

# Adult Attachment and Help-Seeking Intent: The Mediating Roles of Psychological Distress and Perceived Social Support

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This study examined the mediating roles of perceived social support and psychological distress on the relationship between adult attachment and help-seeking intentions. Participants were 355 college students at a large Midwestern university. The structural equation model results indicated that attachment anxiety in individuals was positively related to acknowledging distress and to seeking help. Conversely, individuals with attachment avoidance denied their distress and were reluctant to seek help. However, both individuals with attachment anxiety and individuals with avoidance also perceived less social support, which negatively contributed to their experience of distress, and their distress then positively contributed to their help-seeking intention. Furthermore, attachment anxiety and avoidance, social support, and distress explained 17% of the variance in intent to seek help.

*Keywords:* adult attachment, psychological distress, social support, help seeking

The extant literature consistently finds that fewer than one third of those who experience psychological distress seek help from a mental health professional (Andrews, Issakidis, & Carter, 2001). In fact, people tend to see psychological services as a last resort (Hinson & Swanson, 1993; Lin, 2002), something to be considered only after their attempts to handle things on their own or in concert with individuals close to them have failed (Wills, 1992). These perceptions of psychotherapy persist despite studies showing that seeking psychological services is often helpful and the consequences for not seeking help are often severe (see Bergin & Garfield, 1994). As a result, researchers have suggested that the profession needs to better understand the individual differences that contribute to an individual's decision to seek counseling in order to reach out to those who need services (Komiya, Good, & Sherrod, 2000).

One possible individual-differences variable is the dimension of adult attachment (Lopez, Melendez, Sauer, Berger, & Wyssmann, 1998). Attachment systems are activated when a person is under stress (Bowlby, 1973), and the activation of insecure attachment systems has been suggested to either inhibit a person from seeking appropriate help (Florian, Mikulincer, & Bucholtz, 1995; Hazan & Shaver, 1987; Kobak & Sceery, 1988) or interfere with a person's ability to use the help when it is present (Coble, Gantt, & Mallinckrodt, 1996). In particular, attachment issues have been suggested to predispose individuals to view others as unreliable or indifferent and thus affect their use of social support (Wallace & Vaux, 1993). Sarason, Pierce, and Sarason, (1990), for example, suggested that relationships with early caregivers affect the expectations people have concerning the level or type of support they would receive if they sought help in times of need. These expecta-

tations can then lead individuals who have had bad experiences to avoid disclosing problems to others. Consistent with this, insecure attachments have been shown to lead to less support-seeking behavior (DeFronzo, Panzarella, & Butler, 2001; Florian et al., 1995; Hazan & Shaver, 1987; Kobak & Sceery, 1988), particularly during times of stress (Mikulincer, Florian, & Weller, 1993) or when the individual's anxiety is high (Simpson, Rholes, & Nelligan, 1992). Therefore, it seems important to further explore the role of adult attachment in the professional help-seeking process.

## Attachment and Help Seeking

Recently, Brennan, Clark, and Shaver (1998) concluded that there are two orthogonal dimensions of adult attachment: *anxiety* and *avoidance*. People with high levels of either or both dimensions are assumed to have an insecure adult attachment orientation. By contrast, people with low levels of attachment anxiety and avoidance can be viewed as having a secure adult attachment orientation (Brennan et al., 1998; Lopez & Brennan, 2000; Mallinckrodt, 2000). *Adult attachment anxiety* is defined as the excessive need for approval from others and the fear of rejection and abandonment from others. *Adult attachment avoidance* is defined as the excessive need for self-reliance and the fear of depending on others. Based on Bowlby's (1973) attachment theory, these two adult attachment dimensions can be understood in terms of individuals' internal working model of self and others. Individuals with attachment anxiety tend to hold negative working models of self and positive working models of others (for a review, see Pietromonaco & Barrett, 2000). Conversely, individuals with attachment avoidance tend to hold positive working models of self and negative working models of others (Pietromonaco & Barrett, 2000). Sarason et al. (1990) further argued that these internal working models of self and others play an important role in an individual's willingness to ask for help. Because individuals with attachment anxiety perceive others positively, they wind up over-emphasizing their distress to try to elicit help from others (Cassidy, 1994, 2000; Kobak & Sceery, 1988; Lopez & Brennan, 2000;

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Mikulincer, Shaver, & Pereg, 2003; Pietromonaco & Barrett, 2000; Shaver & Mikulincer, 2002). In turn, because individuals with attachment avoidance see others negatively, they tend to devalue the importance of others and keep distant from others in order to avoid relying on them for help (Cassidy, 1994, 2000; Kobak & Sceery, 1988; Lopez & Brennan, 2000; Mikulincer et al., 2003; Pietromonaco & Barrett, 2000; Shaver & Mikulincer, 2002).

So far, however, only three studies have attempted to examine the role of adult attachment in the help-seeking process. Lopez et al. (1998) found that for individuals experiencing higher levels of problems, those with negative internal working model of others (i.e., attachment avoidance) were less willing to seek counseling than those with positive working model of others (i.e., attachment anxiety). Feeney and Ryan (1994) also found that after they controlled for level of symptoms, individuals with attachment avoidance expressed increased reluctance to seek professional help. Moreover, Dozier (1990) found that adults with a serious psychological disorder who expressed avoidant tendencies were most likely to reject treatment. Conversely, although the association between having attachment anxiety and seeking professional help has been less clearly established, some research has shown indirect evidence for this link. Dozier found that those who expressed stronger attachment anxiety tendencies were most comfortable self-disclosing to a counselor (Dozier, 1990), and self-disclosure has been linked to the increased likelihood of seeking professional help (Hinson & Swanson, 1993; Vogel & Wester, 2003; Vogel, Wester, Wei, & Boysen, 2004). In sum, it seems that attachment avoidance may hinder a person from seeking counseling, whereas attachment anxiety may facilitate the use of counseling.

