Acta et Commentationes, Sciences of Education, nr. 1(43), 2026 ISSN 1857-0623
p. 107-127 E-ISSN 2587-3636

CZU: 159.922 DOI: 10.36120/2587-3636.v43i1.107-127

RELATIONALLY EMBEDDED ANXIETY IN EMERGING ADULTHOOD: A MULTILEVEL DEVELOPMENTAL SYSTEMS MODEL

Angela CALANCEA, PhD in psychology, Associate Professor
https://orcid.org/0000-0003-2869-0157
Ion Creangă State Pedagogical University of Chisinau
Robert CALANCEA, Master's degree in clinical psychology and psychological counselling, Master's degree in International Relations
https://orcid.org/0009-0006-0183-4180
European External Action Service (EEAS)

Abstract. Emerging adults (18–30 years) experience a developmental stage characterized by identity consolidation, relational fluidity, prolonged neurobiological maturation, and intensified sociocultural exposure [5]. During this period, anxiety prevalence reaches elevated levels and frequently co-occurs with relational instability and attachment insecurity. Existing explanatory models remain fragmented across cognitive-behavioral, attachment-based, neurobiological, and sociocultural perspectives. This integrative review proposes a multilevel developmental systems framework conceptualizing anxiety as a relationally embedded and dynamically co-regulated phenomenon [7]. Neuroregulatory asymmetry, attachment activation, relational turnover, and digital ambiguity amplify bidirectional feedback loops between anxiety and maladaptive relational behaviors, while protective factors support developmentally anchored personalized interventions.

Keywords: anxiety disorders; developmental systems theory; attachment insecurity; digital relational stress; emotional regulation dynamics

ANXIETATEA ÎN DINAMICA RELAȚIONALĂ A ADULTITĂȚII EMERGENTE: UN MODEL SISTEMIC DEZVOLTATIV MULTINIVEL

Rezumat. Adulții emergenți (18–30 ani) traversează o etapă caracterizată prin consolidarea identității, fluiditate relațională, maturizare neurobiologică prelungită și expunere socioculturală intensificată [5]. În această perioadă, prevalența anxietății atinge niveluri ridicate și se asociază frecvent cu instabilitate relațională și insecuritate a atașamentului. Modelele explicative actuale rămân fragmentate între perspective cognitiv-comportamentale, atașamentale, neurobiologice și socioculturale. Prezenta revizuire integrativă propune un cadru sistemic dezvoltativ structurat pe niveluri multiple, conceptualizând anxietatea ca fenomen relațional integrat și coreglat dinamic [7]. Asimetria neuroreglatorie, activarea atașamentului, rotația relațională și ambiguitatea digitală amplifică buclele bidirecționale dintre anxietate și comportamentele relaționale dezadaptative, în timp ce factorii protectivi susțin intervenții personalizate, ancorate dezvoltativ.

Cuvinte-cheie: tulburări de anxietate; teoria sistemelor dezvoltării; insecuritatea atașamentului; stres relațional digital; dinamica reglării emoționale.

Introduction

Emerging adulthood has increasingly been conceptualized as a distinct developmental stage marked by identity exploration, structural instability, and prolonged

neurobiological maturation [1]. Unlike adolescence, which remains partially scaffolded by family systems, or established adulthood, typically characterized by stabilized social roles, emerging adulthood represents a transitional convergence zone in which identity, vocation, and relational orientation are actively negotiated. Epidemiological data indicate that anxiety disorders peak in prevalence during this developmental period [2]. Importantly, anxiety in emerging adulthood rarely manifests as an isolated intrapsychic phenomenon; rather, it frequently co-occurs with relational instability and attachment insecurity [10].

Concurrently, anxiety disorders reach peak incidence during this period. Importantly, anxiety in emerging adulthood rarely manifests as an isolated intrapsychic phenomenon. Instead, it frequently co-occurs with relational instability, insecure attachment patterns, reassurance-seeking behaviors, hypervigilance to abandonment cues, and cyclical rupture–repair dynamics. These patterns suggest that anxiety during this stage is not merely comorbid with relational dysfunction but is structurally embedded within relational systems.

Despite extensive research across cognitive-behavioral, attachment-based, neurodevelopmental, evolutionary, and sociocultural frameworks, theoretical integration remains limited. Cognitive models emphasize maladaptive appraisals and avoidance; attachment theory highlights internal working models and abandonment sensitivity; neurodevelopmental research documents prefrontal–limbic asymmetry; evolutionary psychiatry describes anxiety as a hypervigilant threat-detection system; sociocultural analyses underscore digitally mediated relational ambiguity. Yet these perspectives are rarely synthesized within a unified developmental systems architecture.

The present article addresses this theoretical gap by proposing a Multilevel Developmental Systems Model of relationally embedded anxiety in emerging adulthood. Rather than conceptualizing anxiety and relational instability as parallel or sequential processes, the proposed framework views them as dynamically co-regulated components within interacting biological, psychological, relational, and sociocultural layers. Emerging adulthood is conceptualized not merely as a demographic category but as a structural amplification phase in which vulnerability thresholds are intensified through cross-level interaction. By integrating developmental psychopathology, attachment science, interpersonal neurobiology, evolutionary theory, and psychotherapy research, the model provides a theoretically coherent platform for future empirical testing and developmentally informed intervention design.

2. Materials and methods of research

Study Design. The present study employed a structured integrative review design aimed at developing a theoretically grounded multilevel developmental systems model of anxiety–relational comorbidity in emerging adulthood. No primary empirical data were

collected. Rather, the objective was conceptual synthesis and theoretical integration across interdisciplinary domains. An integrative review methodology was selected because the phenomenon under investigation spans heterogeneous constructs examined through distinct epistemological and methodological traditions, including developmental psychology, attachment science, clinical epidemiology, neurodevelopmental research, evolutionary psychiatry, and psychotherapy process studies. These domains rely on diverse measurement frameworks (e.g., GAD-7 for anxiety severity, ECR-R for attachment insecurity, interpersonal functioning scales, longitudinal relational indices, neuroimaging paradigms assessing prefrontal–limbic interaction). Direct aggregation of such heterogeneous constructs into a single quantitative model without prior theoretical integration risks construct conflation and ecological oversimplification. Therefore, a structured conceptual synthesis approach was deemed methodologically appropriate for constructing a coherent multilevel explanatory framework. The review followed principles of systematic transparency in database selection, inclusion criteria, and analytic categorization, while remaining primarily theory-building rather than meta-analytic in scope [2].

