

## Romantic Myths, Psychological Symptomatology, and their Impact on Emotional Dependence in Ecuadorian University Students

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### ABSTRACT

Romantic myths are socially shared beliefs that idealize love, promoting ideas such as exclusivity, sacrifice, and emotional fusion within romantic relationships (Cubells-Serra et al., 2021). Among university students, these beliefs may foster emotional dependence and normalize dating violence (Valdivia Rojas et al., 2023). This study examined the relationship between romantic myths, emotional dependence, and dysfunctional psychological symptomatology, as well as the mediating role of the latter. Method: A total of 440 Ecuadorian university students participated. The Romantic Myths Scale (SMRL), the Emotional Dependence Questionnaire (CDE), and the Symptom Checklist-90-Revised (SCL-90-R) were administered. Results: Women reported higher levels of idealized romantic myths, emotional dependence, and internalized symptomatology, whereas men showed greater adherence to possessive myths. Romantic myths and symptoms such as anxiety, hostility, and paranoid ideation significantly predicted emotional dependence dimensions. Additionally, psychological symptomatology, particularly paranoid ideation, partially mediated the relationship between idealized love beliefs and emotional dependence. Conclusion: These findings underscore the importance of implementing gender-sensitive interventions that simultaneously address dysfunctional romantic beliefs and psychological distress in affective relationships.

**Keywords:** Romantic Myths, Dating Violence, Psychological Symptomatology, University Students, Gender, Ecuador

### INTRODUCTION

Romantic myths—social and cognitive beliefs about love—shape individuals' expectations, emotions, and behaviors within romantic relationships. These beliefs influence aspects such as commitment, intimacy, and the perception of emotional suffering and have been linked to affective idealization, emotional dependency, and the normalization of dysfunctional behaviors (De la Villa-Moral et al., 2017; Hernández Domínguez, Castro Ríos, & Barrios González, 2020). Internalized from early stages of development, such beliefs can legitimize both healthy

relational bonds and dynamics of subordination and violence within romantic contexts. Notably, ideas such as “love conquers all” or the belief that jealousy is proof of true love have been associated with emotional dependency and increased tolerance of partner violence (Barbarias-García et al., 2024; Estévez et al., 2018; Martín-Salvador et al., 2021).

Several studies have identified gender-based differences in adherence to romantic myths. Women tend to internalize beliefs centered on unconditional devotion and self-sacrifice, whereas men are more likely to endorse notions related to control, jealousy, and possession (Momeñe et al., 2022; Urbiola & Estévez, 2015). These differences have been attributed to gender socialization, emotional burden, and exposure to both structural and symbolic forms of violence (Aubert & Flecha, 2021; Momeñe & Estévez, 2018). In this regard, romantic myths—particularly in their interaction with emotional dependency and psychological distress—constitute a complex framework that increases vulnerability to violent romantic relationships (Marcos-Martínez et al., 2020; Jiménez Picón et al., 2022).

Within this context, emotional dependency, defined as an intense, persistent, and maladaptive need for affection, validation, and attention from one’s partner, has been identified as a key risk factor in conflictual relationships (Lemos Hoyos & Londoño Arredondo, 2006; Estévez et al., 2018). This relational pattern is characterized by a profound fear of abandonment, idealization of the partner, and difficulty in setting healthy boundaries—all of which heighten the likelihood of remaining in harmful or abusive bonds.

From the perspective of schema theory, emotional dependency is associated with early maladaptive schemas such as abandonment, subjugation, and dependence/incompetence (Young et al., 2003). Estévez et al. (2018) linked dependency on an abusive partner with factors related to anxious attachment, including social anxiety and fear of rejection. These findings are complemented by those of Momeñe et al. (2022), who identified that the interaction between emotional dependency, intolerance of uncertainty, and pessimism increases vulnerability to conflictive relationships. This relationship had already been anticipated by Bowlby (1982), who emphasized that internal working models of attachment shape affective patterns in adulthood, and by Ainsworth et al. (1979), who described anxious attachment as characterized by a strong need for approval and fear of abandonment.

Empirical literature has demonstrated a significant relationship between emotional dependency and adherence to romantic myths, as both constructs share an ideological basis centered on emotional fusion, idealization, and the belief that love justifies everything (Granda Vivas & Moral Jiménez, 2025). This convergence hinders the identification of abuse signals and perpetuates remaining in dysfunctional relationships. Additionally, gender differences have been documented: women tend to report higher levels of emotional dependency and adherence to self-sacrificing myths, whereas men exhibit higher levels of beliefs justifying emotional dominance (Marcos-Martínez et al., 2020). Myths such as “jealousy is a sign of love” are linked to greater tolerance of interpersonal violence (Ramírez Carrasco et al., 2023). These differences reflect not only an unequal construction of love and attachment but also divergent trajectories of risk regarding dating violence, where emotional dependency plays a central role.