The above studies suggest some potential links between attachment and help seeking from a counselor, consistent with attachment theory. However, even though these initial links between attachment and help seeking have been examined, additional research is needed to confirm these results and to explore how the quality of attachment contributes to the help-seeking process beyond these direct relations. For example, whereas the relationship between attachment avoidance and help seeking are somewhat clear, the relationship between attachment anxiety and help seeking is mostly gleaned from indirect empirical evidence. Studies have also, generally, only found differences between secure versus insecure attachment styles or secure versus avoidant attachment styles, based on categorical classification. Obviously, secure individuals are less distressed and more able to get support for problems when they do arise. It is, therefore, necessary to directly examine the relative contribution of the two insecure attachment dimensions (i.e., anxious and avoidant) in order to better understand what differentiates the two dimensions and inform clinicians about how reach out to individuals experiencing different attachment dimensions.

It is also important to examine potential mediators (e.g., the experience of psychological distress) between attachment and seeking professional help. Although it is difficult to change a person's attachment dimension, it may be easier, for example, to increase a person's awareness or acknowledgment of psychological distress, which could then increase the likelihood of seeking professional help. Yet, we could not locate a single study in the literature that has examined a more complete model of attachment and help seeking from a counselor or mental health professional.

The only study we could find examined whether the quality of attachment contributed to individuals' seeking academic help from a teacher through their perceptions of the usefulness of seeking social support (Larose, Bernier, Soucy, & Duchesne, 1999). Larose et al. found that college students with attachment avoidance tend to have negative expectations of the effectiveness of seeking support from their social network, which, in turn, decreased the possibilities for seeking help from a teacher. Thus, attachment indirectly contributed to the process of help seeking through the perceptions of the usefulness of seeking social support. Therefore, research is needed to confirm and extend the previous findings by examining a model of help seeking from a counselor that includes potential mediators such as perceived social support and psychological distress.

### Potential Mediators of Attachment and Help Seeking: Psychological Distress and Perceived Social Support

The link between adult attachment and psychological distress has been well documented in the attachment literature. For example, adult attachment anxiety and avoidance have been positively linked to indices of psychological distress such as depression and anxiety (Lopez, Mauricio, Gormley, Simko, & Berger, 2001; Wei, Heppner, & Mallinckrodt, 2003; Wei, Mallinckrodt, Russell, & Abraham, 2004), negative affect (Simpson, 1990), emotional distress and nervousness (Collins, 1996), and general distress symptoms (Lopez, Mitchell, & Gormley, 2002). Similarly, insecure adult attachment has been negatively linked with perceptions of social support (Blain, Thompson, & Whiffen, 1993; Collins & Read, 1990; Davis, Morris, & Kraus, 1998; Kobak & Sceery, 1988; Lopez, 1997; Mikulincer & Nachshon, 1991; Ognibene & Collins, 1998; Priel & Shamai, 1995; Simpson et al., 1992). Priel and Shamai, for example, found that insecure individuals (both anxious and avoidant), as opposed to secure individuals, have lower numbers of individuals they can count on for support and that they tend to be less satisfied with the support they receive from others. Insecure individuals have also been found to be more likely to perceive others as less close or committed (Mikulincer & Erev, 1991). These findings are consistent with attachment theory, which suggests that insecure individuals have less supportive relationships with others than do secure individuals.

Of course, experiencing psychological distress is a prerequisite for most people to seek professional help. Those who seek help report greater levels of emotional distress (Veroff, Kulka, & Douvan, 1981) and report more symptoms of a mental disorder (Boyd, 1986; Yokopenic, Clark, & Aneshensel, 1983). Studies also clearly show that the more severe the symptom(s) perceived by an individual, the more likely that individual is to consider seeking help (Robbins & Greenley, 1983) and the more likely he or she is to use mental health services (Norcross & Prochaska, 1986). Indeed, individuals are more likely to seek counseling when they perceive their problems as more severe than the problems of others (Goodman, Sewell, & Jampol, 1984) and when they sense that their decision to do so will reduce their feeling of distress (Mechanic, 1975). In general, most studies examining help-seeking intentions find that psychological distress is significantly and positively related to a person's willingness to seek services (Cepeda-Benito & Short, 1998; Cramer, 1999).

The link between social support and help seeking has also been supported in the literature in a few studies, such that people with weaker social support networks have generally been found to be more likely to seek professional help (Birkel & Reppucci, 1983; Bosmajian & Mattson, 1980; Goodman et al., 1984; Linn & McGranahan, 1980). Some have argued that the reason people with less social support seek help more is that social support contributes to an individual's experience of psychological distress first and that distress then predicts help seeking (Cramer, 1999). Thus, the influence of social support in the help-seeking process may occur because how an individual defines and acts upon distressing symptoms is often shaped by the attitudes of family and friends (Angermeyer, Matschinger, & Riedel-Heller, 2001; Friedson, 1961; Pescosolido & Boyer, 1999; Rickwood & Braithwaite, 1994; Strohmer, Biggs, & McIntyre, 1984; Zola, 1973). Similarly, Powell and Kotschessa (1995) suggested that the decision to seek help seems to be influenced by individuals' believing that they have a problem and that they cannot deal with it on their own or with those close to them (e.g., they perceive less social support). Because such individuals perceive that they have less social support from people close to them, their distress experiences may remain or even worsen, which, in turn, increases the likelihood that they will need to seek professional help. Consistent with this, studies have shown that perceiving less social support is related to the likelihood of individuals' experiencing psychological distress (see Pierce, Sarason, & Sarason, 1996).

