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Original article

Mechanisms of formation and manifestation of emotional dependency in interpersonal relationships

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SUMMARY

Objective

The purpose of this research was to create an integrative biopsychosocial model that would explain how emotional dependency develops and manifests in interpersonal interactions.

Methods

Based on conceptual analysis and synthesis of 34 peer-reviewed sources including affective regulation, attachment, cognitive distortions, family dynamics, social capital, and sociocultural factors of dependent behaviour, the study was carried out as a theoretical investigation.

Results

The findings demonstrated that poor self-esteem, anxiety, fear of abandonment, negative automatic thoughts, and maladaptive cognitive schemas interact with family-systemic and sociocultural circumstances to produce emotional reliance. Reliance on a partner as the primary source of emotional validation and security has been found to be exacerbated by childhood emotional deprivation, insecure attachment, harmful transgenerational scripts, social isolation, gendered expectations, economic vulnerability, and low social capital. According to the suggested model, predispositions are formed by personal vulnerability and familial experiences, and dependent behavioural patterns are reinforced by a cognitive-emotional cycle that is triggered by contextual factors like conflict, divorce, isolation, or instability.
The study concludes that emotional dependency should be understood as a multilevel

Conclusions

phenomenon requiring an integrative therapeutic response. Work with unconscious conflicts, cognitive restructuring, emotional self-regulation, family scripts, setting boundaries, and bolstering social support networks should all be included in an effective intervention. To validate the suggested model and ascertain the relative influence of its components, more empirical study is required.

Key words: cognitive distortions; attachment styles; social capital; family-systemic patterns; emotional self-regulation.

Introduction

Emotional dependency in romantic relationships represents both a complex psychological phenomenon and a widespread issue in contemporary society. The fast-paced life, the normalisation of short-term or intense emotional bonds, and increasing social isolation contribute to heightened vulnerability to the development of destructive attachments. Media influence and romantic stereotypes often lead individuals to idealise their partners while neglecting their autonomy, thereby reinforcing dependent behaviours. This tendency is further intensified by social media, where likes, comments, private messages, online status, and idealised images of relationships create a constant system of comparison and external validation. Delays in responding or unclear online activity might be perceived by emotionally susceptible people as rejection, heightened worry, relational surveillance, and a desire for assurance. Therefore, by

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turning a partner's online activity into a constant source of emotional regulation, digital settings may stabilise the cognitive-emotional cycle of dependency. Heightened abandonment anxiety combined with a lack of personal resources may lead individuals to exhibit excessive compliance, jealousy, or compulsive attention-seeking, turning love into a pathological need for validation. These manifestations erode healthy relational boundaries and may contribute to anxiety-depressive states or codependent patterns. In psychotherapeutic practice, emotional dependency is increasingly relevant because it affects quality of life, stable relationship formation, and emotional self-regulation. While specific aspects of this phenomenon have been actively addressed in the academic literature, such as the study by Moral-Jiménez and Mena-Baumann [1], there remains a clear need for an integrated approach that unites various psychotherapeutic paradigms and reflects the multidimensional nature of emotional dependency. Research that identifies the underlying factors of emotional dependency, integrates psychodynamic and cognitive-behavioural perspectives, and incorporates family-social and cultural contexts is therefore of high relevance.

Several publications demonstrated that narcissistic traits in a partner often fuel dependency through manipulative and exploitative dynamics, intensifying maladaptive behaviour in the dependent party. Such relationships are frequently characterised by persistent feelings of undervaluation and insecurity in the dependent partner, heightening susceptibility to psychological abuse. In parallel, Etxaburu et al. [2] highlighted the link between early dysfunctional schemas and difficulties in emotional regulation as a foundational mechanism in the development of emotional dependency. The absence of emotional self-regulation skills, coupled with entrenched cognitive distortions, fosters an excessive need for external approval and reinforces a self-perpetuating cycle of dependency in relationships.

Affective Dependence Scale, conceptualised by Sirvent-Ruiz et al. [3], may play a key role in diagnosing this phenomenon. This instrument facilitates the identification of pathological components of affective dependency and offers considerable value in assessing the severity of the problem and informing therapeutic strategies. Another study, conducted by Santos and Diniz [4], points to the mediating role of locus of control: an externally oriented locus amplifies vulnerability to dependency through a tendency to seek affirmation of one's feelings and actions from external sources. Such individuals often believe that outcomes are primarily shaped by external circumstances rather than by personal agency, which further entrenches dependent behaviours.

Aspects of adult attachment styles remain a key component in understanding emotional dependency. Merlyn et al. [5] demonstrated that individuals with anxious or disorganised attachment types exhibit the highest levels of emotional dependency. The findings of Cywińska [6] further indicate that a childhood marked by a lack of care, maternal deprivation, and inconsistent parental behaviour greatly increases the risk of developing such dependency. In parallel, Vertel [7] emphasised the importance of considering the family and social background, including transgenerational patterns and cultural influences that shape specific attitudes towards relationships, love, and the roles of each partner. These perspectives highlight that emotional dependency cannot be reduced to individual traits alone, as the social and cultural environment has a profound impact on the form and intensity of dependent patterns.

Further studies, such as that by Matos et al. [8], increasingly draw on integrative psychotherapy, which combines elements of cognitive-behavioural, psychodynamic, and person-centred paradigms. This approach facilitates simultaneous work with deep psychological conflicts, dysfunctional cognitive schemas, and behavioural patterns, while fostering more resilient emotional self-regulation skills. The question of how the psychodynamic focus on the past and unconscious conflicts aligns with the cognitive-behavioural emphasis on the here-and-now remains unresolved. The absence of a unified perspective on this issue complicates the formulation of clear guidelines for therapeutic practice. Moreover, research often neglects family, social, and cultural contexts that may play a crucial role in the development and maintenance of dependent relationships.