Furthermore, dysfunctional psychological symptomatology is linked to adherence to romantic myths and emotional dependency, as both factors tend to foster affective bonds characterized by fear of abandonment, idealization of love, and minimization of abuse (Urbiola et al., 2017; Momeñe et al., 2021). The internalization of distorted beliefs about love—such as the necessity of suffering for one’s partner or the existence of a “soulmate”—promotes emotional dependency and exacerbates psychological distress, manifested in anxiety, depression, or paranoid ideation (Urbiola et al., 2017; Etxaburu et al., 2024).

This dynamic intensifies among young individuals exhibiting anxious attachment styles or activated early maladaptive schemas, such as abandonment or subjugation, which predispose them to tolerate dysfunctional relationships due to fear of rejection or loneliness (Estévez et al., 2018; Momeñe et al., 2024; Young et al., 2003). Prior studies have demonstrated that emotional dependency mediates the relationship between self-esteem and dating violence in young populations (Urbiola et al., 2017). Nevertheless, there remains a paucity of research integrating dysfunctional psychological symptomatology, dysfunctional romantic beliefs, and emotional dependency (Granda Vivas & Moral Jiménez, 2025; Jiménez Picón et al., 2022; Marcos et al., 2020; Ramírez Carrasco et al., 2023). This gap highlights the imperative for investigations adopting a gender perspective and contextualizing affective dynamics within the sociocultural framework, wherein violence among young couples and psychological disorders in university populations manifest with significant prevalence. In Ecuador, approximately 65% of women have experienced some form of intimate partner violence, predominantly psychological abuse (INEC, 2019), while between 20% and 25% of university students present clinically relevant symptoms of anxiety and depression (Estrella Proaño et al., 2024).

Consequently, the present study aims to analyze sex differences in adherence to romantic myths, dysfunctional psychological symptomatology, and levels of emotional dependency among Ecuadorian university students; to evaluate the relationship between dysfunctional psychological symptomatology, emotional dependency, and romantic myths; to examine the predictive role of dysfunctional psychological symptomatology

and romantic myths in relation to emotional dependency. Finally, to explore the mediating role of dysfunctional psychological symptomatology in the relationship between romantic myths and emotional dependency.

## METHOD

### Participants

The sample consisted of 440 Ecuadorian university students, selected through non-probabilistic convenience sampling from five campuses of a private university in Ecuador. Participants were from the provinces of Pichincha (78.9%), Imbabura (2.2%), Tungurahua (6.5%), Esmeraldas (6.1%), and Manabí (6.3%). The gender distribution included 301 women (68.4%) and 139 men (31.6%), with ages ranging from 18 to 24 years ( $M = 20$ ;  $SD = 1.35$ ). Regarding marital status, the vast majority identified as single (99.5%), while 0.2% were divorced (one woman), and another 0.2% were in a common-law union (one man). Inclusion criteria were (a) being enrolled as a regular student at the Pontificia Universidad Católica del Ecuador, (b) being between 18 and 24 years old, and (c) having had at least one previous romantic relationship. Participants who did not fully complete the assessment instruments or who declined to participate in the study were excluded.

### Instruments

**Romantic Myths.** The Romantic Myths Scale (SMRL) (Ferrer-Pérez et al., 2010), validated in a university population by Bonilla-Algovia & Rivas-Rivero (2020), assesses erroneous and stereotyped beliefs about romantic love. It consists of two dimensions: idealization of love, which reflects a perfectionist view of the affective bond; and love–abuse linkage, which measures the acceptance of abusive behaviors as legitimate expressions of love. The scale shows moderate internal consistency, with Cronbach's alpha ( $\alpha$ ) values of .67 for Idealization and .75 for Love–Abuse Linkage, considered adequate for exploratory studies in sociocultural contexts given the complexity of romantic beliefs in young adults (Bonilla-Algovia et al., 2024). The SMRL has demonstrated validity and usefulness in identifying cognitive patterns that perpetuate dysfunctional relationships, especially when grounded in idealized beliefs about love, which can foster emotional dependency and psychological distress (Ferrer et al., 2008).