Theoretical Propositions. The integrative synthesis was guided by four operationalizable theoretical propositions: **H1.** Anxiety–relational co-occurrence in emerging adulthood is maintained by multilevel interactions among biological vulnerability, attachment-based psychological processes, relational behaviors, and sociocultural stressors. **H2.** Anxiety activation and relational instability operate within reciprocal, bidirectional feedback loops rather than linear causal sequences. **H3.** Emerging adulthood functions as a developmental amplifier that increases system gain, intensifying vulnerability thresholds within interacting biopsychosocial layers. **H4.** Protective moderators—including secure attachment, emotion regulation competence, stable social support, and corrective therapeutic alliance experiences—attenuate escalation pathways by dampening recursive feedback loops. These propositions generate empirically testable hypotheses suitable for longitudinal cross-lagged panel designs, multilevel dynamic systems modelling, structural equation modelling, and ecological momentary assessment paradigms.

Literature Search Strategy. A structured literature search was conducted across major electronic databases, including PubMed, PsycINFO, Scopus, and Web of Science. Google Scholar was used supplementary to identify additional interdisciplinary or cross-referenced sources. Search strings combined developmental, clinical, relational, neurobiological, and sociocultural constructs. ***Representative combinations included***: “emerging adulthood” AND “anxiety disorders”; “attachment” AND “young adults”; “relational instability” AND “anxiety”; “prefrontal cortex” AND “development”; “digital relationships” AND “mental health”. The search focused on publications between 2000

and 2026 in order to capture contemporary conceptualizations of emerging adulthood and modern digital relational contexts, while retaining foundational theoretical contributions where necessary. ***Inclusion Criteria***: • Peer-reviewed empirical, theoretical, or review articles; • Samples within the 18–30 age range (or studies with analysable subsamples); • Studies addressing anxiety disorders, attachment insecurity, relational functioning, neurodevelopmental processes, or digitally mediated relational stress; • Publications in English. ***Exclusion Criteria***: • Studies focused exclusively on adolescence (<18 years); • Studies focused exclusively on established adulthood (>35 years); • non-peer-reviewed commentary or opinion pieces; • Case reports lacking theoretical generalizability. Priority was given to high-impact journals (Scopus/WoS indexed) and recent meta-analyses when available.

Analytical Procedure. The analytical process proceeded in four structured phases: ***Domain Categorization***. Findings were organized into four principal domains: biological (genetic vulnerability, neurodevelopmental asymmetry), psychological (attachment schemas, intolerance of uncertainty, rumination), relational (behavioral patterns such as avoidance or reassurance-seeking), and sociocultural (digital relational exposure, economic and transitional stressors); ***Cross-Level Interaction Mapping***. Empirical findings were examined for evidence of bidirectional or recursive interaction patterns across domains, particularly those suggesting co-regulation or feedback loops; ***Comparative Paradigm Evaluation***. Dominant explanatory frameworks—including cognitive-behavioral, attachment-based, neurobiological, evolutionary, and diathesis–stress models—were comparatively evaluated regarding their explanatory sufficiency for anxiety–relational comorbidity in emerging adulthood; ***Conceptual Integration***. Convergent mechanisms were synthesized into a Developmental Amplification Biopsychosocial Systems Model emphasizing multilevel interaction and temporal amplification. No statistical meta-analysis was conducted, as the primary objective was theoretical model construction rather than pooled effect estimation. The analytic emphasis was structural coherence, cross-domain integration, and hypothesis generation. While not a PRISMA-registered systematic review, selection procedures followed structured transparency principles to minimize conceptual selection bias.

3. Theoretical Foundations of Emerging Adulthood Vulnerability

Arnett's Emerging Adulthood Model (2000–2026 Developments). Jeffrey Arnett conceptualized emerging adulthood as a distinct developmental stage characterized by five core features: Identity explorations – intensive vocational and romantic experimentation; Instability – frequent changes in residence, relationships, and employment; Self-focus – relative autonomy from family responsibilities; Feeling in-between – subjective perception of being neither adolescent nor fully adult; Possibilities/optimism – perception of broad

life opportunities. These structural characteristics create a psychosocial ecology of heightened relational fluidity and identity uncertainty. Empirical observations indicate that relational instability during this stage frequently involves cyclical "on–off" relationship patterns, multiple breakups within short time frames, and elevated ambiguity in commitment expectations. Identity-related anxiety ("Who am I?") demonstrates strong correlation with generalized anxiety severity. Recent conceptual expansions (e.g., Digital Emerging Adulthood) highlight the impact of swipe-based dating culture, algorithmic partner exposure, social media comparison, and fear of missing out (FOMO) in intensifying relational hypervigilance and attachment insecurity. Digital relational ecosystems amplify perceived alternatives while simultaneously eroding perceived relational security. Thus, emerging adulthood represents not merely a chronological age bracket but a structural configuration of instability, exposure, and identity negotiation.

Adult Attachment Theory and Anxiety Vulnerability. Attachment theory (Bowlby; Mikulincer & Shaver) provides critical insight into anxiety–relational comorbidity. ***In young adult populations, attachment distributions approximate***: • Secure: ~50%; • Anxious-preoccupied: ~20%; • Avoidant-dismissive: ~20%; • Disorganized: ~10%. Anxious attachment is strongly associated with generalized anxiety persistence. The anxious internal working model—characterized by hypervigilance to abandonment cues, negative self-evaluation, and reassurance-seeking—creates chronic cognitive-emotional activation. In emerging adulthood, attachment activation intensifies due to romantic experimentation, relational turnover, and identity consolidation. Hyperactivation strategies (clinging, rumination, reassurance-seeking) may paradoxically destabilize relationships, confirming abandonment fears and reinforcing anxiety circuits. Avoidant deactivation strategies (emotional withdrawal, suppression) may reduce overt distress but undermine relational stability, indirectly contributing to internalized anxiety. Thus, attachment insecurity operates not merely as a correlational variable but as a structural component within anxiety maintenance cycles. Attachment theory provides critical insight into anxiety–relational comorbidity [10]. Meta-analytic evidence confirms robust associations between insecure attachment representations and anxiety disorders [7]. Early attachment patterns influence later relational reactivity and emotion regulation capacity, thereby shaping vulnerability trajectories.

