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Emotional Awareness as a Pathway Linking Adult Attachment to Subsequent Depression

Jennifer D. Monti and Karen D. Rudolph

University of Illinois, Urbana-Champaign

Abstract

Although research links insecure adult attachment with depression, the emotional processes accounting for this association over time remain relatively unexplored. To address this gap, this study investigated whether deficits in emotional awareness serve as one explanatory process. Adult females caregivers ($N = 417$, M age = 37.83) completed questionnaires annually for three years. As anticipated, attachment avoidance exerted an indirect effect on depression via emotional awareness. Attachment anxiety directly predicted subsequent depression but the indirect effect through emotional awareness was nonsignificant. These results suggest that an avoidant attachment style interferes with the effective processing of emotions, thereby placing women at risk for depression. This research implicates emotional awareness as a potential target for interventions aimed at reducing depressive symptoms in mothers with avoidant attachment styles.

Keywords

adult attachment; emotional awareness; depression

Attachment styles are a key factor influencing psychological well-being across development (Bowlby, 1988; Collins, 1996; Hankin, Kassel, & Abela, 2005; Hammen et al., 1995; Shaver & Mikulincer, 2007). Attachment theory holds that experiences with caregivers early in life shape developing mental models of the self and relationships with significant others (Ainsworth, Blehar, Waters, & Wall, 1978). In particular, early caregiving experiences contribute to beliefs about one's worthiness of love and expectations about how others will respond to expressions of distress. Throughout development, these mental models are updated and transferred to relationships with other attachment figures, such as romantic partners (Cassidy, 2000; Hazan & Shaver, 1987). Substantial research indicates that these attachment styles are predictive of emotional well-being, including depressive symptoms (Eng, Heimberg, Hart, Schneier, & Leibowitz, 2001; Hankin et al., 2005; Roberts, Gotlib, & Kassel, 1996). Because attachment styles are grounded in early experience and are stable over time, they may be difficult to address in clinical interventions. However, by examining the processes through which adult attachment contributes to subsequent depression, potential targets for intervention can be identified. It may be especially important to understand this process among mothers, given the significant risk that insecure maternal attachment (Shah,

Fonagy, & Strathearn, 2010) and maternal depression pose for children and families (Goodman et al., 2011). Thus, the goal of this research was to elucidate one pathway through which attachment contributes to depression among female caregivers. Specifically, we investigated whether individual differences in emotional awareness mediate the contribution of insecure adult attachment to depressive symptoms over time.

Adult Attachment and Emotional Awareness

Contemporary theory and research implicate avoidance and anxiety as the two key dimensions underlying adult attachment (Brennan, Clark, & Shaver, 1998; Fraley & Shaver, 2000; Fraley & Waller, 1998). Secure adults are low on both attachment avoidance and anxiety. Because secure adults have experienced attachment figures as dependable sources of support, they view themselves as worthy of love and are comfortable in close relationships in which they and their partner depend on one another for mutual support and comfort in times of distress. In contrast, insecurely attached individuals often have experienced attachment figures as inconsistent or unavailable sources of support (Hazan & Shaver, 1987; Shaver & Hazan, 1993; for reviews, see Mikulincer, Shaver, & Pereg, 2003; Shaver & Mikulincer, 2002). Adults high in attachment avoidance are uncomfortable with closeness or intimacy and are reluctant to trust or depend on others. Adults high in attachment anxiety desire extreme closeness and intimacy but fear being abandoned by their partners (Collins & Read, 1990; Hazan & Shaver, 1987). These insecure attachment styles are associated with a range of psychological difficulties, including heightened depression (Eng et al., 2001; Hankin et al., 2005; Roberts et al., 1996).

