting approximate normality of distributions. Furthermore, childhood trauma was significantly and negatively correlated with interpersonal emotion regulation ($r = -.357, p < .01$), indicating that greater childhood trauma was associated with lower levels of interpersonal emotion regulation. Childhood trauma was also positively correlated with fear of emotional intimacy ($r = .243, p < .01$), suggesting that individuals reporting higher levels of childhood trauma tended to experience greater fear of emotional intimacy. In addition, interpersonal emotion

regulation demonstrated a significant negative correlation with fear of emotional intimacy ($r = -.297, p < .01$), indicating that more effective interpersonal emotion regulation was associated with lower levels of fear of emotional intimacy.

Prior to conducting path analysis, the assumptions underlying parametric statistical procedures were examined. The values of skewness and kurtosis for all study variables were within acceptable limits, indicating normal distribution of scores. Correlation analyses confirmed the existence of significant linear relationships among the variables. The sample size was adequate for structural path modeling, and no evidence of severe multicollinearity was observed among the predictor variables. Therefore, the data met the necessary assumptions for conducting path analysis.

Table 2

Direct, Indirect, and Total Effects in the Path Analysis Model

Path	B	β	SE	t	p
Childhood Trauma → Fear of Emotional Intimacy	0.18	0.25	2.38	4.03	< .001
Childhood Trauma → Interpersonal Emotion Regulation	-0.48	-0.52	5.84	-8.42	.017
Interpersonal Emotion Regulation → Fear of Emotional Intimacy	-0.29	-0.19	3.65	-2.93	< .001
Childhood Trauma → Interpersonal Emotion Regulation → Fear of Emotional Intimacy (Indirect Effect)	—	0.086	—	—	.011
95% Bootstrap CI	—	—	Lower = 0.030	Upper = 0.175	—

The results of the path analysis supported all hypothesized relationships. Childhood trauma exerted a significant direct positive effect on fear of emotional intimacy ($\beta = .25, p < .001$), indicating that higher levels of childhood trauma were associated with greater fear of emotional intimacy among married students. Childhood trauma also significantly predicted interpersonal emotion regulation ($\beta = -.52, p = .017$), suggesting that greater exposure to childhood trauma was associated with poorer

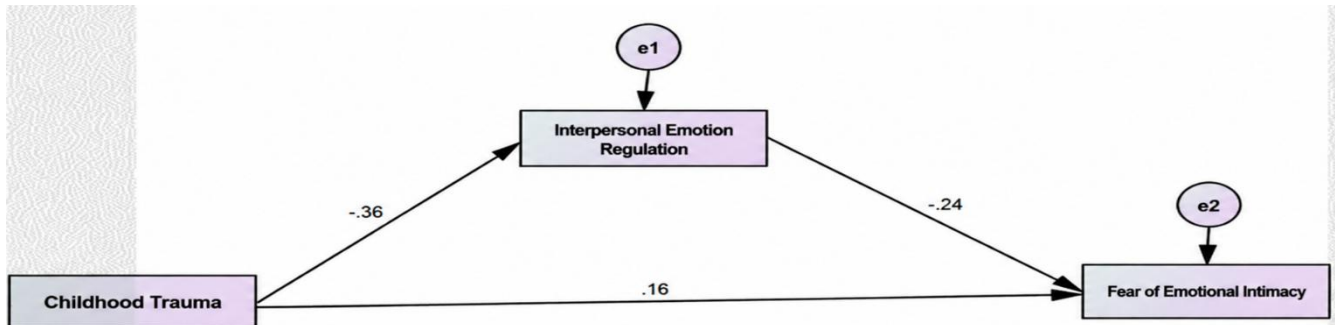
interpersonal emotion regulation abilities. Furthermore, interpersonal emotion regulation had a significant negative effect on fear of emotional intimacy ($\beta = -.19, p < .001$), indicating that individuals with stronger interpersonal emotion regulation skills experienced lower levels of fear of emotional intimacy. Bootstrap analyses revealed a significant indirect effect of childhood trauma on fear of emotional intimacy through interpersonal emotion regulation ($\beta = .086, 95\% \text{ CI } [0.030, 0.175], p = .011$).