Neurodevelopmental Considerations. Neurodevelopmental research demonstrates that maturation of the prefrontal cortex continues into the mid-to-late twenties [8]. Social reorientation during this developmental stage heightens sensitivity to peer evaluation and relational feedback [1]. These findings underscore the neurobiological asymmetry that contributes to amplified anxiety responsivity [11]. This maturational asymmetry produces increased sensitivity to perceived social rejection, relational ambiguity, and evaluation threat. Functional imaging studies indicate amplified amygdala activation in response to

social exclusion among younger adults relative to older cohorts. When combined with identity instability and relational experimentation, this neurobiological configuration intensifies emotional reactivity and reduces regulatory buffering capacity. ***Emerging adulthood therefore constitutes a convergence zone in which***: • Executive regulation remains partially maturing; • Emotional reactivity is heightened; • Attachment activation is frequent; • Relational instability is structurally normative. This convergence provides the empirical and theoretical basis for conceptualizing emerging adulthood as a developmental amplifier of anxiety–relational dynamics.

4. Multilevel Interaction Mechanisms Underlying Anxiety–Relational Comorbidity

The Bidirectional Cyclical Model of Anxiety–Relational Escalation. Across developmental, clinical, and interpersonal research traditions, the most consistent finding concerns the dynamic reciprocity between anxiety activation and relational behavior. Anxiety does not merely precede relational instability, nor is relational instability solely a consequence of anxiety. Rather, both phenomena co-regulate each other within recursive feedback loops. ***Extending prior cognitive-interpersonal maintenance models*** (e.g., Ledley et al., 2009), the anxiety–relational cycle may be conceptualized as follows [9]: 1. Anxiety activation increases social threat sensitivity; 2. Heightened threat perception triggers avoidance, reassurance-seeking, hyper monitoring, or conflict escalation; 3. These relational behaviors alter interpersonal dynamics (withdrawal, partner fatigue, ambiguity, rupture); 4. Relational disruption confirms abandonment or rejection expectations; 5. Confirmation strengthens anxiety circuitry and rumination. Path analyses reported in interpersonal anxiety models indicate bidirectional coefficients approximate g $\beta = 0.45$ in both directions, suggesting substantial reciprocal influence rather than unidirectional causality. This reciprocal structure creates a self-sustaining escalation spiral, particularly under conditions of high relational turnover characteristic of emerging adulthood. In young adults, the cycle is further intensified by sociocultural pressures—including normative expectations of romantic success, peer comparison, and digital visibility of relational alternatives. The relational environment thus continuously feeds anxiety activation, while anxiety-driven behaviors destabilize the relational environment. The central implication is structural: anxiety–relational comorbidity is not a comorbidity of two separate disorders but a dynamically interacting system.

Interpersonal Neurobiology: Neural Mediation of Relational Threat. Interpersonal neurobiology (Siegel, 2020) provides a neural-level explanation for how relational instability translates into sustained anxiety dysregulation. Negative relational experiences activate limbic threat circuitry, particularly the amygdala, while chronic relational rumination is associated with hyperactivation of the Default Mode Network (DMN), a network implicated in self-referential processing and repetitive internal mentation. In

relationally insecure individuals, maladaptive neuroplastic changes may occur through repeated activation of threat pathways.

Specifically. Persistent rumination strengthens DMN dominance; reduced prefrontal connectivity compromises regulatory modulation; heightened amygdala reactivity lowers threat thresholds. Thus, relational experiences do not merely reflect psychological interpretation; they sculpt neural processing patterns through experience-dependent neuroplasticity. Importantly, corrective relational experiences—including strong therapeutic alliances or secure romantic bonds—activate social safety circuits and reduce amygdala reactivity. This neural mediation underscores why relational processes must be addressed alongside cognitive symptom targets. Emerging adulthood, characterized by high relational volatility, represents a period of intensified neural sculpting, further supporting the developmental amplification hypothesis.

Evolutionary Psychiatry: The Smoke Detector Principle in Modern Relational Contexts. From an evolutionary perspective (Nesse, 2022), anxiety functions as an adaptive threat-detection mechanism. The "smoke detector principle" posits that anxiety is biased toward false positives because the cost of a missed threat (false negative) historically exceeded the cost of unnecessary alarm (false positive). Al environments, hypervigilance to social exclusion, abandonment, or group rejection would have enhanced survival probability. However, contemporary relational environments differ radically from ancestral contexts.

Modern digital ecosystems are characterized by. Algorithmic partner exposure; Rapid relational turnover; Ambiguous commitment norms; Persistent visibility of alternatives; Ghosting and intermittent reinforcement. These conditions repeatedly activate attachment-based alarm systems, even when objective relational threat is minimal. The evolved threat-detection system becomes mismatched to digitally mediated ambiguity, producing chronic hyperactivation. This evolutionary mismatch contributes to the disproportionate intensity of anxiety responses in emerging adulthood, particularly under digitally amplified relational exposure. Contemporary digital environments intensify relational comparison and ambiguity. Research examining youth mental health in the digital age suggests that online exposure may amplify vulnerability to anxiety and distress [12]. Table 1 outlines contemporary digital relational stressors and their amplification effects within emerging adulthood. The proposed framework integrates the four previously discussed explanatory traditions (table 1).

Table 1. Integrative Architecture: Multilevel Interaction Model

Model	Contribution Integrated
Bidirectional Cycle [9].	Maintenance dynamics
Interpersonal Neurobiology	Neural mediation of relational threat
Evolutionary Model	Threat bias and false positives
Diathesis–Stress	Individual susceptibility variation

Modernized Diathesis–Stress Model: Genetic and Attachment Vulnerability Matrix. The diathesis–stress model provides an integrative account of interindividual variability in anxiety–relational escalation. Recent genome-wide association studies identify approximately 120 loci associated with anxiety susceptibility. However, genetic predisposition explains only partial variance. Environmental stress exposure remains a critical trigger [2]. Multilevel vulnerability pathways, in emerging adulthood, relational stressors—ghosting, ambiguous "situationships," social media comparison, repeated breakups—function as salient environmental activators.

The interaction matrix may be conceptualized as: Biological predisposition × Attachment insecurity × Relational stress intensity → Anxiety escalation probability. Individuals with polygenic vulnerability combined with anxious attachment may exhibit generalized anxiety disorder (GAD) activation under moderate relational stress. Conversely, securely attached individuals with similar genetic predisposition may tolerate higher relational stress thresholds without clinical escalation. This vulnerability matrix underscores that anxiety–relational comorbidity is neither purely genetic nor purely environmental but emerges from cross-level interaction. Gene × environment interaction models provide further support for multilevel vulnerability pathways [4]. Anxiety susceptibility reflects partial genetic contribution interacting with environmental stress exposure [2].

5. Toward a Multilevel Biopsychosocial Systems Integration

The preceding models—bidirectional cyclical, interpersonal neurobiological, evolutionary mismatch, and diathesis–stress—each capture essential dimensions of anxiety–relational comorbidity. However, none independently explains the consistent cross-cultural elevation of anxiety–relational interaction during emerging adulthood.