The purpose of this study is to develop a biopsychosocial integrative model of the development of emotional dependency in interpersonal relationships, uniting psychodynamic, cognitive-behavioural, family-systems, and socio-psychological approaches into a single, coherent theoretical framework. The following research questions are thus addressed in the study: which internal psychological, family-systemic, and sociocultural factors lead to the development of emotional dependency in interpersonal relationships; how these factors are explained by psychodynamic, cognitive-behavioural, family-systems, and socio-psychological approaches; and how these determinants can be incorporated into a cohesive biopsychosocial model of dependent behaviour. Based on these questions, the objectives of the study are to systematise theoretical findings on emotional dependency; to identify the main personal, familial, cultural, and contextual predictors of its development; to compare the explanatory potential of major psychotherapeutic and socio-psychological perspectives; and to construct an integrative conceptual model that explains the transition from internal vulnerability to stable dependent relational patterns.

Materials and methods

This study is conducted entirely within a theoretical framework. It is based on a multi-stage conceptual analysis, involving the systematic examination, comparison, and integration of leading theoretical models that describe the mechanisms underpinning the development, progression, and maintenance of emotional dependency in interpersonal relationships. A total of 34 peer-reviewed sources were analysed, covering key areas of research on cognitive distortions, affective regulation, attachment styles, family dynamics, and social capital.

The study's theoretical and integrative nature, which aims to reconstruct emotional dependency's explanatory mechanisms across multiple psychological and sociocultural paradigms rather than quantify its prevalence, justifies the methodological approach that was selected. The identification, comparison, and synthesis of important constructs from psychodynamic, cognitive-behavioural, family-systems, and socio-psychological perspectives were therefore made possible via conceptual analysis. Additionally, by using this approach, the study was able to look at emotional dependency as a multifaceted phenomenon that is affected not just by isolated variables but also by familial patterns, cultural expectations, internal vulnerabilities, and social resources.

For conceptual clarity, this study defines emotional dependency as a consistent pattern of excessive psychological reliance on a significant person, in which behavioural decisions, emotional security, and self-worth become heavily reliant on external validation. Cognitive distortions, such as catastrophising, personalising, emotive reasoning, and black-and-white thinking, are persistent skewed interpretations of oneself, the partner, and the relationship. Early relationship experiences, attachment styles, boundary models, and transgenerational scripts that influence expectations of closeness and independence are all considered family-systemic elements. Gendered expectations, self-sacrificing norms, psychological abuse tolerance, economic vulnerability, and social capital are examples of sociocultural influences. According to this theory, social capital is described as having access to material, emotional, and informational resources as well as supporting interpersonal networks that can either lessen dependency or, in the absence of such resources, increase reliance on a single partner.

The study focuses on the paradigmatic frameworks that offer differing perspectives on dependent behaviour, namely, psychodynamic, cognitive-behavioural, family-systems, and sociocultural approaches. This methodological choice was shaped by the need to conceptualise emotional dependency as a multifactorial phenomenon emerging from the interaction of personal, interpersonal, and societal variables.

The first analytical segment of the study involves reconstructing key conceptualisations of emotional dependency within each paradigm. The psychodynamic perspective was explored through such concepts as unconscious fear of abandonment, internal objects, pathological attachment forms, childhood trauma, and the phenomenology of transference and countertransference. These constructs were viewed as central to understanding the deep-rooted origins of excessive emotional attachment, often anchored in early experiences of affective deprivation. The cognitive-behavioural perspective, by contrast, explained how destructive relational patterns are maintained in present-day experience. It focused particularly on automatic negative thoughts, dysfunctional beliefs, and cognitive distortions, including catastrophising, personalisation, and black-and-white thinking. These distortions affect perceptions of the self, the partner, and the relationship. As a result, individuals may develop a misguided motivation to preserve the relationship at any cost.

Subsequent stages of the analysis introduced the family-systems and sociocultural dimensions. In the former, attention was directed towards the transgenerational transmission of behavioural patterns, manifested in the unconscious reproduction of parent-child relational dynamics within adult romantic relationships. The analysis encompassed destructive communicative models, boundary violations, pathological loyalty, and compensatory mechanisms that reinforce dependent behaviour. The sociocultural perspective brought into focus issues such as gendered expectations, normative 'self-sacrifice', tolerance of psychological abuse, and social capital as either a protective factor or a deficit. These aspects were treated not as isolated variables but as components of a broader discursive environment that shapes acceptable relational behaviour.

The final stage of the study involved constructing a biopsychosocial integrative model of emotional dependency, illustrating the progression from deep-rooted vulnerability to entrenched dependent behaviour. The integration of all referenced approaches was conducted using conceptual mapping – designing a structural framework that reflects the interconnections between personal dispositions (low self-esteem, anxiety, fear of loneliness), family conditions (emotional deprivation, unresolved conflict, intergenerational scripts), social contexts (isolation, gender roles, economic vulnerability), and the cognitive-emotional cycle of dependency. Conceptual validation of the model was achieved by logically aligning its components with established theoretical sources, which ensured internal coherence, explanatory depth, and practical applicability. The model was developed following qualitative conceptual model-

ling, without the use of mathematical or statistical procedures, and with an emphasis on the holistic integration of subjective, familial, and sociocultural factors.

The non-empirical nature of the study should also be acknowledged as a methodological limitation. Since the research is based on conceptual synthesis rather than primary data collection, the proposed model cannot determine causal relationships, measure effect sizes, or establish the relative weight of individual, family-systemic, and sociocultural factors in the development of emotional dependency. Therefore, the model should be treated as a theoretically grounded framework requiring further empirical validation.