In an effort to understand why attachment insecurity serves as a risk for depression, researchers have identified several explanatory processes, including cognitive vulnerabilities (e.g., dysfunctional attitudes, self-criticism; Cantazaro & Wei, 2010; Hankin et al., 2005; Roberts et al., 1996; Wei, Heppner, Russell, & Young, 2006), interpersonal vulnerabilities (e.g., interpersonal dependence, poor romantic relationship quality; Eng et al., 2001; Pielage, Luteijn, & Arrindell, 2005; Cantazaro & Wei, 2010; Wei, Russell, & Zakilak, 2005), and coping styles (Wei, Heppner, Russell, & Young, 2006). However, much of this research relies on concurrent or two-wave designs, making it difficult to draw conclusions about the direction of effects.

Moreover, although secure attachment is viewed as a core foundation for effective emotional functioning, surprisingly little research has considered how insecure adult attachment styles shape emotional processes in ways that heighten risk for depression. Using concurrent designs, two studies (Marganska, Gallagher, & Miranda, 2013; Wei, Vogel, Ku, & Zakalik, 2005) examined whether emotion regulation mediated the association between attachment and depression or psychological distress. Also using a concurrent design, Mallinckrodt and Wei (2005) examined alexithymia (the inability to put emotions into words) as a mediator between attachment and general emotional distress (a composite of anxiety and affective symptoms, interpersonal functioning, and social role functioning). Despite these promising findings, research to date has not explored the explanatory role of emotional processes over time, which is necessary to establish the temporal sequence among attachment, emotional functioning, and depression. Prior research also has been characterized by a focus on broad

mental health outcomes (for an exception, see Marganska et al., 2013) and the use of college student samples.

To extend prior research, this study examined emotional awareness as a pathway linking attachment anxiety and avoidance with depression across a two-year period. Because depression is a distinct psychological disorder with specific antecedents and responses to treatment, elucidating pathways from attachment to depression is informative for theory and clinical interventions. Furthermore, we specifically focused on pathways from attachment to depression in a community sample of female caregivers. Not only do women display a heightened vulnerability to depression compared to men (Nolen-Hoeksema, 1990), but both maternal insecure attachment and maternal depression are known to confer risk to children (e.g., Goodman et al., 2011; Shah, Fonagy, & Strathearn, 2010). Given these risks, it is particularly important to understand the process through which insecure attachment contributes to depression in female caregivers as it may point to potential targets for intervention

Specifically, this study tested the proposition that insecure adult attachment would contribute to deficits in emotional awareness, which would predict subsequent depression. Emotional awareness refers to the ability to identify and label one's emotions and the inclination to express one's emotions (Ciarrochi, Scott, Deane, & Heaven, 2003; Gohm & Clore, 2002; Salovey, Mayer, Goldman, Turvey, & Palfai, 1995; Salovey, Woolery, Stroud, & Epel, 2002). Although relatively little research has specifically investigated the association between attachment and emotional awareness, considerable research indicates that attachment avoidance and anxiety are related to individual differences in cognitive and emotional responses to stress. Individuals high in attachment avoidance display "deactivating" affect-regulation strategies in which they suppress uncomfortable or threatening thoughts and emotions (for reviews, see Mikulincer et al., 2003; Shaver & Mikulincer, 2002, 2007). There is evidence that when avoidantly attached individuals suppress negative attachment-related thoughts, they simultaneously display dampened physiological arousal, indicating that they have effectively halted not only threatening thoughts but also the corresponding emotional response (Fraley & Shaver, 1997). In contrast, individuals high in attachment anxiety display "hyperactivating" affect-regulation strategies (for reviews, see Mikulincer et al., 2003; Shaver & Mikulincer, 2002, 2007). These individuals experience intense negative emotional responses to general stress and mild attachment-related threats. Anxiously attached individuals ruminate over their worries and negative emotions; they also experience emotional spreading, a process in which one negative thought or emotion quickly triggers others (Mikulincer & Florian, 1995; Mikulincer & Orbach, 1995; for reviews, see Mikulincer & Florian, 1998; Mikulincer et al., 2003; Shaver & Mikulincer, 2007). For example, when recalling memories of a target emotion (e.g., sadness), anxiously attached adults report experiencing high levels of both the target emotion as well as related but distinct non-target emotions (e.g., anger, anxiety) (Mikulincer & Orbach, 1995). Furthermore, these individuals perceive themselves as unable to manage their own emotional responses.