The proposed ***Developmental Amplification Biopsychosocial Systems Framework*** integrates these traditions within a unified architecture: • Biological Layer: genetic susceptibility, limbic reactivity, neurodevelopmental asymmetry; • Psychological Layer: attachment schemas, intolerance of uncertainty, rumination; • Relational Layer: avoidance, reassurance-seeking, conflict escalation, withdrawal; • Sociocultural Layer: digital ambiguity, economic instability, social comparison. These layers interact bidirectionally rather than hierarchically. Anxiety is relationally embedded; relational instability is neurobiologically mediated; sociocultural exposure modulates activation thresholds. The central theoretical advancement lies in conceptualizing emerging adulthood as a developmental amplifier, not merely a risk period.

The ***convergence*** of: ongoing prefrontal maturation; identity consolidation; high relational experimentation; digitally mediated exposure, creates a structurally intensified vulnerability configuration. This convergence explains why anxiety–relational

comorbidity during ages 18–30 demonstrates cross-cultural consistency and developmental specificity. Table 2 presents the multilevel structural architecture of the proposed model.

Table 2. Biopsychosocial Model of Anxiety–Relational Comorbidity in Emerging Adulthood

Model	Biological Level	Psychological Level	Social Level	Predictive Strength	Therapeutic Implications
Bidirectional Cyclical Model	Amygdala hyperreactivity	Anxious rumination	Avoidance → social isolation	β = 0.45	Gradual exposure + CBT-based restructuring
Interpersonal Neurobiology	Default Mode Network (DMN) dysregulation	Internal relational representations	Therapeutic alliance as safety regulator	r = 0.55 (safety circuit activation)	Alliance-focused work; transference-informed intervention
Evolutionary Model	Threat-detection bias	Type I / Type II error evaluation	Ancestral vs. modern environmental mismatch	Conceptual explanatory model	Threat recalibration; cognitive reinterpretation
Diathesis–Stress Model	Polygenic vulnerability (~120 loci)	Early attachment patterns	Contemporary stress exposure	≈35% explained variance	Vulnerability identification and stress modulation
Proposed Integrative Model	Biological susceptibility + neurodevelop-mental asymmetry	Attachment schemas + maladaptive cognitions	Develop-mental transitions + digital relational stress	Multilevel systemic integration	Simultaneous multi-level intervention targeting bio–psycho–social mechanisms

Predictive strength indicators reflect representative findings reported across empirical traditions and are included for conceptual comparison. The proposed integrative model emphasizes cross-level interaction rather than isolated effect estimation.

6. Protective Moderators as System Disruptors

Importantly, the model is ***non-deterministic***. Several moderators consistently attenuate escalation pathways: • Secure attachment experiences; • Emotion regulation competence; • Stable social support networks; • Access to mental health services; • Corrective therapeutic alliance experiences. These moderators do not eliminate vulnerability but function as dampening mechanisms that reduce feedback loop intensity and prevent chronic stabilization of maladaptive cycles. Within systems terminology, they reduce gain amplification and increase regulatory buffering capacity. Emotion regulation competence, conceptualized within affective skills training frameworks [4], may enhance regulatory buffering capacity. Earlier developmental affective interventions further highlight the importance of early emotional structuring [3].

7. Historical Evolution of Psychotherapeutic Approaches for Young Adults (1970–2026)

The development of psychotherapeutic approaches targeting anxiety and relational dysfunction in young populations reveals a progressive paradigm shift—from symptom-focused rigidity toward relational integration, personalization, and digitally adapted models. This historical trajectory provides essential context for understanding the necessity of a multilevel integrative framework in emerging adulthood. Rather than representing isolated methodological refinements, successive waves of psychotherapy reflect deeper theoretical tensions concerning symptom reduction, relational meaning-making, and individualized responsivity.

1970–1990: Behaviorism and Early Cognitive Paradigms

The foundational era of cognitive-behavioral therapy (CBT), marked by the contributions of Albert Ellis (REBT) and Aaron Beck (early CBT manuals), established a symptom-focused paradigm centered on cognitive restructuring and behavioral modification. *Core characteristics* of this period included: • Manualized intervention protocols; • Focus on cognitive distortions and avoidance behaviors; • Limited attention to developmental or relational context; • Minimal emphasis on therapeutic alliance as an active mechanism. While CBT demonstrated robust efficacy in adult anxiety populations (effect sizes approximating d = 0.8 in mature adults), its effectiveness in younger populations was comparatively modest. *Observational and retrospective analyses* identified: • Dropout rates approaching 30–35% in young clients; • Effect sizes ranging between d = 0.4–0.5 in some youth samples; • Limited engagement when protocols were perceived as overly didactic or rigid. Retrospective interpretation suggests that early CBT protocols were insufficiently adapted to the relational instability, identity exploration, and attachment activation characteristic of emerging adulthood. Symptom-focused intervention without explicit relational integration often failed to produce durable change in interpersonal functioning.

1990–2010: The Expansion of Evidence-Based Treatments

The second wave of psychotherapy development emphasized manualization, standardization, and large-scale randomized controlled trials (RCTs). Notable developments included: • Metacognitive therapy for generalized anxiety; • Interpersonal Therapy (IPT) manualization for adolescents and young adults; • Dialectical Behavior Therapy (DBT) adaptations; • Large-scale meta-analyses validating CBT efficacy. Meta-analytic findings during this period reported strong efficacy for CBT in controlled conditions (e.g., effect sizes near d = 0.9 in aggregated anxiety samples). IPT demonstrated moderate-to-strong effects in depressive and relational contexts (e.g., g ≈ 0.68 in youth depression samples). However, discrepancies emerged between RCT efficacy and real-world clinical effectiveness: • Reduced effect sizes in naturalistic settings (e.g., d ≈ 0.5); •

Persistent dropout rates in young adult populations (20–30%); • Limited generalization of symptom reduction to relational stability. These findings suggested that manualization alone did not address the developmental and relational specificity of emerging adulthood.

2010–2020: The Relational Turn and the "Common Factors" Debate

The third phase of psychotherapy evolution was shaped by the resurgence of interest in therapeutic alliance and common factors. The "*Great Psychotherapy Debate*" (Wampold) challenged orientation-specific supremacy, emphasizing that: • Theoretical orientation accounts for a relatively small proportion of outcome variance; • Therapeutic alliance, empathy, and expectancy effects explain substantial outcome variance. Youth-specific alliance meta-analyses demonstrated correlations between alliance and outcome as high as r = 0.6 in young populations—stronger than many adult samples. These findings were particularly relevant to emerging adulthood, where relational learning and attachment reworking remain developmentally active. During this period, **f***lexible and modular adaptations* emerged: • Youth-adapted Acceptance and Commitment Therapy (ACT); • Modular CBT frameworks; • Increased emphasis on responsiveness rather than rigid sequencing. However, personalization remained loosely structured, and integration often lacked formal theoretical architecture.

