International Journal of Behavioral and Social Analytics
Volume I, Issue 1, February 2026
https://journal.ijhba.com/index.php/ijbesa
https://slsipress.com

Fear of Intimacy, Self-Identity, and Self-Disclosure among Chinese Medical College Students

YanLi Qi
Lyceum of the Philippines University -Batangas

Abstract

Medical students face unique interpersonal challenges due to academic intensity and clinical training demands, yet the mechanisms linking self-identity, self-disclosure, and fear of intimacy in this population remain underexplored. This study examined the relationships among fear of intimacy (FOI), self-identity (SI), and self-disclosure (SD) and tested the mediating role of self-disclosure in the association between self-identity and fear of intimacy. A descriptive-correlational design was employed with 847 medical students (63.8% female; ages 17–25) recruited from a university in Guangdong, China. Participants completed the Fear of Intimacy Scale (FIS), Extended Objective Measure of Ego Identity Status-2 (EOM-EIS-2), and Self-Disclosure Index (SDI). Results indicated moderate-to-high FOI levels ($M = 100.16$, $SD = 15.18$) and moderate SD levels ($M = 39.02$, $SD = 8.76$). Self-identity was characterized by relatively higher identity moratorium and achievement scores, with lower identity foreclosure. FOI correlated negatively with SD ($r = -0.347$, $p < .001$) and identity achievement ($r = -0.235$, $p < .001$), and positively with identity diffusion ($r = 0.227$, $p < .001$). Mediation analysis indicated that self-disclosure statistically mediated the association between self-identity (operationalized as an index derived from the EOM-EIS-2) and fear of intimacy (indirect effect = 1.101, 95% CI [0.555, 1.817]), with the direct effect becoming non-significant after accounting for self-disclosure. These findings suggest that identity development may influence intimacy-related anxiety primarily through its association with emotional expression patterns. Psychological interventions targeting medical students' emotional communication skills and identity integration may help reduce fear of intimacy and support interpersonal adaptation.

Keywords: *Fear of intimacy; self-identity; self-disclosure; medical students; China; mediation; emotional expression; identity development*

1. Introduction

Medical students navigate a unique developmental context characterized by intensive academic workloads, emotionally demanding clinical training, and early professional socialization. These sustained pressures may influence interpersonal functioning and psychological adjustment, particularly in domains related to intimate relationships. Difficulties forming close emotional bonds, uncertainty in self-definition, and limited willingness to disclose personal experiences can weaken students' capacity to build supportive social networks, cope effectively with stress, and maintain empathetic engagement in patient care contexts. Understanding the psychological factors that shape medical students' interpersonal functioning is therefore important for identifying intervention targets that may promote emotional resilience and professional development.

Fear of intimacy (FOI) refers to anxiety and avoidance responses individuals experience when entering deep emotional relationships, particularly concerns about emotional exposure, dependence, and potential rejection (Descutner & Thelen, 1991). Among university students, FOI has been associated with social anxiety, depressive symptoms, and reduced relationship satisfaction (Aracı & Aydın, 2023; Fan, 2024). Medical students may be especially vulnerable: studies report FOI prevalence reaching 46.5% in this population, notably higher than among students in humanities or management disciplines (Fan & Zhang, 2024). This elevated risk may reflect the combined influence of academic pressure, professional identity anxiety, and internalized expectations of emotional control.

Self-identity (SI) is conceptualized as a relatively stable yet dynamically developing self-structure that reflects individuals' sense of continuity, value orientation, and role integration

across contexts (Crocetti et al., 2021; Schwartz et al., 2020). Contemporary research emphasizes identity as an ongoing process of exploration and commitment rather than a fixed developmental outcome. Among medical students, identity development occurs alongside professional socialization, potentially creating tension between personal identity exploration and the adoption of predefined professional roles. Insufficient identity integration has been linked to interpersonal difficulties, including reduced emotional awareness and relational avoidance (Wei, 2024; van Doeselaar et al., 2021).

Self-disclosure (SD)—the behavior of actively sharing thoughts, emotions, and personal experiences with others—serves as a key mechanism for building intimacy and interpersonal trust (Jourard & Lasakow, 1958). Appropriate self-disclosure facilitates emotional connection, whereas restricted disclosure may contribute to relational alienation. In Chinese cultural contexts, self-disclosure is often moderated by social harmony norms and interpersonal sensitivity expectations (Wang et al., 2024). Among medical students, who are trained to prioritize cognitive control and emotional stability, self-disclosure may be particularly constrained, potentially affecting both relationship quality and access to social support.

Although separate literatures have examined FOI, SI, and SD, integrated investigations of all three constructs remain limited. Preliminary evidence suggests systematic associations among these variables. Identity clarity has been found to predict self-disclosure depth, and both constructs have been linked to intimacy-related outcomes (Masur et al., 2023; Hu, 2024). Individuals with poorly integrated identity structures may exhibit greater intimacy avoidance, potentially because identity uncertainty reduces willingness to engage in emotionally vulnerable disclosure (Luo et al., 2022). However, the pathways through which self-identity and self-disclosure jointly influence fear of intimacy have not been systematically examined in medical student populations.

The present study addresses this gap by investigating the relationships among fear of intimacy, self-identity, and self-disclosure in a sample of Chinese medical students. Specifically, this study aimed to: (1) describe medical students' levels of FOI, SI, and SD; (2) examine differences in these variables across demographic characteristics including sex, grade, major/discipline, only-child status, family structure, and romantic relationship experience; (3) analyze the associations among FOI, SI, and SD; and (4) test whether self-disclosure mediates the relationship between self-identity and fear of intimacy. Understanding these mechanisms may inform psychological interventions targeting emotional communication and identity development in medical education contexts

2. Review of Related Literature

2.1 Theoretical Foundations: Attachment, Identity, and Intimacy

The study of fear of intimacy, self-identity, and self-disclosure draws on several interrelated theoretical frameworks. Attachment theory posits that early interactions with caregivers are internalized as working models that shape expectations and behaviors in adult relationships (Bowlby, 1969/1982). Anxious or avoidant attachment patterns, stemming from inconsistent or unresponsive caregiving, may predispose individuals to fear emotional closeness and intimacy (Finzi-Dottan & Abadi, 2024; Batthyany & Hernández, 2025). Research has consistently demonstrated that insecure attachment styles predict intimacy difficulties in romantic relationships, with rejection sensitivity and avoidant attachment serving as particularly strong predictors (Giovazolias & Paschalidi, 2022).

