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Identification and Explanation of Mechanisms Regulating Closeness and Distance from Affective Objects in Individuals with Depression: A Mixed-Methods Study with Emphasis on Attachment, Fear of Intimacy, and Rejection Sensitivity

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A B S T R A C T

This study aimed to identify and explain the mechanisms regulating closeness to and distance from affective objects among individuals with depression, with particular emphasis on attachment, fear of intimacy, and rejection sensitivity. An exploratory sequential mixed-methods design was conducted in Tehran, Iran. In the qualitative phase, 22 adults with depression were selected purposively and interviewed using in-depth semi-structured interviews until theoretical saturation was achieved. Qualitative data were analyzed through constant comparative coding. In the quantitative phase, 420 adults with depression completed the Beck Depression Inventory-II, Experiences in Close Relationships-Revised questionnaire, Fear of Intimacy Scale, Adult Rejection Sensitivity Questionnaire, and the researcher-developed Closeness–Distance Regulation Mechanisms Questionnaire. Data were analyzed using exploratory and confirmatory factor analysis, Pearson correlations, and structural equation modeling with bootstrap estimation. Six mechanisms were identified: reassurance-seeking proximity, hypervigilant monitoring, ambivalent approach–withdrawal, protective emotional distancing, concealment of vulnerability, and post-rejection deactivation. The six-factor measurement model showed satisfactory fit, $\chi^2/df = 2.11$, RMSEA = .052, SRMR = .046, CFI = .951, and TLI = .945. Attachment anxiety strongly predicted rejection sensitivity ($\beta = .61$, $p < .001$), while attachment avoidance strongly predicted fear of intimacy ($\beta = .63$, $p < .001$). Rejection sensitivity predicted reassurance-seeking proximity ($\beta = .46$, $p < .001$) and hypervigilant monitoring ($\beta = .55$, $p < .001$), whereas fear of intimacy predicted protective emotional distancing ($\beta = .48$, $p < .001$) and concealment of vulnerability ($\beta = .51$, $p < .001$). Significant indirect effects supported the mediating roles of rejection sensitivity and fear of intimacy. Closeness–distance regulation in depression appears to operate through two interconnected pathways, with attachment anxiety and rejection sensitivity driving proximity hyperactivation and attachment avoidance and fear of intimacy driving defensive distancing.

Keywords: *Depression; Attachment; Fear of Intimacy; Rejection Sensitivity; Affective Objects; Closeness–Distance Regulation; Mixed Methods*

1. Introduction

Depression is not limited to disturbances in mood, cognition, motivation, or physiological functioning; it also affects the organization of interpersonal experience and the ways in which individuals regulate closeness to significant others. People with depression frequently report a paradoxical interpersonal pattern in which emotional connection is strongly desired while intimacy, dependence, disclosure, or anticipated rejection simultaneously become sources of threat. This tension may generate unstable movements between approaching and withdrawing from important relational figures, particularly those who function as affective or attachment objects. Such patterns are clinically important because relational insecurity, social withdrawal, heightened sensitivity to interpersonal cues, and difficulties in emotional communication may contribute to the onset, persistence, and recurrence of depressive symptoms. Contemporary research increasingly supports the proposition that depression is embedded in interpersonal and attachment-related processes rather than being exclusively an intrapsychic disorder. Studies across psychiatric, medical, developmental, and community populations have consistently demonstrated associations between insecure attachment patterns and psychological distress, affective dysregulation, impaired quality of life, and vulnerability to psychopathology (Pasquale et al., 2023; Pistorio et al., 2024; Pistorio et al., 2025; Suárez et al., 2026).

Attachment theory provides a particularly useful framework for understanding how individuals regulate proximity to emotionally significant others under conditions of distress. The attachment system becomes activated when individuals perceive threat, insecurity, loss, or reduced accessibility of important others, and its regulation depends substantially on internalized expectations regarding whether attachment figures are available, responsive, and safe. Secure attachment generally allows individuals to seek support while maintaining autonomy, whereas insecure attachment is associated with systematic distortions in the regulation of emotional closeness. Attachment anxiety is typically characterized by fear of abandonment, heightened need for reassurance, intensified monitoring of relational availability, and difficulty tolerating interpersonal uncertainty. Attachment avoidance, in contrast, is associated with discomfort with dependency, restricted emotional disclosure, inhibition of attachment needs, and preference for interpersonal distance. Evidence from non-Western psychiatric and non-psychiatric populations has supported the broader applicability of these attachment dimensions, suggesting that the underlying organization of attachment-related regulation can be meaningfully examined across cultural contexts (Alareqe et al., 2021). Biological evidence further indicates that adult attachment is associated with neurobiological systems involved in social bonding and affect regulation, including the brain μ-opioid system, emphasizing that attachment-related differences are not merely descriptive interpersonal traits but may reflect deeper regulatory processes (Turtonen et al., 2021).

Attachment insecurity has been repeatedly linked with depressive symptomatology and broader psychopathology. Among young adults from divorced or single-parent households, attachment styles have been associated with depression severity, highlighting the relevance of relational security to depressive vulnerability (Jehangir & Khalid, 2024). Perceived parental involvement in childhood has similarly been connected with adult attachment patterns and depressive experiences, supporting developmental models in which early relational environments shape later emotional functioning (K. & K., 2024). Parenting and attachment processes also remain relevant beyond childhood. Research examining perceived parenting before adolescence has shown associations with adult attachment in later close relationships, while parental care and low overprotection have been linked with a greater likelihood of secure partner attachment (Zain et al., 2023a, 2023b). Negative perceptions of parenting have additionally been associated with dissociative tendencies, further illustrating the long-term implications of early interpersonal environments for adult emotion regulation and self-organization (Wang & Kuroki, 2023). These findings suggest that adult patterns of approaching and distancing from emotionally significant others may partly represent the continuation or reorganization of earlier relational expectations.

The clinical significance of attachment becomes especially evident when individuals confront psychological or physical stress. In mental health professionals exposed to pandemic-related distress, attachment style was associated with affective temperament and psychological distress, suggesting that attachment-related regulation influences responses even among individuals with substantial psychological knowledge and professional resources (Elsayes et al., 2023). Similar associations have been reported among medical students experiencing distress during the transition from the COVID-19 pandemic to the endemic phase, where attachment and temperament were relevant to emotional adjustment (Infortuna et al., 2025).

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Broader pandemic-related research has also documented substantial disruptions in psychological functioning among students, reinforcing the importance of interpersonal and emotional regulation during periods of social uncertainty (Badulescu, 2023). Attachment processes have likewise been implicated in adjustment to severe physical stressors such as burn injury, chronic disease, transplantation, psoriasis, and cancer, suggesting that attachment functions as a general framework for organizing support seeking, vulnerability, dependence, and coping under threat (Karveli et al., 2025; Pistorio et al., 2024; Pistorio et al., 2025; Sirancova et al., 2021).

In depression, these attachment-related processes may become especially important because depressive cognition frequently includes negative beliefs about the self, expectations of rejection, feelings of worthlessness, and uncertainty regarding the availability of others. Studies comparing individuals with major depression and psychologically healthy participants have identified meaningful differences in object relations and core conflictual relationship themes, suggesting that depression is associated with distinctive patterns in the representation of self–other relationships (Ghapanchi et al., 2022). Research comparing family communication patterns and attachment styles among individuals with depressive and obsessive-compulsive symptoms has similarly indicated that patterns of attachment and family interaction are closely intertwined with psychopathological functioning (Davani et al., 2022). Such findings are particularly relevant to the concept of affective objects because the individual with depression may simultaneously depend on close others as sources of regulation and perceive those same relationships as contexts of possible disappointment, inadequacy, intrusion, or abandonment.

The concept of affective objects in the present context refers to emotionally significant persons toward whom attachment needs, expectations of care, fears of loss, and regulatory behaviors are directed. These objects may include romantic partners, spouses, parents, close friends, or other significant figures who play a central role in the individual's emotional organization. The psychological distance maintained from such individuals is rarely static. Rather, it may fluctuate depending on perceived acceptance, anticipated rejection, emotional dependency, shame, vulnerability, and the intensity of depressive affect. In some individuals, distress activates proximity-seeking behaviors such as repeated reassurance seeking, monitoring of the other person's availability, demands for confirmation, or intensified emotional contact. In others, the same distress may lead to emotional suppression, reduced communication, avoidance of disclosure, or abrupt withdrawal. Importantly, these reactions are not necessarily mutually exclusive. The same individual may intensify contact when fearing abandonment and subsequently withdraw when closeness produces shame, vulnerability, or fear of rejection.