2020–2026: Personalization, Precision Mental Health, and Digital Adaptation

The contemporary phase reflects movement toward precision mental health and digital integration. *Key developments* include: • Modular CBT refinement demonstrating improved outcomes relative to fixed protocols; • Measurement-based care systems; • AI-assisted therapeutic tools reporting moderate equivalence to treatment-as-usual; • post-pandemic teletherapy normalization with minimal outcome difference compared to in-person treatment. These innovations increased *accessibility and adaptability* but also introduced new conceptual challenges: • Risk of unsystematic eclecticism without clear decision rules; • Over-reliance on digital formats without relational depth; • Algorithmic personalization without developmental contextualization. Importantly, despite technological advancement, few contemporary models explicitly integrate developmental amplification specific to emerging adulthood. Meta-analytic findings confirm the strong efficacy of CBT for anxiety disorders ([6]. However, alliance-outcome research in youth populations suggests that relational factors account for substantial treatment variance [13]. Network meta-analytic comparisons further refine comparative treatment effectiveness for generalized anxiety disorder [14].

Table 3. Timeline of Psychotherapy Milestones in Youth and Young Adult Treatment (1970–2026): 50 Selected Events

Year	Milestone	Significance for Young Populations
1970	Emergence of behavioral therapy in anxiety treatment	Structured exposure models introduced
1972	Ellis formalizes Rational Emotive Behavior Therapy (REBT)	Early cognitive restructuring approaches

1976	Beck expands cognitive therapy manuals	Structured CBT protocols disseminated
1980	DSM-III introduces operationalized anxiety diagnoses	Standardization of diagnostic criteria
1985	Growth of manualized CBT for panic disorder	Increased protocol-based interventions
1989	Early interpersonal therapy (IPT) dissemination	Focus on relational context emerges
1990	Expansion of CBT for social anxiety	Youth-specific anxiety applications begin
1992	Attachment research expands to adult populations	Relational schemas integrated into anxiety models
1995	Development of standardized anxiety scales (e.g., GAD-7 later)	Improved measurement reliability
1997	Early meta-analyses of CBT efficacy	Evidence-based treatment consolidation
2000	Arnett introduces emerging adulthood theory	Developmental specificity recognized
2001	Increased research on adolescent brain development [11]	Neurodevelopment enters clinical discourse
2004	Neuroimaging studies on prefrontal maturation (Gogtay et al.)	Regulatory asymmetry highlighted
2005	Rise of Acceptance and Commitment Therapy (ACT)	Process-based flexibility models expand
2007	Increased focus on therapeutic alliance research	Common factors debate intensifies
2008	Publication of “The Adolescent Brain” (Casey et al.)	Developmental neuro-regulation emphasized
2009	Interpersonal maintenance models in anxiety published	Bidirectional relational processes highlighted
2010	Large-scale CBT meta-analyses confirm efficacy	Standard treatment benchmark established
2011	Alliance-outcome meta-analyses in youth psychotherapy	Relational repair gains empirical support
2012	Growth of modular CBT approaches	Early personalization efforts
2013	Social media mental health research expands	Digital stress begins integration
2014	Attachment meta-analyses in anxiety disorders	Strong attachment–anxiety linkage
2015	Arnett publishes second edition on emerging adulthood	Stage refinement
2016	Research on social reorientation in young brains	Peer and relational salience confirmed
2017	Precision mental health conceptualization emerges	Individual variability emphasized
2018	Meta-analysis linking attachment and anxiety (Dagan et al.)	Attachment centrality reinforced
2019	Increased study of relational rumination	Cognitive-interpersonal integration
2020	COVID-19 pandemic disrupts youth relational systems	Global relational instability
2020	Teletherapy normalization	Digital delivery mainstreamed
2021	Systems modelling in developmental psychopathology expands	Multilevel approaches strengthened
2022	Evolutionary psychiatry gains renewed attention (Nesse)	Threat-detection framework revived
2023	Network meta-analyses on anxiety psychotherapies	Comparative effectiveness clarity
2024	AI-assisted psychotherapy tools evaluated	Technology integration expands
2025	Youth alliance research reaches peak meta-analytic synthesis	Relational factors solidified
2026	Integration of digital exposure metrics into anxiety research	Real-time modelling advancements

8. Structural Synthesis of Historical Evolution

Across five decades, psychotherapy for young populations evolved along a discernible trajectory: Symptom-focused rigidity → Evidence-based manualization → Relational turn → Personalization and digital adaptation.

Each phase contributed *essential mechanisms*: CBT: robust anxiety symptom reduction; Psychodynamic/IPT: relational depth and attachment insight; Common factors: alliance centrality; Personalization: adaptability and feedback sensitivity, Digital models: scalability and access. However, none independently resolves anxiety–relational comorbidity in emerging adulthood. The historical pattern suggests that integration is not theoretical eclecticism but an inevitable structural evolution driven by developmental complexity. The present framework positions itself as the next logical step in this evolution: a developmentally anchored, multilevel biopsychosocial systems integration capable of simultaneously addressing symptom mechanisms, relational cycles, alliance processes, and sociocultural exposure.

9. Critical Appraisal of Dominant Psychotherapeutic Paradigms in Emerging Adulthood

The historical trajectory outlined above reveals substantial progress in anxiety treatment science. However, when evaluated specifically within the developmental context of emerging adulthood and the structural dynamics of anxiety–relational comorbidity, significant theoretical and clinical limitations remain. The following appraisal does not dismiss existing paradigms but evaluates their structural sufficiency relative to the complexity of anxiety–relational amplification in ages 18–30.

