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Attachment Dimensions and Depression: A Review of Associations, Mechanisms, and Clinical Implications

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Abstract

Depression is among the most prevalent and disabling mental health conditions worldwide, and its developmental and interpersonal determinants remain incompletely understood. Drawing on Bowlby's attachment theory, this review examines the differential associations of attachment anxiety and attachment avoidance with depression, the cognitive and regulatory mechanisms that may underlie these associations, and their implications for clinical practice. Evidence from meta-analytic and longitudinal research indicates that both dimensions are associated with elevated depression risk, with attachment anxiety showing stronger and more direct associations operating through hyperactivating emotion regulation and ruminative cognitive processing, whereas attachment avoidance tends to operate through more indirect pathways, including expressive suppression and impaired social support utilization. Rumination represents a dimension-specific mechanism more reliably implicated in the anxiety–depression pathway, with suppression-based emotion regulation representing a more salient pathway for avoidance-related depression. At the clinical level, attachment dimensions shape therapeutic alliance formation, may moderate differential treatment response, and may serve as meaningful intervention targets, though the evidence base remains limited by cross-sectional designs, measurement heterogeneity, and a predominance of Western samples. Future research would benefit from longitudinal designs, greater use of dimensional attachment assessment, and clinical trials evaluating attachment-informed interventions across diverse populations. This review affirms the value of treating attachment anxiety and avoidance as distinct rather than interchangeable dimensions, offering a developmentally grounded framework for understanding depressive vulnerability and informing more precise clinical approaches.

Keywords

attachment, depression, attachment anxiety, attachment avoidance, emotion regulation

1. Introduction

Depression is among the most prevalent and debilitating mental disorders worldwide, affecting approximately 332 million people globally and representing a leading cause of disability [1]. The disorder is characterized by persistent low mood, loss of interest, negative cognitive patterns, and significant disruptions in daily functioning [2], with its impact extending beyond individual distress to encompass interpersonal difficulties, reduced occupational and academic functioning, and substantial economic costs through lost productivity [3, 4]. Despite decades of research and the development of various pharmacological and

psychological interventions, a substantial proportion of individuals with depression do not achieve full remission, and relapse rates remain high [5], underscoring the need for a deeper understanding of the developmental and interpersonal processes that confer and sustain depressive vulnerability. Such persistent challenges have prompted researchers to look beyond symptom-focused approaches toward frameworks that capture underlying relational and developmental risk factors. Bowlby's [6] attachment theory offers such a framework, proposing that early relational experiences with caregivers give rise to internal working models: cognitive-affective representations of the self as worthy or unworthy of love, and of others as reliable or unreliable sources of support [7]. Once established, these representations tend to operate in a relatively automatic manner, guiding emotion regulation, interpersonal expectations, and help-seeking behavior throughout life. When formed under conditions of inconsistent or rejecting caregiving, they encode fundamental insecurities about the self and the relational world that may persist into adulthood, constituting an enduring vulnerability to depression [8]. Substantial research has documented associations between attachment dimensions and depressive symptoms across diverse populations and developmental stages [9]. However, several critical questions remain underexplored. First, although meta-analytic evidence suggests that attachment anxiety and avoidance contribute differentially to depression, with anxiety often showing stronger and more direct associations [10], the nature, consistency, and boundary conditions of these differential effects remain incompletely understood. Second, although numerous mediating and moderating mechanisms have been proposed, including rumination, emotion dysregulation, and interpersonal stress, findings remain inconsistent across studies employing varying methodologies and populations, limiting the development of coherent explanatory models. Third, the translation of accumulating empirical evidence into concrete clinical guidance for depression assessment and intervention has received comparatively less systematic attention. This review aims to address these gaps by synthesizing current evidence on the differential associations of attachment anxiety and avoidance with depression, the cognitive and regulatory mechanisms that may underlie these associations, and their implications for clinical assessment and intervention.

