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Divergent Interpersonal Paths to Well-Being for Insecurely Attached Emerging Adults

Keywords

attachment, social support, well-being

RESEARCH

Divergent Interpersonal Paths to Well-Being for Insecurely Attached Emerging Adults

Joel A. Lane

This study explored attachment, social support, and well-being among 237 emerging adults. The model predicted that social support would (a) mediate the relationship between attachment anxiety and well-being and (b) moderate the relationship between attachment avoidance and well-being. All hypotheses were supported. Implications for counselors are discussed.

Keywords: attachment, social support, well-being

In the context of Bowlby's (1969/1999) attachment theory, counseling services are more likely to be successful for individuals with elevated attachment anxiety than for those with elevated attachment avoidance (Berant & Obegi, 2009). Multiple factors contribute to this discrepancy, including divergent trajectories in help seeking (Vogel & Wei, 2005), distress awareness (Fraley & Davis, 1997), and the development of the therapeutic alliance (Berant & Obegi, 2009). This discrepancy could be especially pronounced in emerging adulthood (i.e., the period of life occurring from the late teens through the 20s in industrialized nations), a time in which attachment representations are increasingly projected onto nonfamilial relationships (Arnett, 2007; Lane, 2015a). Emerging adulthood is also a critical period for well-being and psychological distress (Lane, 2015a), further adding to the importance that this age group seek mental health services when needed. Counselors working with young adult populations would benefit from research differentiating the paths that anxiously and avoidant attached emerging adults take toward developing well-being and mental health. Such research would aid professionals in improving outreach and intervention strategies for individuals

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with avoidant attachment patterns. Extant literature has repeatedly demonstrated the importance of social support in emerging adults' well-being, adjustment, and transitional success (Galambos, Barker, & Krahn, 2006; Lane, 2015a; Lane & Fink, 2015; Larose, Guay, & Boivin, 2002). However, this research has not consistently examined potential differences in the use of social support between specific attachment dimensions. Thus, the purpose of the present study was to examine potential differences in the intervening effects of social support on the relationships between attachment dimensions and well-being for young adults.

EMERGING ADULT ATTACHMENT AND SOCIAL SUPPORT

The focus of attachment theory (Bowlby, 1969/1999) is the importance of early childhood relationships with caregivers in developing healthy relational functioning throughout the life span. Specifically, the relative quality of a caregiver's responsiveness to an infant's needs results in the development of expectations regarding how future needs will be met, which become internalized as representations of self and other. Consistent responsiveness to emotional and physical needs leads to positive internal representations, which aid in feeling capable and fostering healthy interpersonal relationships as adults. Conversely, inadequate care and attention may lead to an insecure attachment style, including attachment anxiety (i.e., negative self-representation) and attachment avoidance (i.e., negative representation of others). Elevated attachment anxiety promotes feelings of inadequacy during times of distress, leading to maladaptive interpersonal dependence. Elevated attachment avoidance promotes negative beliefs regarding the intentions of others, leading to maladaptive interpersonal isolation.

Contemporary models of adult attachment conceptualize attachment anxiety and attachment avoidance as orthogonal (i.e., continuous and relatively independent) dimensions (Brennan, Clark, & Shaver, 1998). A wealth of research exists supporting the importance of attachment security for interpersonal functioning, both in terms of social competence (e.g., Mallinckrodt & Wei, 2005) and in terms of social support (e.g., Vogel & Wei, 2005). Therefore, attachment functioning could be especially important during emerging adulthood, a time in which social support is a salient predictor of mental health (Galambos et al., 2006). Attachment security in early emerging adulthood affects the successful transfer of attachment needs onto social networks (Schnyders & Lane, 2016), thereby affecting perceptions of social support (Larose et al., 2002). Although the transfer of attachment functioning onto peers begins in adolescence (Whiffen, 2005), it likely intensifies in emerging adulthood given that many life transitions occur during this period that decrease physical proximity to parents and caregivers (Lane, 2015a).