From a developmental perspective, Erikson's (1968) psychosocial theory identifies the establishment of intimate relationships as the central task of early adulthood, with successful intimacy achievement depending on prior identity consolidation. Individuals who have not developed a coherent sense of self during adolescence may struggle to form deep emotional connections with others, instead experiencing isolation or relational avoidance (Wei, 2024; Peng, 2022). This developmental framework has received empirical support across diverse cultural contexts, including Chinese university populations, where identity clarity has been linked to more satisfying intimate relationships (Chen & Schwartz, 2021; Yang et al., 2022).

Self-systems theory further elaborates how individuals develop and maintain self-structures that regulate emotional experience and interpersonal behavior. Within this framework, fear of intimacy reflects the psychological tension between attachment needs and self-protective defenses, manifesting as cautious or avoidant responses to emotional vulnerability (Maitland, 2021). In collectivist cultural contexts such as China, identity

construction and intimacy development are additionally shaped by family expectations, social harmony norms, and interdependent self-construal (Chen & Schwartz, 2021; Yang et al., 2022).

2.2 Self-Identity and Self-Disclosure: Expression as Identity Enactment

Self-identity and self-disclosure are conceptually and empirically linked. Identity clarity—the extent to which individuals possess a coherent and stable sense of who they are—has been identified as a significant predictor of disclosure depth and authenticity (Manczak et al., 2020; Masur et al., 2023). Individuals with well-integrated identity structures tend to engage in more open, consistent, and emotionally connected self-disclosure, whereas those with diffuse or uncertain identities may exhibit restricted, defensive, or strategically managed expression patterns (Luyckx et al., 2021; Luo et al., 2022).

Research in Chinese cultural contexts has revealed culturally specific patterns in the identity-disclosure relationship. Luo et al. (2022) found that self-identity played a significant mediating role in self-disclosure behaviors among Chinese university students, with clearer cognitive self-representations predicting greater openness and authenticity in both online and offline contexts. The authors emphasized that in collectivist cultural settings, self-disclosure depends on alignment between self-position clarity and perceived expectations of others. Similarly, Wang et al. (2024) demonstrated that perceived authenticity and consistency of online self-presentation significantly predicted identity cohesion among young adults.

Intervention research provides additional evidence for the identity-disclosure link. Narrative therapy approaches that guide individuals in reconstructing identity narratives have been shown to increase both self-identity clarity and self-disclosure willingness (Liang, 2024; Xu, 2021). Liang (2024) reported that high school students who completed structured narrative writing tasks demonstrated significant improvements in self-identity scale scores, particularly in self-goal clarity, alongside increased willingness to share personal experiences.

2.3 Self-Disclosure and Fear of Intimacy: Emotional Vulnerability and Relational Risk

Social Penetration Theory (Altman & Taylor, 1973) conceptualizes self-disclosure as the primary mechanism through which relationships develop from superficial to intimate levels. Disclosure breadth and depth progressively increase as relational trust develops, with reciprocal vulnerability facilitating emotional closeness (Clark-Gordon et al., 2019). Conversely, restricted or avoidant disclosure patterns may impede intimacy development and reinforce fear of emotional exposure.

Empirical studies have consistently documented negative associations between self-disclosure and fear of intimacy. Individuals who report higher fear of intimacy tend to engage in less frequent and shallower self-disclosure, particularly regarding vulnerable emotions and personal concerns (Aracı & Aydın, 2023; Gormley & Lopez, 2021). This relationship appears to be mediated by multiple psychological mechanisms. Aracı et al. (2023) found that shame fully mediated the association between fear of intimacy and self-disclosure, suggesting that intimacy-fearful individuals avoid emotional expression due to anticipated rejection, judgment, or loss of control. Rejection sensitivity has also been identified as a significant moderator, with individuals highly sensitive to negative evaluation showing particularly strong avoidance of open communication in intimate contexts (Giovazolias & Paschalidi, 2022).

In digital communication environments, the authenticity of self-disclosure has emerged as a critical indicator of intimacy quality. Masur et al. (2023) emphasized that "pseudo-disclosure" motivated by impression management rather than genuine connection may contribute to relational alienation and psychological exhaustion. Among medical students specifically, professional socialization emphasizing emotional control and rational decision-making may further constrain authentic self-disclosure, potentially limiting access to social support and reinforcing intimacy avoidance patterns (Fan, 2024; Liu et al., 2022).

This constraint is compounded by the structural realities of medical training, such as dormitory living and intense clinical schedules, which may limit opportunities for the kind of private, low-stakes interactions where vulnerable disclosure typically develops. Research on dormitory-based medical students has shown that lifestyle factors associated with this environment—including reduced sleep hours, increased screen time, and snacking frequency—correlate with burnout dimensions, suggesting that the context of training shapes both behavioral patterns and emotional availability for connection (Quinto et al., 2025). Thus, the restriction of self-disclosure may not only reflect professional socialization but also the erosion of personal resources needed for emotional sharing.

2.4 Self-Identity and Fear of Intimacy: The Role of Identity Integration

The relationship between self-identity and fear of intimacy is theoretically grounded in Erikson's (1968) proposition that intimacy achievement depends on prior identity consolidation. Consistent with this framework, research has documented significant associations between identity development status and intimacy-related outcomes. Identity achievement—characterized by committed identity choices following a period of exploration—has been associated with lower fear of intimacy and greater relational security (Schwartz et al., 2020; Wei, 2024). In contrast, identity diffusion—marked by lack of clear commitment and ongoing uncertainty—has been linked to elevated intimacy avoidance and interpersonal withdrawal (Crocetti et al., 2021; Luyckx et al., 2021).

Identity moratorium, characterized by active exploration without stable commitment, presents a particularly complex developmental pattern. Although often adaptive, this state is frequently accompanied by heightened emotional variability and future-oriented uncertainty, which may temporarily affect relational security (Crocetti et al., 2021). Studies of Chinese medical students have found relatively elevated moratorium scores, suggesting ongoing exploration coupled with moderate intimacy-related anxiety (Fan & Zhang, 2024; Yang et al., 2022).

The salience of identity moratorium may be especially pronounced—and prolonged—within medical education, where students must balance personal identity exploration with the internalization of a predefined professional role. Bermido et al. (2025) note that contemporary health professions students, particularly those from Generation Z, bring distinct learning preferences and definitions of success to their training. These orientations often diverge from traditional hierarchical and compliance-driven medical cultures. Such generational and cultural mismatches can intensify the psychological work of identity integration, thereby amplifying the emotional variability and relational uncertainty that characterize the moratorium state.

Shame has been identified as an emotional mechanism linking identity distress to fear of intimacy. Dang (2022) reported that shame significantly predicted fear of intimacy among university students, and that self-compassion buffered the shame-intimacy association. This finding aligns with broader evidence that identity-related emotional experiences shape interpersonal behavior patterns, with poorly integrated identities contributing to heightened sensitivity to potential rejection or judgment in intimate contexts.