### Current Study

The current study extended previous findings by examining a model of help seeking that included attachment anxiety and avoidance, perceptions of social support, psychological distress, and help-seeking intentions (see Figure 1). Consistent with previous studies examining attachment and help seeking, we hypothesized that there would be a positive direct link between attachment anxiety and help-seeking intentions and a negative direct link between attachment avoidance and help-seeking intentions. However, we also hypothesized that the relationship between attach-

ment anxiety and avoidance and help-seeking intentions would be indirectly mediated by experiences of distress. Specifically, on the basis of the research supporting the strong positive connections between insecure attachment and psychological distress (Lopez et al., 2001, 2002; Simpson, 1990; Wei et al., 2003; Wei, Mallinckrodt, et al., 2004) and between psychological distress and an individual's willingness to seek services (Cepeda-Benito & Short, 1998; Cramer, 1999), we hypothesized that attachment anxiety and avoidance would be positively associated with psychological distress, and distress would, in turn, be positively related to intentions to seek professional help. Finally, because it has been suggested that the influence of social support on an individual's experience of psychological distress occurs first, and that distress then predicts help seeking (Cramer, 1999), we further hypothesized that there would be indirect effect of attachment anxiety and avoidance on help-seeking intentions through perceived social support and then psychological distress. Specifically, individuals with attachment anxiety and avoidance would both perceive less social support, which would be related to increased levels of psychological distress, and then to an increased likelihood of seeking professional help.

### Method

#### Participants

Participants were 355 undergraduate students enrolled in psychology classes at a large Midwestern university. There were 237 women (67%) and 118 men (33%). Most participants were freshmen (65%), followed by sophomores (22%), juniors (9%), and seniors (4%). Participants were predominantly Caucasian American (85%), followed by Asian American (6%), African American (5%), biracial or multiracial (3%), and Hispanic American (1%).

#### Measures

*Attachment.* Attachment orientation was measured with the Experiences in Close Relationships Scale (ECRS; Brennan et al., 1998). The ECRS is a 36-item self-report measure of adult attachment. Each item is

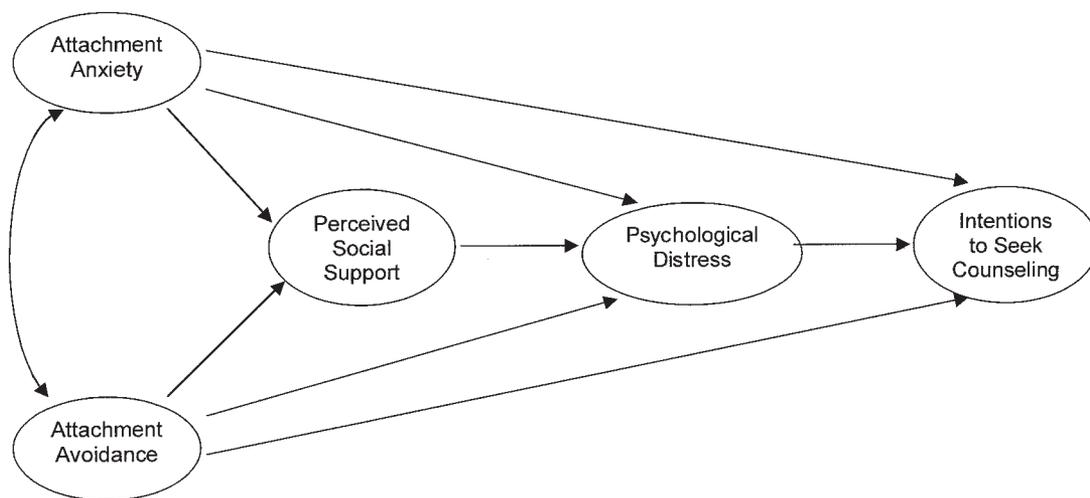


Figure 1. Hypothesized mediated model.

responded to on a 7-point Likert-type scale (1 = *disagree strongly*, 7 = *agree strongly*). Participants rate how well the statement describes their typical feelings in romantic relationships. The ECRS was developed from the 14 available attachment measures (60 subscales and 323 items) at the time and entailed data collection from more than 1,000 participants. Because the ECRS was developed from all the extant attachment measures, we selected only this one measure for the present study. The results of a factor analysis identified two relatively orthogonal continuous attachment dimensions: Anxiety and Avoidance. The Anxiety subscale (18 items) taps fears of rejection and preoccupation with abandonment. A sample item is "I worry about being abandoned." The Avoidance subscale (18 items) assesses fear of intimacy and discomfort with getting close to others or dependence. A sample item is "I am nervous when partners get too close to me." Higher scores on the Anxiety and Avoidant subscales indicate higher attachment anxiety and attachment avoidance. Brennan et al. (1998) reported coefficient alpha as .91 and .94 for the Anxiety and Avoidance subscales, respectively. In the present study, internal consistency was .93 for the Anxiety subscale and .94 for the Avoidance subscale. Two studies have also found test-retest reliabilities for the ECRS. Brennan, Shaver, and Clark (2000) reported test-retest reliabilities of .70 for both the Anxiety and Avoidance subscales across a 3-week period. Lopez and Gormley (2002) found that the test-retest reliabilities were .68 for attachment anxiety and .71 for avoidance across a 6-month period. In terms of validity, the ECRS subscales have been found to be positively associated with self-concealment, self-splitting, and personal problems (Lopez et al., 2002) and maladaptive perfectionism and depressed mood (Wei, Mallinckrodt, et al., 2004) and negatively associated with social self-efficacy and emotional self-awareness (Mallinckrodt & Wei, 2005).