Moreover, sources of social support are more varied and broad for today's emerging adults compared with previous generations (Arnett, 2007). Societal

evolution and the proliferation of social media have increased opportunities to receive support in both face-to-face and online contexts (Arnett, 2007). Given the importance of social support in this stage of life, and given the contributions of attachment functioning to perceptions of social support (e.g., Larose et al., 2002), it is not surprising that existing emerging adult literature has identified important attachment outcomes. For example, attachment security in emerging adulthood is an important factor in healthy intimacy (Scharf, Mayseless, & Kivenson-Baron, 2004) and other positive psychological outcomes (Lane, 2015b, 2016), including resilience from depressive symptoms (Whiffen, 2005), distress (Pitman & Scharfe, 2010), and loneliness (Larose et al., 2002).

DIFFERENTIAL EFFECTS OF ATTACHMENT ANXIETY AND AVOIDANCE

Although the aforementioned research highlights the importance of attachment, it does not address potential differences in the contributions of each attachment dimension (i.e., attachment anxiety and attachment avoidance) to social functioning and well-being in emerging adulthood. Contemporary theories of adult attachment functioning (e.g., Brennan et al., 1998) have proposed that elevated insecurity promotes one of several secondary attachment strategies in response to distress. Elevated attachment anxiety promotes a hyperactive strategy, in which individuals overfocus on the distress and rely on others for comfort. Hyperactive attachment strategies can lead to emotional flooding and feelings of perceived abandonment. In contrast, attachment avoidance promotes a deactivating attachment strategy, in which individuals ignore or suppress their awareness of the distress and its related emotions (i.e., alexithymia; Fraley & Davis, 1997) and isolate from others. In other words, distressing experiences increase awareness of negative affect for individuals with attachment anxiety, but they decrease awareness of negative affect for individuals with attachment avoidance. These strategies increase the likelihood of anxiously attached individuals seeking counseling and decrease the likelihood of avoidant attached individuals seeking counseling (Berant & Obegi, 2009).

Given these different interpersonal patterns, it is possible that each attachment dimension uniquely influences the development and use of social support networks. Such a possibility, however, has received mixed empirical support. Some studies have suggested that social support mediates the negative contributions of each attachment dimension to well-being in similar ways (e.g., Vogel & Wei, 2005). However, other findings have suggested that only attachment anxiety—and not attachment avoidance—is directly related to psychological distress (e.g., Whiffen, 2005). Other researchers have found that negative expectations of parents are associated with earlier seeking of attachment needs from peers (e.g., Nickerson & Nagle, 2005).

This possibility suggests that the two attachment dimensions may contribute to different social support-seeking trajectories in emerging adulthood. Pitman

and Scharfe (2010) found support for this possibility in their work examining attachment hierarchies in emerging adulthood. Specifically, psychological distress was elevated for anxiously attached emerging adults regardless of whether they used parents or peers for support. However, avoidant attached emerging adults reported elevated distress only when relying primarily on family for support. Pitman and Scharfe concluded that emerging adults might be more motivated to rely on peer networks when their parental attachment representations are negative. Keren and Mayseless (2013) expanded on this idea in finding that chosen attachments (i.e., peers) were more secure than unchosen attachments (i.e., family) and that attachment security increased with age (presumably because of an increasing reliance on chosen attachments occurring throughout emerging adulthood). In tandem, these studies suggest differing support-seeking trajectories for avoidant and anxiously attached emerging adults.

A possible explanation is that social support acts as a moderator on the relationship of attachment avoidance and well-being in emerging adulthood. That is, perhaps the relationship between attachment avoidance and well-being varies with different levels of social support. Given that social support is psychologically beneficial in preventing the accumulation of stress during typically distressing situations (Sarason, Sarason, Shearin, & Pierce, 1987), emerging adults who are low in social support could experience more distress and engage in secondary attachment strategies (Fraley & Davis, 1997). For individuals high in attachment avoidance, this distress would inhibit emotional awareness (Fraley & Davis, 1997), thus decreasing their perceived distress and obscuring the relationship between attachment avoidance and well-being. Conversely, those with high levels of social support would be less likely to experience distress and would therefore experience a more direct relationship between attachment avoidance and well-being. This moderation effect would not be present in the case of attachment anxiety, because this attachment strategy involves the maladaptive seeking of interpersonal proximity. Thus, the contributions of social support to well-being for young adults with elevated attachment anxiety would better correspond to a mediation relationship consistent with the aforementioned research.