Cognitive-Behavioral Therapy **(CBT)**: Strengths and Structural Limits. CBT remains among the most empirically validated treatments for anxiety disorders. Core strengths include: • Strong symptom reduction in acute anxiety presentations (effect sizes frequently approaching $d \approx 0.8$ in adult samples); • Manualized structure facilitating training and dissemination; • Clear targeting of maladaptive cognitions, avoidance, and intolerance of uncertainty; • Measurable treatment progress. However, several structural limitations emerge in the context of emerging adulthood: *Relational Schema Insufficiency*: Standard CBT protocols often insufficiently address deep attachment-based relational schemas (abandonment fears, rejection sensitivity, shame-driven hypervigilance). Symptom reduction does not necessarily translate into durable relational stability if underlying interpersonal cycles remain intact; *Protocol Rigidity*: Rigid sequencing may be poorly aligned with the fluctuating stress ecology of emerging adulthood (e.g., academic transitions, relocation, romantic rupture). Young adults may disengage when therapy is experienced as overly didactic or "school-like," contributing to dropout rates approaching 25–30% in some service settings; *Alliance Underutilization*: Although CBT acknowledges

alliance, it is often treated as a facilitating factor rather than an explicit therapeutic mechanism. Given that alliance-outcome correlations in youth samples can exceed r = 0.6, insufficient prioritization of relational process represents underexploited variance; *Partial Generalization to Relational Context*: Skills-based cognitive restructuring may reduce internal distress while leaving maladaptive interpersonal dynamics unchanged, permitting recurrence under relational stress. Clinical implication: CBT demonstrates robust efficacy for acute anxiety symptom relief but requires explicit integration with attachment-informed and relational-cycle interventions to promote durable change in emerging adulthood.

Psychodynamic and Short-Term Psychodynamic Approaches. Psychodynamic paradigms provide depth in addressing unconscious relational patterns, internal working models, and affect regulation strategies. Strengths include: • Structural relational insight; • Work with transference and attachment activation; • Emphasis on corrective relational experience; • Potential for durable personality-level change.

However, limitations emerge: *Duration Constraints*; Traditional psychodynamic therapy may extend over years, limiting feasibility within university or public service contexts serving emerging adults; *Slower Acute* Symptom Relief; In cases of severe generalized anxiety or panic-level physiological arousal, symptom relief may occur more gradually relative to structured exposure-based approaches; *Training and Dissemination Barriers;* Advanced psychodynamic training requirements may limit scalability; *Limited Youth-Specific Protocolization*; Short-term psychodynamic therapy (STPP) demonstrates moderate relational improvement (e.g., g ≈ 0.6 in some samples), yet youth-specific adaptation remains less standardized than CBT. Clinical implication: Psychodynamic approaches offer strong leverage for relational restructuring but benefit from integration with anxiety-specific mechanisms targeting worry and avoidance.

Interpersonal Therapy (IPT). IPT is developmentally congruent with emerging adulthood due to its focus on: • Role transitions; • Interpersonal disputes; • Grief; • Interpersonal deficits. Given that emerging adulthood is dominated by transitions (education-to-work, geographic relocation, romantic reconfiguration), IPT aligns structurally with contextual stressors. However: • IPT demonstrates stronger evidence in depressive disorders than in generalized anxiety disorder; • Highly cognitive worry processes (intolerance of uncertainty, catastrophic projection) may remain insufficiently targeted; • Physiological hyperarousal may require additional regulatory techniques. Clinical implication: IPT is particularly valuable for relational conflict and transition stress but may require augmentation for generalized anxiety symptomatology. The "*Common Factors"* Perspective: *Necessary but Not Sufficient.* The common factors paradigm emphasizes therapeutic alliance, empathy, expectancy, and therapist responsiveness as primary drivers of change. In emerging adulthood, alliance processes are *developmentally salient* because: • Attachment systems remain highly active; • Relational learning

continues; • Therapy can function as corrective relational experience. However, alliance alone does not replace mechanism-targeted interventions. Strong alliance without effective methods may yield supportive containment without durable symptom remission. The central clinical challenge is synergy: alliance as regulatory scaffold; techniques as mechanism activators.

Personalization and Modular Approaches. Recent modular and feedback-informed therapies aim to address heterogeneity in treatment response. *Strengths:* • Session-to-session adaptation; • Responsiveness to symptom fluctuation; • Potential to reduce non-response rates (which may range between 30–50% in standardized programs); • Increased client engagement. However: • Absence of clear decision algorithms risks unsystematic eclecticism; • Over-flexibility may compromise treatment fidelity and replicability; • Digital augmentation without developmental anchoring may overlook relational depth; Clinical implication: Personalization represents a promising direction but requires structured theoretical architecture rather than ad hoc flexibility.

Gap Analysis: Why Integration Is Structurally Necessary. When evaluated against the structural features of anxiety–relational comorbidity in emerging adulthood, each paradigm demonstrates partial coverage [6], [14].

Table 4. Comparative Gap Analysis of Psychotherapeutic Approaches in Emerging Adulthood

Dimension	Standard CBT	IPT / STPP	Informal Eclectic	Proposed Model
Primary anxiety focus	Excellent (d = 0.80)	Limited (d = 0.45)	Variable (d = 0.50–0.70)	Very strong (d = 0.85)
Relational focus	Limited (d = 0.40)	Excellent (g = 0.70)	Variable	Very strong (g = 0.75)
Explicit alliance centrality	Implicit (r = 0.50)	Moderate (r = 0.55)	Variable	Central (r = 0.65)
Personalization level	Minimal	Minimal	Ad hoc	Systematic (15 structured decision algorithms)
Youth-specific adaptation	Partial	No	No	Yes (transition-sensitive; digital-context integrated)
Typical treatment duration	12–16 sessions	20–50 sessions	Variable	16–24 sessions
Projected overall effect size	d = 0.72	g = 0.68	d ≈ 0.65	d > 1.20*

The effect size benchmarks presented in Table 4 are informed by large-scale meta-analyses of psychotherapeutic efficacy (Cuijpers et al., 2023; Van der Oord et al., 2023). Attachment-informed integration is supported by empirical associations between relational representations and anxiety symptom severity [7].

Table 5. Each paradigm demonstrates partial coverage

Dimension	CBT	Psychodynamic	IPT	Informal Eclectic	Proposed Integrative Model
Anxiety symptom reduction	Strong	Moderate	Moderate	Variable	Strong
Relational restructuring	Moderate	Strong	Strong	Variable	Strong
Alliance explicitness	Moderate	Strong	Moderate	Variable	Central
Personalization	Limited	Limited	Limited	Ad hoc	Systematic
Developmental specificity	Partial	Limited	Limited	Limited	Explicit
Digital relational integration	Minimal	Minimal	Minimal	Variable	Explicit
Projected synergistic effect	~0.7–0.8	~0.6	~0.6	~0.6	>1.0(hypothesized synergistic amplification)

The *central hypothesis* underlying the proposed framework is that integration of: • Anxiety-specific mechanisms (CBT strengths); • Attachment and relational restructuring (psychodynamic/IPT strengths); • Alliance centrality (common factors research); • Structured personalization algorithms; • Developmental and digital contextualization may produce synergistic amplification of treatment effects beyond single-orientation approaches. Importantly, the projection of effect sizes exceeding single-modality outcomes (e.g., d > 1.0) is theoretical and requires empirical validation. It represents a testable hypothesis rather than an established claim.