2.5 Synthesis and Gaps

The literature reviewed establishes consistent bivariate associations among fear of intimacy, self-identity, and self-disclosure. Self-identity integration appears to facilitate authentic self-disclosure, which in turn promotes emotional security and reduces intimacy avoidance. Conversely, identity diffusion and uncertainty are associated with restricted disclosure and heightened fear of emotional vulnerability.

Despite accumulating evidence for these pairwise relationships, integrated investigations examining all three constructs simultaneously remain limited. Preliminary studies have begun to test chain path models. Hu (2024) reported an indirect association between self-identity and fear of intimacy through self-disclosure among single college students, and Dang (2022) demonstrated mediated moderation involving shame. Cross-lagged evidence from Aracı and Aydın (2023) suggested directional pathways from identity status to self-disclosure to subsequent intimacy outcomes.

Intervention studies further support the interconnectedness of these variables. Narrative therapy approaches targeting identity reconstruction have been shown to increase self-disclosure and reduce fear of intimacy (Liang, 2024). Sandplay interventions that enhanced self-expression opportunities and identity confirmation similarly reduced intimacy avoidance (Wang, 2022). These findings suggest that psychological interventions addressing identity and disclosure simultaneously may be particularly effective.

However, several gaps remain. Most existing research has examined general university populations rather than medical students specifically, despite evidence that medical students face unique identity development pressures and intimacy-related challenges (Fan & Zhang, 2024; Liu et al., 2022). Additionally, comprehensive modeling of the three-variable system using robust mediation approaches has been limited. The present study addresses these gaps by testing whether self-disclosure mediates the relationship between self-identity and fear of intimacy in a large sample of Chinese medical students, thereby extending theoretical understanding and informing intervention development for this population.

3. Methodology

3.1 Research Design

This study employed a descriptive-correlational research design to examine the relationships among fear of intimacy, self-identity, and self-disclosure among Chinese medical college students. The descriptive-correlational approach was appropriate for capturing the natural distribution of these psychological variables and testing associative relationships without manipulation. Quantitative data were collected through structured questionnaires administered to the target population.

3.2 Participants and Sampling

A convenience sample of 847 full-time undergraduate medical students was recruited from a medical university in Guangdong Province, China. Participants ranged in age from 17 to 25 years and were enrolled in five major disciplines: nursing (26.2%), public health (21.3%), pharmacy (20.4%), clinical medicine (17.5%), and medical technology (14.6%). The sample included 540 females (63.8%) and 307 males (36.2%). Regarding romantic relationship experience, 55.8% reported never having been in a romantic relationship, 24.4% had previous but no current relationship experience, and 19.7% were currently in a romantic relationship.

Inclusion criteria were: (1) age 17–25 years; (2) officially registered undergraduate student at the participating university; (3) sufficient Chinese reading comprehension to complete questionnaires independently; and (4) voluntary participation with informed consent. Exclusion criteria included: (1) clinically diagnosed serious psychological disorders or neurocognitive deficits; (2) incomplete or invalid questionnaire responses (e.g., patterned answers, failed attention checks); and (3) refusal to provide basic demographic information.

3.3 Measures

Fear of Intimacy Scale (FIS). The FIS (Descutner & Thelen, 1991) measures anxiety related to sharing thoughts and feelings in intimate relationships. The scale comprises 35 items rated on a 5-point scale (1 = "not at all like me" to 5 = "very much like me"), with 15 items reverse-scored. Higher total scores indicate greater fear of intimacy. The scale has demonstrated strong reliability, with internal consistency of 0.93 and test-retest reliability of 0.89 in the original validation. The Chinese version has shown internal consistency of 0.86, and in recent use with Chinese college students, Cronbach's α was 0.906.

Self-Identity Scale. The Extended Objective Measure of Ego Identity Status-2 (EOM-EIS-2; Bennion & Adams, 1986; Chinese revision by Wang, 2007) assesses identity development across four statuses: identity achievement, identity moratorium, identity foreclosure, and identity diffusion. The scale consists of 32 items rated on a 6-point scale (1 = "very unlike me" to 6 = "very like me"), with eight items per subscale. Subscales cover ideological domains (politics, occupation, religion, lifestyle) and interpersonal domains (gender roles, friendship, entertainment, dating). Internal consistency reliabilities for the four subscales range from 0.55 to 0.75. In recent use with Chinese college students, Cronbach's α was 0.77 (Huang et al., 2024).

Self-Disclosure Index (SDI). The SDI (Kahn & Hessling, 2001; Chinese revision by Li, 2009) assesses individuals' willingness to share personal concerns and private information with others. The 12-item scale uses a 5-point scoring system (1 = "strongly disagree" to 5 = "strongly agree"), with higher scores indicating greater self-disclosure. The original scale demonstrated Cronbach's α of 0.92 and two-month test-retest reliability of 0.80. In recent use with Chinese college students, Cronbach's α was 0.905 (Zhang, 2022).

3.4 Procedures

The study was approved by the Ethics Committee of the participating medical university in Guangdong Province. Data were collected using an online questionnaire platform widely used for psychological assessment in Chinese universities. The questionnaire included an introduction to the study, informed consent information, demographic questions, and the three standardized scales. Attention check questions (e.g., "Please select 'strongly disagree' for this item") were embedded to identify invalid responses.

A pilot test was conducted with 30 undergraduate students to assess questionnaire clarity, item comprehension, and completion time. Minor adjustments to language presentation and item order were made based on pilot feedback. The final questionnaire was distributed through the university's official notification platform and class group links. Data collection remained open for 14 days, with class psychology representatives assisting in reminder communications.

After data collection, responses were screened for quality. Questionnaires with completion times under three minutes, patterned responses, or incorrect attention check answers were excluded. Valid responses were coded and entered into the database for statistical analysis.

3.5 Data Collection and Analysis

Statistical analyses were conducted using SPSS. Descriptive statistics (frequencies, percentages, means, standard deviations) summarized participant characteristics and variable distributions. Group differences across demographic categories were evaluated using non-parametric tests (Mann-Whitney U for two-group comparisons and Kruskal-Wallis H for three or more groups), consistent with the ordinal measurement level and observed distributional departures from normality. Pearson product-moment correlation coefficients assessed bivariate associations among the main study variables.

Regression analyses tested predictive relationships. First, total effect of self-identity on fear of intimacy was examined. Second, the effect of self-identity on self-disclosure (path a) was tested. Third, simultaneous regression including both self-identity and self-disclosure predicted fear of intimacy (direct effect and path b). Mediation analysis using the bootstrap method (2000 resamples) tested whether self-disclosure mediated the relationship between self-identity and fear of intimacy, with 95% confidence intervals evaluated for significance of indirect effects.