Fear of intimacy constitutes one of the central psychological processes that may explain this apparently contradictory regulation of closeness and distance. Fear of intimacy involves discomfort with emotional openness, self-disclosure, dependence, and vulnerability in close relationships. Individuals may strongly desire connection while experiencing intimacy itself as psychologically dangerous. Fear of intimacy has been associated with social avoidance and body-image-related avoidance in young adults, demonstrating that avoidance of closeness may emerge from concerns regarding evaluation, exposure, and interpersonal vulnerability (E. & A., 2024). In conflicting couples, therapeutic interventions targeting relational processes have been shown to influence fear of intimacy, indicating that this construct is modifiable and clinically meaningful rather than merely a stable interpersonal preference (Sobhani et al., 2021). Marital conflict research has also emphasized the importance of psychological factors in determining the quality of interpersonal functioning and the selection of appropriate intervention strategies (Dorai & Badawy, 2024). Case-based evidence further suggests that unresolved intimacy-related distress may become expressed through psychological or psychosomatic symptoms, particularly when individuals have difficulty directly articulating unmet relational needs (Raja, 2026).

Fear of intimacy may be particularly relevant in individuals with depression because depressive states often intensify perceptions of defectiveness, unworthiness, burden, and anticipated disappointment. Under such conditions, intimacy may be interpreted not simply as a source of comfort but as a situation in which personal inadequacies become visible. The individual may therefore conceal emotional needs, restrict disclosure, or withdraw from supportive relationships precisely when interpersonal support is most needed. Difficulty identifying and communicating emotional states may further amplify this pattern. Research on alexithymic characteristics and ideal attachment has suggested meaningful connections between attachment security and the capacity to recognize and express emotions (Karmakar & Parmar, 2024). This relationship may help explain why some individuals with

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depression experience a conflict between the desire to be understood and the inability or unwillingness to expose vulnerable internal states.

Rejection sensitivity represents a second key process that may shape closeness–distance regulation. Rejection-sensitive individuals tend to anxiously expect rejection, detect it readily in ambiguous interpersonal situations, and react strongly when rejection is perceived. In depression, where negative interpretive biases are already prominent, rejection sensitivity may increase the likelihood that relatively minor interpersonal changes are experienced as evidence of withdrawal or loss of affection. A delayed message, reduced emotional expressiveness, disagreement, or momentary unavailability may therefore activate intense monitoring, reassurance seeking, defensive anger, or retreat. Research linking relational cognitive distortions, attachment dimensions, and suicide probability among university students supports the clinical importance of maladaptive interpretations of interpersonal relationships and their connection with attachment-related vulnerabilities (Yazici-Celebiİ et al., 2024). In community mental health populations, personality traits associated with current suicidal ideation further highlight the significance of interpersonal and personality-related vulnerability when evaluating severe psychological distress (Deiana et al., 2025). Although rejection sensitivity and suicidality are not equivalent constructs, both lines of evidence underscore the importance of understanding how perceived relational threat can amplify psychological suffering.

The interaction between attachment insecurity, intimacy-related fear, and sensitivity to rejection may be particularly important because these processes can produce different but interconnected regulatory strategies. Anxiously attached individuals may attempt to reduce uncertainty by intensifying proximity and monitoring, whereas avoidantly attached individuals may attempt to preserve psychological safety by suppressing dependence and increasing interpersonal distance. However, empirical evidence suggests that attachment dimensions frequently coexist in complex patterns rather than forming rigid categories. Systematic evidence from bipolar disorder has shown associations between insecure attachment and psychiatric symptomatology, while research on personality structure in bipolar disorder has also demonstrated the relevance of attachment to broader patterns of psychological functioning (Suárez et al., 2026; Wagner-Skacel et al., 2020). Attachment has also been implicated in stalking-related psychopathology, where dysfunctional proximity regulation and relational preoccupation may form part of severe interpersonal disturbance (Wheatley et al., 2020). These findings reinforce the value of conceptualizing closeness and distance as regulatory processes that may become dysregulated across different forms of psychopathology.

Attachment-related regulation is also relevant during major relational and developmental transitions. In the perinatal period, attachment processes have been linked with emotional adaptation, parenting, and vulnerability to psychiatric difficulties (Papapetrou et al., 2020). Women with perinatal depression requiring psychiatric support have been found to show clinically meaningful psychological characteristics relevant to distress and relational functioning (Terrone et al., 2023). Fear of childbirth has likewise been associated with attachment style among pregnant women in Iran, providing culturally relevant evidence that attachment-related insecurity influences emotional responses to major life events (Rezaei et al., 2026). Postpartum paternal depression may additionally disrupt family functioning and child development, emphasizing that depressive processes can reverberate through relational systems rather than remaining confined to the affected individual (DemİRcİ & İnan, 2023). These observations reinforce the broader principle that depression and attachment regulation are embedded within interpersonal networks of care, dependence, and emotional reciprocity.

Further evidence comes from studies of individuals coping with chronic medical conditions. Attachment and parental bonding have been associated with psychopathology, mental health, and quality of life among hemodialysis patients (Pasquale et al., 2023), while attachment and temperament have been linked with quality of life among individuals with psoriasis (Pistorio et al., 2024). Among candidates for organ transplantation, attachment and parental bonding have been incorporated into psychosocial assessment because they may influence coping, trust, dependency, and adaptation to treatment (Pistorio et al., 2025). Attachment has also been shown to moderate psychological distress in erectile dysfunction, indicating that the quality of close relational bonds may alter how individuals experience and manage highly personal sources of vulnerability (Maestre-Lorén et al., 2021). Similarly, early maladaptive schemas have been found to mediate associations between attachment styles and adjustment among women with early-stage breast cancer, demonstrating a pathway through which relational experiences may become translated into enduring

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psychological representations that influence coping (Karveli et al., 2025).

The relationship between attachment and psychological well-being is not exclusively defined by psychopathology. Positive relational and emotional resources may also mediate the effects of attachment on mental health. Gratitude, for example, has been identified as a mediator in the relationship between attachment styles and psychological well-being, suggesting that attachment security may influence broader emotional orientations that support adaptive functioning (Nourialeagha et al., 2020). Spirituality and meaning-related processes have likewise been increasingly discussed in relation to mental health care and bioethical approaches to psychological suffering, emphasizing the importance of multidimensional models of mental health that include relational, existential, and contextual factors (Júnior & Esperandio, 2026). These perspectives are important because the regulation of closeness and distance cannot be fully understood solely as a symptom of pathology; it also reflects the individual's efforts to achieve safety, coherence, autonomy, and emotional regulation within relationships.

Despite the growing literature on attachment, depression, fear of intimacy, and interpersonal vulnerability, an important conceptual gap remains. Most previous studies have examined attachment style, depressive symptoms, intimacy, psychological distress, or relational outcomes as separate variables. Far less attention has been devoted to the actual mechanisms through which depressed individuals dynamically regulate proximity to emotionally significant others. Existing research shows that insecure attachment is related to depression, psychological distress, relational dysfunction, and vulnerability across diverse contexts, but it does not sufficiently explain how individuals decide when to approach, monitor, disclose, conceal, withdraw, or deactivate emotional involvement. Likewise, fear of intimacy and sensitivity to rejection are often investigated as independent correlates rather than as mechanisms through which attachment insecurity may be translated into specific patterns of closeness and distance. A process-oriented approach is therefore needed to capture the fluid and sometimes contradictory interpersonal strategies that characterize depressive experience.

A mixed-methods design is particularly appropriate for addressing this gap because the mechanisms of relational regulation may not be fully represented by existing standardized measures. Qualitative inquiry can identify the lived forms of proximity seeking, ambivalent engagement, defensive distancing, emotional concealment, and post-rejection withdrawal directly from participants' experiences, whereas quantitative analysis can subsequently determine how these mechanisms are related to attachment anxiety, attachment avoidance, fear of intimacy, rejection sensitivity, and depressive severity. Such integration allows the study of depression to move beyond static descriptions of interpersonal style toward a dynamic model of how relational security and threat are managed in real-world affective relationships.

Accordingly, the aim of the present study was to identify and explain the mechanisms regulating closeness to and distance from affective objects among individuals with depression, with particular emphasis on the roles of attachment, fear of intimacy, and rejection sensitivity.

2. Methods and Materials

2.1. Study Design and Participants

This study employed an exploratory sequential mixed-methods design to identify and explain the mechanisms through which individuals with depression regulate psychological and interpersonal closeness to, and distance from, significant affective objects, with particular emphasis on attachment patterns, fear of intimacy, and rejection sensitivity. The study was conducted in Tehran, Iran, and consisted of two consecutive qualitative and quantitative phases. The qualitative phase was designed to explore the subjective experiences, relational patterns, emotional processes, and behavioral strategies through which individuals with depression approached, maintained proximity to, withdrew from, or created psychological distance from significant others. The findings obtained from this phase were subsequently used to formulate an empirical framework of closeness–distance regulation, which was examined quantitatively in the second phase. The quantitative phase was conducted using a descriptive-correlational design based on structural equation modeling to investigate the relationships among attachment dimensions, fear of intimacy, rejection sensitivity, and the identified mechanisms of closeness–distance regulation. Integration of the two phases was performed at the interpretation stage so that the statistical relationships could be understood in light of the lived relational experiences identified during the qualitative phase.