To create observed indicators (or parcels) for the two latent variables of attachment anxiety and attachment avoidance, we followed the recommendation of Russell, Kahn, Spoth, and Altmaier (1998). Specifically, we created three indicators (or parcels) for the attachment anxiety latent variable and three indicators (or parcels) for the attachment avoidance latent variable. These parcels were created by conducting two exploratory factor analyses using the maximum-likelihood method. One factor analysis was conducted on the 18 items that make up the Anxiety subscale, and one factor analysis was conducted on the 18 items that make up the Avoidance subscale. We then rank-ordered the items for each subscale based on the magnitude of their factor loadings and successively assigned pairs of the highest and lowest items to a parcel (i.e., each of the three parcels were assigned three high-low pairs) to equalize the average loadings of each parcel on its respective factor (see Table 1).

**Psychological distress.** Psychological distress was measured using the Hopkins Symptoms Checklist-21 (HSCL-21; Green, Walkey, McCormick, & Taylor, 1988). The HSCL-21 is a shortened form of the Hopkins Symptom Checklist (Derogatis, Lipman, Richels, Uhlenhuth, & Covi, 1974). The HSCL-21 is a 21-item inventory of the somatic, performance, and general distress currently experienced by a respondent. It is rated on a Likert-type scale ranging from 1 (*not at all*) to 4 (*extremely*), with higher scores reflecting greater distress. A sample item is "Feeling lonely." The HSCL-21 has been reported to be useful in detecting changes in therapy outcome and to be related to other counseling outcome measures (Deane, Leatham, & Spicer, 1992). The HCSI-21 has a corrected split-half reliability of .91 and an internal consistency of .90, for total scale score. It also has been shown to have three reliable subscales: General Feelings of Distress (split-half, .89; internal consistency, .86), Somatic Distress (split-half, .80; internal consistency, .75), and Performance Difficulty (split-half, .88; internal consistency, .85). For the current sample, the internal consistency was .90 for the total score, .84 for General Feelings of Distress, .80 for Somatic Distress, and .79 for Performance Difficulties. The three HSCL-21 subscales were used as the three observed indicators of the psychological distress latent variable.

**Social support.** Social support was measured with the Social Provisions Scale (SPS; Cutrona & Russell, 1987). The SPS is a 24-item measure

developed to assess perceptions of the quality of the social support network. Each item is rated on a Likert-type scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Half of the items are reversed scored so that higher scores reflect greater perceptions of a strong social support network. A sample item is "There are people I can depend on to help me if I really need it." The internal consistency (.85 to .92) and test-retest (.84 to .92) reliabilities found across studies have been adequate. The SPS has also been found to correlate with other measures of social support (Cutrona & Russell, 1987). The SPS was designed with six subscales in mind: Attachment, Social Integration, Reassurance of Worth, Reliable Alliance, Guidance, and Opportunity for Nurturance. For the current sample, the internal consistency for the total score was .92. The internal consistencies for the six subscales were .66 for Attachment, .75 for Social Integration, .71 for Reassurance of Worth, .76 for Reliable Alliance, .83 for Guidance, and .60 for Opportunity for Nurturance. The six SPS subscales were used as the observed indicators of the social support latent variable.

**Intentions to seek counseling.** Intentions to seek counseling were measured with the Intentions to Seek Counseling Inventory (ISCI; Cash, Begley, McCown, & Weise, 1975). The ISCI is a 17-item measure that asks respondents to rate, on a scale ranging from 1 (*very unlikely*) to 4 (*very likely*), how likely they would be to seek counseling if they were experiencing the problem listed. Problems include issues such as relationship difficulties, depression, personal worries, and drug problems. Recently, three subscales of the ISCI were identified (see Cepeda-Benito & Short, 1998). These include Psychological and Interpersonal Concerns (10 items), Academic Concerns (4 items), and Drug Use Concerns (2 items). Responses on the ISCI are summed such that higher scores indicate a greater likelihood of seeking counseling for that problem. The measure has been found to detect preferences in college students' intent to seek counseling with counselors presented as more or less attractive. The ISCI has also been found to be associated with the significance of a current problem (Lopez et al., 1998). The ISCI has adequate internal consistency estimates for the three subscales (i.e., .90 for interpersonal, .71 for academic, and .86 for drug-alcohol; see Cepeda-Benito & Short, 1998). For the current sample, the internal consistency was .89 for the total score, .88 for the interpersonal subscale, .70 for the academic subscale, and .87 for the drug-alcohol subscale. The three ISCI subscales were used as the observed indicators of the intent to seek help latent variable.

## Procedure

Students were informed that participation was voluntary and anonymous. They were told that the procedure would involve answering questions regarding their relationships and their thoughts about seeking professional help. After completing an informed-consent sheet, participants received a packet containing each of the above measures as well as some demographic questions. After they finished the questionnaire, participants were debriefed and then dismissed. They received extra credit in their psychology class for their participation.

## Results

### Descriptive Statistics

Table 1 showed means, standard deviations, and zero-order correlations for the 18 observed variables. On the basis of the test developed by Mardia (see Bollen, 1989), the multivariate normality of the observed variables was examined to test whether or not the data met the normality assumption underlying the maximum-likelihood procedure used to test the models. The result indicated that the data were not multivariate normal,  $\chi^2(2, 355) = 479.78$ ,  $p < .001$ . Therefore, in addition to the uncorrected chi-square, the Satorra-Bentler (Satorra & Bentler, 2001) scaled chi-square was used to adjust for the impact of nonnormality.