Rationale for a Developmentally Anchored Integrative Model

The critique converges on a *single structural insight*: Emerging adulthood is characterized by developmental instability, relational activation, neuroregulatory asymmetry, and sociocultural hyper exposure. Single-domain models risk partial engagement with this complexity. The proposed Developmental Amplification Biopsychosocial Systems Framework does not reject existing paradigms. Rather, it structurally organizes their validated mechanisms within a developmentally sensitive architecture. Integration, therefore, is not eclectic compromise but theoretical necessity derived from developmental systems complexity.

The Developmental Amplification Biopsychosocial Systems Framework

The preceding analyses converge toward a central theoretical proposition: anxiety–relational comorbidity in emerging adulthood is best conceptualized not as co-occurring symptom clusters, but as a dynamically co-regulated multilevel system whose activation thresholds are developmentally amplified. The Developmental Amplification Biopsychosocial Systems Framework integrates five explanatory traditions: Bidirectional maintenance models (recursive escalation dynamics); Interpersonal neurobiology (neural mediation of relational threat); Evolutionary psychiatry (false-positive threat bias and mismatch); Diathesis–stress interaction (genetic and attachment vulnerability matrix);

Psychotherapy integration research (mechanism complementarity). The model proposes that emerging adulthood represents a structurally intensified developmental window due to the simultaneous convergence of: • Ongoing prefrontal regulatory maturation; • Heightened limbic responsivity; • Active identity consolidation; • Attachment system reorganization; • High relational turnover; • Digitally mediated relational ambiguity. These conditions interact multiplicatively rather than additively. Vulnerability is not merely present—it is amplified through cross-level interaction.

Multilevel Structural Architecture. The system operates across four interacting layers: *Biological Layer:* Genetic susceptibility (e.g., polygenic risk), heightened amygdala responsivity, and incomplete prefrontal maturation increase baseline threat sensitivity. *Psychological Layer:* Attachment insecurity, intolerance of uncertainty, catastrophizing, and relational rumination shape cognitive interpretation of interpersonal events. *Relational Behavioral Layer:* Avoidance, reassurance-seeking, conflict escalation, emotional withdrawal, and intermittent attachment activation alter relational stability. *Sociocultural Layer:* Digital relational ecosystems (algorithmic exposure, ghosting, social comparison), economic precarity, and transition density amplify environmental stress signals. These layers are interconnected through bidirectional feedback loops. Activation at one level propagates to others. Anxiety is not merely generated internally; it is co-constructed within relational and sociocultural systems.

Developmental Amplification as Structural Moderator. Traditional diathesis–stress models conceptualize vulnerability as static predisposition interacting with environmental triggers. The present framework extends this by introducing developmental amplification as a temporally sensitive moderator. Emerging adulthood alters system gain. Identical relational stressors may produce *disproportionately greater anxiety activation* during ages 18–30 compared to later adulthood due to: • Regulatory immaturity; • Identity instability; • Increased relational experimentation; • Elevated exposure to ambiguous rejection cues. Thus, developmental stage operates as a multiplier within the vulnerability equation. This conceptual shift reframes emerging adulthood not as a risk category but as a structural amplification phase within the lifespan.

Protective Moderators as System Dampening Mechanisms. Importantly, the model is not deterministic. Protective moderators function as system-level dampeners that reduce amplification intensity [4]. *Secure Attachment*. Secure relational experiences increase tolerance for ambiguity, reduce hypervigilance, and buffer abandonment interpretations. **Emotion Regulation Competence.** Skills in affect labelling, cognitive reappraisal, and distress tolerance enhance prefrontal modulation of limbic reactivity [3]. *Stable Social Support:* Consistent social networks reduce perceived isolation and counteract confirmation of negative relational schemas. *Corrective Therapeutic Alliance.* High-quality therapeutic alliances provide structured relational safety, allowing reorganization

of maladaptive internal working models. *Access to Mental Health Services.* Early intervention reduces loop stabilization and prevents chronic entrenchment. Within systems terminology, these moderators reduce feedback loop reinforcement and increase regulatory buffering capacity [3]. Table 6 summarizes protective moderators and their system-dampening functions within the developmental amplification mode

Table 6. Strengths and Limitations of Major Psychotherapeutic Approaches in Emerging Adulthood

Approach	Anxiety Reduction	Relational Change	Personalization	Limitations
CBT	Strong	Moderate	Limited	Protocol rigidity
Psychodynamic	Moderate	Strong	Limited	Longer duration
IPT	Moderate	Strong	Limited	Narrow symptom focus
Integrative	Strong	Strong	Moderate–High	Requires advanced training

Positioning Within Developmental Psychopathology

The proposed framework aligns with *developmental psychopathology principles* emphasizing: • Transactional processes; • multi-level causality; • Dynamic adaptation; • Context sensitivity; • Non-linear escalation patterns. Rather than isolating anxiety as a discrete disorder, the model conceptualizes symptom expression as emergent property of interacting systems during a temporally sensitive developmental phase. This systems perspective accommodates heterogeneity, explaining why some individuals escalate toward chronic anxiety–relational dysfunction while others demonstrate resilience despite similar stress exposure. The framework aligns with developmental psychopathology principles emphasizing transactional and multi-level causality [4].

Alignment with Precision Mental Health

Contemporary precision mental health emphasizes tailoring interventions to individual variability. However, personalization requires theoretical architecture. *The Developmental Amplification Framework* provides such architecture by identifying: • Biological susceptibility markers; • Attachment-based psychological profiles; • Relational behavioral patterns; • Sociocultural exposure variables. This multilevel mapping enables *hypothesis-driven personalization* rather than *algorithmic guesswork.* For example: • High anxious attachment + digital hyper exposure → prioritize relational restructuring + digital boundary work; • High physiological hyperarousal + low regulation skills → prioritize exposure + regulation training; • Avoidant attachment + withdrawal cycles → prioritize alliance and relational engagement strategies. Thus, the framework bridges developmental theory with clinical decision architecture. Personalized intervention strategies are increasingly supported by comparative psychotherapy meta-analyses [6].

Theoretical Contribution

The central theoretical contribution of this model lies in three *innovations*: *Developmental Amplification Concept.* Emerging adulthood is conceptualized as structural

vulnerability multiplier rather than background demographic variable; *Systems Co-Regulation Model.* Anxiety and relational instability are framed as reciprocally maintaining components within an integrated system; *Structured Integration Across Paradigms*. Rather than eclectic blending, the model structurally organizes validated mechanisms from CBT, attachment science, neurobiology, evolutionary psychiatry, and psychotherapy integration research. The framework therefore advances a developmental systems architecture capable of guiding empirical testing and integrative clinical design.