The possibility that social support functions differently for each attachment dimension has important implications for counseling emerging adults. It would suggest that avoidant attachment strategies could be modified through cultivating positive social supports, which could have implications for perfecting service delivery methods. Thus, the present study could inform practices for improving counseling outcomes with avoidant-attached emerging adults.

THE PRESENT STUDY

To explore these possibilities, I developed and tested a theoretical model using structural equation modeling (SEM). The model predicted a sequence of relationships involving attachment anxiety, attachment avoidance, social support,

and well-being among emerging adults. Specifically, the model consisted of both mediation and moderation hypotheses, such that (a) social support would mediate the relationship of attachment anxiety with well-being and (b) social support would moderate the relationship of attachment avoidance with well-being.

METHOD

Participants and Procedure

The targeted population for the present study was emerging adults between the ages of 18 and 29 years (Arnett, 2007) living in a large, suburban area in the midwestern region of the United States. E-mail recruitment messages were sent to two electronic mailing lists that reached current college students and alumni, respectively. This method allowed for the replication of the convenience sample methodology used in other prominent attachment and social support research (e.g., Mallinckrodt & Wei, 2005; Pitman & Scharfe, 2010), while also allowing for the findings to be more generalizable to emerging adults in general, rather than strictly to current college students. Participation consisted of completing an electronic survey that was available through a link in the recruitment messages. Contained in the survey were measures of attachment orientations, perceptions of social support, and well-being. The final study sample consisted of 237 participants. Initially, usable data were submitted by 242 emerging adults. These data were screened using the procedures outlined by Tabachnick and Fidell (2001), which resulted in the removal of five cases that were deemed multivariate outliers using Mahalanobis distance ($p < .001$). This sample size ($N = 237$) was ideal given that the theoretical model contained 23 parameters, and a 10:1 participant-to-parameter ratio in SEM research is desirable for sufficient statistical power (Bentler & Chou, 1987). Participants ranged in age from 18 to 29 years ($M = 22.93$, $SD = 2.71$) and were predominantly female (72.6%, $n = 172$) and White (85.2%, $n = 202$). Participants most commonly identified as current college students (50.6%, $n = 120$), whereas others identified as college graduates (49.4%, $n = 117$). Analyses of variance confirmed that the two recruitment groups did not significantly differ with regard to any of the study variables.

Instruments

Attachment. Attachment orientation was assessed using the 12-item Experiences in Close Relationship Scale–Short Form (Wei, Russell, Mallinckrodt, & Vogel, 2007). The items assess agreement (1 = *strongly disagree*, 7 = *strongly agree*) with statements related to attachment anxiety and attachment avoidance. Higher total scores for each subscale indicate higher attachment anxiety and attachment avoidance, respectively. Psychometric evaluations suggested strong construct validity and internal consistencies ranging from .77 to .86 for the Anxiety subscale and from .78 to .88 for the Avoidance subscale (Wei et al., 2007).

Social support. Social support was assessed using the six-item version of the Social Support Questionnaire (Sarason et al., 1987). The items ask participants to consider all individuals from whom they seek support in certain situations (e.g., while feeling worried) and to rate their satisfaction with the available support on a 6-point Likert-type scale (1 = *very dissatisfied*, 6 = *very satisfied*). Sarason et al. (1987) reported strong internal consistency ($\alpha = .93$) and test-retest reliability (.85 after 3- to 4-week intervals).