Table 1  
Means, Standard Deviations, and Zero-Order Intercorrelations Between 18 Observed Variables

	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Anxiety 1	23.17	7.36	—	.80	.85	.14	.11	.26	-.17	-.24	-.23	-.21	.05	-.18	.33	.49	.24	.06	.15	.22
2. Anxiety 2	21.87	7.28		—	.83	.27	.25	.37	-.23	-.30	-.29	-.30	-.02	-.23	.33	.47	.27	.04	.13	.20
3. Anxiety 3	21.52	7.09			—	.18	.15	.32	-.21	-.31	-.28	-.27	.05	-.22	.36	.52	.28	.06	.17	.27
4. Avoidance 1	16.98	6.85				—	.85	.82	-.34	-.31	-.28	-.37	-.14	-.28	.19	.13	.07	-.17	-.14	-.14
5. Avoidance 2	16.98	7.01					—	.81	-.32	-.31	-.26	-.35	-.15	-.28	.16	.10	.10	-.19	-.11	-.16
6. Avoidance 3	18.13	7.71						—	-.35	-.33	-.29	-.38	-.12	-.33	.24	.24	.15	-.16	-.10	-.07
7. Guidance	14.32	2.06							—	.65	.65	.73	.34	.80	-.30	-.39	-.25	.12	-.06	-.08
8. Worth	13.12	2.13								—	.67	.63	.38	.63	-.40	-.41	-.31	.12	-.07	-.15
9. Integration	14.00	1.92									—	.62	.38	.66	-.31	-.38	-.28	.06	-.07	-.13
10. Attachment	13.75	2.17										—	.38	.67	-.26	-.38	-.23	.13	-.01	-.09
11. Nurturance	12.66	1.93											—	.32	-.09	-.05	-.07	-.01	-.01	-.04
12. Reliable	14.37	1.94												—	-.24	-.34	-.22	.14	-.00	-.05
13. PD	13.33	3.93													—	.56	.59	.02	.13	.14
14. GFD	12.69	4.45														—	.49	.03	.14	.32
15. SD	10.68	3.75															—	.01	.15	.16
16. Drug-Alcohol	5.58	1.95																—	.27	.40
17. Academic	10.62	2.91																	—	.66
18. Interpersonal	19.54	5.46																		—

*Note.* *N* = 355. Anxiety 1, 2, 3 = the Anxiety subscale (three parcels) from the Experiences in Close Relationship Scale; Avoidance 1, 2, 3 = the Avoidance subscale (three parcels) from the Experiences in Close Relationship Scale; Guidance, Worth, Integration, Attachment, Nurturance, and Reliable = the six (i.e., Guidance, Reassurance of Worth, Social Integration, Attachment, Opportunity for Nurturance, and Reliable Alliance) subscales from Social Provisions Scale; PD, GFD, and SD = the Performance Difficulty, General Feelings of Distress, and Somatic Distress subscales from the Hopkins Symptoms Checklist-21; Drug-Alcohol, Academic, and Interpersonal = the Drug Use Concerns, Academic Concerns, and Psychological and Interpersonal Concerns subscales from the Intentions to Seek Counseling Inventory. Absolute values of correlations greater than .11 were significant at  $p < .05$ ; absolute values of correlations greater than .14 were significant at  $p < .01$ ; absolute values of correlations greater than .19 were significant at  $p < .001$ .

Table 2  
Factor Loadings for the Measurement Model

Measured variable	Unstandardized factor loading	SE	Z	Standardized factor loading
Attachment anxiety				
Anxiety Parcel 1	6.61	.28	23.22	.90***
Anxiety Parcel 2	6.45	.29	22.34	.89***
Anxiety Parcel 3	6.65	.28	24.13	.94***
Attachment avoidance				
Avoidance Parcel 1	6.79	.29	23.62	.88***
Avoidance Parcel 2	6.41	.29	22.14	.91***
Avoidance Parcel 3	6.37	.27	23.48	.93***
Perceived social support				
Guidance	1.83	.12	15.04	.89***
Reassurance of Worth	1.65	.12	13.25	.77***
Social Integration	1.49	.12	12.70	.77***
Attachment	1.77	.12	14.93	.81***
Opportunity for Nurturance	0.80	.14	5.83	.42***
Reliable Alliance	1.66	.13	12.96	.85***
Psychological distress				
Performance Distress	2.80	.21	13.07	.72***
General Feelings of Distress	3.65	.22	16.27	.82***
Somatic Distress	2.40	.27	9.00	.64***
Intentions to seek counseling				
Drug Use Concerns	0.79	.11	7.36	.41***
Academic Concerns	1.95	.15	12.74	.67***
Psychological and Interpersonal Concerns	5.36	.33	16.40	.98***

Note.  $N = 355$ .

\*\*\*  $p < .001$ .

### Measurement Model for Testing Mediated Effects

The analyses followed the two-step procedure recommended by Anderson and Gerbing (1988). First, a confirmatory factor analysis was used to develop a measurement model with an acceptable fit to the data. Second, the structural model was tested once an acceptable measurement model was developed. The maximum-likelihood method in the LISREL (Version 8.54) program was used to examine the measurement and structural models. Three indices and their cutoff points, suggested by Hu and Bentler (1999) and Quintana and Maxwell (1999), were used to assess goodness of fit for the models: the comparative fit index (CFI; values of .95 or greater), the root-mean-square error of approximation (RMSEA; values of .06 or less), and the standardized root-mean-square residual (SRMR; values of .08 or less). Finally, the corrected scaled chi-square difference test was used to compare nested models (Satorra & Bentler, 2001).