The participants in the qualitative phase consisted of 22 adults with depressive symptoms who were recruited from psychological counseling centers, psychiatric clinics, and

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psychotherapy centers in Tehran. Participants were selected using purposive sampling with maximum variation in terms of age, gender, educational level, relationship status, duration of depressive difficulties, and previous experience of psychological treatment. Sampling and interviewing continued until theoretical saturation was achieved, defined as the point at which additional interviews no longer generated substantively new concepts, properties, or relationships relevant to the regulation of interpersonal closeness and distance. Eligibility criteria included being between 20 and 50 years of age, residing in Tehran, meeting criteria for a current depressive disorder based on a clinical diagnostic interview, obtaining a score indicative of at least moderate depressive symptom severity on the Beck Depression Inventory-II, having sufficient ability to describe interpersonal and emotional experiences, and providing informed consent to participate. Individuals presenting with a current psychotic disorder, bipolar disorder, severe substance use disorder, significant cognitive impairment, an acute psychiatric condition requiring immediate hospitalization, or an inability to participate adequately in the interview were excluded. Participants whose clinical condition deteriorated to a degree that interfered with meaningful participation were also excluded from continued participation and were advised to seek appropriate professional care.

The quantitative phase included 420 adults with depression recruited from psychological and psychiatric treatment centers located in different geographical areas of Tehran. A multistage convenience sampling procedure was used in which several counseling centers and mental health clinics were approached, after which eligible clients were invited to participate voluntarily. The sample size was selected to provide adequate statistical power for confirmatory factor analysis and structural equation modeling and to permit simultaneous estimation of multiple observed and latent relationships. The inclusion and exclusion criteria were consistent with those applied in the qualitative phase, although participants in the quantitative phase were required to complete the full questionnaire battery independently or with standardized assistance from a trained researcher when necessary. The diagnosis of depression was verified through clinical records where available and was further screened using a structured clinical interview and the Beck Depression Inventory-II. Participation in both phases was voluntary. Before data collection, the purpose and procedures of the research were explained to all participants, confidentiality and anonymity were emphasized, and written informed consent was obtained. Participants were informed that they could discontinue participation at any stage without any effect on the psychological or psychiatric services they were receiving. Interview recordings and questionnaire data were coded using numerical identifiers, and identifying information was stored separately from the research data.

2.2. Data Collection Tools

In the qualitative phase, data were collected through in-depth semi-structured interviews developed specifically for the purposes of the study. The interview guide was designed to elicit detailed accounts of participants' experiences of emotional closeness, interpersonal dependency, withdrawal, avoidance, perceived rejection, fear of abandonment, discomfort with intimacy, reassurance seeking, emotional concealment, and fluctuations between approaching and distancing from significant others. Interviews began with broad questions concerning participants' experiences in emotionally meaningful relationships and gradually progressed toward more focused questions addressing situations in which they felt a strong need for closeness, circumstances that prompted them to withdraw from significant others, their interpretations of perceived rejection or unavailability, and the ways in which depressive affect influenced their relational behavior. Participants were also asked to describe internal conflicts involving the simultaneous desire for emotional connection and fear of vulnerability, rejection, criticism, loss, or dependency. Probing questions were used to clarify emotional reactions, cognitions, interpersonal expectations, and behavioral responses. The interview guide remained flexible throughout the qualitative phase and was refined iteratively as new concepts emerged from ongoing analysis. Interviews were conducted individually in a private setting, lasted approximately 45 to 75 minutes, were audio-recorded with permission, and were transcribed verbatim as soon as possible after completion.

Depressive symptom severity was assessed using the Beck Depression Inventory-II. The instrument consists of 21 items assessing cognitive, affective, motivational, and somatic manifestations of depression during the preceding two weeks. Each item is rated on a four-point scale ranging from 0 to 3, with higher total scores indicating greater depressive symptom severity. The inventory was used both as a screening instrument and as an indicator of the severity of depressive symptoms within the quantitative sample.

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Particular attention was given to participants whose responses suggested severe hopelessness or suicidal ideation, and these individuals were referred for immediate clinical assessment in accordance with the study's safety procedures.

Attachment-related tendencies were measured using the Experiences in Close Relationships-Revised questionnaire. This instrument assesses adult attachment along the two central dimensions of attachment anxiety and attachment avoidance. Attachment anxiety reflects concerns about abandonment, insufficient availability of attachment figures, excessive need for reassurance, and heightened vigilance toward signs of relational threat, whereas attachment avoidance reflects discomfort with emotional dependence, reluctance to disclose vulnerability, and a tendency to maintain interpersonal distance. Participants responded to statements describing their experiences and expectations in close relationships using a Likert-type response format. Higher scores on the respective dimensions indicated greater attachment anxiety or attachment avoidance. The dimensional conceptualization of attachment was selected because it was particularly suitable for examining the simultaneous approach and avoidance processes expected to underlie closeness–distance regulation in individuals experiencing depression.

Fear of emotional closeness was assessed using the Fear of Intimacy Scale. The instrument evaluates the extent to which an individual experiences anxiety, discomfort, inhibition, or anticipated threat in situations involving emotional disclosure and interpersonal closeness. Items address difficulty expressing personally significant thoughts and feelings, discomfort with mutual emotional dependence, and expectations of negative consequences following intimate self-disclosure. Participants rated each item using the instrument's Likert-type response scale, with higher total scores representing greater fear of intimacy. Within the conceptual framework of the present study, fear of intimacy was considered a potentially important mechanism linking insecure attachment tendencies to defensive distancing from significant affective objects.

Rejection sensitivity was assessed using the Adult Rejection Sensitivity Questionnaire. This measure presents interpersonal situations involving the possibility of acceptance or rejection and asks respondents to indicate both their level of concern about potential rejection and their expectation that the other person will respond acceptingly. Rejection sensitivity scores reflect the tendency to anxiously expect, readily perceive, and intensely react to interpersonal rejection. Higher scores indicate stronger rejection sensitivity. The measure was included because exaggerated anticipation of rejection may lead individuals with depression to alternate between intensified proximity seeking and defensive withdrawal, thereby contributing to unstable patterns of interpersonal closeness and distance.

Based on the qualitative findings, a researcher-developed Closeness–Distance Regulation Mechanisms Questionnaire was constructed to operationalize the principal relational mechanisms identified in the interview data. The initial item pool was generated directly from qualitative codes, subcategories, and core categories and was reviewed by experts in clinical psychology, counseling psychology, psychometrics, and attachment research to assess content relevance, conceptual representativeness, clarity, and redundancy. Items were revised on the basis of expert feedback and pilot-tested with a group of individuals sharing characteristics with the main study population to evaluate comprehensibility and response variability. The preliminary measure assessed mechanisms such as reassurance-seeking proximity, dependency-based approach behavior, hypervigilance to signs of emotional unavailability, fear-based withdrawal, concealment of emotional needs, protective detachment, ambivalent approach–avoidance responses, testing of relational availability, and distancing after perceived rejection. The psychometric structure of the questionnaire was subsequently examined in the quantitative phase through exploratory and confirmatory procedures, with higher scores on each dimension indicating greater use of the corresponding mechanism for regulating proximity to significant affective objects.

2.3. Data Analysis

Qualitative data were analyzed concurrently with data collection using a grounded-theory-oriented constant comparative approach. Immediately after each interview, the audio recording was transcribed verbatim and the transcript was reviewed repeatedly to develop familiarity with the participant's narrative and interpersonal context. Analysis began with open coding, during which meaning units related to emotional proximity, withdrawal, attachment needs, fear of vulnerability, perceived rejection, interpersonal expectations, and behavioral responses were identified and assigned conceptual labels. Codes with conceptual similarity were compared continuously across participants and grouped into increasingly abstract subcategories. During axial coding, relationships among conditions, emotional and

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cognitive processes, interpersonal strategies, and relational consequences were examined to clarify how closeness and distance were regulated under different interpersonal circumstances. Selective coding was then used to integrate the major categories around a central explanatory framework describing the regulation of proximity to affective objects in depression. Constant comparison was conducted between incidents, codes, categories, and emerging interpretations throughout the analytic process. Analytic memos were maintained to document conceptual decisions, emerging hypotheses, contradictory cases, and relationships among categories. To enhance credibility, selected interpretations were discussed with participants through member checking, and portions of the coding process were independently reviewed by researchers familiar with qualitative methodology and clinical psychology. Dependability was supported through documentation of coding decisions and analytic revisions, while confirmability was strengthened by maintaining an audit trail and distinguishing participants' accounts from researchers' interpretations. Maximum-variation sampling and detailed description of participant characteristics and study context were used to enhance the transferability of the findings.