Because the confidence interval did not include zero, the mediating role of interpersonal emotion regulation was confirmed. These findings demonstrate that childhood trauma influences fear of emotional intimacy both directly

and indirectly through its adverse impact on interpersonal emotion regulation. Given that the model was saturated, global model fit indices were not estimated.

Figure 1

Final Model of the Study



4. Discussion

The present study aimed to predict fear of emotional intimacy based on childhood trauma with the mediating role of interpersonal emotion regulation among married students enrolled in Islamic Azad University branches in Tehran. The findings demonstrated that childhood trauma was significantly associated with fear of emotional intimacy and interpersonal emotion regulation. Specifically, childhood trauma positively predicted fear of emotional intimacy, while interpersonal emotion regulation negatively predicted fear of emotional intimacy. Furthermore, interpersonal emotion regulation significantly mediated the relationship between childhood trauma and fear of emotional intimacy. These findings suggest that individuals who have experienced higher levels of childhood trauma are more likely to experience fear of emotional closeness in their intimate relationships, partly because traumatic experiences impair their ability to regulate emotions effectively within interpersonal contexts.

One of the major findings of the present study was that childhood trauma directly and positively predicted fear of emotional intimacy. This finding is consistent with theoretical frameworks emphasizing the long-term interpersonal consequences of early adverse experiences. Childhood trauma often occurs within primary caregiving relationships, which are expected to provide safety, emotional support, and trust. When these relationships become sources of abuse, neglect, or emotional invalidation, children may develop internal working models characterized by mistrust, emotional insecurity, and expectations of

rejection. These maladaptive schemas frequently persist into adulthood and influence how individuals perceive and engage in intimate relationships. Consequently, emotional closeness may be viewed as threatening rather than comforting, leading individuals to avoid vulnerability and intimacy. The current finding aligns closely with the results reported by (Riazi & Manouchehri, 2024), who found that childhood trauma was significantly associated with increased fear of intimacy. Similarly, individuals with trauma-related symptoms have been shown to exhibit heightened fears of intimacy and difficulties establishing emotionally close relationships (Engel-Yeger et al., 2015). These studies collectively suggest that traumatic childhood experiences create enduring relational vulnerabilities that manifest as fear and avoidance of emotional closeness.

The positive relationship between childhood trauma and fear of emotional intimacy may also be understood through attachment theory. Traumatic experiences occurring during critical developmental periods disrupt the formation of secure attachment patterns and reduce individuals' confidence in the reliability and availability of others. Such individuals often become hypervigilant to signs of rejection, abandonment, or emotional harm. As a result, they may intentionally maintain emotional distance as a protective strategy against perceived relational threats. Although this strategy may reduce short-term emotional vulnerability, it often interferes with the development of healthy intimacy and relationship satisfaction. Previous studies have repeatedly demonstrated that trauma exposure contributes to interpersonal difficulties, relationship dissatisfaction, and emotional avoidance, findings that are congruent with the

current results (Omopo, 2025; Richardson et al., 2024). Therefore, fear of emotional intimacy may represent a maladaptive coping mechanism developed in response to adverse childhood experiences.

Another important finding of the present study was the significant negative association between interpersonal emotion regulation and fear of emotional intimacy. Individuals who reported stronger interpersonal emotion regulation skills experienced lower levels of fear of emotional intimacy. This finding highlights the importance of emotional competencies in facilitating healthy romantic relationships. Interpersonal emotion regulation enables individuals to seek support, communicate emotional needs, receive reassurance, and engage in constructive emotional exchanges with significant others. When these abilities are well developed, individuals are more likely to perceive emotional closeness as safe and rewarding. Conversely, deficits in interpersonal emotion regulation may increase discomfort with emotional vulnerability and reduce willingness to engage in intimate emotional exchanges.