An initial test of the measurement model (see Figure 1) resulted in relatively good fit to the data, standard  $\chi^2(125, N = 355) = 301.76$ ,  $p < .001$ ; scaled  $\chi^2(125, N = 355) = 271.96$ ,  $p < .001$ ; CFI = .97; RMSEA = .058 (90% confidence interval [CI] = .049–.067); and SRMR = .059. As shown in Table 2, all of the loadings of the measured variables on the latent variables were statistically significant at  $p < .001$ . Therefore, all of the latent variables appear to have been adequately measured by their respective indicators. In addition, the correlations among the independent latent variables, the mediator latent variables, and dependent latent variable were statistically significant except for the association between perceived social support and intentions to seek counseling (see Table 3).

### Structural Model for Testing Mediated Effects

Several methods have been suggested in the literature for testing mediation effects. MacKinnon, Lockwood, Hoffman, West, and

Table 3  
Intercorrelations Between Latent Variables for the Measurement Model

Latent variable	1	2	3	4	5
1. Attachment anxiety	—	.25***	-.30***	.59***	.26***
2. Attachment avoidance		—	-.42***	.22***	-.15*
3. Perceived social support			—	-.52***	-.11
4. Psychological distress				—	-.31***
5. Intentions to seek counseling					—

Note.  $N = 355$ .

\*  $p < .05$ . \*\*\*  $p < .001$ .

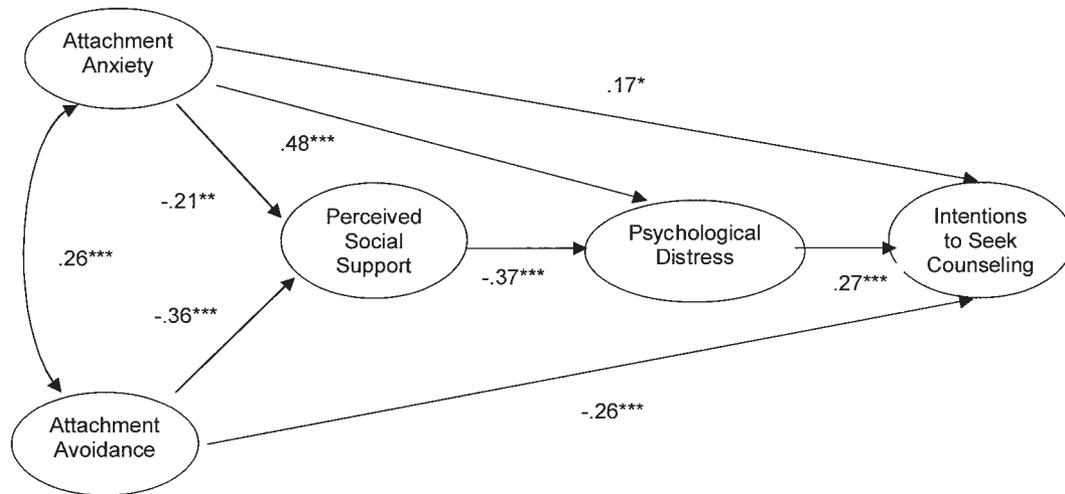


Figure 2. The mediated model.  $N = 355$ . \*  $p < .05$ . \*\*  $p < .01$ . \*\*\* $p < .001$ .

Sheets (2002) found that the commonly used method recommended by Baron and Kenny (1986) for testing mediation had the lowest statistical power. As a result, Shrout and Bolger (2002) suggested using a bootstrap procedure to estimate the indirect effects. The bootstrap method is an empirical method of determining the significance of statistical estimates (Efron & Tibshirani, 1993). Thus, in the present study, the bootstrap procedure was used to test the statistical significance of indirect effects for the structural model.

The structural model was tested using the maximum-likelihood method in the LISREL (Version 8.54) program. The results showed a very good fit of the model to the data, standard  $\chi^2(126, N = 355) = 301.99, p < .001$ , scaled  $\chi^2(126, N = 355) = 272.11, p < .001$ , CFI = .97, RMSEA = .057 (90% CI = .048–.067), SRMR = .059. All paths were significant, as hypothesized, except the path from attachment avoidance to psychological distress ( $\beta = -.07, p > .05$ ). Therefore, this path was constrained to zero in order to test whether doing so worsened the fit of the model to the data. The results still indicated a very good fit to the data for this modified model,  $\chi^2(127, N = 355) = 303.48, p < .001$ , scaled  $\chi^2(127, N = 355) = 273.60, p < .001$ , CFI = .97, RMSEA = .057 (90% CI = .048–.066), SRMR = .059. However, when these two models were compared, the nonsignificant corrected scaled chi-square difference,  $\Delta\chi^2(1, N = 355) = 1.03, p = .31$ , indicated no differences between these two models. On the basis of the parsimony principle, the modified model (see Figure 2) was selected to be the best model.<sup>1</sup>

Next, a bootstrap procedure recommended by Shrout and Bolger (2002) was used to evaluate the significant levels of indirect effect. The first step was to create 1,000 bootstrap samples ( $N = 355$ ) from the original data set by random sampling with replacement. Then the structural model was run 1,000 times with these 1,000 bootstrap samples to yield 1,000 estimations of each path coefficient. The third step was to use LISREL's saved output of the 1,000 estimations of each path coefficient to calculate an estimate of indirect effect. The indirect effects of attachment anxiety or attachment avoidance on intentions to seek counseling through the perceived social support and psychological distress mediators were

calculated by multiplying 1,000 pairs of three path coefficients: (a) from attachment anxiety or attachment avoidance to perceived social support, (b) from perceived social support to psychological distress, and (c) from psychological distress to intentions to seek counseling. Similarly, the indirect effect for attachment anxiety on intentions to seek counseling through the psychological distress mediator was calculated by multiplying 1,000 pairings of two path coefficients: (a) from attachment anxiety to psychological distress and (b) from psychological distress to intentions to seek counseling. The final step was to see whether the 95% CI for the estimate of indirect effect includes zero or not. If the 95% CI for the estimate of indirect effect does not include zero, it can be concluded that the indirect effect is statistically significant at the .05 level (Shrout & Bolger, 2002).