Quantitative analyses were conducted after data screening and preparation. Descriptive statistics, including means, standard deviations, frequencies, percentages, minimum and maximum values, skewness, and kurtosis, were calculated to characterize the sample and the principal study variables. Data were examined for missing values, univariate and multivariate outliers, normality, linearity, and multicollinearity before inferential analyses were performed. Internal consistency of the measures was evaluated using Cronbach's alpha and composite reliability coefficients. The psychometric structure of the researcher-developed Closeness–Distance Regulation Mechanisms Questionnaire was first investigated using exploratory factor analysis with an appropriate factor extraction procedure and oblique rotation because the underlying relational mechanisms were theoretically expected to be correlated. Sampling adequacy was evaluated using the Kaiser–Meyer–Olkin index and Bartlett's test of sphericity. Decisions concerning factor retention were based on eigenvalues, scree-plot inspection, factor interpretability, and the magnitude and pattern of factor loadings. Confirmatory factor analysis was subsequently conducted to evaluate the adequacy of the resulting measurement structure.

Pearson correlation coefficients were calculated to determine the bivariate associations among depressive symptoms, attachment anxiety, attachment avoidance, fear of intimacy, rejection sensitivity, and the dimensions of closeness–distance regulation. Structural equation modeling was then used to examine the proposed explanatory model. Attachment anxiety and attachment avoidance were specified as central relational vulnerability variables, while fear of intimacy and rejection sensitivity were examined as psychological mechanisms potentially contributing to patterns of proximity seeking, ambivalent engagement, and defensive distancing. Direct and indirect pathways were estimated simultaneously, and mediation effects were examined using bias-corrected bootstrap confidence intervals based on 5,000 resamples. The adequacy of the measurement and structural models was evaluated using multiple goodness-of-fit indices, including the chi-square to degrees-of-freedom ratio, root mean square error of approximation, standardized root mean square residual, comparative fit index, and Tucker–Lewis index. Standardized path coefficients, standard errors, confidence intervals, and significance levels were reported for the principal relationships. Statistical significance was evaluated at the .05 level. The quantitative findings were finally integrated with the qualitative categories through narrative and conceptual comparison, allowing statistically supported relationships to be interpreted in conjunction with participants' accounts of approaching, avoiding, testing, and withdrawing from emotionally significant others. This integration provided the basis for developing a comprehensive explanatory model of the mechanisms regulating closeness and distance from affective objects among individuals with depression.

3. Findings and Results

The qualitative phase included 22 adults with depression residing in Tehran. Participants ranged in age from 22 to 49 years, with a mean age of 34.82 years (SD = 7.41). Of the 22 participants, 13 (59.1%) were women and 9 (40.9%) were men. Regarding marital status, 9 participants (40.9%) were single, 10 (45.5%) were married, and 3 (13.6%) were divorced or separated. In terms of educational attainment, 4 participants (18.2%) held a high-school diploma or associate degree, 10 (45.5%) held a bachelor's degree, and 8 (36.4%) had a master's degree or higher. The reported duration of depressive difficulties ranged from approximately 1 to 12 years. Fourteen participants (63.6%) reported previous or current psychotherapy, whereas 12 (54.5%) reported a history of pharmacological treatment. These categories were

not mutually exclusive because several participants had received both psychotherapy and medication. Variation in age, gender, marital status, educational level, treatment history, and duration of depressive symptoms was intentionally maintained during purposive sampling to capture heterogeneous relational experiences and maximize conceptual variation in the qualitative analysis.

The quantitative phase consisted of 420 adults with depression recruited from psychological counseling and psychiatric treatment centers in Tehran. Participants ranged in age from 20 to 50 years, with a mean age of 35.17 years (SD = 7.63). Of the total sample, 247 participants (58.8%) were women and 173 (41.2%) were men. A total of 157 participants (37.4%) were single, 214 (51.0%) were married, and 49 (11.7%) were divorced or separated. With respect to education, 68 participants (16.2%) had a high-school diploma or associate degree, 201 (47.9%) held a bachelor's degree, and 151 (36.0%) had a master's degree or doctoral-level education. The mean duration of self-reported depressive difficulties was 5.46 years (SD = 3.28). The mean Beck Depression Inventory-II score was 27.64 (SD = 7.21), indicating that, on average, participants experienced depressive symptoms within the moderate-to-severe range. Examination of missing data showed that item-level missingness was low and did not exceed 1.7% for any study variable. No substantial systematic pattern of missingness was identified. Screening of standardized scores, Mahalanobis distances, skewness, kurtosis, tolerance, and variance inflation factors indicated that the data were suitable for subsequent correlational, factor-analytic, and structural equation modeling procedures.

Analysis of the 22 semi-structured interviews generated a central conceptual pattern describing closeness–distance regulation as a dynamic attempt to balance the need for emotional connection against the anticipated psychological costs of intimacy. Participants rarely described themselves as consistently seeking or consistently avoiding relationships. Instead, their accounts indicated recurrent movement between proximity seeking and defensive withdrawal. Emotional closeness was generally desired because significant others were perceived as potential sources of reassurance, recognition, security, and relief from depressive isolation. At the same time, greater closeness increased perceived vulnerability to rejection, criticism, abandonment, disappointment, exposure of personal inadequacy, and emotional dependency. The resulting approach–avoidance conflict produced a range of regulatory strategies through which participants attempted to control the intensity, timing, and perceived danger of emotional involvement. Constant comparison of codes and categories resulted in six principal mechanisms: reassurance-seeking proximity, hypervigilant monitoring of relational availability, ambivalent approach–withdrawal, protective emotional distancing, concealment of dependency and vulnerability, and post-rejection deactivation. These mechanisms were organized around the central category of threat-sensitive regulation of affective proximity, in which the individual attempted to maintain sufficient closeness to preserve emotional security while simultaneously limiting exposure to anticipated interpersonal injury.

Table 1

Qualitative Categories and Mechanisms of Closeness–Distance Regulation Identified in Individuals with Depression

Main mechanism	Core meaning	Representative subcategories	Relational function
Reassurance-seeking proximity	Intensifying contact or emotional availability when security is uncertain	Repeated requests for reassurance; checking affection; seeking immediate responses; increased contact after perceived distance	Restoration of perceived attachment security
Hypervigilant monitoring of relational availability	Continuous observation and interpretation of cues signaling acceptance or rejection	Monitoring response latency; interpreting changes in tone; sensitivity to reduced attention; scanning for signs of withdrawal	Early detection of possible relational threat
Ambivalent approach–withdrawal	Alternation between strong desire for intimacy and sudden retreat from closeness	Approaching and then disengaging; wanting disclosure but withholding it; oscillation between dependence and isolation	Management of simultaneous need for intimacy and fear of injury
Protective emotional distancing	Deliberately reducing emotional involvement when intimacy is perceived as dangerous	Reduced communication; emotional numbing; self-isolation; limiting disclosure; avoiding emotionally demanding interactions	Reduction of vulnerability and anticipated rejection
Concealment of dependency and vulnerability	Suppressing emotional needs to prevent perceived weakness or burdening others	Hiding sadness; minimizing need for support; reluctance to ask for help; presenting emotional self-sufficiency	Preservation of self-protection and prevention of shame or rejection
Post-rejection deactivation	Withdrawal following actual or perceived rejection, criticism, or relational disappointment	Abrupt disengagement; reduced responsiveness; emotional shutdown; refusal to seek further support	Protection from repeated interpersonal injury

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Table 1 demonstrates that the regulation of relational distance among participants was not reducible to a single avoidant or dependent interpersonal style. Instead, the qualitative findings suggested a coordinated system of strategies activated according to the individual's appraisal of interpersonal safety. Reassurance-seeking proximity and hypervigilant monitoring represented predominantly proximity-enhancing mechanisms. Participants using these strategies attempted to reduce uncertainty by increasing contact, requesting confirmation of affection, monitoring subtle changes in significant others' behavior, and repeatedly evaluating whether the relationship remained secure. In contrast, protective distancing, concealment of vulnerability, and post-rejection deactivation served primarily defensive functions by reducing exposure to perceived emotional threat. Ambivalent approach–withdrawal occupied an intermediate position and represented the clearest manifestation of conflict between attachment needs and anticipated rejection. Participants described wanting to be understood and emotionally supported while simultaneously fearing that disclosure would produce judgment, disappointment, dependence, or eventual abandonment. The six mechanisms therefore appeared to form an interconnected regulatory system rather than independent interpersonal behaviors. This qualitative structure informed the development of the Closeness–Distance Regulation Mechanisms Questionnaire used in the subsequent quantitative phase.