2. Theoretical Background

Early empirical research classified attachment patterns into discrete categories, with Ainsworth et al. [11] identifying secure, anxious-ambivalent, and avoidant patterns in infants through the Strange Situation paradigm, and subsequent researchers extending and refining these typologies to adult relationships [12]. A significant conceptual advance came with Brennan et al.'s [13] factor-analytic work on self-report measures, which demonstrated that variation across categorical typologies could be more parsimoniously captured by two continuous, orthogonal dimensions, a finding further supported by taxometric analyses confirming the dimensional rather than categorical structure of adult attachment [14]. Attachment anxiety reflects fear of rejection and abandonment, hypervigilance to signs of partner unavailability, and an excessive need for closeness and reassurance [15]. Individuals high in this dimension tend to hold negative self-models and are acutely sensitive to interpersonal threat. Attachment avoidance reflects discomfort with intimacy, preference for emotional distance, and compulsive self-reliance [16]. Those high in avoidance tend to hold negative models of others and suppress attachment-related needs. Individuals low on both dimensions are considered securely attached. Both dimensions are theorized to confer vulnerability to depression through distinct psychological pathways. Attachment anxiety is associated with negative self-models, chronic concerns about self-worth, and hyperactivating emotion regulation strategies that amplify distress, sustain heightened negative affect, and maintain cycles of self-criticism and reassurance-seeking [16]. This hyperactivating orientation involves exaggerated attention to threat cues and intensified emotional reactivity that is difficult to downregulate, patterns that align closely with depressive phenomenology, including negative self-evaluation and interpersonal sensitivity. Attachment avoidance, by contrast, involves negative models of others, suppression of attachment needs, and deactivating strategies that minimize emotional expression and restrict help-seeking behavior [16]. Although these may provide short-term buffering against distress, they impair social support utilization and limit adaptive emotional processing over time, contributing to depression through more indirect pathways. Both patterns undermine effective emotion regulation and erode interpersonal relationship quality, two well-established proximal risk factors for depression [17].

3. Literature Review

3.1 Differential Contributions of Attachment Anxiety and Avoidance to Depressive Symptoms

Although both attachment anxiety and avoidance have been associated with depression across numerous studies, increasing evidence suggests that these two dimensions contribute to depressive symptoms through distinct pathways. Meta-analytic research provides the most systematic evidence of these differential associations. Attachment anxiety showed a moderate correlation with depression, whereas attachment avoidance demonstrated a smaller but significant association, and both effects remained significant when the two dimensions were mutually controlled, indicating unique contributions to depressive vulnerability [10]. Attachment anxiety was also more strongly related to depression than attachment avoidance in a meta-analysis focused specifically on depressive symptoms [18]. Longitudinal studies support the prospective role of both dimensions in depression. Conradi et al. [19] followed primary care patients with recurrent depression for seven years, finding that both attachment anxiety and avoidance predicted lower proportions of symptom-free time and greater depression severity, with patients high on both dimensions showing the poorest outcomes. Attachment anxiety also predicted not only the incidence but also the maintenance and escalation of depressive symptoms over the first two years of parenthood, with these associations moderated by the quality of partner caregiving received [20].