Despite these distinct responses to stress, we anticipated that both attachment avoidance and anxiety would contribute to deficits in emotional awareness. Because avoidantly attached

individuals are inclined to disengage from unwanted thoughts and emotions (“deactivating responses”), they may lack the ability to recognize and label the emotions they experience. Indeed, research indicates that avoidantly attached individuals encode less emotional information (Fraley, Garner, & Shaver, 2000) and have difficulty accessing memories of negative emotions (Mikulincer & Orbach, 1995). Avoidantly attached individuals also display heightened alexithymia (De Rick & Vanheule, 2006; Mallinckrodt & Wei, 2005). Furthermore, because these individuals are reluctant to depend on others and are uncomfortable in close relationships, they may be disinclined to express their emotions outwardly. Indeed, substantial evidence demonstrates that avoidantly attached adults are uncomfortable discussing personal distress (Wei et al., 2005) and are less likely to disclose emotion than securely attached adults (Garrison, Kahn, Sauer, & Florczak, 2011; Mikulincer & Nachshon, 1991).

Although anxiously attached individuals experience strong negative emotions in response to stress (“hyperactivating” responses), they experience negative emotions in an intense, overwhelming, and dysregulated way. Shaver and Mikulincer (2002) suggest that the emotional spreading observed among anxiously attached individuals suggests “an undifferentiated, chaotic emotional architecture.” Thus, anxiously attached individuals may have difficulty understanding and putting into words the precise emotions they experience, suggestive of a deficit in emotional awareness. Indeed, attachment anxiety is positively associated with alexithymia, a component of emotional awareness (Mallinckrodt & Wei, 2005; Thorberg et al., 2011). Because of these patterns of emotional responses to distress, we hypothesized that both attachment avoidance and attachment anxiety would predict deficits in emotional awareness over time.

Emotional Awareness and Depression

In turn, individual differences in emotional awareness may contribute to subsequent depressive symptoms. It has been theorized that emotional awareness allows individuals to easily and accurately identify and interpret their emotions, and thus to cope effectively using adaptive forms of emotion expression and active problem solving strategies (Gohm & Clore, 2002). Emotional awareness also is associated with more adaptive physiological responses to stress, including attenuated cortisol release (Salovey et al., 2002). Adaptive coping and responses to stress may protect individuals from depression. Indeed, research links deficits in emotional awareness with more depression in both clinical (Honkalampi, Saarinen, Hintikka, Virtanen, & Viinamäki, 1999) and non-clinical (Honkalampi, Hintikka, Tanskanen, Lehtonen, & Viinamaki, 2000; Rude & McCarthy, 2003; Salovey et al., 2002; Salovey et al., 1995) samples.

Present Study

Integrating these strands of research, this study aimed to expand current theory and empirical investigations of adult attachment by examining whether deficits in emotional awareness serve as one pathway through which insecure adult attachment contributes to depression over time. We specifically examined the emergence of depression to provide a basis for more targeted prevention and intervention efforts, and also focused on a sample of

female caregivers given the importance of preventing and alleviating maternal depression. We hypothesized that women high in attachment avoidance and anxiety would experience less subsequent emotional awareness, which in turn would predict more depressive symptoms. To elucidate the emergence of this process over time, we used a three-wave longitudinal design in which we examined whether Wave 1 (W_1) attachment exerted an indirect effect on Wave 3 (W_3) depression through Wave 2 (W_2) emotional awareness. Extending prior related research, we used a conservative approach to establish the proposed direction of effects. First, we assessed each of the constructs of interest at a different wave (each separated by one year) and we adjusted for initial levels of emotional awareness and depression. Second, we explored whether depression predicted emotional awareness over time, which would suggest an alternate temporal sequence among the study variables. Thus, our model provided a conservative examination of the proposed pathway from insecure attachment to depression via deficits in emotional awareness.