Results and discussion

Internal psychological factors in the development of emotional dependency

Findings from this study underscore the multidimensional nature of emotional dependency. Low self-esteem, anxiety, and fear of loneliness are identified as critical factors that intensify the need for external validation. One theoretical review asserted that individuals with low self-esteem are more likely to exhibit dependent behavioural patterns, as they require constant emotional reinforcement from external sources [9]. Similar conclusions were drawn by Marín-Ocmin [10], who noted that a lack of confidence heightens the risk of unhealthy attachment, since individuals tend to rely on their partners for affirmation of self-worth.

Cognitive distortions also appear to contribute to the development of emotional dependency (ED), as demonstrated by Palate and Eugenio Zumbana [11]. In their theoretical model, negative automatic thoughts were shown to obstruct the development of a realistic initial, rudimentary self-identification. This observation supports earlier assumptions regarding the intensified need for external approval. The researchers emphasised that internal psychological characteristics extend beyond low self-esteem or anxiety; they also encompass a fear of abandonment and the belief that only a romantic partner can provide emotional security. Based on the literature review by Perrotta [12], it was concluded that these factors frequently interact, generating a closed loop of excessive dependency.

The theoretical foundations of ED involve a contrast between two key approaches: the psychodynamic and the cognitive-behavioural. Within the psychodynamic paradigm, emotional dependency is understood through the lens of unconscious internal conflicts formed in early childhood [13]. Early trauma or unmet emotional needs are known to generate a deep-rooted fear of losing the object of attachment. This contributes to the dominance of dependent patterns in adulthood. The cognitive-behavioural model, by contrast, emphasises the role of distorted beliefs concerning one's own inadequacy and the perceived threat of emotional disconnection. Researchers analysing various cases of dependency highlight that emotional self-regulation becomes disrupted by negative automatic thoughts (e.g. "No one needs me", "Without my partner, my life is meaningless") [14].

From a psychodynamic perspective, a detailed analysis of early emotional experiences enables the identification of unconscious motives underlying dependency and supports lasting psychotherapeutic change [15]. This approach is based on the premise that childhood traumas and unresolved conflicts leave an imprint on the unconscious, shaping established patterns of emotional interaction in adult life [13]. Proponents of the psychodynamic tradition argue that interpreting these unconscious motives, alongside recognising the deeper origins of fear and anxiety, can lead to the transformation of destructive attachment patterns and a gradual reduction in emotional dependency. Particular attention is paid to the analysis of transference and countertransference, as the activation of earlier conflicts within the therapeutic relationship provides an opportunity for their correction. In-depth work on infantile fears of abandonment or loss is also considered crucial for achieving more stable and enduring outcomes, as the internal psychological conflicts are brought into awareness rather than repressed.

Cognitive-behavioural practitioners, however, stress that pre-existing dysfunctional schemas and behavioural responses can often be modified more rapidly by focusing on the targeted retraining of maladaptive beliefs [14]. In this paradigm, negative automatic thoughts related to personal inadequacy or fear of rejection are viewed as the primary triggers of anxiety and dependency. For a clearer understanding of the role of cognitive distortions in maintaining emotional dependency, Table I was developed to summarise the main types of distortions, their mechanisms of emergence, and their impact on the behavioural patterns of dependent individuals.

Table I demonstrates that cognitive distortions not only maintain emotional dependency but also shape the behavioural patterns of dependent individuals. Emotional reasoning, mind reading, and personalisation increase anxiety and impair the capacity for objective evaluation within relationships. Nevertheless, effective correction of these distortions through cognitive-behavioural techniques can substantially reduce the intensity of dependent behaviours and promote the development of more adaptive attachment styles. Self-reflection of one's own mental activity, their characteristics, and features occurs at the intellectual-analytical (reflexive) level, characterised as a level of understanding one's own capa-

TABLE I. *Key cognitive distortions in individuals with emotional dependency.*

Type of cognitive distortion	Example thoughts	Mechanism of emergence	Behavioural impact	Psychotherapeutic approaches to correction
Black-and-white thinking	"If I am not perfect for my partner, then I am worthless"	Dichotomous evaluation of situations, lack of cognitive flexibility	Dependency on the partner's approval, fear of rejection	Cognitive restructuring, working with alternative perspectives
Catastrophising	"If they leave me, my life will be ruined"	Exaggeration of negative consequences	Panic-driven behaviour to maintain the relationship, conflict avoidance	Decatastrophising techniques, exposure to fears
Emotional reasoning	"If I feel afraid of being alone, then I can't be alone"	Confusion of emotion with objective reality	Persistent need for support, heightened anxiety	Emotion identification training, distancing techniques
Filtering	"They left me because I am worthless"	Belief that others are negatively predisposed	Dismissal of positive experiences, low self-esteem	Attentional refocusing, cognitive bias correction techniques
Mind reading	"They must think I am pathetic"	Tendency to focus exclusively on negative interpretations	Heightened relational anxiety, constant need for reassurance	Reality testing, behavioural experiments
Personalisation	"It is my fault they are upset"	Tendency to assume responsibility for others' actions	Excessive guilt, self-blame, constant need to justify oneself	Cognitive restructuring, exploring alternative explanations
Overgeneralisation	"All my relationships end badly; I will never be happy"	Conclusions based on isolated incidents	Pessimistic outlook, avoidance of new relationships	Belief reframing, thought-stopping techniques
False obligations ("must/should" thinking)	"I must always be supportive, or they will leave"	Inclination toward normative judgements	Submissive behaviour, excessive compliance	Addressing normative beliefs, encouraging cognitive flexibility
Jumping to conclusions	"They did not reply immediately, so they do not love me anymore"	Assumptions made without evidence	Anxious reactions, excessive need for explanations	Behavioural experiments, reality testing
Focus effect	"All that matters is how I feel in the relationship"	Focus on isolated aspects of a situation, neglecting the whole	Dismissal of objective facts, avoidance of conflict resolution	Cognitive reframing, attentional balancing techniques
Illusion of control	"If I do everything right, I can stop them from leaving"	Overestimation of one's influence over others' behaviour	Controlling or manipulative behaviour, over-regulation of partner	Working with uncontrollable factors, fostering acceptance of uncertainty

SOURCE: COMPILED *based on Zdankiewicz-Scigała and Scigała [13], Momeñe et al. [14], Fernanda et al. [15]*

bilities and awareness of their current limits.