**Dysfunctional Psychological Symptomatology.** The Symptom Checklist-90-Revised (SCL-90-R) (Derogatis, 1994), in its Spanish adaptation (González de Rivera et al., 1989), was used. The SCL-90-R is a self-report questionnaire that assesses psychological symptoms and general psychopathology through 90 items (González de Rivera et al., 2002). The items are grouped into nine clinical dimensions: somatization, obsessive-compulsive symptoms, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Responses are recorded on a 5-point Likert scale (0 = "Not at all" to 4 = "Extremely"), indicating the intensity of distress experienced over the past seven days. The SCL-90-R allows calculation of a Global Severity Index (GSI), providing a comprehensive measure of psychological distress. This instrument exhibits strong psychometric properties, including a global internal consistency exceeding  $\alpha = .90$  and convergent validity confirmed with other clinical tools. It has been validated in Spanish-speaking university populations and is recognized for its robustness and effectiveness in the early detection of psychological symptomatology.

**Emotional Dependency.** Emotional Dependency Questionnaire (CDE; Lemos & Londoño, 2006). The CDE is a self-report instrument designed to assess emotional dependency in adults. It consists of 23 items answered on a 6-point Likert scale, where 1 means "Completely untrue of me" and 6 means "Describes me perfectly." The questionnaire evaluates six dimensions of emotional dependency: Separation Anxiety (7 items), Affective Expression (4 items), Modification of Plans (4 items), Fear of Loneliness (3 items), Borderline Expression (3 items), and Attention Seeking (2 items). Higher scores indicate greater levels of emotional dependency. In its original version, the CDE demonstrated high internal consistency ( $\alpha = .93$ ) and a six-factor factorial structure explaining 64.7% of the variance (Lemos & Londoño, 2006).

### Procedure

Participants were contacted via institutional emails through a formal invitation sent from the Student Affairs Office of the educational institution where the sample was collected. The email included information about the study's objectives and characteristics, the voluntary nature of participation, confidentiality, anonymity, and a secure link to access the online questionnaires. Before participating, all participants read and signed an informed consent form, which clearly explained the objectives, potential risks and benefits, the right to withdraw voluntarily without penalty, and the protection of privacy and confidentiality of the data collected.

Data collection was carried out between September and December 2021, using the online survey platform Qualtrics, which complies with security and information protection guarantees, including end-to-end encryption.

To minimize biases, questionnaires were administered in random order for each participant. The average time to complete the instruments was approximately 60 minutes.

To preserve anonymity, no personally identifiable information was recorded. Each participant was assigned a unique alphanumeric code, randomly generated, which allowed their responses to be linked across different questionnaires without compromising their identity. Data were stored on secure servers, protected by passwords, with restricted access granted only to the principal investigators.

Finally, a protocol was established to manage any potential psychological distress resulting from participation in the study. Participants were provided with contact information for the student counseling service for support in case of distress related to the study.

**Data Analysis**

Data were analyzed using the statistical software SPSS version 26. Initially, mean comparisons between men and women were conducted for the various study variables using the independent samples t-test. Effect size was assessed using Cohen’s d, with parameters indicating that a value below .20 represents a small effect size, around .50 a medium effect size, and above .80 a large effect size (Cohen, 1992).

To evaluate predictive relationships between psychological symptomatology, romantic myths, and dimensions of emotional dependence, Pearson correlation analyses and stepwise multiple linear regression analyses were performed. This method allowed for the identification of statistically significant predictors that explain the variance in each dimension of emotional dependence, distinguishing progressive models with gradual inclusion of variables.

The level of statistical significance was set at  $p < .05$  for all tests. Additionally, correlation coefficients, standardized coefficients ( $\beta$ ), adjusted coefficients of determination (adjusted  $R^2$ ), and F-tests were reported to assess the quality and significance of the regression models.

Finally, the mediating role of all psychological symptomatology variables (M) between romantic myths (X) and emotional dependence (Y) was analyzed. The analysis was conducted using the INDIRECT macro for SPSS with bootstrapping techniques, which is an appropriate method for multiple mediation models (Preacher & Hayes, 2008). The models were tested twice, separately by sex.

First, it was verified that the relationship between the independent variable and the mediating variables (a-path), and between the mediating variables and the dependent variable (b-path), was significant. Next, the total effect of X on Y alongside the mediating variables (c-path) and the direct effect of X on Y controlling for the mediators (c’-path) were examined.

When the relationships in the a-path, b-path, and c-path are significant, but not significant in the c’-path, a full mediation effect is obtained. Conversely, if the c’-path is significant, a partial mediation effect is indicated. Additionally, age, sex, and marital status were introduced as covariates to control for their effects on the relationships.