The results from 1,000 bootstrap samples indicated that the mean indirect effect for attachment anxiety on intentions to seek help through perceived social support and psychological distress was significant,  $B = 0.0026$  (95% CI = .0006–.0058),  $\beta = (-.21) \times (-.37) \times (.27) = .02$ . The mean indirect effect for attachment avoidance on intentions to seek help through perceived social support and psychological distress was significant,  $B = 0.0045$  (95% CI = .0012–.0092),  $\beta = (-.36) \times (-.37) \times (.27) = .04$ . The mean indirect effect for attachment anxiety on intentions to seek help through psychological distress was significant,  $B = 0.015$  (95% CI = .0055–.0272),  $\beta = (.47) \times (.27) = .13$ . As can be seen, all the indirect effects were significant (i.e., all of the 95% CI values did not include zero). In addition, the direct effect from attachment anxiety to help-seeking intentions was significant positively ( $\beta = .17, Z = 2.24, p < .05$ ). Conversely, the direct effect

<sup>1</sup> In addition to our hypothesized model, we also explored another, alternative model: attachment (anxiety and avoidance)  $\rightarrow$  distress  $\rightarrow$  perceived social support  $\rightarrow$  help-seeking intent. However, the structural path from perceived social support to help-seeking intent was not significant,  $B = -.02, \beta = -.04, Z = -.47$ . Thus, no mediation effect between attachment and help-seeking intent was possible with this alternative model.

from attachment avoidance to help-seeking intentions was significant negatively ( $\beta = -.25$ ,  $Z = -3.76$ ,  $p < .001$ ). It is also important to note that 22% of the variance in perceived social support was explained by attachment anxiety and attachment avoidance; 47% of the variance in psychological distress was explained by attachment anxiety, attachment avoidance, and perceived social support; and 17% of the variance in intentions to seek counseling was explained by attachment anxiety, attachment avoidance, perceived social support, and psychological distress.

### Discussion

The current results show that individuals with different types of insecure attachment (i.e., anxiety and avoidant) do not report the same willingness to seek help. The results indicate that individuals with attachment avoidance are less likely to seek help, which is consistent with past research when the direct paths were examined (Dozier, 1990; Feeney & Ryan, 1994; Lopez et al., 1998). Conversely, the results show that individuals with attachment anxiety are more likely to seek professional help. This result is also similar to the previous indirect empirical evidence that individuals with attachment anxiety are likely to seek help (Dozier, 1990; Lopez et al., 1998). Furthermore, these results are consistent with attachment theory. Adult attachment avoidance has been described as a tendency to devalue the importance of others in order to not rely on others for help (Cassidy, 1994, 2000; Kobak & Sceery, 1988; Lopez & Brennan, 2000; Mikulincer et al., 2003; Pietromonaco & Barrett, 2000; Shaver & Mikulincer, 2002). Adult attachment anxiety, in turn, has been described as a tendency to overreact to distressing events in an effort to elicit increased attention and help (Cassidy, 1994, 2000; Kobak & Sceery, 1988; Lopez & Brennan, 2000; Mikulincer et al., 2003; Pietromonaco & Barrett, 2000; Shaver & Mikulincer, 2002).

One of the unique contributions of this study is that it empirically shows that the difference in anxious and avoidant individuals' willingness to seek professional help is partially a result of different mediation paths. Individuals with attachment anxiety were more likely to acknowledge the psychological distress they experience, which then increased the likelihood of their seeking professional help. This is consistent with attachment theory, in which individuals with higher levels of attachment anxiety are thought to pay more attention to their distress and exaggerate their distress in order to make sure they receive help from others. However, that is not the case for individuals with attachment avoidance, as we had hypothesized. The present results indicate that attachment avoidance failed to predict psychological distress after attachment anxiety and perceived social support were controlled. This finding is consistent with the research conducted by Lopez et al. (2001, 2002) and with attachment theory. Individuals with higher levels of attachment avoidance tend to be reluctant to acknowledge their distress or even deny it completely (Bowlby, 1980; Collins, 1996; Fraley, Davis, & Shaver, 1998). Not surprisingly, individuals with attachment avoidance often report no significant levels of distress on self-report distress measures, in particular, after the variance from the other attachment dimensions is partialled out. Obviously, because they perceive little or no distress, they also perceive little or no need to seek professional help.

In addition to confirming the differences between attachment styles with respect to help seeking, the present results add to the

help-seeking literature by providing, for the first time, empirical evidence that perceived social support and psychological distress play important mediating roles between attachment and intent to seek help from a counselor. Specifically, the results of the structural equation model support our hypotheses that both individuals with attachment anxiety and those with attachment avoidance would perceive less social support, this lack of support would be negatively associated with the psychological distress they experience, and this distress would be positively associated with their intention to seek professional help. These findings are important because although avoidant individuals were less comfortable admitting their distress and less likely to see the need for professional help, they were willing to acknowledge problems with social support, and this lack of support contributed to their feeling of psychological distress, which then contributed to their willingness to seek professional help. Thus, although avoidant individuals are hesitant to seek help, if a lack of support leads to their experiencing enough distress, they still may wind up seeking professional help. These mediation results are also important as they confirm the argument that perceived social support plays an indirect role in the help-seeking process by first contributing to the level of psychological distress, and then that distress contributes to the likelihood of seeking professional help (Cramer, 1999).