Method

Participants and Procedures

Participants included 417 women (M age = 37.83; SD = 6.51), recruited from a small urban community and surrounding rural areas. The women were recruited through their children's elementary schools and provided written consent for their family's participation in a longitudinal study. Of the women invited to participate, 72% (n = 435) completed the initial wave of the longitudinal study. Indicating the representativeness of the sample, the participating families did not differ from nonparticipating families in terms of race (White vs. minority), $\chi^2(1) = .59, p = .44$, or income, as indicated by school lunch status, $\chi^2(1) = .35, p = .55$. 417 women had data available at the first wave of the current analyses, which involved a later time point of the longitudinal study. Participating women who were not included in the current analytic sample did not differ from women included in the analytic sample in terms of family ethnicity (White vs. minority), $\chi^2(1) = .51, p = .48$, or income, as indicated by school lunch status, $\chi^2(1) = .22, p = .64$. The majority of children of participating women were White (71.5%; 16.8% African American; 6.5% Asian; 5.2% other)¹. Participating women represented a range of education levels (40.5% completed bachelor's, master's, or professional degree; 44.6% completed some college or an associate's degree; and 14.6% earned a high school degree or less) and family annual income levels (21.7% < \$30,000; 40.8% \$30-75,000; 37.2% > \$75,000). Participants received and returned surveys by mail, home visits, or in person at schools annually for three years and received \$25 as compensation each year.

Women who completed questionnaires for three waves (n = 304; 73%) did not differ from those who completed questionnaires at only one (n = 33; 8%) or two (n = 80; 19%) waves on depression, $t(415) = 1.09, p = .28$, or emotional awareness, $t(415) = 0.29, p = .77$. However, women who completed questionnaires at all three waves reported lower levels of attachment avoidance, $t(413) = -2.06, p < .05$, and attachment anxiety, $t(412) = -2.45, p < .05$, than those who participated at only one or two waves.

¹Although we did not have direct ethnicity information for participating women, most (91%) participating women were biological mothers of single race children, such that the mother's ethnicity was the same as the child's.

Measures

Table 1 provides descriptive statistics and psychometrics as well as intercorrelations for the measures at the wave in which they were included in the analyses. All of the measures showed strong internal consistency.

Adult attachment—At W_1 , participants completed a 13-item measure of adult attachment. These items were developed by Simpson and colleagues (Simpson, Rholes, & Nelligan, 1992) and adapted by Griffin and Bartholomew (1994) to assess two dimensions of attachment: avoidance (8 items; e.g., “I am somewhat uncomfortable being close to others,” “I find it difficult to trust others completely.”) and anxiety (5 items; e.g., “I worry about being abandoned,” “I find that others are reluctant to get as close as I would like.”). Participants rated the extent to which each statement described their feelings about close relationships on a 5-point scale (*Not at all* to *Very much*). Roisman and colleagues (2007) conducted a psychometric analysis comparing several proposed measurement models of adult attachment, and demonstrated that Simpson and colleagues' measure had the best psychometric properties. The factor structure and internal consistency of this measure have been demonstrated among women, and concurrent validity has been established through associations between this scale and relationship functioning (Roisman et al., 2007; Simpson et al., 1992).

Emotional awareness—At W_1 and W_2 , participants completed the Emotional Awareness Questionnaire, a 15-item measure assessing three aspects of emotional awareness: clarity of one's emotions (5 items; e.g., “I almost always know exactly how I feel.”), ability to describe one's emotions (5 items; e.g., “I think it is easy to describe my feelings.”), and inclination toward expressing one's emotions (5 items; e.g., “I show my feelings to other people.”). Participants rated the extent to which each item described them on a 5-point scale (*Not at all* to *Very much*). This measure was developed by drawing from several established measures of emotional awareness. The emotional clarity subscale items were drawn from the Trait Meta-Mood Scale clarity subscale (Salovey et al., 1995); the description subscale items were drawn from the Toronto Alexithymia Scale (Bagby, Parker, & Taylor, 1994); the expression subscale items were drawn from Emotional Expressiveness Scale (Kring, Smith, & Neale, 1994). Each of the subscales was internally consistent ($\alpha = .71 - .81$). Scores for each subscale were computed as the mean of the 5 items. Adult reports of emotional awareness have established reliability and stability as well as convergent and discriminant validity (Bagby et al., 1994; Kring et al., 1994; Salovey et al., 1995), and various dimensions have been demonstrated to be reliable and valid among women (Salovey et al., 2002; Kring et al., 1994; Parker, Taylor, & Bagby, 2003).