**RESULTS**

**Table 1.** Comparación Entre Hombres Y Mujeres En Dependencia Emocional, Mitos Románticos Y Síntomas Disfuncionales

	Women (n = 306)		Men (n = 135)		t(df)	d
	M	SD	M	SD		
1. CDE - Separation anxiety	18.05	8.17	16.31	6.81	2.32 (304.14) *	0.23
2. CDE - Affective expression	11.87	5.05	10.84	4.61	2.02 (439) *	0.21
3. CDE - Modification of plans	8.96	4.52	9.10	4.57	-0.31 (439)	-0.03
4. CDE - Fear of loneliness	6.09	3.37	6.27	3.24	-0.51 (439)	-0.05
5. CDE - Borderline Expression	4.96	2.70	4.81	2.29	0.55 (439)	0.06
6. CDE - Attention seeking	6.01	3.70	5.88	2.71	0.37 (439)	0.04
7. CDE -Total	55.94	21.48	53.22	18.60	1.35 (293.57)	0.14
8. SMRL - Omnipotence	2.80	1.40	2.53	1.40	1.91 (439) *	0.19
9. SMRL - Soulmate	5.42	2.23	5.27	2.19	0.62 (439)	0.07

10. SMRL - Couple	2.07	1.30	2.38	1.33	-2.30 (430) *	0.24
11. SMRL - Eternal passion	1.81	1.15	2.28	1.30	-3.64(230.84) *	-0.39
12. SMRL - Exclusivity	1.58	1.39	2.63	1.32	-3.40 (439)	-0.77
13. SMRL – Marriage	2.14	1.27	2.26	1.26	-0.89 (439)	-0.09
14. SMRL - Self-Sacrifice	4.57	2.01	4.76	2.22	-0.86 (439)	-0.09
15. SMRL - Jealousy	1.92	1.09	1.82	1.05	-0.84 (439)	0.09
16. SMRL - Ambivalence	1.68	1.09	1.79	1.05	-1.02 (439)	-0.1
17. MAI -Total	16.82	5.42	17.36	5.42	-0.97 (439)	-0.1
18. MAD -Total	8.17	3.12	8.38	3.03	-0.64 (439)	-0.07
19. SCL - Somatization	24.53	9.89	21.89	8.71	2.68 (439) *	0.28
20. SCL – Obsessive-Compulsive	24.11	8.77	20.96	8.25	3.54 (439) *	0.37
21. SCL - Depression	29.54	11.82	26.25	11.00	2.75 (439) *	0.29
22. SCL – Interpersonal sensitivity	18.84	7.40	16.58	7.07	3.00 (439) *	0.31
23. SCL - Anxiety	21.14	8.59	18.25	7.65	3.37 (439) *	0.36
24. SCL - Hostility	10.87	4.21	10.06	4.69	1.80 (439) *	0.18
25. SCL - Phobic anxiety	11.98	5.14	10.61	4.25	2.91 (306.90) *	0.29
26. SCL - Paranoid ideation	11.35	4.79	10.82	5.08	1.04 (439)	0.11
27. SCL - Psychoticism	17.83	7.34	16.69	7.19	1.52 (439)	0.16

Note. CDE = Emotional Dependency Questionnaire; SMRL = Romantic Love Myths Subscale; MAI = Idealized Love Myths; MAD = Dependent Love Myths; SCL = Symptom Checklist SCL-90-R; M = mean; SD = standard deviation; d = Cohen's effect size. \*p < .05

First, an independent samples Student's t-test was conducted to compare mean scores between men and women on the variables of emotional dependence, romantic myths, and dysfunctional psychological symptomatology (see Table 1). The results revealed statistically significant differences in several dimensions. Regarding emotional dependence, women scored higher on separation anxiety and affective expression. Concerning romantic myths, women showed higher scores in the omnipotence dimension, whereas men scored higher in the dimensions of partner possession and eternal passion.

With respect to dysfunctional psychological symptomatology, women exhibited higher scores in somatization, obsession-compulsion, interpersonal sensitivity, depression, anxiety, and phobic anxiety. In contrast, men obtained higher scores in the hostility dimension. The effect size was moderate for all variables except for hostility, which showed a small effect size.