Well-being. The use of SEM in the present analysis offered the advantage of developing a theoretical latent variable to estimate the construct of well-being. Contemporary definitions of well-being incorporate both psychological (i.e., higher order psychological health) and subjective (i.e., happiness) components (Lent, 2004). Psychological well-being (PWB) was assessed using the Ryff Scales of Psychological Well-Being (RSPWB; Ryff, 1989). Subjective well-being is generally thought to comprise life satisfaction, a high degree of positive affect, and a low degree of negative affect (Lent, 2004). Thus, the three indices used in addition to the RSPWB were the Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) and the Positive Affect and Negative Affect subscales of the Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988).

RSPWB. The RSPWB is a self-report measure designed to assess a total PWB score and six subscale scores. The subscales were developed according to common factors from various psychological theories of healthy functioning, including autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. The present study used the 42-item version, for which the reliability and validity are comparable with those of the full version (Springer & Hauser, 2006). The items consist of self-statements (e.g., "I have the sense that I have developed a lot as a person over time") for which participants rate their agreement using a 6-point Likert scale (1 = *disagree strongly*, 6 = *agree strongly*). The present study used the total score instead of the subscale scores (Ryff, 1989; Springer & Hauser, 2006). The RSPWB total score has high degrees of construct validity, internal consistency, and test-retest reliability (Ryff, 1989).

SWLS. The SWLS is a five-item self-report assessment of life satisfaction (e.g., "In most ways my life is close to my ideal"). Each item is rated on a 7-point Likert scale (1 = *strongly disagree*, 7 = *strongly agree*). The scores for each item are summed, resulting in a total score range of 5 to 35. Diener et al. (1985) reported an alpha coefficient of .87 and a 2-month test-retest reliability coefficient of .82.

PANAS. The PANAS is a 20-item measure used to assess positive and negative affect. Each PANAS item is composed of a single emotion word (e.g., "irritable"), and participants use a 5-point Likert-type scale (1 = *very slightly or not at all*, 5 = *very much*) to rate the frequency with which they have experienced the emotion during the past month. The items are evenly divided between positive and negative affect, with higher scores indicating higher levels of each

type of affect. Crawford and Henry (2004) reported alpha coefficients of .89 for the Positive Affect scale and .85 for the Negative Affect scale.

Data Analysis

The SEM analyses were conducted in Amos 21.0 (Arbuckle, 2012). I used bias-corrected bootstrapping (Shrout & Bolger, 2002) to estimate the parameters and test the significance of the indirect effects. This approach estimates parameters by repeatedly resampling and replacing the data set, allowing for the creation of confidence intervals for each effect. Because of the bias correction, the confidence intervals do not depend on assumptions of symmetry (Shrout & Bolger, 2002). Indirect effects are statistically significant when zero falls outside the confidence interval range. The present analysis was set to execute 10,000 bootstrapped samples.

Hooper, Coughlan, and Mullen (2008) recommended assessing model fit with both absolute and incremental fit indices. Thus, three common fit indices were used. Two of these indices assessed absolute fit: the chi-square goodness-of-fit test, in which smaller, preferably nonsignificant values are indicative of better fit, and the root-mean-square error of approximation (RMSEA), in which values below .06 are indicative of good fit. The third fit index, the comparative fit index (CFI), assessed incremental fit. The CFI should exceed .95.

I conducted the analysis of the moderation hypothesis using the method outlined by Tein, Sandler, MacKinnon, and Wolchik (2004). First, a continuous Attachment Avoidance \times Social Support interaction variable was created. This involved centering the two variables (i.e., subtracting the respective mean from each case to reduce multicollinearity) and multiplying the resulting values. Post hoc analyses tested the theoretical model multiple times using three separate interaction variables. These variables used manipulated social support values centered so that zero was equal to the mean, -1 standard deviation, or $+1$ standard deviation, which allowed for comparisons to be made between low, medium, and high levels of social support, respectively.

