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Attachment Styles, Social Skills, and Depression in College Women

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Attachment styles, social skills, and depression were studied in 93 college women using the Relationship Questionnaire (K. Bartholomew & L. M. Horowitz, 1991), the Beck Depression Inventory–II (A. T. Beck, R. A. Steer, & G. K. Brown, 1996), and the Interpersonal Competence Questionnaire (D. Buhrmester, W. Furman, M. T. Wittenberg, & H. T. Reis, 1988). The self and other attachment models and the social skills of negative assertion, self-disclosure, and conflict management all correlated with depression. Conflict management partially mediated the relationship between attachment self-model and depression. Implications for counseling are discussed.

Originally developed regarding parent–infant relationships (Bowlby, 1982), attachment theory is now widely used to understand adult interpersonal relationships. Experiences with primary caregivers contribute to the formation of internal working models that influence expectations and behavior in later adult relationships (Berman & Sperling, 1994; Rothbard, & Shaver, 1994; Simpson, Collins, Tran, & Haydon, 2007). These internal models serve as prototypes or templates that influence how individuals perceive themselves and others in an interpersonal context. Thus, internal working models contribute to continuity in relationship patterns across the life span (Rothbard & Shaver, 1994; Wallin, 2007). Attachment styles might be conceptualized as "initiating conditions" (Sroufe, Carlson, Levy, & Egeland, 1999, p. 10) that influence how the developing individual interacts with the environment over time.

In applying attachment theory to adult relationships, Hazan and Shaver (1987) originally proposed a three-category model by translating Ainsworth's descriptions of infant attachment into categories that describe relationships between adults, including secure, anxious-ambivalent, and avoidant styles. Secure respondents are comfortable becoming close to others, whereas avoidant participants find it difficult to be close to or trust others. The anxious-ambivalent attachment style is associated with people who desire closeness but remain concerned that partners may not reciprocate. Bartholomew and Horowitz (1991) later suggested crossing the view of the self as positive or negative with the view of others as positive or negative to instead create four attachment categories. Secure types view themselves positively and anticipate that others will be responsive to their needs. Fearful types have a negative view of self and believe that others will reject them. Preoccupied types (formerly the anxious-ambivalent category) hold a negative self-view and a positive view of others. They are often very focused on relationships and find self-esteem by being valued by others. The dismissing types have a positive view of the self but a more negative perspective of others—thus, they may not seek or value interpersonal relationships. Preoccupied, fearful, and dismissing styles of attachment are considered insecure styles that contrast with a preferred secure attachment style.

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Attachment style groupings have been formed on the basis of the self versus other dichotomy (Griffin & Bartholomew, 1994). Secure and dismissing styles share a positive view of the self, while secure and preoccupied styles share a positive view of others. In a series of studies and multiple assessments, Griffin and Bartholomew found strong support for this primary self versus other conceptualization of attachment.

A lack of secure attachment, especially a negative view of the self, has been associated with psychological distress. Roberts, Gotlib, and Kassel (1996) and Priel and Shamai (1995) emphasized the role of an anxious-ambivalent attachment style in depression; Whiffen, Kallos-Lilly, and MacDonald (2001) found an association between depression and a fearful style of attachment; and other researchers found that both fearful and preoccupied attachment styles were associated with negative mood states (Carnelley, Pietromonaco, & Jaffe, 1994; Van Buren & Cooley, 2002). These findings suggest that a negative view of the self is the critical factor in predicting symptoms of depression using attachment styles as a basis. Ingram (2003) explained that negative cognitive styles develop in childhood based on negative attachment interactions, a perspective that is also consistent with cognitive models of depression (Beck, 1967). This relationship between mood and attachment style does not simply reflect a mood-related bias in self-report measures (see Haaga et al., 2002).