Anhedonic depression—At W_1 and W_3 , participants completed the anhedonic depression subscale of the Mood and Anxiety Symptom Questionnaire (Watson et al., 1995). This 22-item subscale assesses (lack of) positive affect and loss of interest (e.g., “I felt like nothing was very enjoyable.”). Participants rated the extent to which they experienced each symptom on a 5-point scale (*Not at all* to *Extremely*). This measure was selected because we were interested in measuring symptoms specific to depression, rather than general distress or negative affect. Prior research indicates that the MASQ anhedonia subscale differentiates

significantly better between depression and anxiety than does the MASQ general distress-depression subscale (Watson, et al., 1995). Convergent and discriminant validity have been established (Watson et al., 1995). Moreover, research documents a significant association between the MASQ anhedonia subscale and continuous depression scores assessed with the Structured Clinical Interview for the DSM (SCID; First, Spitzer, Gibbon, & Williams, 1996) in a sample of female caregivers (Rudolph & Klein, 2009).

Results

Preliminary Analyses

As displayed in Table 1, correlation analyses revealed significant cross-wave stability in emotional awareness and depression and a significant positive association between attachment avoidance and attachment anxiety. As expected, the two dimensions of adult attachment were negatively associated with emotional awareness and positively associated with depression. Emotional awareness was negatively associated with depression. The three constructs were significantly associated both concurrently and over time.

Test of the Hypothesized Model

To examine whether deficits in emotional awareness serve as a pathway linking attachment and depression, structural equation modeling analyses were conducted in AMOS Version 19.0 (Arbuckle, 2010). All constructs were represented by latent variables. For emotional awareness, the three dimensions (clarity, description, and expression) were used as indicators of the latent variable. For attachment and depression, three parcels of items were created to use as indicators for the respective latent variables (Little, Cunningham, Shahar, & Widaman, 2002). To enable us to test our hypotheses using bootstrapping, which requires complete data, missing data were imputed in Amos using regression imputation. Our analyses examined whether there was an indirect effect of W_1 attachment avoidance and anxiety on W_3 depression through W_2 emotional awareness (Figure 1). The model included paths from W_1 attachment avoidance and W_1 attachment anxiety to W_2 emotional awareness, and from W_2 emotional awareness to W_3 depression. To provide a conservative test of the hypothesized pathway, the model adjusted for the stability of emotional awareness and depression. The model also included direct paths from W_1 attachment avoidance and W_1 attachment anxiety to W_3 depression. To explore whether there was evidence for the reverse direction of effects, a path from W_1 depression to W_2 emotional awareness was included; this path was not significant ($\beta = .07, p = .19$) and so was not included in the final model. Figure 1 displays the final model with standardized path coefficients.

We examined several indexes of model fit: χ^2/df ratio, the Comparative Fit Index (CFI), the Incremental Fit Index (IFI), and the Root Mean Square Error of Approximation (RMSEA). Good model fit is indicated by χ^2/df ratios of less than 2.5 or 3 (Kline, 1998), CFI and IFI values above .90 (Bentler, 1990; Bollen, 1990; Kline, 1998), and RMSEA values .08 (Browne & Cudeck, 1993). The model provided an excellent fit to the data, $\chi^2/df = 2.70$, CFI = .97, IFI = 0.97, RMSEA = .06. Consistent with hypotheses, W_1 attachment avoidance significantly negatively predicted W_2 emotional awareness, and W_2 emotional awareness

significantly negatively predicted W_3 depression. The indirect effect of W_1 attachment avoidance on W_3 depression through W_2 emotional awareness was examined using bias-corrected bootstrap samples ($n = 1000$). In support of our hypothesis, the standardized indirect effect was significant (.07, 95% CI [.01, .18]). The direct path from W_1 attachment anxiety to W_3 depression was significant; however the indirect effect of W_1 attachment anxiety on W_3 depression was nonsignificant (.00; 95% CI [-.04, .04]).