RESULTS

Initial Covariate Analysis

To reduce the possibility of confounds in the findings, I examined the participant demographic variables of age and gender for significant relationships among the study variables. The significance of these potential covariates was tested by adding them to the theoretical model: Paths were drawn connecting them to both attachment dimensions, social support, and the well-being latent variable (gender was coded as a dummy variable so that 0 = male and 1 = female). Significant relationships involving age occurred for attachment anxiety ($\beta = -.14$, $p < .05$), attachment avoidance ($\beta = -.18$, $p < .01$), and social support ($\beta = .12$, $p < .05$). That is, as age increased, so too did attachment security and social

support. In addition, gender was significantly related to attachment avoidance ($\beta = -.14, p < .05$) and social support ($\beta = .15, p < .05$). That is, being female was associated with lower attachment avoidance and higher satisfaction with social support. Accordingly, the significant parameters involving age and gender were included in all subsequent structural model analyses. The descriptive statistics and intercorrelations among the study variables are presented in Table 1.

Structural Model Analysis

After confirming the fit of the measurement model, I used structural model analyses to examine the utility of the full theoretical model. An initial mediation model composed of paths nested in the full model was tested. This model was constructed by constraining to zero all paths associated with the interaction variable, thus leaving only the mediation paths free to be estimated. As expected, this nested mediation model did not provide an adequate fit to the data, $\chi^2(28) = 63.99, p = .000, RMSEA = .07, CFI = .93$.

Next, the full theoretical model (Model A) was tested by removing the constraints from the parameters connected to the interaction variable. This model provided an excellent fit to the data, $\chi^2(25) = 34.60, p = .096, RMSEA = .04, CFI = .98$. The model fit was significantly improved compared with the nested mediation model, $\chi^2(3) = 29.39, p < .001$. The path estimates are depicted in Figure 1. In line with the present hypotheses, social support was significantly positively related to well-being ($\beta = .52, p < .001$), whereas attachment anxiety, attachment avoidance, and the interaction variable were each negatively related to well-being ($\beta = -.16, p < .01; \beta = -.25, p < .001$; and $\beta = -.16, p < .01$, respectively). Although attachment anxiety was significantly related to social support ($\beta = -.36, p < .001$), attachment avoidance was not ($\beta = -.02, p = ns$). As predicted, the mediated effect of attachment anxiety on well-being

TABLE 1

Descriptive Statistics and Intercorrelations Among the Study Variables

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9
1. Attachment anxiety	3.50	1.11	.74	.38**	-.38**	-.42**	-.35**	-.27**	.25**	-.14*	.04
2. Attachment avoidance	2.48	1.09		.85	-.20**	-.40**	-.31**	-.28**	.21**	-.16*	-.12
3. Social support	5.27	0.77			.89	.49**	.53**	.41**	-.21**	.17**	.13*
4. PWB	4.51	0.65				.93	.58**	.62**	-.31**	.09	.14*
5. Life satisfaction	4.82	1.34					.87	.49**	-.37**	.06	.10
6. Positive affect	3.55	0.73						.87	-.08	-.01	.04
7. Negative affect	2.52	0.73							.84	-.08	.02
8. Age	22.93	2.71								—	-.04
9. Gender											—

Note. *N* = 237. Internal consistencies (α) are displayed on the diagonal. All reported instrument means are item-level means, not sums of the means. PWB = psychological well-being.
 * $p < .05$. ** $p < .01$.