In addition to acknowledging the role of cognitive factors in understanding the relationship between attachment styles and depression, it is also helpful to recognize the importance of interpersonal behaviors and relationships (Klerman, Weissman, Rounsaville, & Chevron, 1984). People are more likely to experience depression when lacking social support and, when depressed, people are less likely to seek or maintain relationships, thus contributing to a negative spiral (Coyne, 1976; Hansell & Damour, 2005). Interpersonal counseling approaches target interpersonal relationship problems, examining both skill deficits and problems with interpersonal roles to improve interpersonal effectiveness and ameliorate depression (Weissman & Markowitz, 2002).

Research supports this association between social functioning and depression. Under stress, individuals lacking social support and interpersonal closeness were more likely to develop depression (Nezlek, Hampton, & Shean, 2000), and social skill deficits have been related to depression (Segrin, 2000). When depressed, individuals differ from their counterparts who are not depressed in both the quality and the content of their communications (Segrin, 2000). Individuals with depression may speak slower, less often, with lower volume, and with more pauses than do those without depression. They may use more negative words and statements, more negative self-disclosures, less animation in their face, and less eye contact (see review by Segrin, 2000). Persons with depression reported less closeness in daily interactions and fewer feelings of personal control in conversations (Nezlek et al., 2000).

These social skill limitations may emerge in response to negative attachment experiences. If children perceive caregivers as rejecting or inconsistently available, they are less likely to become securely attached and may be less likely to initiate contacts or share emotions. These children may lack caregivers who model effective interpersonal interactions, and as a result, they develop less social competence. Interpersonal relationships later in life may be limited as people seek interpersonal goals that are consistent with their expectations (Mikulincer & Nachshon, 1991).

Thus, social skills differences may mediate the impact of early attachment styles on adult behavior.

Several researchers have noted the association between attachment styles and social competence. Mallinckrodt and Wei (2005) reported that a lack of emotional awareness and social self-efficacy mediated the relationship between attachment and reports of distress and social support. Simpson et al. (2007) found that secure, early attachment styles predicted favorable teacher ratings of social competence for elementary school children, which, in turn, predicted positive, secure relationships in adolescence and early adulthood. Specific social skill correlates of favorable attachment styles in adults have included increased self-disclosure (Mikulincer & Nachshon, 1991), improved conflict management (Creasey, 2002; Shi, 2003), better nonverbal decoding accuracy (Cooley, 2005), enhanced nonverbal expressivity (Tucker & Anders, 1998), and more effective problem-solving styles (Lopez, Mauricio, Gormley, Simko, & Berger, 2001). Research is needed to address a broader range of social skills and to study several social skills in one sample. Specific social skills may be important mediators of the relationship between attachment styles and depression.

Attachment styles and associated social skills may be particularly important for women, given their higher likelihood of depression and their emphasis on, and sensitivity to, interpersonal relationships and support (Nolen-Hoeksema, 2002). Women are twice as likely as men are to become depressed (Hyde, Mezulis, & Abramson, 2008), and this gender difference is found whether depression is studied as a diagnostic category or as a list of subclinical symptoms. In their experience of depression, women are particularly concerned about interpersonal issues (see review by Hyde et al., 2008). Thus, it is important to understand social skills that influence social competence and depression in women.

Attachment Style, Social Skills, and Counseling

Attachment styles provide counselors with information regarding how clients approach others, that is, whether they value and approach interpersonal contacts or feel anxious about these relationships. The self aspect of attachment reflects the anxiety component of relationships, and the view of others may influence the level of avoidance of relationships (Meyer & Pilkonis, 2001). Clients with varying styles of attachment may respond differently to the counseling process, and attachment styles may affect the formation of a strong counseling bond. The relationship between the client and the counselor is particularly significant in facilitating changes for clients with insecure attachment styles (Wallin, 2007). For example, a client with a negative view of others may require more encouragement for emotional sharing, and someone with a negative view of self may need more support to avoid feeling criticized. Knowledge of client attachment styles and internal working models may thus facilitate counseling success (Meyer & Pilkonis, 2001). From an attachment perspective, the counseling relationship provides a "secure base" (Eagle, 2003, p. 27), a corrective experience, in which the counselor functions as an attachment figure but responds in a way that is different from the response of early caregivers. The counseling interaction can

facilitate changes in cognitive and emotional schemas to help clients alter negative views of the self and of others.