Preliminary examination of the quantitative variables indicated acceptable distributions. Absolute skewness values ranged from 0.11 to 0.69 and absolute kurtosis values ranged from 0.08 to 0.81, remaining within commonly accepted ranges for structural equation modeling with maximum-likelihood estimation. Internal consistency coefficients were satisfactory for all established measures and for the six dimensions developed from the qualitative findings. Exploratory factor analysis of the initial researcher-developed item pool supported the six-factor structure derived from the qualitative phase. The Kaiser–Meyer–Olkin measure of sampling adequacy was .91, and Bartlett's test of sphericity was statistically significant, $\chi^2(780) = 6431.27$, $p < .001$, indicating that the inter-item correlation matrix was appropriate for factor analysis. Following removal of items with weak primary loadings, substantial cross-loadings, or conceptual redundancy, 30 items were retained across the six dimensions. Together, the six factors accounted for 68.42% of the total variance.

Table 2

Descriptive Statistics, Reliability Coefficients, and Distributional Characteristics of the Main Study Variables (N = 420)

Variable	M	SD	Minimum	Maximum	Skewness	Kurtosis	Cronbach's α
Depressive symptoms	27.64	7.21	14.00	49.00	0.41	-0.26	.91
Attachment anxiety	4.38	0.91	1.83	6.72	-0.18	-0.31	.90
Attachment avoidance	4.02	0.87	1.61	6.44	0.11	-0.19	.88
Fear of intimacy	93.46	18.72	45.00	141.00	0.23	-0.42	.92
Rejection sensitivity	13.87	4.21	4.36	26.10	0.47	0.18	.89
Reassurance-seeking proximity	19.84	4.67	7.00	30.00	-0.22	-0.36	.86
Hypervigilant monitoring	20.31	4.82	6.00	30.00	-0.17	-0.41	.88
Ambivalent approach–withdrawal	21.06	4.91	7.00	30.00	-0.29	-0.24	.90
Protective emotional distancing	20.47	4.75	6.00	30.00	-0.14	-0.33	.87
Concealment of vulnerability	19.63	4.54	6.00	30.00	0.08	-0.27	.85
Post-rejection deactivation	20.72	4.89	6.00	30.00	-0.21	-0.18	.89

As shown in Table 2, the study variables demonstrated adequate variability and no evidence of substantial floor or ceiling effects. The relatively elevated mean scores for ambivalent approach–withdrawal, post-rejection deactivation, hypervigilant monitoring, and protective emotional distancing indicated that the participants frequently experienced simultaneous activation of closeness-seeking and distancing tendencies. This pattern was consistent with the qualitative finding that depressed participants did not simply avoid intimacy but often fluctuated between seeking emotional reassurance and retreating from perceived interpersonal threat. All Cronbach's alpha coefficients exceeded .85, supporting satisfactory to excellent internal consistency. The researcher-developed dimensions demonstrated reliability coefficients ranging from .85 for concealment of vulnerability to .90 for ambivalent approach–withdrawal, suggesting that the items derived from the qualitative

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categories formed internally coherent constructs. Attachment anxiety, attachment avoidance, fear of intimacy, rejection sensitivity, and depressive symptoms also showed strong internal consistency, permitting their use in subsequent correlation and structural equation analyses.

Pearson correlations were calculated to examine the relationships among the major psychological predictors and the six closeness–distance regulation mechanisms. All correlations were statistically significant at $p < .001$. However, the direction and magnitude of the associations differed in theoretically meaningful ways. Attachment anxiety and rejection sensitivity were more strongly associated with proximity-enhancing and hyperactivation-related mechanisms, whereas attachment avoidance and fear of intimacy demonstrated stronger relationships with distancing and deactivation mechanisms. Ambivalent approach–withdrawal was substantially related to all four vulnerability variables, consistent with its conceptualization as an interpersonal manifestation of conflicting approach and avoidance tendencies.

Table 3

Pearson Correlations among Attachment, Fear of Intimacy, Rejection Sensitivity, Depressive Symptoms, and Closeness–Distance Regulation Mechanisms (N = 420)

Variable	1	2	3	4	5	6	7	8	9	10	11
1. Attachment anxiety	—										
2. Attachment avoidance	.34***	—									
3. Fear of intimacy	.39***	.64***	—								
4. Rejection sensitivity	.62***	.31***	.41***	—							
5. Depressive symptoms	.48***	.42***	.49***	.51***	—						
6. Reassurance-seeking proximity	.68***	.22***	.29***	.61***	.44***	—					
7. Hypervigilant monitoring	.65***	.29***	.36***	.70***	.49***	.69***	—				
8. Ambivalent approach–withdrawal	.59***	.53***	.61***	.58***	.56***	.55***	.62***	—			
9. Protective emotional distancing	.31***	.69***	.67***	.38***	.52***	.19***	.34***	.63***	—		
10. Concealment of vulnerability	.35***	.62***	.66***	.42***	.46***	.27***	.39***	.59***	.72***	—	
11. Post-rejection deactivation	.47***	.58***	.62***	.64***	.54***	.42***	.56***	.69***	.71***	.67***	—

Table 3 reveals a differentiated pattern of associations between attachment-related vulnerabilities and specific proximity-regulation strategies. Attachment anxiety showed its strongest correlations with reassurance-seeking proximity ($r = .68$, $p < .001$) and hypervigilant monitoring ($r = .65$, $p < .001$), supporting the interpretation that anxiety about abandonment was particularly associated with attempts to intensify relational contact and detect signs of reduced availability. Rejection sensitivity displayed a similarly strong relationship with hypervigilant monitoring ($r = .70$, $p < .001$) and a substantial association with reassurance-seeking proximity ($r = .61$, $p < .001$), indicating that anxious anticipation of rejection may contribute to increased interpersonal surveillance and repeated efforts to confirm acceptance. By comparison, attachment avoidance was most strongly associated with protective emotional distancing ($r = .69$, $p < .001$), followed by concealment of vulnerability ($r = .62$, $p < .001$) and post-rejection deactivation ($r = .58$, $p < .001$). Fear of intimacy showed a highly similar pattern, correlating with protective distancing at $r = .67$, concealment of vulnerability at $r = .66$, and post-rejection deactivation at $r = .62$. Ambivalent approach–withdrawal was associated with all principal vulnerability variables, including attachment anxiety ($r = .59$), attachment avoidance ($r = .53$), fear of intimacy ($r = .61$), and rejection sensitivity ($r = .58$), all $p < .001$. This pattern supported the qualitative interpretation that ambivalent regulation arises when the motivation to obtain emotional security coexists with strong expectations of interpersonal threat. Depressive symptom severity was positively related to all six regulation mechanisms, with the strongest associations observed for ambivalent approach–withdrawal ($r = .56$), post-rejection deactivation ($r = .54$), and protective emotional distancing ($r = .52$), suggesting that greater depressive severity was associated with more pronounced instability and defensive regulation of affective proximity.

Confirmatory factor analysis was next conducted to evaluate whether the six-dimensional structure derived from the qualitative and exploratory analyses adequately represented the quantitative data. The hypothesized six-factor measurement model demonstrated a satisfactory fit, $\chi^2(390) = 824.36$, $p < .001$, $\chi^2/df = 2.11$, RMSEA = .052, 90% CI [.047, .057], SRMR = .046, CFI = .951, and TLI = .945. Standardized item loadings ranged from .62 to .87 and

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were statistically significant at $p < .001$. Composite reliability coefficients ranged from .86 to .91, and average variance extracted values ranged from .51 to .64. These results supported convergent reliability and the adequacy of the measurement structure. Comparison with a one-factor alternative model showed substantially poorer fit, $\chi^2(405) = 2147.52$, $\chi^2/df = 5.30$, RMSEA = .101, SRMR = .094, CFI = .712, and TLI = .687, supporting the conceptual distinctiveness of the six regulation mechanisms.

The structural model was subsequently tested to determine how attachment anxiety and attachment avoidance contributed to closeness–distance regulation through rejection sensitivity and fear of intimacy. Based on both the qualitative findings and preliminary correlation patterns, attachment anxiety was hypothesized to exert stronger effects through rejection sensitivity, whereas attachment avoidance was expected to exert stronger effects through fear of intimacy. Depressive symptom severity was included as a covariate predicting the two broader regulatory tendencies represented by proximity hyperactivation and defensive distancing. The final model showed satisfactory fit to the observed data, $\chi^2(436) = 901.74$, $p < .001$, $\chi^2/df = 2.07$, RMSEA = .051, 90% CI [.046, .056], SRMR = .048, CFI = .948, and TLI = .942.