According to emotional intelligence theory, emotion identification training is the development of the capacity to identify, label, and distinguish one's own affective emotions prior to their automatic determination of behaviour. This ability is especially crucial in the setting of emotional dependency since feelings of guilt, anxiety, or fear of rejection are frequently interpreted as proof that the relationship must be maintained at any costs. By enhancing the reflective aspect of emotional intelligence, cognitive reframing supports this process by teaching the person to reevaluate emotionally charged perceptions, discern between feelings and facts, and come up with more adaptable explanations for a partner's actions. When combined, these strategies enhance relational autonomy, lessen impulsive reassurance-seeking, and encourage emotional self-regulation.

Tools such as cognitive restructuring and behavioural experiments enable individuals to recognise the fallacy of excessive reliance on external validation from a partner [11]. Emotional self-regulation and self-control techniques, including exposure exercises and asser-

tiveness training, contribute to an immediate, present-focused reduction in the intensity of dependency [10]. Modification of destructive patterns leads to a decrease in attachment rooted in anxious motivation, while also reducing the likelihood of becoming entrenched in future dysfunctional relationships.

The juxtaposition of these two positions in the literature gives rise to a broader field of theoretical debate. Some researchers view the psychodynamic framework as a foundation for deep personality restructuring over the long term, arguing that uncovering unconscious processes facilitates more enduring transformation [12]. Others favour cognitive-behavioural techniques, highlighting their practical effectiveness and the perceptible improvements evident at early stages of therapy [9]. This divergence in emphasis does not diminish the value of either approach but instead reflects differing priorities and temporal perspectives in therapeutic aims.

Integrative approaches increasingly combine the psychodynamic focus on unconscious motivations with cognitive-behavioural strategies for correcting dysfunctional beliefs. This synthesis addresses both the emotional core of dependency, often rooted in childhood experience, and the thought and behavioural patterns that sustain it in current relationships [15]. A more flexible therapeutic strategy can therefore be established: first identifying and bringing to light unconscious conflicts and unmet needs (psychodynamic level), followed by systematic reinterpretation and reinforcement of new behavioural scenarios through cognitive-behavioural methods.

Socio-psychological factors: The role of family, culture, and gender

Theoretical analysis demonstrated that early traumatic experiences, particularly emotional neglect and abuse, show a strong correlation with emotional dependency in adulthood. According to Mooren et al. [16], disruption in the integration of emotional responses following trauma undermines the capacity to regulate stress and results in a persistent lack of internal stability. The absence of a secure environment during childhood development leads to a compensatory search for external sources of support, which may later evolve into excessive reliance on a partner. A similar mechanism was observed by Schwarzer et al. [17], where mistrust rooted in psychological or physical abuse during childhood limited individuals' confidence in their competence. This heightens the risk of transferring the need for protection and security onto others, particularly in romantic relationships.

Herrera Irazábal and Alcívar Nagua [18] observed that women who had experienced emotional deprivation are more likely to exhibit insecure or disorganised attachment styles and, consequently, develop dependent behaviours in adult relationships. The mechanism of this interrelation cannot be viewed exclusively through the lens of childhood trauma, as it may have been either intensified or moderated by external factors. do Espírito Santo et al. [19] emphasised the importance of financial circumstances and social pressure in shaping pathological patterns. For example, individuals with access to material independence or support from family and friends possessed greater capacity to overcome the consequences of insecure attachment and avoid developing excessive dependency. The authors therefore stress the importance of a multidimensional approach: early deprivation is significant, yet not the sole determinant of relational outcomes.

Academic debate repeatedly addressed the extent to which childhood trauma shapes the development of ED in later life. One perspective argues for a strong correlational relationship, claiming that trauma lays the foundation for future difficulties with emotional regulation and attachment, aligning with the findings of Araújo da Silva [20]. Proponents of this view suggest that pathological patterns are effectively programmed during childhood and persist throughout life unless actively addressed. An alternative position maintains that trauma does not exert its full influence without subsequent triggers in adulthood, such as relational breakdowns or financial instability, that reactivate latent fears and mistrust [21]. Thus, traumatic experiences render the individual vulnerable, yet the full manifestation of dependent behaviour often requires specific life circumstances, such as the breakdown of a close relationship or serious financial instability, that reactivate latent fears and distrust.

Family influence remains central to the development of emotional dependency, as early relationships shape beliefs about intimacy, closeness, and personal boundaries. Bonilla Alvarez and Tobar Viera [21] argue that emotional coldness within the family may weaken secure attachment and increase the search for compensatory support outside the family system. In such conditions, maladaptive schemas, fear of rejection, and the need for external validation may intensify. Yupanqui Garcia [22] further emphasises the transgenerational transmission of relational patterns: dependency, aggression, blurred boundaries, unquestioning loyalty, and tolerance of psychological abuse may be internalised in childhood and later reproduced in adult romantic relationships.

Kinkead and Salas Riquelme [23], however, noted that family history is not necessarily deterministic. Environmental factors, such as cultural norms and economic opportunities, as well as individual psychological resources, could enable individuals from dysfunctional backgrounds to avoid developing ED. Exposure to alternative models of healthy interaction outside the family, such as those encountered in educational or community settings, often serves as a protective factor. The authors

proposed that pathological interdependence should be viewed not as a fixed legacy, but as a dynamic process that can be re-evaluated and overcome through psychocorrective work or positive social experience.