Using the counseling relationship to revise clients' internal working models may not be sufficient to counter the impact of negative attachment styles. In addition to providing a safe place for changing attachment styles, counselors may need to help clients develop interpersonal competence. Clients who grew up with inadequate attachment relationships may be lacking social skills that promote interpersonal effectiveness. Additional research is needed to study the specific skill deficits associated with insecure attachment styles, particularly deficits involving social skills that may mediate the relationship between attachment styles and depression.

Purpose of the Study

Social skills may mediate the relationship between attachment styles and depression. To test this model, this study explored the relationships between attachment styles, social competence skills, and depression among college women. In contrast to prior research, this study examined several interpersonal skills at one time to identify specific skills that may be particularly important in understanding the relationship between insecure styles of attachment and depression. We predicted that positive attachment styles as well as better social competence skills would be negatively associated with symptoms of depression and that specific social skills would partially mediate the relationship between attachment styles and depression. These relationships are particularly important for women, who are more likely to develop depression and more likely to rely on social support during times of difficulty. A consideration of social skill abilities along with attachment styles may facilitate counseling success.

Method

Participants

From an initial pool of 112 students drawn from introductory psychology classes, 93 undergraduate women completed all measures. The study was limited to women because only 6 men were part of the original data set. Participants ($n = 5$) who endorsed inconsistent styles of attachment (i.e., indicated one style in a categorical rating and a different style in dimensional rating scales) were excluded, as were those ($n = 8$) who did not provide complete data. Of the final sample, 63% attended a small liberal arts college for women in the southeastern United States, and 37% attended a coeducational, liberal arts college in the Northeast. The mean age of the sample was 20.66 years ($SD = 5.55$). Sixty-eight percent of the sample identified themselves as European American, 16% African American, 8% Asian American, 3% Hispanic, and 5% other. Students received course credit for participation.

Measures

Relationship Questionnaire (RQ; Bartholomew & Horowitz, 1991). The RQ is an attachment style measure that crosses (a) a positive or negative self-view with (b)

a positive or negative other-view to create four categories of attachment: secure, dismissing, preoccupied, and fearful. A positive view of self is found in secure and dismissing types, and a negative view of self in preoccupied and fearful types. A positive view of others is evident in secure and preoccupied styles, while a negative view of others is found in dismissing and fearful types.

Participants rated four brief paragraphs, which corresponded to each of the four attachment styles, using a 7-point Likert-type scale ranging from 1, *very unlike me*, to 7, *very like me* (Bartholomew & Horowitz, 1991). Because we were also interested in describing the four attachment categories, participants also indicated which one of these four paragraphs best described their behavior in close relationships. To control for unreliability across ratings, participants were excluded if the preferred categorical rating was not one of the highest dimensional ratings, because this suggested carelessness or inaccuracy of responding.

In support of the validity of this measure, Bartholomew and Horowitz (1991) found, as predicted by their model, that secure and preoccupied groups were distinguished from fearful and dismissing participants in sociability, while self-concept measures separated secure and dismissing styles from preoccupied and fearful styles. These distinctions in orientations to self and others were evident across interviews, self-reports, and peer reports. Griffin and Bartholomew (1994) confirmed this two-dimensional self versus other attachment model using multiple sources of measurement, and Davila, Burge, and Hammen (1997) reported moderate stability over time for self-reported measures of attachment styles.

For the current sample, the theoretically predicted patterns in attachment style ratings were obtained. Ratings of the secure style were positively related to self-model ($r = .68$, $p < .001$) and other-model ($r = .70$, $p < .001$), ratings of the preoccupied style were negatively associated with self-model ($r = -.49$, $p < .001$) and positively related to other-model ($r = .41$, $p < .001$), fearful style ratings were negatively associated with both self-model ($r = -.77$, $p < .001$) and other-model ($r = -.71$, $p < .001$), and dismissing style ratings were positively associated with self-model ($r = .39$, $p < .001$) and negatively related to other-model ($r = -.47$, $p < .001$).