3.6 Ethical Considerations

Ethical approval was obtained from the university's ethics committee prior to data collection. All participants provided informed consent after receiving detailed information about study purposes, procedures, and their rights. Participation was voluntary, and respondents could withdraw at any time without consequence. Anonymity was ensured through online data collection without identifying information. Data were stored securely with password protection accessible only to the research team.

4. Results and Discussion

4.1 Participant Characteristics

The study sample comprised 847 medical students from a university in Guangdong Province, China. Females constituted 63.8% (n = 540) and males 36.2% (n = 307) of the sample. Participants were distributed across four grade levels: first year (29.9%), second year (18.1%), third year (18.4%), and fourth year (33.6%). Academic disciplines included nursing (26.2%), public health (21.3%), pharmacy (20.4%), clinical medicine (17.5%), and medical technology (14.6%). Most participants (82.1%) were not only children, and 90.9% came from two-parent households. Regarding romantic relationship experience, 55.8% reported never having been in a romantic relationship, 24.4% had previous but no current relationship experience, and 19.7% were currently in a romantic relationship.

See Table 1 for the demographic profile of respondents (n = 847).

4.2 Fear of Intimacy Levels

The mean Fear of Intimacy Scale (FIS) score was 100.16 (SD = 15.18), with scores ranging from 56 to 148. The median score was 102. This mean value exceeds the U.S. normative mean of approximately 80 (women ≈ 76, men ≈ 82), suggesting moderate-to-high levels of fear of intimacy in this sample. The standard deviation of 15.18 indicates relatively consistent levels across participants, with scores distributed near the median, suggesting that intimacy avoidance tendencies represent a group-level characteristic rather than being concentrated among a small number of high-risk individuals.

Descriptive results for fear of intimacy are summarized in Table 2.

4.3 Self-Identity Profiles

On the Extended Objective Measure of Ego Identity Status-2 (EOM-EIS-2), participants demonstrated differential endorsement across the four identity statuses. Identity moratorium showed the highest mean score (M = 3.91, SD = 0.73), followed by identity achievement (M = 3.89, SD = 0.80), identity diffusion (M = 3.81, SD = 0.75), and identity foreclosure (M = 2.41, SD = 0.83). Overall, the pattern indicates comparatively stronger engagement in identity exploration and commitment, alongside lower premature identity closure.

Self-identity subscale results are summarized in Table 3.

4.4 Self-Disclosure Levels

The mean Self-Disclosure Index (SDI) score was 39.02 (SD = 8.76), with scores ranging from 12 to 60. The median was 38, indicating a moderately above-average level of self-disclosure in the sample. The standard deviation of 8.76 reflects moderate individual variability, with scores distributed relatively symmetrically around the mean. Examination of the score range revealed heterogeneity within the sample: a subset of

respondents reported very low disclosure levels (minimum = 12), indicating the presence of individuals who may rely on emotional suppression or self-concealment, while others demonstrated high disclosure willingness (maximum = 60).

Self-disclosure descriptive results are summarized in Table 4.

4.5 Group Differences in Study Variables

Fear of Intimacy. Significant differences in fear of intimacy were observed across several demographic variables. Sex differences were significant ($U = 67088.500$, $p < .001$). College affiliation showed significant variation ($H = 12.457$, $p = .014$). Romantic relationship experience demonstrated the strongest association with fear of intimacy ($H = 70.383$, $p < .001$). No significant differences were found for grade level ($H = 4.630$, $p = .099$), only-child status ($U = 52373.000$, $p = .870$), or family structure ($H = 0.111$, $p = .946$).

Self-Identity. Significant differences in identity subscales varied by demographic characteristic. For sex, significant differences emerged for identity achievement ($U = 68238.000$, $p < .001$), identity foreclosure ($U = 69078.500$, $p < .001$), and identity diffusion ($U = 73151.000$, $p < .001$), but not for identity moratorium ($p = .39$). For grade level, only identity achievement showed significant differences ($H = 6.91$, $p = .03$). For college affiliation, only identity diffusion approached significance ($H = 9.64$, $p = .05$). For only-child status, significant differences were found for identity achievement ($U = 42672.000$, $p < .001$) and identity foreclosure ($U = 47432.500$, $p = .05$). Romantic relationship experience showed significant differences for identity achievement ($H = 24.52$, $p < .001$), identity moratorium ($H = 6.71$, $p = .04$), and identity diffusion ($H = 20.34$, $p < .001$). No significant differences were found for family structure across any identity subscale.

Self-Disclosure. Significant differences in self-disclosure were observed for sex ($U = 104705.000$, $p < .001$) and romantic relationship experience ($H = 17.233$, $p < .001$). No significant differences were found for grade level ($H = 1.519$, $p = .68$), college affiliation ($H = 4.150$, $p = .39$), only-child status ($U = 56413.000$, $p = .19$), or family structure ($H = 1.892$, $p = .86$).

Non-parametric group comparisons are summarized in Tables 5–7.

4.6 Correlations Among Variables

Fear of intimacy demonstrated a significant moderate negative correlation with self-disclosure ($r = -0.347$, $p < .001$), indicating that greater willingness to share personal thoughts and emotions was associated with lower intimacy avoidance.

Regarding identity dimensions, fear of intimacy correlated negatively with identity achievement ($r = -0.235$, $p < .001$) and positively with identity diffusion ($r = 0.227$, $p < .001$). A weaker positive correlation was observed with identity moratorium ($r = 0.128$, $p < .001$), and a minimal positive correlation with identity foreclosure ($r = 0.084$, $p = .015$).

Self-disclosure correlated positively with identity achievement ($r = 0.068$, $p = .047$) and negatively with identity foreclosure ($r = -0.137$, $p < .001$) and identity diffusion ($r = -0.239$, $p < .001$). The correlation between self-disclosure and identity moratorium was not significant ($r = -0.018$, $p = .603$).

Among the identity subscales, intercorrelations ranged from $r = 0.105$ to $r = 0.457$, all significant at $p < .01$, indicating related but distinct dimensions of identity development.

Bivariate associations among study variables are presented in Table 8.

4.7 Regression Analyses and Mediation

Total Effect of Self-Identity on Fear of Intimacy. Regression analysis examining the total effect of self-identity on fear of intimacy revealed a small but statistically significant positive association ($\beta = 0.069$, $p = .044$). The model explained minimal variance ($R^2 = 0.005$, adjusted $R^2 = 0.004$, $F = 4.056$, $p = .044$).