Criticism has been levelled at the overemphasis on familial influence, warning that such a focus risks pathologising the entire family system. Pugliese et al. [24] emphasised the role of external stressors, noting that individuals could develop dependent behaviours even in the absence of an overtly dysfunctional family background. Situations of forced isolation or economic reliance on a partner, for instance, could foster dependency in otherwise stable individuals. The authors cautioned against reductionist interpretations in which every case of ED is attributed solely to flawed parenting.

Comparing the various perspectives, two major trends emerge. The first underscores the foundational role of the family, positing that behavioural patterns related to dependency are largely shaped in childhood. The second acknowledges the multifactorial nature, recognising that while family dynamics are important, they constitute just one of the influences. In the approach proposed by Bonilla Alvarez and Tobar Viera [21], the family's social capital is seen as either a foundational resource or a critical absence. In contrast, the critical reflections of Pugliese et al. [24] redirect attention toward external conditions that may either compensate for or intensify the impact of early familial messaging.

There is no consensus in academic discourse regarding the absolute dominance of familial scripts over individual histories or socio-economic factors. However, the prevailing view holds that the family serves as the foundational matrix for relational development, where children first encounter attachment experiences and either acquire or fail to acquire constructive approaches to emotional regulation. On this basis, it remains relevant to explore transgenerational mechanisms and to integrate them with the concept of social capital to deepen the understanding of the preconditions and corrective pathways for ED.

An analysis of the theoretical literature indicates that cultural narratives play a substantial role in shaping ED, as they define permissible social roles and expectations for women and men. According to Berry et al. [25], in societies with patriarchal attitudes, the female role is often perceived as subordinate: women are expected to show patience, sacrifice, and loyalty even to toxic partners. It is a common idea that avoiding conflict is a woman's responsibility, and breaking up with a partner is seen as a personal defeat. Such beliefs foster tolerance of abuse and inhibit efforts to alter harmful situations, as the fear of social stigma or being labelled a failed wife may override instinctual self-protection.

A related line of inquiry concerns the mechanism of learned helplessness, which develops in environments characterised by rigid traditional roles [26]. From this perspective, women (and sometimes men) may remain in destructive relationships due to the belief that their efforts are incapable of producing meaningful change. This sense of powerlessness is often inherited through intergenerational experience, whereby previous generations encountered similar conditions and transmitted a message of endurance as a family preservation strategy. As a result, individuals may perceive toxic relationships as normative or accept abuse as an inevitable element of partnership.

Although patriarchal stereotypes increase the risk of emotional dependency, the study by Momeñe López et al. [27] shows that not all women in conservative cultures exhibit dependent behaviour. When women possess alternative resources, such as independent income, access to quality education, strong social support networks, or established self-esteem, they are more likely to assert their boundaries and resist subjugated roles. This underscores the complex interaction between individual traits and cultural context: a critical stance towards imposed gender expectations can diminish their adverse effects.

Gender norms should therefore be viewed not as the sole factor but as one aspect of a broader socio-psychological construct of dependency. While patriarchal norms heighten the probability of ED, the presence of financial autonomy or strong social ties may counteract pathological outcomes. Some approaches also question the universality of the learned helplessness concept, noting that certain women in highly traditional settings demonstrate substantial autonomy. This suggests that although cultural narratives exert considerable influence, they are not always decisive. The interplay between gendered expectations, personal characteristics, and available resources ultimately determines whether a person will develop a tendency toward emotional dependency or demonstrate the capacity to resist social pressure through constructive means.

Gendered expectations further intensify emotional dependency when care, loyalty, and endurance are culturally framed as moral obligations rather than freely chosen relational practices. Normative "self-sacrifice" in this situation may diminish a person's perceived ability to establish boundaries, voice discontent, or pursue independent objectives, which would limit their ability to have an impact on the relationship and hinder their ability to realise their own potential. When perseverance is seen as maturity, dedication, or family preservation, tolerance of psychological abuse may also be socially rewarded. This can normalise uneven power relations and make withdrawing from harmful dynamics seem self-centred or socially unacceptable. Therefore, so-

cial capital plays a crucial role. People can safeguard their autonomy, validate their personal boundaries, and enhance their capacity for self-directed development when they have access to supportive family members, peers, educational resources, career opportunities, and alternative models of intimacy. On the other hand, when social capital is low, the partner might be the only source of security and recognition available, turning dependency into a compensatory tactic and limiting the person's capacity to exercise agency, withstand pressure, and create an independent life trajectory [25,26].

According to Greenwood and Garfinkel [28], social isolation increases vulnerability to the development of dependent connections, as individuals lack a broad support network and are therefore compelled to rely on a limited circle of people. This condition, according to their observations, deprives the individual of opportunities to receive alternative feedback on their own problems and initiate more diverse social contacts. As a result, the likelihood of excessive attachment increases when the partner or closest person becomes the only source of emotional validation. This situation risks developing into a pathological dependence because the lack of an external corrector can increase distorted assessments of oneself or reality.

Burgkart et al. [29] noted that a lack of emotional support from family and friends correlates with an increased tendency to negative affect and emotional instability. This reduces a person's ability to manage stress independently and increases the need for compensation due to intense attachment to a partner. According to these authors, the situation is complicated if the partner has a lack of empathy or a tendency to manipulate. Dependent behaviour is thereby reinforced, and the risk of abusive dynamics increases, as individuals in isolation lack the necessary resources to resist external pressure.

Understanding the role of social isolation in the development of emotional dependence draws upon the concept of social capital, which includes both structural (the number and diversity of contacts) and relational (depth of trust, mutual assistance) dimensions. According to Fraga [30], an individual's ability to access emotional, informational, and material resources to cope with everyday challenges is strongly influenced by their level of social capital. When this level is low, individuals are left to face their difficulties alone and are more likely to form pathological attachments to a single significant other in the hope that this person will compensate for the overall lack of support.