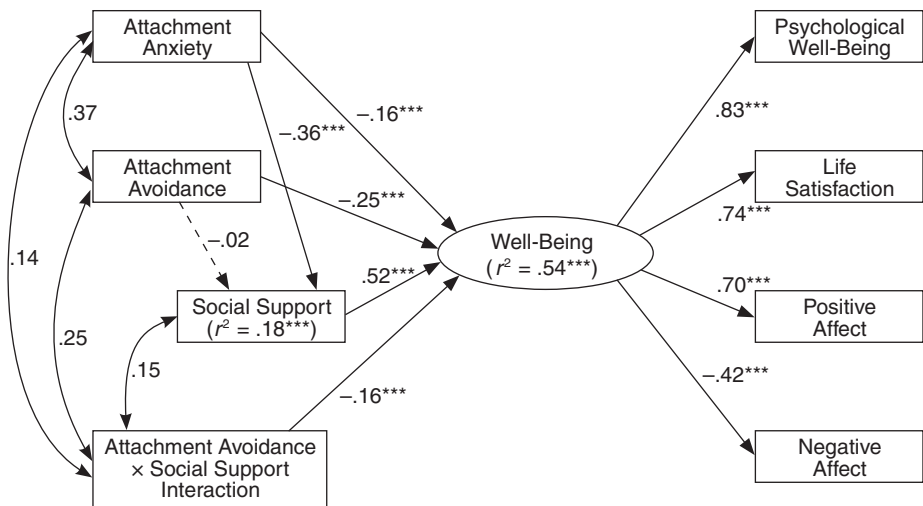


FIGURE 1
Result of the Theoretical Model Testing

Note. The dashed line represents a nonsignificant parameter. The age and gender covariate variables are excluded from this figure for parsimony.

*** $p < .001$.

through social support was significant ($\beta = -.19$, $B = -.63$, $p < .001$), whereas the mediated effect involving attachment avoidance was not significant ($\beta = -.01$, $B = -.04$, $p = ns$). Therefore, Hypothesis 1 was fully supported.

Post Hoc Interaction Analyses

The significant, negative parameter connecting the interaction variable with well-being necessitated post hoc analysis to determine whether moderation was present. To do this, I created two additional models and compared them with the primary theoretical model. Table 2 provides a summary of the relevant statistics for these analyses. The first of these two models (Model B) used a recalibrated interaction variable in which social support scores were recentered so that zero was equal to one standard deviation below its mean (Tein et al., 2004). Next, the model was tested again, but this time with an interaction variable using social support scores recentered so that zero was equal to one standard deviation above the mean (Model C). Compared with the primary model, Model B displayed a pronounced effect on the path from attachment avoidance to well-being, reducing its standardized regression coefficient from $\beta = -.25$ ($p < .001$) to $\beta = -.05$ ($p = ns$). That is, at lower levels of social support relative to the mean attachment avoidance score, the relationship between attachment avoidance and well-being was reduced almost to zero. In contrast, Model C revealed a strengthened path from attachment avoidance to well-being compared with

TABLE 2
Moderation Effects Involving Attachment Avoidance (AA)
Predicting Well-Being

Model	MV	Direct Effect		Indirect Effect		SEM ^a	95% CI ^a
		AA (β)	INT (β)	Stand.	M (B) ^a		
Mediation		-.28***		-.01	-.04	.10	[-0.24, 0.16]
Model A	Centered	-.25***	-.16**	-.01	-.04	.11	[-0.25, 0.17]
Model B	Low SS	-.05	-.28***	-.01	-.04	.11	[-0.25, 0.17]
Model C	High SS	-.44***	-.22***	-.01	-.04	.11	[-0.26, 0.17]

Note. MV = moderator variable; INT = interaction; stand. = standardized; CI = confidence interval; SS = social support.

^aValues based on unstandardized coefficients.

** $p < .01$. *** $p < .001$.

Model A, increasing its standardized regression coefficient from $\beta = -.25$ ($p < .001$) to $\beta = -.44$ ($p < .001$). These models demonstrated that the negative effect of attachment avoidance on well-being increased as social support increased. Therefore, Hypothesis 2 was supported. It should be noted that, throughout the testing of these three models, the mediation effect of attachment avoidance on well-being through social support remained nonsignificant.

Alternative Model Testing

When cross-section samples are used to test hypotheses involving indirect effects, it is useful to also test models with alternative relationships among the variables of interest (Bentler & Chou, 1987). Doing so allows for a comparison of fit between the hypothesized model and another model that could potentially explain the relationships among the study variables. Thus, two alternative models (Models D and E) were tested. Model D randomly reorganized the study variable relationships to evaluate the directionality of relationships in the theoretical model. Model D did not provide an adequate fit to the data, $\chi^2(26) = 68.54$, $p = .000$, RMSEA = .08, CFI = .92, and was significantly worse than Model A, $\chi^2(1) = 33.94$, $p < .001$. This expected result supported the hypothesized relationships of Model A.