Effect of Self-Identity on Self-Disclosure (Path a). Self-identity significantly predicted self-disclosure ($\beta = -0.119$, $p < .001$), indicating that higher self-identity scores were associated with lower self-disclosure levels. The model explained 1.4% of variance in self-disclosure ($R^2 = 0.014$, adjusted $R^2 = 0.013$, $F = 12.232$, $p < .001$).

Direct Effects and Path b. When both self-identity and self-disclosure were entered simultaneously to predict fear of intimacy, self-disclosure demonstrated a significant negative association ($\beta = -0.344$, $p < .001$), while the direct effect of self-identity became non-significant ($\beta = 0.028$, $p = .388$). The combined model explained 12.1% of variance in fear of intimacy ($R^2 = 0.121$, adjusted $R^2 = 0.119$, $F = 58.188$, $p < .001$).

Mediation Analysis. Bootstrap mediation analysis with 2000 resamples tested whether self-disclosure mediated the relationship between self-identity and fear of intimacy. The indirect effect was significant (effect = 1.101, 95% CI [0.555, 1.817]),

indicating that self-disclosure mediated the association. The direct effect of self-identity on fear of intimacy, after accounting for self-disclosure, was not significant (effect = 0.748, 95% CI [-0.952, 2.447], p = .388). The total effect of self-identity on fear of intimacy was significant (effect = 1.841, 95% CI [0.049, 3.633], p = .044). These results indicate full mediation: self-identity was associated with fear of intimacy indirectly through its relationship with self-disclosure.

Regression outputs and mediation estimates are presented in Tables 9–12.

4.8 Discussion

This study examined the relationships among fear of intimacy, self-identity, and self-disclosure in a sample of Chinese medical students and tested whether self-disclosure mediated the association between self-identity and fear of intimacy. The findings provide several insights into the psychological mechanisms underlying intimacy-related anxiety in this population.

Fear of Intimacy Levels. Medical students in this sample reported moderate-to-high levels of fear of intimacy, with a mean score of 100.16 on the Fear of Intimacy Scale. This value exceeds general Chinese college student norms reported in previous research (M = 92.30; Wang et al., 2019) and is substantially higher than U.S. normative samples (approximately 80). This elevation is consistent with evidence that medical students face unique interpersonal challenges related to academic intensity, clinical training demands, and professional socialization pressures (Fan & Zhang, 2024; Rotenstein et al., 2020). The relatively low standard deviation (SD = 15.18) suggests that intimacy avoidance tendencies are broadly distributed across the sample rather than concentrated among a small subgroup, indicating that this may be a group-level characteristic warranting institutional attention.

The high proportion of students without romantic relationship experience (55.8%) further contextualizes these findings. Limited romantic experience may both reflect and reinforce intimacy anxiety: students who avoid intimate situations have fewer opportunities to practice emotional expression and develop relational security, potentially perpetuating avoidance patterns (Girme et al., 2022; Liu et al., 2022). This interpretation aligns with the significant group differences observed, where romantic experience showed the strongest association with fear of intimacy among all demographic variables examined.

Self-Identity Profiles. The identity development pattern observed—with highest scores in identity moratorium, followed by achievement and diffusion, and lowest in foreclosure—suggests that medical students in this sample are actively engaged in identity exploration while also demonstrating moderate identity commitment. This profile is consistent with contemporary understandings of emerging adulthood as a period of ongoing identity negotiation rather than fixed achievement (Crocetti et al., 2021; Schwartz et al., 2020). The relatively low foreclosure scores are notable, suggesting that medical students in this sample have not prematurely committed to identities without sufficient exploration—a pattern that may reflect the extended period of professional socialization characteristic of medical education (Yang et al., 2022).

The moderate identity diffusion scores indicate that some students continue to experience uncertainty regarding identity direction. Previous research has linked identity diffusion to elevated developmental anxiety and reduced psychological coherence (Luyckx et al., 2021). In the context of medical education, where clear professional identity formation is emphasized, the coexistence of exploration and uncertainty may reflect the tension between personal identity development and the adoption of predefined professional roles.

Self-Disclosure Patterns. Self-disclosure levels fell in the moderate-to-above-average range, with mean scores (39.02) slightly above the scale midpoint. However, the wide score range (12–60) and standard deviation of 8.76 indicate substantial individual variability, with a subset of students reporting very low disclosure willingness. This variability may reflect the competing demands medical students face: professional socialization emphasizing emotional control and rational decision-making may constrain authentic self-disclosure, potentially limiting access to social support and reinforcing intimacy avoidance (Masur et al., 2023; Liu et al., 2022). Cultural factors may also contribute, as Chinese cultural norms emphasizing emotional moderation and interpersonal harmony can shape disclosure patterns, particularly regarding vulnerable emotions (Zhou & Chen, 2021; Wang et al., 2024).

Group Differences. The pattern of group differences—with sex and romantic experience showing the most consistent associations across all three variables—suggests that experiential and socialization factors may be more influential than static demographic characteristics in shaping

intimacy-related psychological functioning. The absence of significant differences for family structure and only-child status may reflect broader social changes in contemporary China, where diversified social support systems and increased mobility have reduced the predictive influence of traditional family demographic variables on psychosocial outcomes (Chen et al., 2022; Li et al., 2021).

The significant sex differences observed across multiple variables are consistent with research documenting gender-differentiated socialization regarding emotional expression and relational behavior (Schwartz et al., 2020; Thompson et al., 2021). However, the finding that sex differences extended to multiple identity subscales suggests that gender socialization may influence not only emotional expression but also broader identity development processes—an area warranting further investigation.

4.9 Relationships Among Variables

The correlation patterns observed are theoretically coherent and consistent with existing literature. The negative association between self-disclosure and fear of intimacy ($r = -0.347$, $p < .001$) aligns with Social Penetration Theory and extensive empirical evidence that open emotional communication facilitates relational security while restricted disclosure contributes to intimacy avoidance (Clark-Gordon et al., 2019; Aracı & Aydın, 2023). This finding suggests that medical students who are more willing to share personal thoughts and emotions may experience less anxiety in intimate contexts, potentially because disclosure promotes mutual understanding, trust, and emotional safety (Overall & McNulty, 2022).

The differential associations between identity dimensions and fear of intimacy provide support for Erikson's (1968) developmental framework. Identity achievement, reflecting committed identity choices following exploration, was negatively associated with fear of intimacy, suggesting that individuals with clearer self-definition may approach intimate relationships with greater security. In contrast, identity diffusion, characterized by lack of commitment and ongoing uncertainty, showed positive association with intimacy avoidance—consistent with evidence that poorly integrated identities heighten vulnerability to interpersonal withdrawal (Crocetti et al., 2021; Luyckx et al., 2021). The weak positive association with identity moratorium may reflect the emotional variability accompanying active exploration, while the minimal association with identity foreclosure suggests that premature commitment, while potentially limiting flexibility, does not strongly predict intimacy-related anxiety.