Figure 1. Correlation between Emotional Dependency, Romantic Myths, and Dysfunctional Psychological Symptoms

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	
1. CDE	-																											
2. CDE - Separation anxiety	.90**	-																										
3. CDE - Affective expression	.84**	.70**	-																									
4. CDE - Modification of plans	.74**	.58**	.53**	-																								
5. CDE - Fear of loneliness	.73**	.59**	.53**	.43**	-																							
6. CDE - Borderline Expression	.63**	.53**	.41**	.44**	.44**	-																						
7. CDE - Attention seeking	.62**	.41**	.52**	.34**	.43**	.26**	-																					
8. Myths-T	.40**	.34**	.28**	.29**	.34**	.33**	.28**	-																				
9. MAI -T	.35**	.32**	.22**	.23**	.33**	.26**	.26**	.93**	-																			
10. MAD -T	.34**	.26**	.29**	.29**	.24**	.33**	.21**	.76**	.47**	-																		
11. SMRL- Omnipotence	.22**	.15**	.19**	.14**	.28**	.09	.18**	.56**	.60**	.28**	-																	
12. SMRL-Soulmate	.27**	.24**	.18**	.18**	.26**	.16**	.25**	.70**	.79**	.28**	.50**	-																
13. SMRL-Couple	.32**	.27**	.21**	.25**	.30**	.29**	.20**	.62**	.65**	.35**	.17**	.41**	-															
14. SMRL- Eternal passion	.26**	.26**	.13**	.11**	.23**	.27**	.19**	.58**	.57**	.38**	.10**	.30**	.44**	-														
15. SMRL- Exclusivity	.11**	.18**	.06	.06	.04	.07	.03	.43**	.50**	.16**	.16**	.17**	.14**	.17**	-													
16. SMRL- Marriage	.13**	.11**	.06	.14**	.12**	.12**	.07	.56**	.58**	.32**	.20**	.22**	.30**	.25**	.31**	-												
17. SMRL- Self-Sacrifice	.32**	.25**	.27**	.29**	.21**	.27**	.22**	.65**	.40**	.85**	.27**	.28**	.28**	.29**	.12**	.28**	-											
18. SMRL- Jealousy	.18**	.13**	.24**	.13**	.10**	.18**	.08	.47**	.27**	.66**	.20**	.14**	.18**	.24**	.12**	.16**	.28**	-										
19. SMRL- Ambivalence	.18**	.14**	.08	.16**	.17**	.24**	.12**	.48**	.30**	.61**	.10**	.13**	.30**	.32**	.12**	.22**	.22**	.35**	-									
20. SCL- Somatization	.37**	.34**	.36**	.24**	.28**	.21**	.19**	.00	.02	.02	.09	.06	.00	.01	.00	.07	.06	.05	.12**	-								
21. SCL- Obsessive-Compulsive	.40**	.38**	.40**	.26**	.30**	.20**	.19**	.02	.05	.04	.14**	.11**	.00	.01	.05	.06	.05	.04	.18**	.73**	-							
22. SCL- Interpersonal sensitivity	.49**	.45**	.47**	.29**	.39**	.26**	.28**	.07	.09	.01	.11**	.11**	.02	.00	.10**	.03	.09	.05	.01	.69**	.78**	-						
23. SCL - Depression	.44**	.40**	.42**	.29**	.38**	.23**	.23**	.02	.06	.05	.12**	.10**	.02	.01	.06	.04	.04	.08	.14**	.77**	.84**	.82**	-					
24. SCL- Anxiety	.45**	.42**	.44**	.29**	.37**	.24**	.22**	.00	.02	.03	.11**	.07**	.00	.01	.03	.07	.06	.05	.14**	.79**	.79**	.80**	.82**	-				
25. SCL- Hostility	.38**	.34**	.36**	.25**	.29**	.22**	.21**	.05	.04	.05	.11**	.10**	.02	.01	.00	.09	.09	.01	.00	.65**	.68**	.67**	.68**	.72**	-			
26. SCL- Phobic anxiety	.42**	.38**	.37**	.27**	.33**	.22**	.21**	.02	.01	.03	.08	.06	.00	.01	.02	.05	.10**	.03	.01	.58**	.64**	.69**	.61**	.75**	.53**	-		
27. SCL- Paranoid ideation	.52**	.46**	.48**	.32**	.41**	.33**	.35**	.11**	.11**	.05	.11**	.09	.08	.06	.05	.01	.11**	.01	.00	.63**	.70**	.79**	.75**	.75**	.59**	.59**	-	
28. SCL - Psychoticism	.52**	.45**	.45**	.36**	.41**	.31**	.27**	.08	.09	.04	.13**	.07	.08	.00	.07	.02	.11**	.01	.01	.72**	.79**	.83**	.80**	.83**	.72**	.67**	.86**	-