Beck Depression Inventory–II (BDI-II; Beck, Steer, & Brown, 1996). The BDI-II is a 21-item self-report scale measuring current symptoms of depression. Each item is rated on a 0-3 scale, with higher scores corresponding to more symptoms of depression. For this study, Item 9, which assesses suicidal thinking and intention, was omitted and treated as a missing item in response to review board concerns about obtaining this information at a small college. We calculated prorated BDI-II scores to adjust for this missing item. This adjustment produced very few changes in test scores; scores of 0–9 were unchanged, scores of 10–29 were increased by 1, and scores of 30–38 were increased by 2. Beck et al. reported that coefficient alpha was .93 for 120 college students, and test–retest reliability over a 1-week period was .93 for 26 outpatients. The BDI-II has been found to correlate significantly with the Hamilton Psychiatric Rating Scale for Depression, $r = .71$ (Beck et al., 1996). For the current study, raw data available for 63% of our participants produced a coefficient alpha of .92.

Interpersonal Competence Questionnaire (ICQ; Buhrmester, Furman, Wittenberg, & Reis, 1988). The ICQ is a 40-item self-report questionnaire assessing five domains of interpersonal competence with the following scales: Relationship

Initiation (e.g., asking someone new to get together), Negative Assertion (e.g., saying no, turning down an unreasonable request), Self-Disclosure (e.g., confiding in a new friend), Conflict Management (e.g., putting feelings aside during a fight), and Emotional Support (e.g., helping a friend work through thoughts or feelings). Each item describes an interpersonal situation, and participants rate their competence and comfort in each situation using a 5-point Likert-type scale ranging from 1 (*I'm poor at this: I'd be so uncomfortable and unable to handle this situation, I'd avoid it if possible*) to 5 (*I'm extremely good at this: I'd feel very comfortable and could handle this situation very well*). Buhrmester et al. reported internal consistency for these five scales ranging from .77 to .87, with a mean of .83. Test–retest reliability over a 4-week time ranged from .69 to .89. Factor analysis supported the five-scale model, and people with higher scores on these scales reported higher well-being and self-esteem. For the current study, coefficient alphas calculated for 63% of the sample were .85 for Relationship Initiation, .89 for Negative Assertion, .79 for Self-Disclosure, .83 for Emotional Support, and .83 for Conflict Management.

Procedure

Students were recruited through introductory psychology classes at a small, private liberal arts college for women in the Southeast and a small, coeducational liberal arts university in the Northeast. Participants completed a packet of questionnaires ordered as follows: informed consent, demographic questions, the RQ, the ICQ, and the BDI-II.

Results

Attachment Styles

On the basis of the RQ results, self-model scores were created by subtracting the sum of preoccupied and fearful dimensional ratings (i.e., attachment styles with negative self-models) from the sum of secure plus dismissing dimensional ratings (i.e., attachment styles with positive self-models). Other-model scores were created by subtracting the sum of dismissing and fearful ratings (i.e., negative views of others) from the sum of secure plus preoccupied ratings (i.e., positive views of others; see Griffin & Bartholomew, 1994; Miller, 2001). Means and standard deviations for self-model and other-model scores are included in Table 1. Higher scores suggest more favorable views of self and of others. Mean ratings for each of the four attachment style ratings used to create the self-model and other-model were 4.74 (SD = 1.70) for secure, 3.84 (SD = 1.64) for dismissing, 2.85 (SD = 1.79) for preoccupied, and 3.51 (SD = 2.18) for fearful. The categorical ratings of attachment showed that 40% (n = 37) of the participants identified themselves as secure, 16% (n = 15) as dismissing, 12% (n = 11) as preoccupied, and 32% (n = 30) as fearful.