The associations between identity dimensions and self-disclosure further clarify these patterns. Identity achievement showed a small positive correlation with disclosure, while identity diffusion and foreclosure showed negative associations. These findings suggest that identity integration facilitates emotional openness, whereas identity uncertainty or rigid commitment may constrain authentic expression (Masur et al., 2023; Luo et al., 2022).

4.10 Mediating Role of Self-Disclosure

The central finding of this study is that self-disclosure fully mediated the relationship between self-identity and fear of intimacy. The total effect of self-identity on fear of intimacy, though small, was significant ($\beta = 0.069$, $p = .044$). However, after accounting for self-disclosure, the direct effect became non-significant while the indirect effect through self-disclosure was significant (indirect effect = 1.101, 95% CI [0.555, 1.817]). This pattern indicates that self-identity may influence intimacy-related anxiety primarily through its association with emotional expression patterns, rather than through a direct psychological pathway.

This finding has several implications. First, it suggests that identity development alone may not directly determine individuals' comfort with intimacy. Instead, identity integration may shape how individuals approach emotional communication in relational contexts, which in turn influences their experience of intimacy-related anxiety. This interpretation is consistent with developmental models emphasizing that identity consolidation is reflected in behavioral and interpersonal functioning rather than isolated psychological symptoms (Crocetti et al., 2021; Schwartz et al., 2020).

Second, the finding that self-identity negatively predicted self-disclosure ($\beta = -0.119$, $p < .001$) warrants careful interpretation. While initially counterintuitive, this pattern may reflect the regulatory function of identity in interpersonal contexts. Individuals with clearer, more stable self-concepts may exercise greater discernment in disclosure, expressing emotions selectively based on contextual appropriateness rather than engaging in undifferentiated emotional expression. In high-pressure academic environments like medical education, where professional role expectations emphasize emotional control, this regulatory tendency may be particularly pronounced (Masur et al., 2023; Yang et al., 2022). This interpretation aligns with evidence that higher identity clarity is associated with more consistent and context-appropriate self-presentation rather than simply greater disclosure quantity (Manczak et al., 2020).

Third, the strong negative association between self-disclosure and fear of intimacy ($\beta = -0.344$, $p < .001$) underscores the centrality of emotional communication in intimate relationship functioning. This finding is consistent with extensive literature documenting that authentic self-disclosure promotes relational trust, reduces interpersonal uncertainty, and facilitates emotional connection (Overall & McNulty, 2022; Clark-Gordon et al., 2019). For medical students, who face unique pressures that may constrain emotional expression, developing skills for appropriate self-disclosure in safe relational contexts may be particularly important for reducing intimacy-related anxiety.

Implications

The findings carry implications for understanding and supporting medical students' psychological development. From a theoretical perspective, the mediated pathway identified contributes to integrative models linking identity, expression, and intimacy. The results suggest that identity development should be understood not as an isolated psychological process but as embedded within broader interpersonal functioning, with implications for how individuals navigate close relationships.

For psychological intervention, the findings suggest that programs targeting fear of intimacy among medical students may benefit from addressing both identity development and emotional expression skills. Interventions focusing solely on identity clarification without attending to disclosure patterns may have limited impact on intimacy-related outcomes, given that the association between identity and fear of intimacy operated primarily through self-disclosure. Conversely, programs emphasizing emotional communication skills without considering identity integration may address symptoms without attending to underlying developmental processes.

The significant group differences observed—particularly for sex and romantic experience—suggest that interventions may need to be tailored to specific subgroups. Students with limited romantic experience, who constitute the majority of this sample, may benefit from structured opportunities to practice emotional communication in low-stakes relational contexts before navigating intimate relationships. Gender-sensitive approaches that acknowledge different socialization experiences regarding emotional expression may also enhance intervention effectiveness.

Within medical education contexts, integrating identity development support and emotional communication training into existing curricula may help address these needs. Medical humanities courses, clinical communication training, and psychological support services could incorporate content on identity exploration, emotional awareness, and authentic self-disclosure. Such integration would acknowledge that professional development and personal psychological adjustment are interconnected rather than separate domains.

Limitations

Several limitations should be considered when interpreting these findings. First, the cross-sectional design precludes causal inferences about the relationships among variables. Although mediation analysis was conducted using theoretically grounded directional assumptions, the temporal ordering of effects cannot be established with cross-sectional data. Longitudinal research is needed to examine how identity development, disclosure patterns, and intimacy-related anxiety evolve over time and to test the directional pathways suggested by the mediation model.

Second, the sample was drawn from a single medical university in Guangdong Province, China, which may limit generalizability to medical students in other regions or educational contexts. While the sample size was large and included diverse medical disciplines, replication in other settings would strengthen confidence in the findings.

Third, all measures were self-report questionnaires, which may be subject to social desirability bias and shared method variance. This is particularly relevant for sensitive topics like fear of intimacy and self-disclosure, where participants may underreport socially undesirable tendencies. Multi-method approaches incorporating behavioral observation, informant reports, or implicit measures would provide valuable complementary data.

Fourth, the self-identity measure used (EOM-EIS-2), while well-validated, assesses identity statuses categorically rather than capturing dimensional aspects of identity development. Contemporary identity research increasingly emphasizes process-oriented dimensions (e.g., exploration depth, commitment strength) that may provide more nuanced understanding of identity-disclosure-intimacy linkages (Crocetti et al., 2021). Future research might incorporate dimensional identity measures alongside status-based assessments.

Fifth, although the mediation model explained 12.1% of variance in fear of intimacy, substantial variance remains unexplained. Additional variables not measured in this study—such as attachment security, emotion regulation strategies, social support, or specific medical education experiences—may contribute to understanding fear of intimacy in this population.

Finally, cultural specificity should be considered. While the findings were interpreted within Chinese cultural contexts, the study did not directly measure cultural values or norms that might shape identity development, disclosure patterns, and intimacy attitudes. Cross-cultural comparative research would help clarify which aspects of the observed relationships are culturally specific versus potentially universal.

5. Conclusions and Recommendations

5.1 Conclusions

This study examined the relationships among fear of intimacy, self-identity, and self-disclosure in a sample of 847 Chinese medical students and tested whether self-disclosure mediated the association between self-identity and fear of intimacy. Based on the findings, the following conclusions are drawn:

1. Demographic characteristics and relationship patterns. The sample comprised predominantly female students (63.8%) with a majority reporting no romantic relationship experience (55.8%). This profile reflects the demographic composition of medical programs in China and suggests that limited romantic involvement may be characteristic of medical student populations, potentially related to intensive academic demands and constrained social time.