Note. \*\* = p<.01; \* = p <.05

The relationship between emotional dependence, romantic myths, and dysfunctional psychological symptomatology was analyzed (see Figure 1). The results indicated a positive and significant association between global levels of emotional dependence and the presence of both romantic myths and clinical symptomatology. Regarding romantic myths, it was evident that both the total score and the subscales of idealized love and specific dimensions (omnipotence, “better half,” eternal passion, exclusivity, self-sacrifice, and ambivalence) were

associated with various indicators of clinical symptomatology, especially paranoid ideation, depression, and anxiety.

Additionally, high internal correlations were observed among the dimensions of the Emotional Dependence Questionnaire (CDE), particularly among the factors of fear of loneliness, affective expression, and plan modification, reflecting the cohesive structure of the construct. These dimensions were also significantly related to factors of the SCL-90-R, such as hostility, interpersonal sensitivity, and somatization.

**Table 2.** Summary of the regression model for the separation anxiety dimension of the CDE.

<b>Separation Anxiety (R = .58, R<sup>2</sup> = .34, Adjusted R<sup>2</sup> = .33)*</b>	<b>t</b>	<b>B</b>	<b>β</b>
SCL-Paranoid Ideation	3.50*	0.34	0.21
SMRL – Eternal Passion	3.50*	1.02	0.16
SCL – Phobic Anxiety	2.19*	0.21	0.13
SMRL - Couple	3.07*	0.82	0.14
SMRL – Exclusivity	2.81*	0.65	0.12
SMRL – Self-Sacrifice	2.50*	0.40	0.11
SCL - Anxiety	2.45*	0.17	0.18

Note. \*p < .05

**Table 3.** Summary of the Regression Model for the Affective Expression Dimension of the CDE

<b>Affective Expression (R = .59, R<sup>2</sup> = .35, Adjusted R<sup>2</sup> = .34)*</b>	<b>t</b>	<b>B</b>	<b>β</b>
SCL - Paranoid Ideation	3.66	0.24	.24
SMRL - Jealousy	4.75	0.89	0.20
SCL - Interpersonal Sensitivity	4.46	0.19	0.29
SMRL - Self-Sacrifice	3.05	0.31	0.13
SMRL - Couple	2.76	0.43	0.12

Note. \*p < .05

**Table 4.** Summary of the Regression Model for the Modification of Theplans Dimension of the CDE

<b>Modification of plans (R = .47, R<sup>2</sup> = .22, Adjusted R<sup>2</sup> = .22)*</b>	<b>t</b>	<b>B</b>	<b>β</b>
SCL – Psychoticism	7.69	0.21	0.33
SMRL – Self-Sacrifice	4.25	0.42	0.19
SMRL – Couple	3.12	0.49	0.15
SMRL – Ambivalence	2.08	0.40	0.10

Note. \*p < .05

**Table 5.** Summary of the Regression Model for the Fear of Loneliness Dimension of the CDE

<b>Fear of loneliness (R = .49, R<sup>2</sup> = .24, Adjusted R<sup>2</sup> = .23)*</b>	<b>t</b>	<b>B</b>	<b>β</b>
SCL – Psychoticism	2.81	0,10	.21
SMRL – Partner	3.34	0.39	0.16
SMRL – Omnipotence	4.49	0.46	0.19
SMRL – Eternal passion	2.94	0.37	0.14
SCL – Dependency	3.48	0.08	0.28
SMRL – Ambivalence	2.07	0.28	0.09
SCL – Phobic anxiety	2.51	0.10	0.14
SCL – Obsession-compulsion	-2.33	-0.08	-0.19

Note. \*p < .05

**Table 6.** Summary of the Regression Model for the Borderline Expression Dimension of the CDE

<b>Borderline Expression (R = .44, R<sup>2</sup> = .19, Adjusted R<sup>2</sup> = .18)*</b>	<b>t</b>	<b>B</b>	<b>β</b>
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SCL- Paranoid.I	7.14	0.16	31
SMLR- Couple	2.88	0.28	14
SMLR- Ambivalence	3.29	0.36	15
SMLR- Self-Sacrifice	3.04	0.17	14
SMLR- Eternal Passion	2.04	0.21	10

Note. \* p < .05

Next, the predictive role of dysfunctional psychological symptomatology and romantic myths on the different dimensions of emotional dependence was evaluated through multiple regression analyses (Tables 3 to 7). The resulting models were statistically significant.