Some researchers propose distinguishing between bonding and bridging as different types of social capital. Even in the presence of close family ties or a few trusted friends, a lack of intergroup contacts or access to broader communities may lead to a closing-off effect. Individuals in such a configuration may have a small circle of close relationships, but are deprived of fresh perspectives or independent viewpoints. This significantly limits their capacity for self-regulation and critical assessment of problematic situations. Under these conditions, the likelihood that the closest person will be perceived as the only source of safety becomes particularly high.

In parallel, research into experimental approaches to exploring the cognitive mechanisms associated with loneliness continues to evolve, as noted by Zagic et al. [31]. These authors highlighted that people with a limited range of contacts often generate exaggerated interpretations of social situations, such as believing, "If I lose this person, I will be completely alone." Such cognitive distortions fuel anxiety and lead to excessive efforts to retain the partner at all costs. Compared to individuals embedded in rich social capital networks, who had access to multiple sources of emotional and social support, those with fewer connections experience greater difficulty in regulating their fear of abandonment.

Debates in this field centre on whether a broad network of contacts consistently protects individuals from emotional dependence. Some researchers argue that the number of social connections is not decisive; rather, the quality of these connections is considered critical, namely, the degree of trust, depth of empathy, and capacity for constructive feedback [32-34]. Even a large circle of acquaintances could prove superficial, failing to provide a genuine sense of security. Nonetheless, in cases of low social capital, the likelihood of becoming entirely dependent on a single partner is higher than in situations where support was available from several independent sources.

Two key approaches emerged within the research landscape. The first conceptualises low levels of social capital as a psychological issue, characterised by distorted perceptions of the self and others: the individual believes that only their partner can alleviate the feeling of isolation. The second approach focuses on the external, resource-based dimension, emphasising that the absence of effective social networks and interpersonal competencies leads to a scenario in which the person objectively has no alternative but to rely on one close individual [30,31]. Both perspectives converge in asserting that low social capital creates the conditions for dependent relationships by limiting available sources of support and amplifying the fear of losing the last remaining connection.

New conceptual model of the development of emotional dependence

The overarching idea proposes that emotional dependence develops under the influence of both internal and external factors, which interact dynamically, either re-

inforcing or mitigating one another. The foundational assumptions of the model suggest that personal and familial determinants of emotional dependence should be viewed as interrelated. The personal dimension includes a wide spectrum of traits – chronic fear of loneliness, emotional instability, and a tendency to internalise negative evaluations – thus moving beyond one-dimensional approaches that attribute dependence solely to low self-esteem or heightened anxiety [9]. Within the psychodynamic tradition, such dispositions are understood as consequences of early psychological experiences, whereas the cognitive-behavioural paradigm emphasises the formation of maladaptive beliefs [14,15]. The integrative model brings these perspectives together, interpreting personal traits as the foundational platform upon which dependent behaviours are constructed.

The familial context also matters, as dysfunctional transgenerational patterns and childhood emotional neglect may create a need for unconditional affirmation from a partner. Transgenerational theories highlight the possibility that a culture of dependence may be transmitted across generations [22]. Critics of this view, such as Pugliese et al. [24], argue that familial patterns do not operate in a vacuum and are shaped by broader socioeconomic contexts. Despite ongoing debate, most researchers acknowledge that the combination of negative familial communication patterns and insufficient emotional support constitutes a significant foundation for the emergence of emotional dependence.

Emotional conflicts and relationship breakdowns frequently act as triggering events for the intensification of affective dependence. Within the psychodynamic approach, conflict or the threat of losing a significant figure may reactivate early traumatic experiences of abandonment. In contrast, the cognitive-behavioural model suggests that such events automatically activate negative core beliefs, such as “I am unworthy of love”. Both paradigms agree that critical life events can sharply exacerbate dependent behaviours, as the prevailing fear of being left without support drives an intensified desire for emotional fusion with a partner.

Another key trigger involves difficult life circumstances and economic hardship. In the context of financial difficulties, individuals may experience a perceived lack of resources for independently resolving their problems. Research by do Espírito Santo et al. [19], grounded in the social-psychological perspective, highlights how such vulnerability frequently leads to heightened emotional dependence on a partner perceived as the sole source of stability. Cognitive models, in turn, emphasise the emergence of “learned helplessness”– a belief in one’s inability to influence personal circumstances, which further increases the need for emotional refuge within the relationship.

The cognitive-emotional cycle of affective dependence begins with the development of negative automatic thoughts and cognitive distortions. In psychodynamic terms, these are understood as projections of internalised objects associated with traumatic abandonment experiences. The cognitive-behavioural view interprets them as outcomes of prior negative relational experiences or dysfunctional family dynamics. Dominant beliefs such as “I am unlovable” or “I am nothing without my partner” contribute to the perception of the relationship as the only source of safety. The relationship between influence mechanisms and self-identification involves synthesis through self-awareness (or self-perception) of personal feelings and feelings arising due to external influence.

This perception, in turn, amplifies anxiety and the need for approval. Both psychodynamic and cognitive-behavioural frameworks note that the interplay of negative beliefs and fear of loss creates a self-perpetuating cycle of anxiety. In such conditions, individuals often resort to submissive or manipulative behaviours to avoid the threat of separation. While this may temporarily reduce anxiety, it simultaneously deepens the dependence and diminishes autonomy, further entrenching emotional dependence.

An integrative approach, which encompasses personal, familial, and cultural dimensions, offers a more comprehensive explanation of emotional dependence. Unlike one-dimensional psychodynamic, cognitive-behavioural, or social models, the integrative perspective avoids reductionism by linking internal and external determinants. Izquierdo Martínez and Gómez-Acosta [32] emphasised the importance of contextual analysis as a means of avoiding the misplaced attribution of responsibility solely to pathological personality traits or dysfunctional environments.