Even though this study provides the empirical links among attachment, perceived social support, distress, and help seeking, additional research is needed to confirm these results and to explore the other mediators that may distinguish between the different attachment dimensions. Recent work has shown that these two attachment dimensions (anxious and avoidant) are associated with distinct affective styles that contribute to individuals' distress. For example, Wei, Vogel, Ku, and Zakalik (2004) found that only an emotional reactive coping style mediated the relationships between attachment anxiety and negative mood and interpersonal problems. Conversely, only an emotionally cutoff coping style mediated the relationships between attachment avoidance and negative mood and interpersonal problems. Thus, future research could directly examine whether these different affect regulation strategies (emotional reactivity or emotional cutoff) mediate the relationships between attachment anxiety, distress, and help seeking.

Similarly, distinct cognitive processes may also account for the differences found in the help-seeking process for individuals experiencing attachment anxiety or avoidance. Individuals with attachment anxiety may perceive there to be positive benefits from seeking help (e.g., "Others are more capable to help me and I need to be cared for") and, therefore, are more willing to seek help. Conversely, individuals with attachment avoidance may report less willingness to seek help because of their perceptions that seeking help entails more risks than it is worth (e.g., "Others will not care about me"). In other words, attachment anxiety might be related to increased willingness to seek help through the perceived benefits of seeking help, whereas attachment avoidance might be related to decreased willingness to seek help through the increased perceptions of the risks of seeking help. Future research could examine whether different cognitive processes (i.e., expectations about the benefits and risks of seeking professional help) mediate the relationships between attachment dimensions, distress, and help seeking.

Finally, distinct behavioral tendencies (i.e., the tendency to self-disclose or self-conceal) may account for the differences between attachment anxiety and avoidance and help-seeking intentions. Attachment anxiety in individuals has been found to be positively related to self-disclosure (Bartholomew & Horowitz, 1991; Mikulincer & Nachshon, 1991; Pistole, 1993), and higher self-disclosure, in turn, has been linked with increased likelihood of seeking professional help (Hinson & Swanson, 1993; Vogel & Wester, 2003; Vogel et al., 2004). Furthermore, it makes sense that individuals with attachment avoidance may tend to conceal their personal information, and self-concealment has been linked with decreased likelihood of seeking professional help (Vogel & Wester, 2003; Vogel et al., 2004). Therefore, it is possible that attachment anxiety is positively associated with the likelihood of seeking professional help through self-disclosure, whereas attachment avoidance is negatively associated with the likelihood of seeking professional help through self-concealment. Again, in future research, researchers may want to examine whether these behavioral tendencies (self-disclosure and self-concealment) differentially mediate the relationships between the two attachment dimensions, distress, and help seeking.

Clinically, these results suggest that if psychologists want to reach out to those in need of services, they may need to pay attention to how attachment anxiety and avoidance contribute to a person's decision to seek counseling. In particular, the present results suggest at least two different ways in which an individual's attachment style can contribute to his or her help-seeking intentions. First, individuals with attachment anxiety report a greater willingness to seek professional help, whereas individuals with attachment avoidance directly report a reluctance to seek professional help. Similarly, individuals with attachment anxiety are more likely to seek professional help through the likelihood of their acknowledgment of their distress. In contrast, individuals with attachment avoidance tend to perceive less distress or deny distress (because of defense mechanisms) in the first place, so they are not likely to consider seeking professional help. However, both individuals with attachment anxiety and those with attachment avoidance may seek help through another indirect path. The present results imply that individuals with either of these attachment dimensions perceived receiving less social support, which was negatively related to their feelings of distress, and distress was then positively related to their intentions to seek professional help. Said differently, although avoidant individuals are less comfortable admitting their distress and less likely to see the need for professional help, in general, they are willing to acknowledge problems with not getting support from others. If this lack of support increases their psychological distress to a large enough degree, they may seek professional help to lessen this distress. Thus, clinicians might be able to reach out to avoidant individuals by helping them to see the connections between the relationships they have with others (i.e., the support they receive) and their feelings of distress.

Although the results of the current study provide new and important implications for those attempting to understand the relationship between attachment dimensions and help-seeking intent, some limitations must be noted. First, caution is needed in generalizing the present study's results to diverse populations. Few participants were from ethnically or racially diverse populations. Different cultures may have unique mediators of the link between

attachment and help seeking. For example, the focus on one's social support networks for Asian Americans may be quite different from the focus for White samples. Future research should examine how individuals with different attachment dimensions contribute to the help-seeking process in different ethnic groups. Similarly, generalizing the results to populations other than college students requires caution until future research examines how non-college students with different attachment dimensions deal with their help-seeking decisions. Second, although the present results were analyzed using structural equation modeling, they are still based on correlational data. A longitudinal study or a design featuring direct manipulation of variables could provide clear evidence of a causal relationship. Third, the current results are based entirely on self-report measures. Replication with other methods of data collection (e.g., measuring physiological reactions to distress) would be beneficial in future research. Moreover, future research should examine actual help-seeking behaviors. Although intentions have been shown to be the best indicator of future behavior (Ajzen & Fishbein, 1980), measuring help-seeking decisions is an important next step.

Beyond the above limitations, the present study adds at least three important pieces of information to the help-seeking literature. First, individuals with attachment anxiety are likely to seek professional help, but individuals with attachment avoidance are reluctant to seek professional help. Second, both individuals with attachment anxiety and those with attachment avoidance perceive less social support, which is negatively related to the psychological distress they experience, and greater distress, in turn, is related to increased likelihood of seeking professional help. Third, individuals with attachment anxiety are more likely to acknowledge distress, which then can increase the likelihood of seeking professional help. However, that is not the case for individuals with attachment avoidance. Clearly, clinicians need to be aware of individual differences in terms of attachment dimensions in order to reach out to people who are in need of professional services.

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