Discussion

Although the association between insecure adult attachment and depression is well established (Eng et al., 2001; Hankin et al., 2005; Roberts et al., 1996), less is known about the pathway through which this risk unfolds over time, particularly with regard to explanatory emotional processes. In line with prior research, this study indicates that both attachment avoidance and anxiety predict subsequent depressive symptoms among a community sample of female caregivers. Contributing a novel perspective, this research also reveals that attachment avoidance in part heightens risk for depression by compromising women's emotional awareness.

Previous research suggests that avoidantly attached individuals attempt to minimize distress by orienting away from emotions and emotion-provoking experiences (Fraleigh et al., 2000; for a review, see Mikulincer et al., 2003). Building on these findings, the present results indicate that women high in attachment avoidance report lower levels of emotional awareness over time. Because an avoidant attachment style motivates individuals to distance themselves from threatening thoughts and emotions, avoidantly attached women may develop difficulties identifying and labeling the emotions they experience and may be uncomfortable expressing their emotions. Such deficits in emotional awareness may make it more difficult for individuals to effectively process their emotions and cope with stress (Gohm & Clore, 2002), contributing to depressive symptoms over time. It is important to note that, although emotional awareness contributes to subsequent depression, we did not find evidence that depression leads to deficits in emotional awareness over time.

This pattern of findings is consistent with previous work exploring the association between insecure attachment and psychological maladjustment. For example, alexithymia accounts for the concurrent association between attachment avoidance and anxiety and general psychological distress (Mallinckrodt & Wei, 2005). Using a conservative approach to analysis, the results of this study support Mallinckrodt and Wei's (2005) hypothesized direction of effects by demonstrating that emotional awareness, which encompasses alexithymia, serves as a pathway from attachment avoidance to depressive symptoms over time and adjusting for prior levels of emotional awareness and depression. In future research, it will be interesting to explore how emotional awareness intersects with other identified mediating processes, such as interpersonal vulnerabilities (Hankin et al., 2005; Pielage et al., 2005) or coping styles (Wei et al., 2006). It is possible that deficits in emotional awareness undermine interpersonal skills and relationships and lead individuals to use less effective coping strategies (Flynn & Rudolph, 2010; Gohm & Clore, 2002), resulting in depression.

Although attachment anxiety also was concurrently associated with deficits in emotional awareness and predicted more depression over time, deficits in emotional awareness did not serve as a longitudinal pathway linking attachment anxiety to depression. These results are in line with Garrison and colleagues' (2011) finding that the negative association between attachment anxiety and emotional disclosure did not remain after adjusting for attachment avoidance and depression. It may be that an anxious attachment style contributes to subsequent depression through alternative processes. The hyperactivating responses to stress associated with attachment anxiety involve the experience of strong, dysregulated emotions (for a review, see Mikulincer et al, 2003). Anxiously attached individuals not only experience strong emotions in response to mild current stressors (Mikulincer & Florian, 1998) but also ruminate more on negative experiences (Gentzler, Kerns, & Keener, 2010) and more easily access negative-emotion memories (Mikulincer & Orbach, 1995). The salience and prevalence of negative cognitions and emotions, rather than deficits in emotional awareness, may be key in predicting depression. Indeed, there is some concurrent evidence that emotional reactivity (Wei, Vogel, Ku, & Zakalik, 2005) and coping self-efficacy (Wei, Heppner, & Mallinckrodt, 2003) mediate the association between attachment anxiety and internalizing symptoms. Further research is needed to determine the process through which anxiously attached individuals develop depression over time.