Attachment Styles, Social Skills, and Depression

Table 1 presents the means, standard deviations, and correlations among the target research variables. The self-model of attachment was significantly positively related

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TABLE 1

Means, Standard Deviations, and Correlations Among Target Variables (N = 93)

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Variable	M	SD	1	2	3	4	5	6	7	8
1. SM	2.29	4.41	—							
2. OM	0.25	4.24	.31**	—						
3. RI	3.39	0.72	.36**	.11	—					
4. NA	3.41	0.76	.36**	.23*	.36**	—				
5. SD	3.36	0.66	.46**	.52**	.39**	.53**	—			
6. CM	3.38	0.69	.27**	.16	.11	.19	.27**	—		
7. ES	4.30	0.54	.15	.09	.04	.10	.29**	.48**	—	
8. Dep.	13.18	9.29	−.38**	−.21*	−.12	−.30**	−.22*	−.30**	−.03	—

Note. SM = self-model; OM = other-model; RI = relationship initiation; NA = negative assertion; SD = self-disclosure; CM = conflict management; ES = emotional support; Dep. = depression.
*$p < .05$. **$p < .01$ (two-tailed).

to four social skills (as assessed by scores on the corresponding ICQ scales): relationship initiation, negative assertion, self-disclosure, and conflict management. In each case, a more favorable view of the self was associated with such skills as saying no, sharing about the self, and listening to others during times of conflict. Only emotional support was not significantly correlated with the participants' self-model. The other-model was significantly related to negative assertion and self-disclosure, suggesting that a more favorable view of other people was related to students' ability to say no, turn down unreasonable requests, and confide with friends. Other-model scores were not significantly related to the variables of relationship initiation, conflict management, or emotional support. Thus attachment-based views of self were significantly related to social skills more often than were attachment-based views of other people.

Regarding depression scores, attachment-related view of both self and other produced significant negative correlations, suggesting that the way in which people view themselves and others in a relational context is related to depression. Participants with a more positive view of themselves or others were less likely to report symptoms of depression. Furthermore, the social skills of negative assertion, self-disclosure, and conflict management (as assessed by scores on the corresponding scales) were significantly negatively correlated with depression scores, demonstrating that higher levels of depression were associated with fewer reports of saying no, less intimate sharing, and fewer reports of managing conflicts. Two social skills (relationship initiation and emotional support) were not significantly related to reports of depressive symptoms.

Regression Analyses and Test of the Mediation Model

Regression analysis assessed the contributions of the five variables that significantly correlated with depression: general attachment styles (self-model, other-model) and social skills (negative assertion, self-disclosure, conflict management). Correlations among these independent variables ranged from .11 to .53, indicating that the measures were not too highly correlated for the

regression model. The overall model was significant, $F(5, 87) = 5.00$, $R = .47$, adjusted $R^2 = .18$ ($N = 93$, $p < .01$), with self-model and conflict management each making significant predictions to depression scores. Table 2 presents the data from this regression analysis.

To test the mediation model, three regression analyses were subsequently conducted to determine if conflict management skills mediate the relationship between attachment self-model and depression (see Baron & Kenny, 1986). For the first step, self-model was the independent variable and conflict management was the dependent variable, $F(1, 92) = 7.27$, $R = .27$, adjusted $R^2 = .06$, $p < .01$. For the second regression analysis, self-model was the independent variable and depression was the dependent variable, $F(1, 92) = 15.24$, $R = .38$, adjusted $R^2 = .13$, $p < .001$. For the third regression, both self-model and conflict management were independent variables, with conflict management entered in Block 2, and depression as the dependent variable, $F(2, 92) = 10.10$, $R = .43$, adjusted $R^2 = .17$, $p < .001$. The standardized coefficient for self-model was reduced from −.38 to −.32 ($p < .01$) when conflict management was entered into the model, indicating a mediation effect. Because self-model remained statistically significant ($p < .01$), its effect on depression was partially mediated by conflict management.

Discussion

We demonstrated the relationship between attachment styles, social skills, and depression among college women. We found that negative attachment-related views of the self and of others and fewer social skills were associated with higher depression scores. Conflict management skills were found to partially mediate the relationship between attachment self-model and depression.