The current finding is consistent with previous research emphasizing the role of emotion regulation in intimacy-related processes. For example, (Mousavi & Moharrami, 2019) identified emotional dysregulation as a significant predictor of fear of intimacy. Similarly, (Jafari Razji et al., 2021) reported that difficulties in emotion regulation significantly contributed to fear of intimacy in vulnerable populations. Intervention studies have further supported this relationship. Emotion-focused interventions that enhance emotional awareness, expression, and regulation have been shown to reduce fear of intimacy while simultaneously improving emotional functioning (Jafari et al., 2023; Khajeh Hosseini Rabari et al., 2024). These findings suggest that emotion regulation capacities are not only associated with fear of intimacy but may also represent modifiable targets for therapeutic intervention.

The relationship between interpersonal emotion regulation and fear of emotional intimacy can be explained through several psychological mechanisms. Effective emotion regulation promotes emotional awareness, tolerance of distress, and adaptive emotional communication. Individuals who can regulate emotions effectively are less likely to perceive emotional disclosure as overwhelming or dangerous. They are also better equipped to manage the uncertainty and vulnerability inherent in close relationships. In contrast, individuals with poor emotion regulation skills may struggle to manage emotional arousal during intimate interactions, increasing their tendency to

withdraw emotionally or avoid closeness altogether. The present findings therefore reinforce the notion that emotional competencies constitute a fundamental component of successful interpersonal functioning and relational intimacy.

The study also found that childhood trauma significantly predicted interpersonal emotion regulation. Participants who reported greater levels of childhood trauma exhibited poorer interpersonal emotion regulation abilities. This finding is consistent with developmental theories proposing that emotion regulation skills are largely acquired through interactions with caregivers during childhood. Supportive caregiving environments provide opportunities for children to learn emotional awareness, emotional expression, and adaptive coping strategies. However, traumatic environments often fail to provide these developmental experiences and may instead expose children to chronic stress, emotional invalidation, or inconsistent emotional support. Consequently, children exposed to trauma may enter adulthood with deficits in emotion regulation abilities.

This finding is supported by a substantial body of empirical literature. Research has consistently demonstrated that childhood trauma is associated with emotional dysregulation across developmental stages and populations (Sharma et al., 2024; Zahra & Ahmad, 2025). Furthermore, studies have shown that trauma-exposed individuals often experience difficulties identifying, understanding, and managing emotional experiences (Ahari et al., 2025; Chukwuemeli, 2025). Longitudinal evidence has further indicated that emotionally supportive family environments contribute significantly to the development of adaptive emotion regulation skills, whereas trauma-exposed families may undermine these developmental processes (Greene et al., 2026). The systematic review conducted by (Zitzmann et al., 2024) similarly highlighted the central role of family experiences in shaping emotion regulation capacities and subsequent psychological adjustment. Therefore, the current findings contribute to a growing body of evidence suggesting that childhood trauma has enduring consequences for emotional functioning throughout adulthood.

The most important contribution of the present study concerns the mediating role of interpersonal emotion regulation in the relationship between childhood trauma and fear of emotional intimacy. The findings demonstrated that childhood trauma influenced fear of emotional intimacy both directly and indirectly through interpersonal emotion regulation. This result suggests that one pathway through which childhood trauma contributes to intimacy-related

difficulties is by impairing individuals' capacity to regulate emotions within interpersonal relationships. Trauma does not merely affect relationship functioning directly; it also disrupts emotional processes that are necessary for successful relational engagement.

This finding is highly consistent with contemporary models of trauma adaptation that emphasize emotion regulation as a central mechanism linking adverse experiences to later psychological and interpersonal outcomes. Numerous studies have demonstrated that emotion regulation mediates the relationship between trauma exposure and a wide range of outcomes, including psychological symptoms, impulsive behavior, self-harm, posttraumatic stress symptoms, and interpersonal functioning (Ahari et al., 2025; Richardson et al., 2024; Sharma et al., 2024). Similarly, investigations focusing on trauma-related distress have repeatedly identified emotion regulation as a crucial explanatory mechanism (Agathos et al., 2025; Ramadas et al., 2024). Studies examining interpersonal trauma have also reported that emotion regulation mediates the effects of traumatic experiences on psychological and relational adjustment (Taccini et al., 2024; Weber & Lynch, 2024). The present findings extend this literature by specifically demonstrating the mediating role of interpersonal emotion regulation in explaining fear of emotional intimacy among married students.