In the separation anxiety dimension, significant predictors included clinical variables such as paranoid ideation, anxiety, and phobic anxiety, along with the romantic myths of eternal passion, partner exclusivity, and self-sacrifice.

Regarding the plan modification dimension, psychoticism and the romantic myths of self-sacrifice, partner, and ambivalence were relevant predictors.

In the fear of loneliness dimension, the model identified several clinical manifestations as predictors, including psychoticism, depression, phobic anxiety, and obsession-compulsion, as well as the myths of partner, omnipotence, eternal passion, and ambivalence.

The borderline expression dimension was explained by the presence of paranoid ideation and the romantic myths of partner, ambivalence, self-sacrifice, and eternal passion. Finally, in the attention-seeking dimension, predictors included paranoid ideation and the romantic myths of “better half” and self-sacrifice.

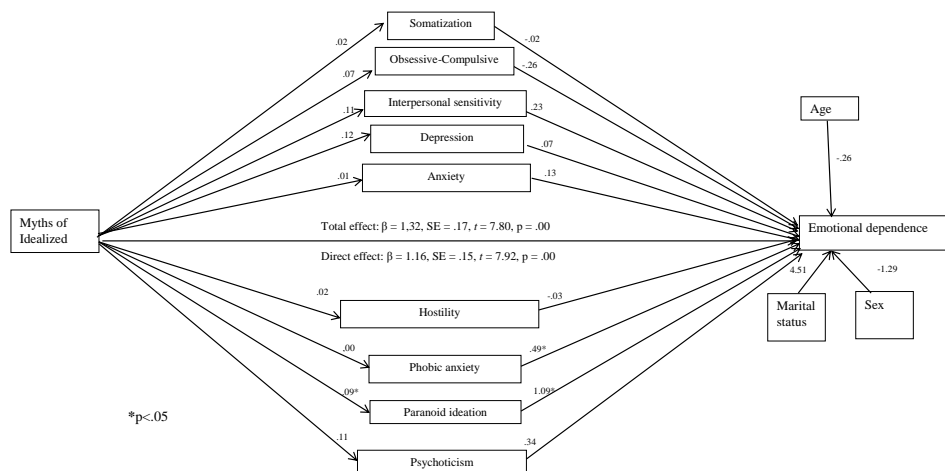


Figure 2. Mediation Model with Paranoid Ideation as Mediator between Romantic Myths and Emotional Dependence

Finally, a multiple mediation analysis was conducted between romantic myths, psychological symptomatology, and emotional dependence (see Figure 1). After verifying the relationships between the a-path, b-path, and c-path, the results showed that psychological symptomatology partially mediated the relationship between idealized love myths and emotional dependence. Specifically, paranoid ideation was identified as the mediating variable between these two variables. Age, sex, and marital status were included as covariates, none of which contributed significantly to the model.

## DISCUSSION

The findings of this study empirically support the existence of a significant association between romantic myths, dysfunctional psychological symptomatology, and emotional dependence among university students. These three variables form an interdependent relational pattern that may facilitate the establishment and maintenance of dysfunctional affective bonds, especially in contexts of emotional vulnerability or insecure attachment.

Regarding sex differences, it was observed that women exhibited significantly higher levels of dysfunctional psychological symptomatology, particularly in dimensions such as anxiety, depression, and somatization (Amor et al., 2022; Calvete et al., 2018). This result is consistent with previous studies reporting a higher prevalence of internalizing symptoms in young women, partly because of sociocultural mandates that promote emotional overload in their interpersonal relationships (Estévez et al., 2018; Momeñe et al., 2022). In contrast, men showed greater adherence to romantic myths related to the idealization of the partner, emotional fusion, and the belief in

predestined love (Bonilla-Algovia et al., 2024). This pattern can be interpreted as a reflection of traditional love models and attachment styles that reinforce emotional dependence through culturally legitimized beliefs about romantic relationships.

On the other hand, a significant correlation was found between emotional dependence, romantic myths, and dysfunctional psychological symptoms. These results align with previous research indicating that emotional dependence is associated with deficits in emotional regulation, low self-esteem, and insecure attachment styles (Momeñe et al., 2024; Urbiola et al., 2015). Furthermore, romantic myths, by fostering unrealistic expectations about love and relationships, may act as risk factors for the development of internalizing symptomatology, such as anxiety, depression, or paranoid ideation (Macia et al., 2022; Castillo-González et al., 2024). Thus, the coexistence of dysfunctional beliefs about love and an emotionally dependent structure shapes a psychological profile susceptible to experiencing emotional distress in the face of relational conflicts, rejection, or loss. This underscores the need for preventive interventions aimed at deconstructing romantic myths and strengthening emotional skills in the young university population.