Table 4

Standardized Direct and Indirect Effects in the Structural Model of Closeness–Distance Regulation (N = 420)

Predictor	Outcome	Standardized β	SE	95% Bootstrap CI	p
Attachment anxiety	Rejection sensitivity	.61	.041	[.53, .68]	< .001
Attachment avoidance	Fear of intimacy	.63	.038	[.56, .70]	< .001
Attachment anxiety	Fear of intimacy	.19	.043	[.10, .27]	< .001
Attachment avoidance	Rejection sensitivity	.14	.044	[.05, .23]	.002
Rejection sensitivity	Reassurance-seeking proximity	.46	.048	[.37, .55]	< .001
Attachment anxiety	Reassurance-seeking proximity	.39	.051	[.29, .49]	< .001
Rejection sensitivity	Hypervigilant monitoring	.55	.044	[.47, .63]	< .001
Attachment anxiety	Hypervigilant monitoring	.31	.047	[.22, .40]	< .001
Fear of intimacy	Protective emotional distancing	.48	.046	[.39, .57]	< .001
Attachment avoidance	Protective emotional distancing	.37	.049	[.27, .46]	< .001
Fear of intimacy	Concealment of vulnerability	.51	.045	[.42, .59]	< .001
Attachment avoidance	Concealment of vulnerability	.29	.049	[.19, .39]	< .001
Rejection sensitivity	Post-rejection deactivation	.34	.047	[.25, .43]	< .001
Fear of intimacy	Post-rejection deactivation	.36	.046	[.27, .45]	< .001
Rejection sensitivity	Ambivalent approach–withdrawal	.29	.044	[.20, .38]	< .001
Fear of intimacy	Ambivalent approach–withdrawal	.35	.045	[.26, .44]	< .001
Depressive symptoms	Ambivalent approach–withdrawal	.21	.041	[.13, .29]	< .001
Depressive symptoms	Protective emotional distancing	.17	.040	[.09, .25]	< .001
Attachment anxiety → Rejection sensitivity	Hypervigilant monitoring	.34	.039	[.27, .42]	< .001
Attachment anxiety → Rejection sensitivity	Reassurance-seeking proximity	.28	.037	[.21, .36]	< .001
Attachment avoidance → Fear of intimacy	Protective emotional distancing	.30	.038	[.23, .38]	< .001
Attachment avoidance → Fear of intimacy	Concealment of vulnerability	.32	.038	[.25, .40]	< .001

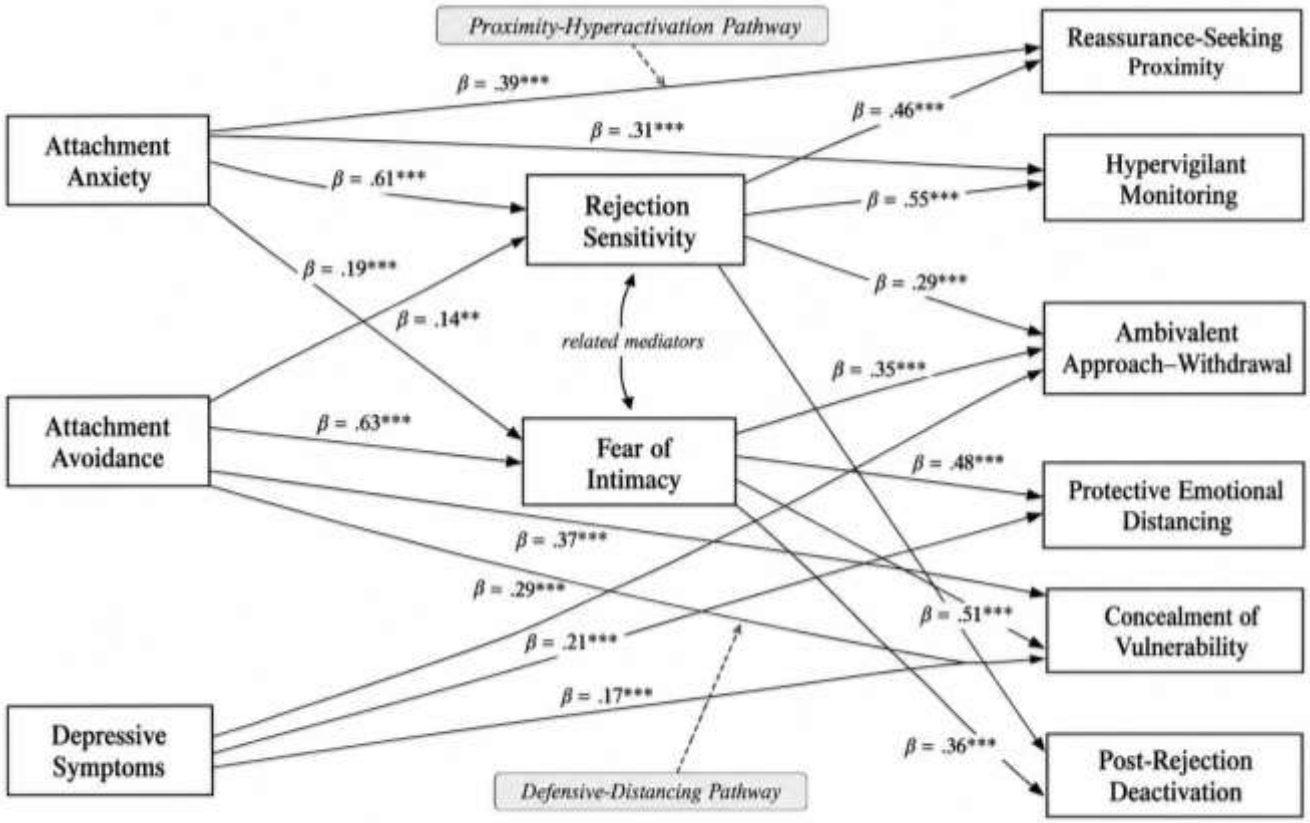
Table 4 indicates that the structural relationships were consistent with the mechanism proposed from the qualitative findings. Attachment anxiety strongly predicted rejection sensitivity ($\beta = .61$, $p < .001$), whereas attachment avoidance strongly predicted fear of intimacy ($\beta = .63$, $p < .001$). These pathways subsequently differentiated proximity-enhancing from distancing responses. Rejection sensitivity was a strong predictor of hypervigilant monitoring ($\beta = .55$, $p < .001$) and reassurance-seeking proximity ($\beta = .46$, $p < .001$), while attachment anxiety retained significant direct effects on both outcomes. The statistically significant indirect effects indicated that rejection sensitivity partially mediated the association between attachment anxiety and hypervigilant monitoring ($\beta = .34$, 95% CI [.27, .42]) as well as the relationship between attachment anxiety and reassurance-seeking proximity ($\beta = .28$, 95% CI [.21, .36]). In the distancing pathway, fear of intimacy significantly predicted protective emotional distancing ($\beta = .48$, $p < .001$) and concealment of vulnerability ($\beta = .51$, $p < .001$), whereas attachment avoidance remained independently associated with both mechanisms. Significant indirect effects of attachment avoidance through fear of intimacy were observed for protective emotional distancing ($\beta = .30$, 95% CI [.23, .38]) and concealment of vulnerability ($\beta = .32$, 95%

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CI [.25, .40]). Post-rejection deactivation was jointly predicted by rejection sensitivity (β = .34) and fear of intimacy (β = .36), suggesting that withdrawal after relational threat was influenced both by heightened expectation of rejection and by discomfort with emotional exposure. Likewise, ambivalent approach–withdrawal was predicted by both rejection sensitivity (β = .29) and fear of intimacy (β = .35), demonstrating that this mechanism represented the point at which hyperactivating and deactivating interpersonal tendencies converged. Depressive symptom severity independently predicted ambivalent approach–withdrawal (β = .21) and protective emotional distancing (β = .17), indicating that greater depressive severity intensified relational dysregulation beyond the effects attributable to attachment insecurity alone.

Figure 1

Structural Model of the Relationships among Attachment Anxiety, Attachment Avoidance, Rejection Sensitivity, Fear of Intimacy, and Mechanisms Regulating Closeness and Distance from Affective Objects



Note. Standardized path coefficients are shown. ** $p < .01$. *** $p < .001$.

Figure 1 summarizes the final explanatory model emerging from the integration of the qualitative and quantitative phases. The model distinguished two major but interconnected regulatory pathways. The first was a proximity-hyperactivation pathway, in which attachment anxiety increased rejection sensitivity, which in turn increased hypervigilant monitoring and reassurance-seeking proximity. Individuals characterized by this pathway appeared to respond to uncertainty in significant relationships by increasing attention to interpersonal cues, intensifying efforts to obtain reassurance, and attempting to restore perceived relational security. The second was a defensive-distancing pathway, in which attachment avoidance increased fear of intimacy, which subsequently increased protective emotional distancing and concealment of vulnerability. Individuals characterized by this pathway attempted to regulate interpersonal threat by limiting emotional exposure, reducing dependency, suppressing support-seeking behavior, and maintaining greater psychological distance. Importantly, these pathways were not completely separate. Rejection sensitivity and fear of intimacy jointly predicted ambivalent approach–withdrawal

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and post-rejection deactivation, thereby identifying two mechanisms through which proximity-seeking and distancing tendencies became integrated within the same relational system. This pattern was highly consistent with participants' qualitative accounts of wanting emotional closeness while simultaneously perceiving intimacy as a context in which rejection, criticism, shame, disappointment, or abandonment could occur.