Model E was then tested to examine whether social support moderated the effects of attachment anxiety in addition to attachment avoidance. To do this, I created an additional interaction variable—specifically, the interaction of the mean-centered attachment anxiety scores and the mean-centered social support scores—and added it to the main theoretical model. If this model provided a better fit to the data, and if the Attachment Anxiety \times Social Support interaction variable significantly predicted well-being, it would undermine the main theoretical assertions informing the present study's primary theoretical model (i.e., that the intervening relationships involving attachment, social support, and well-being are unique with regard to attachment anxiety and attachment avoidance). Although Model E provided a good fit to the data, $\chi^2(31) = 45.95$, $p = .041$, RMSEA = .05, CFI = .97, each of the fit indices was worse than

those of the primary model. The change in chi-square was nearly statistically significant, $\chi^2(6) = 11.35, p = .078$, and the Attachment Anxiety \times Social Support interaction variable was not significantly related to well-being ($\beta = -.01, p = ns$). These results supported the present study's theoretical assumptions.

DISCUSSION

The purpose of the present study was to develop and test a theoretical model proposing the nature of relationships among attachment dimensions, social support, and well-being for emerging adults. Specifically, the model predicted that social support would (a) mediate the negative relationship between attachment anxiety and well-being and (b) moderate the negative relationship between attachment avoidance and well-being. The model provided an excellent fit to the data, and these hypotheses were supported.

As predicted, social support seemed to mediate the association of attachment anxiety and well-being. This finding is consistent with previous research (e.g., Lane & Fink, 2015; Vogel & Wei, 2005) and suggests that social support could be a mechanism through which attachment anxiety affects well-being. This result is consistent with the theoretical model, which hypothesized that low levels of social support would promote distress among emerging adults (Vogel & Wei, 2005), leading those with elevated attachment anxiety to engage in secondary attachment strategies that heighten their distress awareness. In contrast, social support seemed to moderate the relationship between attachment avoidance and well-being. Specifically, at lower levels of social support, the direct effect of attachment avoidance on well-being was virtually nonexistent, whereas this relationship grew in magnitude as social support increased. This finding also supports the reasoning underlying the theoretical model. That is, low levels of social support are associated with distress among emerging adults (Vogel & Wei, 2005). This distress could lead individuals with elevated attachment avoidance to engage in secondary attachment strategies that would diminish their emotional awareness and cloud the accuracy of their perceptions of well-being (Fraley & Davis, 1997). Conversely, those with high levels of social support would have less need for secondary attachment strategies and would therefore be more emotionally aware, resulting in a strengthened negative relationship between attachment avoidance and well-being. Although these explanations should be considered tentative pending further validation, they suggest that social support is used differently for young adults as a function of attachment style. That is, social support seemed to change the attachment avoidance and well-being relationship but not the attachment anxiety and well-being relationship. Instead, social support seemed to explain (rather than change) the effect of attachment anxiety on well-being.

These results provide context to the findings of the studies on which the present theoretical model was based. Pitman and Scharfe (2010), for example,

found that emerging adults with elevated attachment avoidance reported elevated distress only when relying on family for support. According to attachment theory, individuals with avoidant attachment are less likely to engage in exploration activities, even if they negatively evaluate their current environments (Bowlby, 1969/1999). In emerging adulthood, leaving home and decreasing proximity to family represents a significant exploration activity associated with positive psychosocial development (Arnett, 2007). Therefore, emerging adults with avoidant attachment would be more likely to experience leaving home and transferring attachments as a psychologically threatening experience, which could initiate a deactivating strategy, potentially explaining Pitman and Scharfe's finding that those who relied on peers did not endorse elevated distress. Such a possibility is consistent with recent literature suggesting that normative life transitions in emerging adulthood are especially psychologically threatening because emerging adults do not subjectively identify as adults (Lane, 2013, 2015a, 2015b; Weiss, Freund, & Wiese, 2012). That is, the transitions that commonly occur during this period (e.g., leaving home, entering and leaving college, beginning a career) are connected to societal expectations that one is achieving an adult identity (Lane, 2013), which can be psychologically difficult for emerging adults, who subjectively identify as being "in between" (Arnett, 2007, p. 209) adolescence and adulthood.