This study is the first to our knowledge to assess emotional awareness as a pathway from insecure adult attachment to depression over time, an important advance given the presumed role of attachment security in the effective regulation of emotion. Use of a three-year longitudinal design allowed us to conduct a conservative test of the proposed pathway that adjusted for baseline levels of emotional awareness and depression and to test for the reverse direction of effect (i.e., the path from W_1 depression to W_2 emotional awareness). Although our analyses were stringent, when interpreting the results of this study it is important to note two limitations. First, the analyses were based on a community sample of female caregivers. The advantage of using this sample is that the results likely generalize to women seeking help in counseling settings, and are informative for prevention and intervention efforts focused on maternal depression. However, research is needed to determine if emotional awareness similarly serves as a pathway linking attachment avoidance and depression in men. Because females are more emotionally expressive (Kring & Gordon, 1998) and more likely to cope by seeking emotional support (Tamres, Janicki, & Helgeson, 2002), one might initially expect the associations among insecure attachment, deficits in emotional awareness, and depression to be particularly strong for females. However, Salguero, Extremera, and Fernandez-Berrocal (2012) found that emotional intelligence (perceiving, understanding, and regulating emotions) was predictive of depression in men but not women; thus, we expect that our findings would generalize to males. A second limitation stems from our reliance on self-report measures of attachment, emotional awareness, and depression. However, it is important to note that adjusting for baseline levels of both emotional awareness and depression in part mitigates this concern. Nevertheless, examining whether this process holds using alternative assessment approaches (e.g., the Adult Attachment Interview; George, Kaplan, & Main, 1985) would be of value. Finally, women who completed all three waves of this study were lower in attachment avoidance and anxiety than women who completed only one or two waves. Because women who completed all three

waves did not differ in emotional awareness or depression and the mean and variance in these constructs were similar across time, it is unlikely that differences in adult attachment between those with complete versus incomplete data influenced our effects. However, future research exploring these associations among women with high levels of insecure attachment would be useful.

This research has several important implications for counseling practice. The findings provide insight into a potential point of intervention for alleviating depression in women with problematic attachment histories. Although altering individuals' adult attachment style may be difficult, emotional awareness is a feasible point of intervention as core components of emotional awareness, such as the ability to identify emotions, can be improved when individuals participate in psychotherapy (Beresnevaite, 2000) even beyond improvements in psychological distress (Ogrodniczuk, Sochting, Piper, & Joyce, 2012). By assisting avoidantly attached women to understand and express their emotions, clinicians may be able to reduce the degree to which avoidant attachment creates a vulnerability to subsequent depression. Clinicians' efforts to enhance emotional awareness and mitigate depression among avoidantly attached mothers may also serve to promote better outcomes among their offspring, who are at risk for adjustment difficulties. For example, heightened emotional awareness and dampened depressive symptoms may allow mothers to engage in parenting practices (e.g., warm involvement and engagement, effective coping socialization; Lovejoy, Graczyk, O'Hare, Neuman, 2000; Monti, Rudolph, & Abaied, 2013) that support rather than undermine children's psychological well-being.

Addressing emotional awareness while treating depression may be especially important as some research suggests that deficits in emotional awareness undermine positive treatment outcomes following psychotherapy (Leweke, Bausch, Leichsenring, Walter, & Stingl, 2009; McCallum, Piper, Ogrodniczuk, & Joyce, 2003). Difficulty identifying and expressing emotions may prevent avoidantly attached individuals from being able to effectively engage in therapy. Thus, it may be necessary for clinicians working with these individuals to address deficits in emotional awareness to provide successful treatment for depression.