The integrated analysis therefore supported a dynamic rather than categorical understanding of interpersonal regulation in depression. Participants with elevated attachment anxiety were not simply characterized by dependency or excessive closeness seeking; rather, their behavior appeared to be organized around heightened monitoring of relational threat and attempts to secure reassurance when attachment availability became uncertain. Similarly, individuals with greater attachment avoidance did not demonstrate an absence of attachment needs. Their distancing behavior was more accurately interpreted as an attempt to manage the perceived danger associated with emotional dependence and intimate disclosure. The simultaneous effects of rejection sensitivity and fear of intimacy on ambivalent approach–withdrawal were particularly important because they provided a statistical counterpart to one of the most prominent qualitative findings: many participants experienced emotional closeness as both desired and threatening. They sought connection to regulate loneliness, sadness, and insecurity, but the increased vulnerability accompanying intimacy activated expectations of rejection and concerns about emotional exposure.

Further examination of explained variance indicated that the structural model accounted for 58% of the variance in reassurance-seeking proximity, 66% of the variance in hypervigilant monitoring, 61% of the variance in ambivalent approach–withdrawal, 63% of the variance in protective emotional distancing, 57% of the variance in concealment of vulnerability, and 60% of the variance in post-rejection deactivation. Rejection sensitivity itself was explained primarily by attachment anxiety, with the model accounting for 41% of its variance, whereas fear of intimacy was predominantly explained by attachment avoidance and, to a lesser extent, attachment anxiety, with 46% of its variance accounted for by the model. These coefficients indicated that the proposed attachment-based framework explained a substantial proportion of individual differences in the regulation of emotional proximity among participants with depression.

Taken together, the findings from the two phases converged on the concept of threat-sensitive closeness–distance regulation. The qualitative phase identified the phenomenological and behavioral forms through which this regulatory process was experienced, whereas the quantitative phase demonstrated systematic associations among attachment insecurity, rejection sensitivity, fear of intimacy, and the resulting interpersonal strategies. Attachment anxiety was primarily associated with hyperactivation of the attachment system through monitoring and reassurance seeking, whereas attachment avoidance was primarily associated with deactivation through emotional distancing and concealment. Rejection sensitivity and fear of intimacy functioned as proximal psychological mechanisms translating attachment insecurity into specific relational responses. The strongest evidence for integration of these systems was observed in ambivalent approach–withdrawal and post-rejection deactivation, both of which reflected the coexistence of needs for emotional connection and defensive efforts to minimize interpersonal vulnerability. The results therefore indicate that difficulties in affective relationships among individuals with depression may be better conceptualized as dynamic failures of proximity regulation than as simple deficits in intimacy, attachment, or social engagement.

4. Discussion

The present study aimed to identify and explain the mechanisms regulating closeness to and distance from affective objects among individuals with depression, with particular emphasis on attachment, fear of intimacy, and rejection sensitivity. The findings indicated that interpersonal regulation in depression is best understood as a dynamic and threat-sensitive process rather than as a simple tendency toward either dependence or avoidance. The qualitative phase identified six principal mechanisms—reassurance-seeking proximity, hypervigilant monitoring of relational availability, ambivalent approach–withdrawal, protective emotional distancing, concealment of vulnerability, and post-rejection deactivation—which were integrated around the central pattern of threat-sensitive regulation of affective proximity. The quantitative phase supported this structure and showed that attachment anxiety was primarily associated with rejection sensitivity and proximity-hyperactivating responses, whereas attachment avoidance was more strongly associated with fear of intimacy and defensive-distancing responses. Rejection

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sensitivity and fear of intimacy also jointly predicted ambivalent approach–withdrawal and post-rejection deactivation, suggesting that these two processes represent important points of convergence between the need for closeness and the wish to protect the self from anticipated relational injury.

One of the most important findings was the strong association between attachment anxiety and rejection sensitivity, followed by the effects of rejection sensitivity on reassurance-seeking proximity and hypervigilant monitoring. This pattern suggests that individuals with depression who are highly anxious about attachment relationships may attempt to manage insecurity through intensified monitoring of others and repeated efforts to restore reassurance. Such a finding is consistent with evidence showing that insecure attachment is associated with greater psychiatric symptomatology and vulnerability to emotional dysregulation across clinical populations (Suárez et al., 2026; Wagner-Skacel et al., 2020). It also accords with research demonstrating links between attachment insecurity and depression severity among young adults, suggesting that insecure attachment may amplify the interpersonal dimension of depressive distress (Jehangir & Khalid, 2024). From this perspective, reassurance seeking is not merely an expression of dependency but may function as an attempt to reduce uncertainty about the availability and acceptance of significant others.

The strong relationship between attachment anxiety and hypervigilant monitoring is also theoretically meaningful. Hypervigilant individuals appear to allocate substantial psychological resources to detecting possible changes in the responsiveness of others. In depression, this may be intensified by negative interpretive biases, low self-worth, and heightened expectations of rejection. The present finding therefore supports a model in which relational ambiguity becomes especially salient for anxiously attached individuals. Previous research showing that cognitive distortions about relationships are associated with suicide probability through attachment-related processes provides indirect support for the importance of relational interpretation in psychological distress (Yazici-Celebİ et al., 2024). Similarly, associations between perceived parenting, adult attachment, and later psychological functioning suggest that early relational experiences may contribute to enduring expectations about whether others will remain emotionally available (K. & K., 2024; Zain et al., 2023a, 2023b). The current findings extend this literature by indicating that these expectations may be expressed behaviorally through monitoring, checking, reassurance seeking, and sensitivity to subtle interpersonal cues.

A second major finding was that attachment avoidance strongly predicted fear of intimacy, which in turn predicted protective emotional distancing and concealment of vulnerability. This pattern suggests a distinct defensive-regulatory pathway in which closeness is experienced as potentially dangerous because it requires emotional exposure, dependence, and self-disclosure. This finding is consistent with studies linking fear of intimacy with social avoidance and other forms of interpersonal withdrawal among young adults (E. & A., 2024). It is also compatible with evidence that fear of intimacy is modifiable through psychological intervention in distressed couples, indicating that it is a clinically meaningful relational process rather than a fixed personality feature (Sobhani et al., 2021). The current findings further suggest that in depressed individuals, fear of intimacy may serve as a proximal mechanism through which avoidant attachment is translated into concrete distancing behaviors.

The association between attachment avoidance and concealment of vulnerability is particularly relevant to depressive functioning. Individuals with depression often experience feelings of inadequacy, shame, burdensomeness, or fear of negative evaluation, and these experiences may increase reluctance to communicate emotional needs. The present results suggest that avoidant individuals may protect themselves not simply by reducing contact, but by strategically limiting what others are allowed to see. This interpretation aligns with research on alexithymic traits and attachment, which suggests that attachment insecurity can be associated with difficulty in identifying and expressing internal emotional states (Karmakar & Parmar, 2024). It also resonates with clinical descriptions of intimacy-related distress in which unexpressed relational needs may become manifested indirectly through psychological or somatic symptoms (Raja, 2026). Thus, concealment of vulnerability may be understood as an interpersonal self-protective strategy that preserves psychological distance while simultaneously reducing access to social support.

Another important finding was that ambivalent approach–withdrawal was predicted by both rejection sensitivity and fear of intimacy. This supports the qualitative observation that depressed individuals may simultaneously seek closeness and retreat from it. Such ambivalence is central to the study because it demonstrates that proximity seeking and distancing are not necessarily opposite ends of a single continuum. Rather, they can be coactivated within

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the same individual depending on the perceived balance between the need for connection and the anticipated risk of rejection or exposure. This interpretation is consistent with broader attachment literature showing that insecure attachment patterns can involve complex combinations of hyperactivation and deactivation rather than purely categorical styles (Alareqe et al., 2021; Suárez et al., 2026). The present study adds to this literature by showing how these dynamics may be translated into observable relational strategies among depressed individuals.

The finding that post-rejection deactivation was jointly predicted by rejection sensitivity and fear of intimacy also deserves attention. It suggests that withdrawal after perceived relational injury may emerge through two complementary mechanisms. First, rejection-sensitive individuals may interpret negative or ambiguous interpersonal events as confirming expected rejection, leading them to disengage in order to avoid further injury. Second, individuals with high fear of intimacy may use withdrawal to reduce the vulnerability created by emotional exposure. The combined contribution of these processes may help explain why some depressed individuals alternate between intense investment in relationships and abrupt distancing. This is compatible with research on object relations and core conflictual relationship themes in major depression, which has shown that depressive functioning is associated with distinctive and often conflict-laden relational patterns (Ghapanchi et al., 2022). It is also consistent with findings linking attachment styles and family communication processes to depressive and obsessive-compulsive symptomatology (Davani et al., 2022).