An attachment-based view of the self was more important than the view of others in predicting depression. This pattern is consistent with prior work demonstrating that fearful and preoccupied styles of attachment were associated with depression, but did not differ significantly from each other (Carnelley et al., 1994; Haaga et al., 2002; Van Buren & Cooley, 2002). Both fearful and preoccupied styles of attachment share a negative view of the self. Parent–child relationships may provide the original experiential basis for the development of this negative view of the self and for later adult relationship problems (Donnellan, Larsen-Rife, & Conger, 2005).

TABLE 2

Regression Analysis for Attachment Styles and Social Skills in the Prediction of Depression

Variable	B	SE B	β	t	Sig.
Attachment style					
Self-model	−0.58	0.23	−.27	−2.51	.014
Other-model	−0.26	0.24	−.12	−1.07	.288
Social skill					
Negative assertion	−2.61	1.38	−.21	−1.89	.062
Self-disclosure	−1.91	1.87	−.14	1.02	.310
Conflict management	−2.67	1.34	−.20	−1.99	.049

Note. $R = .47$, Adjusted $R^2 = .18$, $N = 93$, $p < .01$. Sig. = significance.

The social skills of negative assertion, self-disclosure, and conflict management were significantly related to levels of depression. Thus, participants with more symptoms of depression reported that they were less assertive, less likely to share intimate information about themselves, and less able to manage conflict. These social skills may need to be addressed when working with women who present with depression and insecure attachment styles. Negative assertion and self-disclosure are each associated with self-expression: either asserting oneself about the relationship or sharing aspects of the self with others.

Conflict management emerged as a significant mediator of the relationship between attachment-related self-model and depression. Conflict management may be particularly important because it is a complex skill that incorporates several of the other social skills. Effective conflict management involves self-expression as well as listening and negotiation skills (Shi, 2003), basic social skills that were reported less frequently in women who also reported higher levels of depression. Other research has shown that adults with depression reported less control over their interactions with close associates than did adults without depression (Nezlek et al., 2000). Although they had access to social contacts (e.g., quantity), they appeared to lack the interpersonal skills that might bring pleasure from interactions (e.g., quality). Prior research also demonstrated that the lack of conflict resolution skills in couples was predicted by the avoidance and anxiety components of insecure attachment (Shi, 2003). In Shi's study, participants with the most positive self-view had more effective conflict resolution skills. These individual differences may be one way that early attachment styles are expressed in adulthood.

Implications for Counseling Practice

Knowledge of the relationships among attachment styles, social skills, and depression may improve counseling success with college women. Counselors may first provide a secure base and corrective attachment experience by responding to the client's needs in a supportive manner, empathically validating the difficulties of the client's internal experience. Insecure styles of attachment and negative self-models may be altered within the context of this new client–counselor relationship (Eagle, 2003; Wallin, 2007). If counselors are able to provide this secure relationship, clients may then feel safe enough to increasingly trust their own emotions and experiences (Wallin, 2007).

How might counselors determine the attachment style of clients? One option is to use the RQ to provide a quick rating. Counselors may also assess the self and other attachment models via the use of interview questions. Alternatively, counselors might have clients discuss their sources of support as a means to indirectly assess the interpersonal context of the client's experience. Is the client someone who feels interpersonally anxious and avoids social contact, or someone who craves closeness but is frequently disappointed or rejected (i.e., negative self-model)? Are people important to this client, and what is the nature of his or her interactions? How does the client report having needs met within relationships (i.e., other-model)?

Wallin (2007) discussed the specific use of attachment information in counseling. Knowing the relationship style of clients helps counselors empathize and provide a positive attachment relationship. When a client has a negative attachment model, the counselor may examine how avoidance and anxiety are addressed and expressed. For example, clients who have a negative other-model may share feelings less often and may have difficulty connecting with the counselor. Counselors may need to demonstrate sharing feelings. Individuals who have a negative self-model may seem emotionally overwhelmed and may need a responsive, predictable counselor who reinforces their strengths and feelings. Counselors can thus adapt their interpersonal stance in response to the self- and other-models of their clients.