2. Levels of fear of intimacy, self-identity, and self-disclosure. Medical students in this sample reported moderate-to-high levels of fear of intimacy ($M = 100.16$), exceeding general college student norms. Self-identity development was characterized by active exploration (elevated identity moratorium) alongside moderate identity commitment (achievement), with relatively low premature identity closure (foreclosure). Self-disclosure fell in the moderate-to-above-average range ($M = 39.02$), with substantial individual variability indicating a subset of students with very low disclosure willingness.

3. Group differences in study variables. Sex and romantic relationship experience demonstrated the most consistent associations with all three variables, suggesting that experiential and socialization factors may be more influential than static demographic characteristics (grade, college affiliation, family structure, only-child status) in shaping intimacy-related psychological functioning.

4. Relationships among fear of intimacy, self-identity, and self-disclosure. Fear of intimacy was negatively associated with self-disclosure and identity achievement, and positively associated with identity diffusion. These patterns are theoretically coherent, supporting frameworks linking identity integration, emotional expression, and intimacy development.

5. Mediating role of self-disclosure. Self-disclosure fully mediated the relationship between self-identity and fear of intimacy. The total effect of self-identity on fear of intimacy was significant, but the direct effect became non-significant after accounting for self-disclosure, while the indirect effect through self-disclosure was significant. This finding suggests that self-identity may influence intimacy-related anxiety primarily through its association with emotional expression patterns.

6. Implications for intervention. The mediated pathway identified suggests that psychological interventions targeting fear of intimacy among medical students may benefit from addressing both identity development and emotional communication skills. Programs focusing solely on identity clarification without attending to disclosure patterns may have limited impact on intimacy-related outcomes.

5.2 Recommendations

Based on the findings and conclusions of this study, the following recommendations are offered for medical students, educators, mental health professionals, university administrators, and future researchers.

For Medical Students. Medical students are encouraged to participate in structured psychological development activities that provide safe environments for practicing emotional expression and gradual self-disclosure. Joining interpersonal skills training groups, emotional awareness workshops, or peer support programs may help reduce anxiety related to emotional sharing. Engaging in career planning activities and professional identity development courses can support identity integration, which may further facilitate adaptation in close relationships. Students with limited romantic experience may benefit from building emotional communication skills in friendships and family relationships before navigating intimate partnerships.

For Parents and Close Friends. Family members and close friends are encouraged to provide stable emotional support environments for

medical students. Reducing excessive criticism and overly high expectations may help lower psychological pressure. Parents can promote emotional security by encouraging open communication, modeling authentic emotional expression, and supporting students' identity exploration without imposing premature commitments. Close friends can help by building trust-based relationships characterized by acceptance and non-judgmental listening, which may make medical students feel more comfortable sharing vulnerable emotions and personal experiences.

For University Mental Health Professionals. Counselors and mental health educators are encouraged to develop and implement emotional expression training programs and intimate relationship education specifically designed for medical students. These programs could include group counseling, emotion regulation skills training, attachment awareness education, and structured self-disclosure practice. Given the mediating role of self-disclosure identified in this study, interventions should explicitly address the connection between identity development and emotional communication. Counselors should also attend to identity development issues among medical students, helping them navigate the tension between personal identity exploration and professional role expectations.

For University Administrators. University administrators are encouraged to integrate mental health education into the medical training system and establish long-term psychological support mechanisms. Emotional communication skills, interpersonal relationship competencies, and professional identity development content can be incorporated into medical humanities courses and clinical communication training. Universities may consider establishing psychological development monitoring systems to identify students at elevated risk for intimacy-related difficulties and provide early intervention. Creating structured opportunities for social connection and relationship skill development within the medical curriculum may help address the limited social time characteristic of medical education.

For Education Authorities. Education authorities at institutional and regional levels are encouraged to strengthen mental health education systems within medical education and develop policy guidelines supporting medical students' psychological development. Increasing mental health course content in medical curricula, supporting research on psychological intervention programs for medical students, and allocating resources for mental health services in medical schools may be beneficial. Developing databases on medical student mental health could provide useful data for evidence-based policy development and track changes over time.

Recommendations for Future Research

Future research should address the limitations of the present study. Longitudinal designs are needed to examine the developmental relationships among self-identity, self-disclosure, and fear of intimacy over time and to test the directional pathways suggested by the mediation model. Expanding sample and conducting cross-regional or cross-cultural studies would improve generalizability and help identify culturally specific versus universal patterns. Future studies might incorporate additional variables not measured in this research—such as attachment security, emotion regulation strategies, social support, clinical training experiences, or cultural values—to more comprehensively model factors contributing to fear of intimacy. Experimental or intervention research examining the effectiveness of programs targeting identity integration and emotional communication skills would provide practical evidence for intervention design. Finally, qualitative research exploring medical students' lived experiences of identity development, emotional expression, and intimate relationships could enrich understanding of the processes underlying the quantitative patterns observed.

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7. Tables

Table 1 Profile Distribution of the Respondents **(**n=847)

Profile	Frequency (*f*)	Percentage (%)
Sex		
Male	307	36.2
Female	540	63.8
Grade		
1st	253	29.9
2nd	153	18.1
3rd	156	18.4
4th	285	33.6
College		
Pharmacy	173	20.4
Clinical Medicine	148	17.5
Public Health	180	21.3
Nursing	222	26.2
Medical Technology	124	14.6
If Only Child		
Yes	152	17.9
No	695	82.1
Family Structure		
Single Parent	51	6.0
Two Parent	770	90.9
Blended	23	2.7
Romantic Experience		
Never Before	473	55.8
Currently none, but there have been some.	207	24.4
Currently in a romantic relationship.	167	19.7

Table 2. Fear of Intimacy of the Respondents **(**n= 847)

Variable	Mean	S. D.	Md	Min	Max	Interpretation
Degree of Intimacy Fear	100.16	15.18	102	56	148	Moderate to high level

Legend: The average total score of 100.16 (SD = 15.18) falls above the U.S. normative mean of approximately 80 (women ~76, men ~82), suggesting moderate to high levels of FOI

Table 3. Self-identity of the Respondents **(**n=847)

Subscales	Mean	S. D.	Md	Rank	Interpretation
Identity achievement status	3.89	0.8	3.88	2	Above Median
Identity moratorium states	3.91	0.73	4.00	1	Below Median
Identity foreclosure State	2.41	0.83	2.75	4	Below Median
Identity diffusion states	3.81	0.75	3.88	3	Below Median