3.2 Mechanisms Linking Attachment Dimensions to Depression: Rumination and Expressive Suppression

Rumination, defined as repetitive, passive focus on symptoms of distress and their possible causes and consequences [21], has been proposed as a key cognitive mechanism linking attachment dimensions to depression. Extensive research has established rumination as a robust risk factor for the onset and maintenance of depressive episodes, making it a compelling candidate for understanding how attachment vulnerabilities may translate into depressive symptoms [22]. Attachment anxiety appears linked to rumination [23, 24, 25]. Individuals high in attachment anxiety tend to employ hyperactivating strategies involving chronic monitoring of attachment-related threats and persistent focus on relationship concerns and personal inadequacies [16], a cognitive style that may predispose toward ruminative processing of negative experiences. Rumination has been shown to mediate the relationship between attachment anxiety and depressive symptoms, including in the context of romantic relationship dissolution [24, 26], providing direct evidence for this mechanistic pathway. The findings on the association between attachment avoidance and rumination are mixed. Avoidant individuals tend to employ deactivating strategies designed to suppress attachment-related thoughts and emotions [16], which might be expected to reduce rumination. However, research suggests a more nuanced picture. Both attachment anxiety and avoidance appear associated with dysfunctional rumination, including brooding and depression-related rumination, with emotional intelligence abilities mediating these associations [27]. Attachment avoidance tends to show a stronger association with depression-related rumination, whereas attachment anxiety tends to show a stronger association with brooding, suggesting that each dimension may engage distinct ruminative subtypes [27]. Avoidant individuals may still engage in ruminative processes when suppression fails under conditions of sustained stress or cognitive depletion [28]. Expressive suppression, rather than rumination, appears to be the more central mechanism linking avoidance to depression [29]. Higher attachment avoidance was associated with greater subsequent use of expressive suppression, a regulatory strategy linked to sustained depressive symptomatology [30]. Thought suppression characteristic of attachment avoidance was also associated with lower self-compassion, which in turn predicted higher depression, suggesting a complementary pathway that may further amplify avoidance-related depressive risk [31]. Collectively, these findings suggest that avoidance may relate to depression through multiple suppression-based pathways, underscoring the value of examining dimension-specific regulatory processes.

3.3 Clinical Implications of Attachment-Based Perspectives on Depression

Attachment dimensions have meaningful implications for clinical practice, beginning at the level of the therapeutic relationship. Meta-analytic evidence indicates that both attachment anxiety and avoidance are inversely associated with therapeutic alliance quality [32, 33]. Longitudinal evidence suggests that avoidance functions as a persistent obstacle to alliance formation across both early and advanced phases of treatment [34]. Such effects partly reflect the distinct relational patterns of each dimension: individuals high in

attachment anxiety may struggle with the boundaries of the therapeutic relationship due to heightened reassurance-seeking, whereas those high in avoidance may resist emotional closeness with the therapist, rating the alliance as weaker even when objective indicators suggest otherwise [35]. The relational patterns associated with each dimension have direct implications for therapist responsiveness. Experienced therapists have been shown to modulate therapeutic distance based on client attachment dimensions, carefully managing therapeutic boundaries with clients high in attachment anxiety to avoid reinforcing reassurance-seeking, whereas engaging gradually with avoidant clients to reduce resistance to emotional closeness [36]. Early assessment of attachment dimensions may also enable therapists to tailor affect regulation interventions for depressed clients [37]. Attachment dimensions also show promise as moderators of differential treatment response. Patients with higher attachment avoidance showed greater depression reduction with cognitive-behavioral therapy than with interpersonal psychotherapy, possibly because interpersonal psychotherapy's explicit relational focus conflicts with the avoidant individual's self-reliant orientation [38]. Higher attachment anxiety has also been shown to predict greater benefit from supportive-expressive therapy relative to supportive therapy [39]. However, Bernecker et al. [40] failed to replicate the CBT-avoidance interaction, and a broader meta-analysis found no consistent moderating effect of attachment dimensions across diverse treatment modalities [41], underscoring the need for replication before treatment matching recommendations can be made with confidence.