In addition to focusing on attachment styles, counseling sessions provide data about interpersonal behavior (Klerman et al., 1984). Counseling provides both a here-and-now model of client self-disclosure, assertiveness, and conflict management in the relationship between the client and the counselor and an opportunity for clients to share interpersonal successes and failures that occur outside the office. Efforts to alter attachment models may not be sufficient to improve depression when there are limitations in interpersonal skills that have an impact on the client's ability to connect with others.

Social skills may be assessed and addressed in counseling in several ways. One specific option suggested by interpersonal theory is the use of an "interpersonal inventory" (Weissman & Markowitz, 2002, p. 407) to provide information about the client's social relationships and functioning to highlight the social and inter-personal environment surrounding his or her depression. Furthermore, counselors may use the technique of "communication analysis" (Klerman et al., 1984, p. 146) in which specific sequences of communication are examined. Subsequently, edu-cational and role-play techniques may facilitate the development of new skills.

Our research suggests that conflict management skills are particularly important in mediating the relationship between attachment-related views of the self and depression. Counselors would be wise to carefully assess conflict management skills in college women with depression, particularly those with negative self-models. Counselors might listen to examples of conflict situations, conduct a communi-cation analysis of a specific conflict, or pose questions to clients regarding their conflict management style.

In summary, as counselors seek to change clients' cognitive internal working models, they should evaluate social competence, especially the more complex skill of conflict management. Learning to work through interpersonal conflicts may ultimately strengthen relationships and may help college women with depression and an insecure style of attachment to obtain the closeness and support they desire to buffer the difficulties of life.

Study Limitations

The current study is limited to our understanding of depression, attachment styles, and social functioning of college women in two college settings, and additional research is needed to address these variables in other colleges, in men, and in the community. However, Nezlek et al. (2000) noted that community findings

were consistent with earlier work on college student samples and suggested that students may serve as effective analogues for depression in adult samples. Additional research is also needed to examine these factors among more diverse samples, including participants from varied cultural backgrounds. Although risk factors for depression in Western cultures have been studied, there is only limited knowledge of the role of the presentation and remediation of depression in other cultural contexts (Tsai & Chentsova-Dutton, 2002). Men may demonstrate different relationships among these target variables of depression, attachment styles, and social functioning and may respond differently to interpersonal situations. Furthermore, recent measures of attachment styles that are based on levels of anxiety and avoidance, rather than separate ratings for each attachment style, may produce different findings (Brennan, Clark, & Shaver, 1998).

Moreover, the sample for the current study may have differed from other college student samples in the distribution of attachment styles, a factor that may affect generalizability. In the categorical ratings, 40% of the sample identified themselves as secure and another 32% as fearful. These numbers contrast with those of Bartholomew and Horowitz (1991), who reported that 47% of their sample was secure and 18% fearful, or with Hazan and Shaver (1987), who found that 56% of their sample was secure. However, even though our percentages for specific attachment styles vary, this should not affect the relationships between these attachment styles and depression or social functioning.

The reliability data for the BDI-II and the ICQ were based on 63% of the participants because some of the individual item responses were not available. Because reliability numbers typically increase with an increase in sample size, we believe that the current reliability for these measures is quite good. Both measures have been widely used in research.

These data are also limited to specific interpersonal skills. Future researchers may address other communication skills, such as positive assertion (e.g., giving compliments), making requests, and apologizing when appropriate, which may also be mediators of the relationship between attachment styles and depression. It would not be surprising to find that a wider variety of skills are associated with attachment styles and may also influence interpersonal success and vulnerability to depression.

Conclusion

Our findings suggest that there are significant relationships among attachment styles, interpersonal competence, and depression for college women and that conflict management skills may partially mediate the relationship between attachment style self-perspectives and depression. These findings have important counseling implications. When counselors work with college women with both depression and insecure attachment styles, they may address the negative self-model by providing a corrective relationship experience. At the same time, our research suggests that counselors may find it useful to assess the clients' interpersonal skills, especially conflict management. Assessing and addressing both social competence and styles of attachment may add to the effectiveness of counseling interventions for depression among college women.

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