Table 4. Self-Disclosure of the Respondents (n=847)

Variable	Mean	S. D.	Md	Min	Max	Interpretation
Self-disclosure	39.02	8.76	38	12	60	Above Median

Table 5. Differences of Responses on Fear of Intimacy when grouped according to Profile (n=847)

Profile Variables	*H/U*	p-Value	Interpretation
Sex	67088.500	0.000	S
Grade	4.630	0.099	NS
College	12.457	0.014	S
If Only Child	52373.000	0.870	NS
Family Structure	0.111	0.946	NS
Romantic Experience	70.383	0.000	S

Legend: Significant at <0.05 alpha level. S – significant, NS – Not Significant

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Table 6. Differences of Responses on Self-identity Scale when grouped according to Profile (n=847)

Profile Variables	*H/U*	p-Value	Interpretation
Sex			
Identity achievement status	68238.00	0.00	S
Identity moratorium states	79967.00	0.39	NS
State of Identity foreclosure	69078.50	0.00	S
Identity diffusion states	73151.00	0.00	S
Grade			
Identity achievement status	6.91	0.03	S
Identity moratorium states	0.56	0.76	NS
State of Identity foreclosure	1.53	0.47	NS
Identity diffusion states	0.72	0.70	NS
College			
Identity achievement status	3.31	0.51	NS
Identity moratorium states	4.72	0.32	NS
State of Identity foreclosure	4.77	0.31	NS
Identity diffusion states	9.64	0.05	S
If Only Child			
Identity achievement status	42672.00	0.00	S
Identity moratorium states	51941.50	0.75	NS
State of Identity foreclosure	47432.50	0.05	S
Identity diffusion states	50124.00	0.32	NS
Family Structure			
Identity achievement status	0.69	0.71	NS
Identity moratorium states	1.54	0.46	NS
State of Identity foreclosure	1.21	0.55	NS
Identity diffusion states	1.96	0.38	NS
Romantic Experience			
Identity achievement status	24.52	0.00	S
Identity moratorium states	6.71	0.04	S

State of Identity foreclosure	0.94	0.63	NS
Identity diffusion states	20.34	0.00	S

Table 7. Differences of Responses on Self-Disclosure when grouped according to Profile **(**n=847)

Profile Variables	*H/U*	p-Value	Interpretation
Sex	104705.00	0.00	S
Grade	1.52	0.68	NS
College	4.15	0.39	NS
If Only Child	56413.00	0.19	NS
Family Structure	1.89	0.86	NS
Romantic Experience	17.23	0.00	S

Table 8
Relationship Among the FOI,SD and SI
n=847

	FOI Total	**Self-Disclosure Total**	**Identity Achievement**	**Identity Moratorium**	**Identity Foreclosure**	**Identity Diffusion**
FOI Total	1	-0.347	-0.235	0.128	0.084	0.227
	(0.000***)	(0.000***)	(0.000***)	(0.000***)	(0.015*)	(0.000***)
Self-Disclosure Total	-0.347	1	0.068	-0.018	-0.137	-0.239
	(0.000***)	(0.000***)	(0.047*)	-0.603	(0.000***)	(0.000***)
Identity Achievement	-0.235	0.068	1	0.372	0.299	0.105
	(0.000***)	(0.047*)	(0.000***)	(0.000***)	(0.000***)	(0.002**)
Identity Moratorium	0.128	-0.018	0.372	1	0.314	0.457
	(0.000***)	-0.603	(0.000***)	(0.000***)	(0.000***)	(0.000***)
Identity Foreclosure	0.084	-0.137	0.299	0.314	1	0.357
	(0.015*)	(0.000***)	(0.000***)	(0.000***)	(0.000***)	(0.000***)
Identity Diffusion	0.227	-0.239	0.105	0.457	0.357	1
	(0.000***)	(0.000***)	(0.002**)	(0.000***)	(0.000***)	(0.000***)

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Table 9. Regression Analysis of Self-Identity on Fear of Intimacy (Total Effect Model) n = 847

	Non-standardized coefficient		Standardized coefficient	t	P	VIF	R^2	Adjusted R^2	F
	B	SE	Beta						
Constant	93.527	3.336	–	28.032	0.000***	–			
Self-Identity (Total Mean)	1.841	0.914	0.069	2.014	0.044**	1	0.005	0.004	F = 4.056 P = 0.044**

Dependent Variable: *Fear of Intimacy (FOI Total)*
Note: ****and **represent significance levels of 1%, 5% respectively*

Table 10. Regression Analysis of Self-Identity on Self-Disclosure (Path a Model) n = 847

	Non-standardized coefficient		Standardized coefficient	t	P	VIF	R^2	Adjusted R^2	F
	B	SE	Beta						
Constant	45.636	1.917	–	23.812	0.000***	–			
Self-Identity (Total Mean)	-1.836	0.525	-0.119	-3.497	0.000***	1	0.014	0.013	F = 12.232 P = 0.000***

Dependent Variable: *Self-Disclosure (SD Total)*
Note: ****represent significance levels of 1% respectively*

Table 11. Regression Analysis of Self-Identity and Self-Disclosure on Fear of Intimacy (Direct Effect & Path b Model) n = 847

	Non-standardized coefficient		Standardized coefficient	t	P	VIF	R^2	Adjusted R^2	F
	B	SE	Beta						
Constant	120.697	4.055	–	29.763	0.000***	–			
Self-Identity (Total Mean)	0.748	0.866	0.028	0.864	0.388	1.014	0.121	0.119	F = 58.188 P = 0.000***
Self-Disclosure (Total)	-0.595	0.056	-0.344	-10.573	0.000***	1.014			

Dependent Variable: *Self-Disclosure (SD Total)*
Note: ****represent significance levels of 1% respectively*

Table 12. Bootstrap Test of Mediating Effect of Self-Disclosure between Self-Identity and Fear of Intimacy **(**n = 847)

Path	Effect Type	Effect Value	Boot SE	Boot LLCI	Boot ULCI	P
Self-Identity → Self-Disclosure → Fear of Intimacy	Indirect Effect (a × b)	1.101	0.322	0.555	1.817	0.000***
Self-Identity → Fear of Intimacy	Direct Effect (c′)	0.748	0.866	-0.952	2.447	0.388
Self-Identity → Fear of Intimacy	Total Effect (c)	1.841	0.914	0.049	3.633	0.044**

Dependent Variable: *Fear of Intimacy (FOI Total)*
Mediator Variable: *Self-Disclosure (SD Total)*
Independent Variable: *Self-Identity (Total Mean Score)*
Note:
*Bootstrapping sample size = 2000 ***, and ** represent significance levels of 1% and 5% respectively.*