The integrative approach explains emotional dependence through the interaction of traumatic, familial, cognitive, and sociocultural factors. This supports more targeted therapy: transgenerational patterns may require family-systemic work, negative core beliefs may require cognitive restructuring, and gendered expectations may require attention to cultural norms and relational boundaries. Nonetheless, criticism of the integrative approach relates to the potential risk of excessive generalisation. As noted by Alves et al. [35], the attempt to account for too many variables can result in a loss of specificity, particularly in unique cases influenced by rare or under-researched factors. In such instances, generalisation risks becoming a misleading simplification, where the individual’s narrative is subsumed into an overly broad theoretical framework. The integrative model also demands rigorous methodological clarity. Relevant components should be identified case by

case, including personality traits, family interaction patterns, and social capital. Their relative influence may vary: in some cases, internal conflicts dominate, while in others external conditions are more decisive.

Several theoretical studies highlight that conflictual events or relationship breakdowns may sharply exacerbate dependent tendencies, particularly in individuals with low self-esteem or a history of trauma [36]. Such vulnerability is explained by the heightened anxiety and uncertainty that follows the sudden loss of a source of emotional support, often provoking desperate attempts to prevent further deterioration of the situation [37].

Given this complexity, the ethical dimension of psychotherapy calls for a cautious approach when addressing early traumatic memories. Therapeutic interventions should only be pursued when the client is sufficiently prepared, thereby avoiding the activation of defensive mechanisms or an increase in psychological resistance. Understanding dependence as a dynamic crisis state necessitates a rejection of stigmatising diagnoses in favour of targeted support during periods of transition. The therapist must consider familial and partner power imbalances that may reinforce destructive dynamics and protect the client from further harm [24]. In general, the principle of "do no harm" (primum non nocere) is operationalised through flexible, minimally directive methods that aim to restore the client's sense of agency and support their capacity for autonomous decision-making.

Structuring the components of the model according to the biopsychosocial principle offers a clearer representation of the interplay between personality traits, familial scripts, sociocultural influences, and contextual triggers. This integrative approach sheds light on how cognitive-emotional mechanisms may activate maladaptive behavioural patterns. The graphic model presented in Figure 1 illustrates the logical progression from foundational conditions to excessive dependence, while also identifying critical junctures for potential psychotherapeutic and preventative intervention.

The proposed integrative framework, grounded in the biopsychosocial paradigm, brings together personal, familial, cultural, and contextual determinants while aligning with key developments in the examination of emotional dependence. In a manner consistent with classical psychodynamic interpretations, it acknowl-

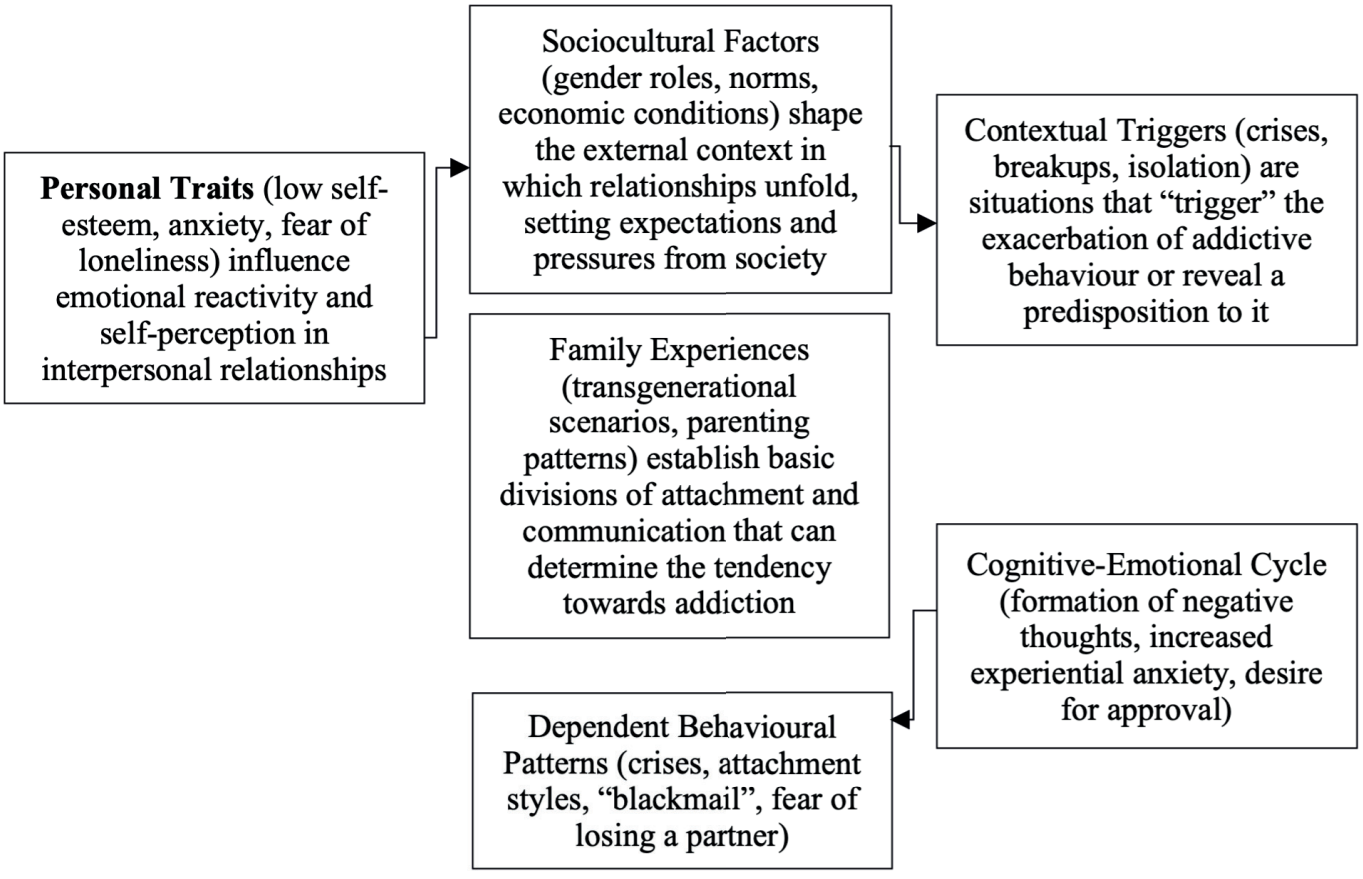


FIGURE 1. *Biopsychosocial integrative model of emotional dependence*.