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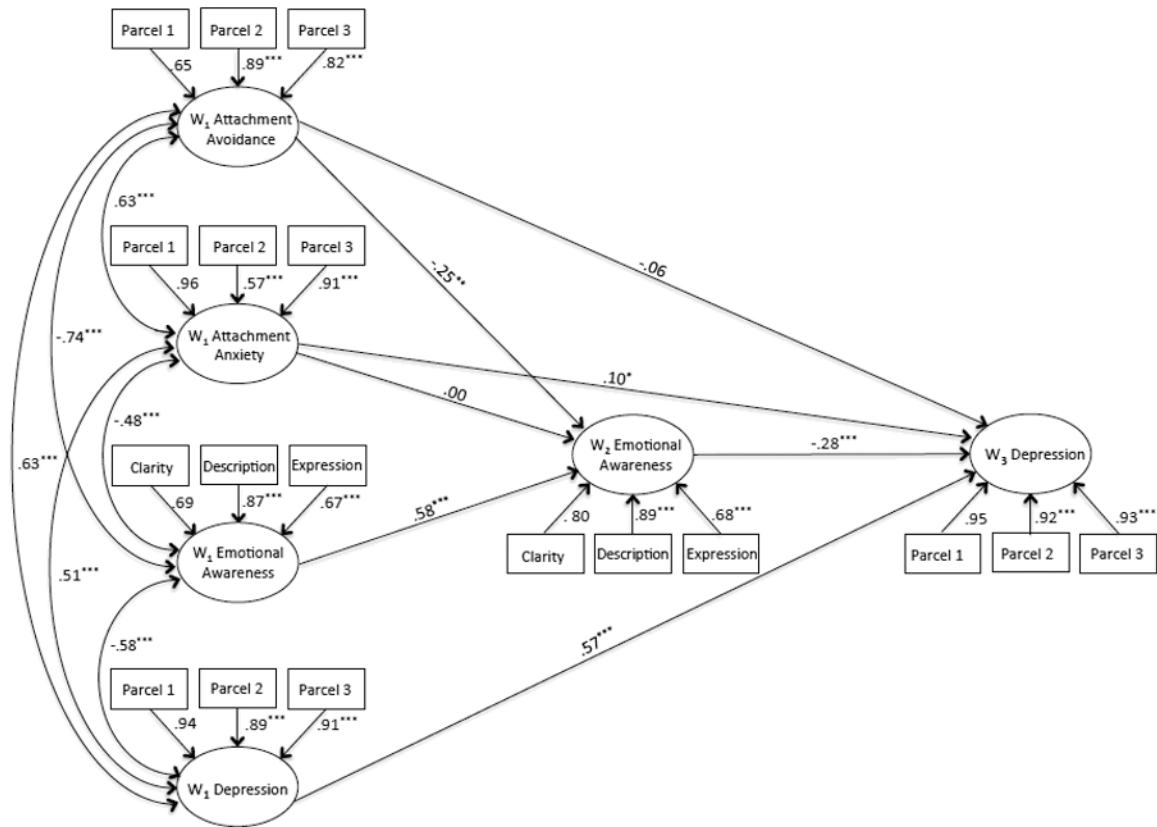


Figure 1. Standardized path coefficients. W₁ = Wave 1. W₂ = Wave 2. W₃ = Wave 3. ** $p < .01$. *** $p < .001$.

Table 1
Descriptive Statistics and Intercorrelations of Study Variables (Ns = 358-417)

Measure	M	SD	Range	α	1	2	3	4	5	6
1. W ₁ Attachment Avoidance	2.16	.71	1.00 - 4.63	.83	-	.57***	-.63***	-.54***	.56***	.48***
2. W ₁ Attachment Anxiety	1.59	.75	1.00 - 5.00	.84	-	-	-.44***	-.37***	.49***	.43***
3. W ₁ Emotional Awareness	3.84	.57	1.80 - 5.00	.87	-	-	-	.70***	-.54***	-.43***
4. W ₂ Emotional Awareness	3.82	.59	1.33 - 5.00	.89	-	-	-	-	-.41***	-.45***
5. W ₁ Depression	2.23	.60	1.05 - 4.36	.93	-	-	-	-	-	.65***
6. W ₃ Depression	2.15	.60	1.00 - 4.32	.93	-	-	-	-	-	-

W₁ = Wave 1. W₂ = Wave 2. W₃ = Wave 3.

p < .001.