Implications for Counselors

The present results suggest that efforts to enhance social support would be beneficial to the well-being of insecurely attached emerging adults. They also suggest that different types of social support efforts may be necessary for emerging adults with different attachment strategies. For those with elevated attachment anxiety, counseling interventions that focus on enhancing social support could be useful to improve well-being. In contrast, the findings suggest that enhanced social support could increase the number of emerging adults with elevated attachment avoidance who seek counseling services. That is, social support could lead to increased emotional awareness for these individuals, which, in turn, could increase their likelihood of attending counseling. These findings are useful for college counselors, who routinely work with young adult populations. Because attachment avoidance is negatively related to help seeking (Vogel & Wei, 2005) and use of counseling services (Berant & Obegi, 2009), the present findings support the use of initiator-catalyst approaches to college counseling services (Archer & Cooper, 1999), whereby counselors help students through enacting noncounseling outreach services that increase the likelihood of attending counseling. For example, previous studies have demonstrated the efficacy of college student mentoring in promoting relational health and adjustment (Lenz, 2014). In the context of the present study, mentoring programs could expose avoidant attached college students to healthy social supports, which may increase their distress awareness and lead to their seeking college counseling. Thus, college

counselors are encouraged to consider (a) social support counseling interventions for students high in attachment anxiety and (b) noncounseling outreach programs as a means of increasing counseling attendance among students high in attachment avoidance.

In the context of mental health counseling, the present findings also have implications for enhancing efficacy with avoidant-attached clients, a population that is often considered difficult to counsel. Attachment avoidance can interfere with the therapeutic alliance, because it promotes resistance to interpersonal intimacy (Berant & Obegi, 2009). Counselors are encouraged to use the present findings to increase their empathic understanding of these individuals. That is, although client resistance and interpersonal distance often lead to difficult counseling experiences, the findings suggest that such strategies might provide a means of inhibiting distress awareness. Thus, counselors could conceptualize avoidant-attachment strategies as coping behaviors, contextualizing client behaviors that often threaten counselor self-efficacy (Iarussi, Tyler, Littlebear, & Hinkle, 2013) and stimulate countertransference (Berant & Obegi, 2009).

Limitations

Several limitations in the present study warrant acknowledgment. The sample was relatively homogeneous with regard to gender (72.6% female) and race/ethnicity (85.2% White). Thus, caution is recommended in applying the results to emerging adults who are male or non-White. In addition, it is important to note the nonexperimental, cross-sectional design of the present study. Although such a design resembles other prominent research exploring attachment, interpersonal functioning, and mental health (e.g., Pitman & Scharfe, 2010), it limits the ability to make cause-and-effect assumptions about the findings. However, to address this issue, I tested two alternative models, which were found to be inferior to the main theoretical model. Nevertheless, the data were collected at one point in time and cannot prove causation. Finally, all of the instruments relied on self-report and, therefore, are susceptible to monomethod bias.

Directions for Future Research

Future research should work to replicate the present results with a more heterogeneous sample. Attention should also be devoted to a more complete understanding of the moderation effect involving attachment avoidance. A particularly useful next step would involve incorporating a measure of alexithymia into the present theoretical model as a means of explaining the moderation finding. This approach would offer a means of evaluating the conclusions drawn from the present findings: that low levels of social support induce distress, engaging secondary attachment strategies that—in the case of elevated attachment avoidance—inhibit emotional awareness and obscure the negative relationship between attachment avoidance and well-being. Other beneficial efforts would involve assessing whether levels of attachment anxiety and avoidance become

more secure as a result of attending counseling. Such research would validate the present findings and advance current understandings regarding attachment dimensions, social support, and well-being in emerging adulthood.

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