In general, multiple studies have shown that romantic myths significantly predict emotional dependence, reinforcing the hypothesis that beliefs such as unconditional sacrifice or the omnipotence of love foster attachment styles anchored in fear of abandonment, constant validation seeking, and difficulties in setting boundaries (Momeñe et al., 2021). Additionally, research such as that by Momeñe & Estévez (2018) identifies social anxiety, fear of negative evaluation, and dysfunctional perfectionism as clinically relevant predictors of emotional dependence, which aligns with other studies on the anxious–obsessive profile due to its high interpersonal sensitivity and deficits in self-regulation (Etxaburu et al., 2024).

One of the most relevant contributions of this study is the identification of dysfunctional psychological symptomatology as a mediating variable in the relationship between romantic myths and emotional dependence. Specifically, paranoid ideation functioned as a significant mediator. This dimension, characterized by distrust, hypervigilance, and interpersonal sensitivity, has been scarcely explored in affective contexts, although recent studies highlight its link with insecure attachment and dysfunctional relational patterns (Ciocca et al., 2017; Momeñe et al., 2021). Its relevance in this study suggests that certain defensive and maladaptive cognitive styles could act as catalysts in the transition between idealized beliefs about love and patterns of emotional dependence (Beck, 2014, 2020; Young et al., 2003).

From this perspective, emotional dependence is not explained solely as an excessive affective need but also because of a cognitive-emotional structure that predisposes individuals to experience relationships through fear, suspicion, or a constant need for reassurance (Urbiola & Estévez, 2015; Urbiola et al., 2017). This finding opens new avenues of research on the role of maladaptive thought schemas and emotional processing biases in shaping affective relationships among young populations (Calvete et al., 2018; Etxaburu et al., 2024).

Furthermore, the identification of other clinical dimensions such as hostility and obsessive-compulsive traits as partial mediators allows for the exploration of additional psychological mechanisms. These indicators suggest that high levels of emotional arousal, rumination, and rejection sensitivity may modulate how dysfunctional beliefs about love are internalized and expressed in specific relationships (Momeñe et al., 2021).

Among the limitations of the study, it is acknowledged that the cross-sectional design prevents establishing causal relationships between the variables. Likewise, the non-probabilistic sampling and the concentration of the sample in a single institution limit the generalizability of the results. Additionally, the assessment of psychological symptoms was conducted using screening instruments, so it is recommended that future research incorporate more in-depth diagnostic methodologies, such as structured clinical interviews.

It is suggested that future studies adopt longitudinal designs and expand the sample diversity both geographically and sociodemographically to more accurately analyze the evolution of these factors over time. This will contribute to the development of more contextualized intervention strategies that are gender-sensitive and culturally adapted to the realities of the Ecuadorian university population.

In conclusion, the findings of this study highlight the interaction between romantic myths, psychological symptomatology, and emotional dependence. This connection emphasizes the need for comprehensive approaches that jointly address cognitive and emotional dimensions in prevention and intervention strategies, aiming to promote healthier and more equitable affective relationships. The incorporation of this knowledge into psychoeducational and therapeutic programs can significantly contribute to reducing violence and strengthening psychological well-being among Ecuadorian university youth.

At the national level, recent studies such as Lema and Silva (2025) help fill a significant gap by exploring the relationship between emotional dependence and social skills in adolescents, also highlighting the importance of considering demographic variables (such as gender and age) when designing effective preventive interventions. The high prevalence of psychological distress among university students, combined with rigid romantic beliefs, creates fertile ground for the perpetuation of cycles of violence and emotional suffering, demanding urgent attention from educational institutions and mental health services. In this regard, intervention targeting the

cognitive patterns that sustain romantic myths, as well as strengthening emotional regulation skills, could be crucial in breaking these dysfunctional cycles of emotional dependence and violence (Ruiz-Olarte, Mena-Freire & Moreta-Herrera, 2023; Moreta-Herrera et al., 2018).

Together, the results of the present study emphasize the importance of analyzing the interaction between romantic beliefs, mental health, and attachment styles—especially during vital stages such as youth, when the first significant couple models are established. This approach may prove useful for designing psychoeducational and preventive interventions aimed at promoting healthier relationships based on emotional autonomy and realistic relational models.

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