The mediating effect identified in the current study can be interpreted within a broader interpersonal framework. Childhood trauma may reduce individuals' ability to trust others, communicate emotional needs, seek support, and engage in collaborative emotional regulation. These deficits may subsequently increase fear of emotional closeness because intimacy inherently requires emotional openness, vulnerability, and interpersonal dependence. When individuals lack confidence in their ability to regulate emotions within relationships, intimacy may become associated with emotional risk and loss of control. Consequently, they may avoid emotional closeness to protect themselves from anticipated distress. This interpretation is consistent with findings indicating that emotion regulation difficulties contribute to trauma-related interpersonal vulnerabilities and attachment-related insecurities (Jin et al., 2025; Reed et al., 2025). Research examining self-compassion and adaptive reappraisal strategies among trauma-exposed individuals similarly suggests that effective emotion regulation can buffer the negative effects of traumatic experiences on interpersonal functioning (Agathos et al., 2025; Mistretta & Davis, 2025).

5. Conclusion

Taken together, the findings of the present study provide empirical support for an integrated model in which childhood trauma contributes to fear of emotional intimacy both directly and indirectly through interpersonal emotion regulation. The results underscore the importance of considering emotional processes when examining the long-term relational consequences of childhood trauma. Furthermore, they suggest that interventions aimed at improving interpersonal emotion regulation may reduce intimacy-related fears and enhance relationship functioning among individuals with histories of childhood adversity. By identifying interpersonal emotion regulation as a significant mediating mechanism, the current study contributes to a more comprehensive understanding of how early adverse experiences shape adult romantic relationships and emotional well-being.

Several limitations should be considered when interpreting the findings of the present study. First, the cross-sectional correlational design limits the ability to draw causal conclusions regarding the relationships among childhood trauma, interpersonal emotion regulation, and fear of emotional intimacy. Second, all variables were assessed through self-report questionnaires, which may be influenced by social desirability bias, memory distortions, and subjective interpretations. Third, the study sample consisted exclusively of married students from Islamic Azad University branches in Tehran, which may restrict the generalizability of the findings to other populations, age groups, cultural contexts, or non-student couples. Additionally, the retrospective assessment of childhood trauma may be affected by recall bias. Finally, other potentially influential variables such as attachment style, personality traits, marital satisfaction, and psychological distress were not included in the model.

Future studies should employ longitudinal and prospective research designs to clarify the causal relationships among childhood trauma, interpersonal emotion regulation, and fear of emotional intimacy over time. Researchers may also investigate additional mediating and moderating variables, including attachment security, resilience, self-compassion, mentalization, emotional intelligence, and communication patterns. Expanding the research to diverse populations, including unmarried individuals, clinical samples, and couples from different cultural backgrounds, would enhance the external validity of the findings. Future investigations could further benefit from

the use of mixed-method approaches, observational assessments, and dyadic analyses involving both partners. Experimental and intervention-based studies examining the effectiveness of interpersonal emotion regulation training programs in reducing fear of emotional intimacy would also provide valuable practical insights.

The findings suggest that mental health professionals working with couples should routinely assess histories of childhood trauma and difficulties in interpersonal emotion regulation when addressing intimacy-related concerns. Counseling and psychotherapy programs may benefit from incorporating interventions that strengthen emotional awareness, emotional communication, support-seeking behaviors, and collaborative emotion regulation skills between partners. Couple-based therapeutic approaches that promote emotional safety and secure relational experiences may help reduce fear of emotional intimacy among individuals with trauma histories. Universities and counseling centers could also develop psychoeducational workshops focusing on emotion regulation and healthy relationship skills for married students. Such initiatives may contribute to enhanced relationship satisfaction, improved psychological well-being, and greater emotional connectedness among couples.

Authors' Contributions

Authors equally contributed 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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