edges the formative role of early experiences and unconscious conflicts in the development of excessive attachment in adulthood. Furthermore, it reflects the cognitive-behavioural tradition by emphasising the significance of destructive beliefs and negative automatic thoughts that sustain dependent patterns. Its distinctive feature lies in the broader conceptual scope: the theoretical framework incorporates both systemic family and sociocultural dimensions, demonstrating that attachment style and the tendency towards dependence may be reinforced or mitigated by familial scripts, cultural norms, and the level of social capital.

Practical work with emotional dependency should address the client's individual symptoms as well as the interplay between cognitive distortions, attachment insecurity, family scripts, gendered expectations, and available social resources, in accordance with the biopsychosocial model put forth in the study. For instance, a client's interpretation of a partner's delayed response as proof of rejection can be interpreted as a component of the previously mentioned cognitive-emotional cycle: worry raises the desire for reassurance, while negative automatic thoughts exacerbate anxiety. In this situation, the intervention might incorporate behavioural experiments, cognitive reframing, and emotion identification training. The client may be assisted in identifying the predominant emotion, differentiating it from objective evidence, and then testing a different course of action, like delaying seeking reassurance or obtaining help from another reliable source. This enables the instinctive connection between dependent conduct and fear of abandonment to be weakened.

Practical attention is also needed for the sociocultural and family-systemic aspects found in the study, particularly when normative self-sacrifice, unclear boundaries, or tolerance of psychological coercion are used to perpetuate dependency. A client who holds the view that "a good partner must endure everything", for example, would be urged to examine this belief as a learned relational guideline rather than as an undeniable moral imperative. Reformulating such ideas into boundary-based assertions, practicing assertive communication, and progressively re-establishing autonomous domains of self-realisation, such as education, employment, friendships, or personal interests, are some examples of therapeutic activity. In this way, the intervention aligns with the integrative framework of the study: social capital activation offers substitute sources of emotional validation and support, cognitive restructuring lessens distorted interpretations, and work with family and cultural scripts weakens harmful relational expectations.

A particular strength of this model is its integration of subjective (psychological) and objective (socioeconomic, familial) factors into a coherent structure, setting it apart from research that focuses primarily on a single class of determinants. The model also outlines a logical progression from foundational vulnerabilities, such as low self-esteem or previous traumatic experience, to specific cognitive-emotional cycles that trigger dependent behaviour. Previous approaches often concentrated on isolated analytical dimensions (for instance, trauma-focused or cognitive-only perspectives). In contrast, the presented model offers a more comprehensive and flexible view of emotional dependence, avoiding reductionism and capturing its polyetiological nature.

Conclusions

The presented theoretical investigation enabled a comprehensive analysis of emotional dependency in interpersonal relationships through the lens of psychodynamic, cognitive-behavioural, family-systems, and sociocultural approaches. Conceptual synthesis of academic sources demonstrated that the emergence of emotional dependency is not driven by a single factor but rather by the dynamic interplay of several categories of determinants. Among the primary internal contributors are low self-esteem, anxiety, chronic fear of abandonment, negative automatic thoughts, and persistent cognitive distortions. These elements promote a reliance on external emotional validation and give rise to a cognitive-emotional cycle in which the partner is perceived as the sole source of stability, value, and protection.

Social, familial, and contextual variables also hold significant influence. Childhood emotional deprivation, destructive family patterns, social isolation, and gendered norms increase vulnerability to pathological attachment. This risk is especially high when personal vulnerability is combined with limited social support, autonomy, and financial independence. Under such conditions, emotional dependency may serve as a defence against internal anxiety, yet simultaneously lead to the adoption of dysfunctional behavioural strategies.

The integrative model developed in this study illustrates a staged mechanism through which internal psychological dispositions evolve into behavioural responses triggered by external stimuli, including relationship breakdowns, isolation, conflict, and instability. The model traces how early experiences of abandonment and distorted self-perceptions crystallise into entrenched dependency patterns, reinforced by cognitive distortions and cultural expectations. It also identifies key points of psychotherapeutic intervention, such as raising awareness of unconscious conflicts, restructuring distorted cognitions, exploring family history, and activating social capital, thus enhancing its practical relevance.

The multilevel nature of the identified determinants underscores the need to move beyond reductionist

interpretations of emotional dependency. No single theoretical approach – whether psychodynamic, cognitive-behavioural, or sociological – can offer a comprehensive explanation of the phenomenon in its entirety. The proposed synthetic framework clarifies the origins of affective dependency and identifies modifiable components for therapeutic intervention. In applied terms, it supports psychocorrectional programmes that combine work with childhood trauma, cognitive restructuring, emotional self-regulation, and the strengthening of resource-rich social networks.

Several methodological limitations inherent in the theoretical study should be acknowledged. Personal susceptibility, family patterns, gender norms, social isolation, social capital, and emotional dependency cannot be causally linked by the model because it is dependent on secondary theoretical sources. Generalisability may also be hampered by the variety of methodological and cultural backgrounds seen in the examined literature. Future research would benefit from experimental and longitudinal designs that incorporate variables such as gender, age, social status, and trauma history to identify the most influential factors.

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Author contributions

LS: Conceptualization, Methodology, Software, Validation, Formal analysis, Investigation, Resources, Data Curation, Writing – Original Draft, Writing – Review and Editing, Visualization, Supervision, Project administration.

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