4. Discussion

Although stronger associations with depression are more consistently observed for attachment anxiety, some studies report comparable effects for both dimensions, and cross-study heterogeneity remains notable. Several moderators may explain these discrepancies, including cultural orientation, age, and gender, with stronger anxiety–depression associations observed in individualistic cultures [10, 42]. Measurement differences also contribute to variability, as attachment instruments differ substantially in psychometric properties and sensitivity to attachment phenomena, producing divergent associations with depression across studies [43]. This inconsistency underscores the need for future research to clarify how each dimension contributes distinctly to depressive outcomes. The cumulative evidence supports a model in which attachment anxiety and avoidance represent meaningfully distinct vulnerability pathways rather than interchangeable indicators of insecurity. Both dimensions appear to engage distinct regulatory pathways to depression, with anxiety more consistently linked to hyperactivating processes and avoidance more closely associated with deactivating suppression [29, 44]. This distinction carries implications beyond mere classification. The same depressive presentation may arise from fundamentally different regulatory failures depending on attachment profile, with direct relevance for clinical assessment and treatment selection. Gender and cultural factors may also moderate the rumination pathway. The attachment anxiety–rumination–distress pathway appears to operate differently for women and men, with women demonstrating stronger indirect effects through rumination [45]. Individuals in collectivistic cultures have also been found to report higher levels of brooding rumination than those in individualistic cultures [45, 46]. Such findings align with broader evidence that women tend to ruminate more than men, a difference that may partially explain gender disparities in depression prevalence [47]. Gender and cultural factors should therefore be treated as meaningful boundary conditions for the dimension-specific model, as the specific regulatory pathway activated may shift depending on contextual variables. Inconsistencies nonetheless persist within this body of evidence. Effect sizes vary across studies [10,18], and the specificity of rumination to attachment anxiety versus avoidance requires further clarification. Some studies examine brooding as the most relevant subtype [27], whereas others treat rumination as a unitary construct [25], making cross-study comparison difficult. Rumination appears more reliably implicated in the anxiety–depression pathway. Its role in avoidance-related depression, by contrast, remains contingent on regulatory context and individual differences, a specificity the field has not yet fully operationalized. At the clinical level, the evidence reviewed suggests that attachment dimensions are not merely theoretical constructs but clinically meaningful features of how clients engage in treatment. Psychotherapy has also been shown to reduce attachment anxiety and avoidance over time [48], and attachment-based adaptations such as Emotionally Focused Individual Therapy aim to facilitate this process through corrective emotional experiences [49]. Despite these advances, the clinical evidence base remains limited. Most intervention research has relied on categorical attachment classifications rather than dimensional scores, and few trials have evaluated attachment-informed treatments against standard depression care using dimensional outcome measures.

5. Conclusion

This review examined the differential associations of attachment anxiety and avoidance with depression, the cognitive and regulatory mechanisms that may underlie these associations, and their implications for clinical practice. The evidence reviewed converges on several conclusions with theoretical and clinical relevance. Attachment anxiety and avoidance emerge as distinct contributors to depressive vulnerability, operating through different psychological pathways. Attachment anxiety appears to confer more direct and robust vulnerability to depression, driven by hyperactivating emotion regulation and negative self-models. Attachment avoidance, though also associated with elevated depression risk, tends to operate through more indirect pathways, including impaired social support utilization and relationship erosion over time. Treating these dimensions as interchangeable indicators of insecurity risks obscures clinically meaningful differences in how each contributes to depressive outcomes. Rumination represents a dimension-specific mechanism, more consistently implicated in the attachment anxiety–depression pathway. For attachment avoidance, suppression-based emotion regulation appears to be a more central pathway. The findings reviewed highlight the importance of examining dimension-specific regulatory mechanisms rather than a single unified pathway from attachment to depression. Attachment dimensions shape therapeutic alliance formation, moderate differential treatment response, and may serve as meaningful targets of intervention in their own right. Clinicians who attend to clients' attachment dimensions may be better positioned to tailor therapeutic strategies, manage alliance ruptures, and select interventions that align with each client's regulatory style. Several limitations temper these conclusions. Cross-sectional designs predominate across the reviewed literature, limiting causal inference. Measurement heterogeneity across attachment instruments and depression assessments complicates cross-study comparison. Most research has been conducted in Western, individualistic samples, and the moderating role of cultural context warrants greater attention. Future research would benefit from longitudinal designs, greater use of dimensional attachment assessment, and clinical trials evaluating attachment-informed interventions against standard depression care across diverse populations. This review affirms that attachment dimensions represent theoretically coherent and clinically meaningful pathways to depression. Integrating attachment perspectives into depression research and practice offers a developmentally grounded framework for understanding vulnerability, guiding formulation, and informing treatment, with the potential to complement existing cognitive and neurobiological models and open productive directions for future investigation.

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