The present results further demonstrated that depressive symptom severity was positively associated with all six regulatory mechanisms, with particularly notable relationships with ambivalent approach–withdrawal, post-rejection deactivation, and protective emotional distancing. This suggests that more severe depressive symptoms may intensify instability in interpersonal regulation. As depression becomes more severe, individuals may become increasingly dependent on relationships for reassurance while simultaneously becoming more sensitive to disappointment and less willing to expose vulnerable states. This interpretation is consistent with studies demonstrating links between attachment insecurity and psychological distress across psychiatric, medical, and community populations (Elsayes et al., 2023; Infortuna et al., 2025; Pasquale et al., 2023). It also fits with evidence from perinatal and other clinical populations showing that attachment-related vulnerabilities can become especially salient under conditions of heightened emotional stress (Papapetrou et al., 2020; Terrone et al., 2023).

The structural model showed that the proposed pathways accounted for a substantial proportion of variance in the identified mechanisms. The proximity-hyperactivation pathway was characterized primarily by attachment anxiety, rejection sensitivity, reassurance seeking, and hypervigilant monitoring, whereas the defensive-distancing pathway was characterized by attachment avoidance, fear of intimacy, protective distancing, and concealment of vulnerability. This dual-pathway structure is broadly consistent with attachment theory, which distinguishes between hyperactivating strategies aimed at intensifying proximity and deactivating strategies aimed at reducing attachment-related need or exposure. The current findings, however, go beyond this general distinction by demonstrating that rejection sensitivity and fear of intimacy appear to function as proximal psychological mechanisms linking attachment orientations to specific interpersonal behaviors.

The role of rejection sensitivity in the hyperactivation pathway may be especially important for understanding why some individuals with depression appear preoccupied with others' responses. Hypervigilant monitoring of tone, availability, responsiveness, and signs of emotional withdrawal may create a self-reinforcing interpersonal cycle in which neutral or ambiguous cues are interpreted pessimistically, leading to repeated reassurance seeking. Such behaviors may temporarily reduce anxiety but can also strain relationships, thereby creating conditions that appear to confirm the individual's fear of rejection. This interpretation is consistent with research showing that psychopathology can be shaped by the interaction of relational expectations, perceived parenting, and attachment-related patterns (Pinto-Cortez et al., 2023; Wang & Kuroki, 2023). It is also compatible with broader work suggesting that insecure attachment can affect adjustment under conditions of both psychological and physical stress (Karveli et al., 2025; Sirancova et al., 2021).

In contrast, fear of intimacy appeared central to the defensive-distancing pathway. Individuals high in attachment avoidance may not lack attachment needs; rather, they may regulate those needs by minimizing dependence, suppressing disclosure, and preserving distance. This interpretation is supported by studies showing that attachment patterns influence quality of life, psychosocial functioning, and adaptation in individuals with chronic illness and other stressful conditions (Maestre-Lorén et al.,

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2021; Pistorio et al., 2024; Pistorio et al., 2025). In such populations, intimacy, trust, and reliance on others often become especially salient because illness increases dependency. The fact that attachment-related functioning predicts adjustment in these contexts strengthens the interpretation that distancing may function as an adaptive attempt to preserve control, even when it ultimately restricts access to support.

The findings also support a developmental perspective. Associations between early parenting and later attachment patterns documented in previous studies suggest that current proximity-regulation strategies may reflect internalized relational templates established long before the onset of depressive symptoms (K. & K., 2024; Zain et al., 2023a, 2023b). Negative early interpersonal experiences may contribute to assumptions such as "others will leave," "my needs are excessive," "closeness makes me vulnerable," or "showing distress will result in rejection." Once established, such assumptions may organize adult relational behavior and become particularly activated during depressive episodes. Research on adverse childhood experiences and psychopathology further supports the moderating role of attachment in the translation of developmental adversity into later psychological difficulties (Pinto-Cortez et al., 2023).

The current findings can also be interpreted in the context of broader emotional and physiological regulation. Evidence that adult attachment is associated with brain μ-opioid receptor availability suggests that attachment-related functioning may be linked to neural systems involved in social reward, bonding, and regulation of distress (Turtonen et al., 2021). This neurobiological perspective strengthens the argument that proximity regulation is not simply a social preference but a core affective-regulatory process. It may help explain why disruptions in closeness can have such profound emotional consequences for individuals with depression and why both excessive proximity seeking and defensive withdrawal can become deeply entrenched.

The study also aligns with evidence showing that attachment processes are clinically important across diverse forms of psychopathology and distress. Associations have been reported between insecure attachment and bipolar symptoms, suicidal risk, psychological distress, and maladaptive interpersonal functioning (Deiana et al., 2025; Suárez et al., 2026; Wagner-Skacel et al., 2020; Yazici-Celebİ et al., 2024). Attachment has also been implicated in more severe disturbances of interpersonal regulation such as stalking-related psychopathology, where maladaptive proximity seeking may become persistent and dysregulated (Wheatley et al., 2020). Although the current sample consisted of individuals with depression rather than these other clinical groups, the convergence of evidence suggests that dysregulated management of relational distance may be a transdiagnostic process that manifests differently depending on symptom profile, personality organization, and contextual stress.

The results further highlight the importance of contextualizing attachment within broader systems of support, coping, and meaning. Research has shown that gratitude can mediate the relationship between attachment and psychological well-being, suggesting that attachment security may exert part of its effect through adaptive emotional orientations (Nourialeagha et al., 2020). Spiritual and existential dimensions have also been emphasized as relevant components of mental health care, particularly in approaches that seek to understand the person beyond isolated symptoms (Júnior & Esperandio, 2026). These perspectives are relevant to the current findings because individuals' strategies of closeness and distance are likely influenced not only by attachment style but also by their broader capacities for trust, meaning-making, emotional awareness, and reciprocal support.

5. Conclusion

Overall, the findings support a process-oriented conceptualization of interpersonal functioning in depression. Rather than describing depressed individuals as simply dependent, avoidant, socially withdrawn, or excessively reassurance seeking, the present study suggests that these behaviors may be understood as different expressions of a common regulatory problem: how to obtain emotional security without becoming excessively vulnerable to rejection, abandonment, shame, or loss. The qualitative and quantitative findings converged on this interpretation, with attachment anxiety and rejection sensitivity primarily driving hyperactivating responses, and attachment avoidance and fear of intimacy primarily driving deactivating responses. Ambivalent approach–withdrawal and post-rejection deactivation represented points of overlap where both systems became active. This integrated model may therefore provide a more nuanced framework for understanding interpersonal difficulties in depression than models focused on isolated traits or single relational behaviors.

Several limitations should be considered when interpreting the findings. First, the study was conducted with

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adults with depression recruited from counseling, psychotherapy, and psychiatric centers in Tehran, which may limit generalizability to individuals with depression who do not seek treatment, to rural populations, or to other cultural contexts. Second, the cross-sectional nature of the quantitative phase prevents firm causal conclusions about the direction of associations among attachment, rejection sensitivity, fear of intimacy, and closeness–distance regulation. Third, most quantitative variables were assessed through self-report, which may have introduced shared-method variance, recall bias, and social desirability effects. Fourth, although the researcher-developed Closeness–Distance Regulation Mechanisms Questionnaire demonstrated satisfactory preliminary psychometric properties, further validation in independent samples is required. Fifth, the qualitative findings were based on retrospective accounts of interpersonal experience and therefore may have been influenced by participants' current depressive mood and interpretive biases. Finally, although the mixed-methods design strengthened the study through triangulation, the integration of qualitative and quantitative findings remains dependent on the conceptual assumptions used to connect the two phases.

Future research should examine the proposed model longitudinally to determine whether changes in attachment-related threat, fear of intimacy, and rejection sensitivity precede changes in closeness–distance regulation or whether these processes influence each other bidirectionally over time. Replication in independent clinical and community samples is needed, particularly across different cultural settings and age groups. Future studies could also incorporate partner reports, observational assessments of interpersonal interaction, ecological momentary assessment, and digital communication data to capture proximity regulation in real time rather than relying solely on retrospective self-report. It would also be valuable to examine whether the proposed mechanisms differ across depressive subtypes, recurrent versus first-episode depression, gender, relationship status, trauma history, and comorbid personality features. Additional psychometric work should further refine the newly developed questionnaire and test measurement invariance across demographic and clinical groups.

From a practical perspective, the findings suggest that assessment and treatment of depression may benefit from greater attention to how patients regulate closeness and distance in important relationships. Clinicians should assess not only whether patients have social support, but also how they seek, avoid, test, conceal, or terminate closeness when distressed. Interventions may be more effective when they distinguish between hyperactivating patterns such as reassurance seeking and hypervigilant monitoring and deactivating patterns such as emotional withdrawal and concealment. Treatment can target maladaptive interpretations of interpersonal cues, increase tolerance of relational uncertainty, strengthen emotional disclosure skills, reduce defensive avoidance, and help patients develop more flexible ways of seeking support. Couple- and family-based interventions may also be useful when depressive symptoms are maintained within recurrent cycles of reassurance seeking, perceived rejection, withdrawal, and reduced responsiveness.

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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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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