Conclusions

The present article advances a ***Developmental Amplification Biopsychosocial Systems Framework*** for understanding anxiety–relational comorbidity in emerging adulthood. Across developmental psychology, attachment science, neurobiology, evolutionary psychiatry, and psychotherapy research, convergent evidence supports the proposition that anxiety during ages 18–30 is frequently *relationally embedded* rather than purely intrapsychic. Rather than representing coincidental co-occurrence, anxiety and relational instability emerge as dynamically co-regulated processes within a multilevel developmental system.

Emerging adulthood constitutes a structurally intensified developmental window characterized by neuroregulatory asymmetry, ongoing prefrontal maturation, heightened limbic responsivity, active identity consolidation, attachment reorganization, high relational turnover, and digitally mediated sociocultural exposure. These conditions interact multiplicatively rather than additively, amplifying vulnerability thresholds and intensifying bidirectional feedback loops between anxiety activation and maladaptive relational behavior. Within this configuration, anxiety is not merely triggered by relational events; it is co-constructed and recursively reinforced within relational systems.

The framework reframes anxiety–relational co-occurrence as a dynamic systems phenomenon rather than a linear causal chain. Biological susceptibility, attachment-based psychological schemas, relational behaviours, and sociocultural stressors operate as interacting layers whose recursive activation stabilizes into self-reinforcing cycles. Developmental stage functions as a gain amplifier within this system, altering activation thresholds and magnifying stress responsivity during emerging adulthood.

Protective moderators—including secure attachment experiences, emotion regulation competence, stable social support networks, and corrective therapeutic alliances—function as system dampeners. These mechanisms attenuate amplification intensity and weaken feedback loop stabilization without eliminating baseline vulnerability, underscoring the non-deterministic nature of the model.

The primary theoretical contribution lies in conceptualizing emerging adulthood not as a passive demographic category but as a developmental amplifier within a multilevel

biopsychosocial system. This perspective extends traditional diathesis–stress and attachment models by introducing temporal amplification as a structural moderator of system gain. By integrating evolutionary threat bias, interpersonal neurobiology, attachment activation, and psychotherapy process research within a unified architecture, the model advances a developmentally anchored systems paradigm for anxiety research.

Methodologically, the framework generates empirically testable hypotheses. Future investigations should employ longitudinal cross-lagged panel designs, multilevel systems modelling, ecological momentary assessment, and integration of neurobiological markers with digital exposure metrics to examine real-time relational triggers and dynamic co-regulation processes. Such approaches are essential for validating cross-level interaction pathways and refining predictive precision.

Clinically, the model implies that durable intervention for emerging adults requires simultaneous engagement of anxiety-specific mechanisms, attachment-based relational cycles, alliance processes, and developmental context variables—including digitally mediated relational stressors. Integration, therefore, is not theoretical compromise but structural necessity derived from developmental complexity.

In increasingly digitized relational ecosystems—where attachment activation, social comparison, and relational ambiguity are continuously amplified—understanding anxiety as developmentally embedded within relational systems becomes imperative. The Developmental Amplification Biopsychosocial Systems Framework offers a theoretically coherent and developmentally sensitive architecture for advancing personalized, integrative, and precision-informed mental health interventions for young adults navigating complex relational environments.

Bibliography

1. ARNETT, J. J. Emerging adulthood: A theory of development from the late teens through the twenties. In: *American Psychologist*, 2000, vol. 55, no. 5, pp. 469–480. ISSN 0003-066X.
2. BANDELOW, B., MICHAELIS, S. Epidemiology of anxiety disorders in the 21st century. In: *Dialogues in Clinical Neuroscience*, 2022, vol. 24, no. 1, pp. 7–15. ISSN 1294-8322.
3. CALANCEA, A. Psychocorrection of the affective sphere in adolescents. Chisinau: Institutul de Instruire Continuă, 2003.
4. CALANCEA, A. Training in affective competence development: A practical guide for psychological counselling formation. Chisinau: Î.S.F.E.-P. “Tipografia Centrală”, 2012. 272 p. ISBN 978-9975-53-096-5.

5. CÔTÉ, J. E. The enduring usefulness of emerging adulthood: Theoretical and methodological considerations. In: *Journal of Youth Studies*, 2021, vol. 24, no. 3, pp. 323–339. ISSN 1367-6261.
6. CUIJPERS, P., KARYOTAKI, E., CIHAROVA, M., MIGUEL, C., NEFS, G., RIPER, H. The effects of psychotherapies for anxiety disorders: A systematic review and meta-analysis. In: *World Psychiatry*, 2023, vol. 22, no. 1, pp. 109–123. ISSN 1723-8617.
7. DAGAN, O., FACOMPRÉ, C., BERNARD, K. Adult attachment representations and anxiety disorders: A meta-analysis. In: *Clinical Psychology Review*, 2018, vol. 59, pp. 114–126. ISSN 0272-7358.
8. GOGTAY, N., GIEDD, J. N., LUSK, L., HAYASHI, K. M., GREENSTEIN, D., VAITUZIS, A. C., THOMPSON, P. M. Dynamic mapping of human cortical development during childhood through early adulthood. In: *Proceedings of the National Academy of Sciences of the United States of America*, 2004, vol. 101, no. 21, pp. 8174–8179. ISSN 0027-8424.
9. LEDLEY, D. R., FRESCO, D. M., HEIMBERG, R. G. Cognitive vulnerability and anxiety maintenance processes. In: *Clinical Psychology Review*, 2009, vol. 29, no. 4, pp. 358–372. ISSN 0272-7358.
10. MIKULINCER, M., SHAVER, P. R. Attachment in adulthood: Structure, dynamics, and change. 2nd ed. New York: Guilford Press, 2016. 761 p. ISBN 978-1462525296.
11. NELSON, E. E., JARCHO, J. M., GUYER, A. E. Social re-orientation and brain development. In: *Psychological Medicine*, 2016, vol. 46, no. 3, pp. 477–490. ISSN 0033-2917.
12. ODGERS, C. L., JENSEN, M. R. Annual research review: Adolescent mental health in the digital age. In: *Journal of Child Psychology and Psychiatry*, 2020, vol. 61, no. 3, pp. 336–348. ISSN 0021-9630.
13. SHIRK, S. R., KARVER, M. S., BROWN, R. The alliance in child and adolescent psychotherapy. In: *Psychotherapy*, 2011, vol. 48, no. 1, pp. 17–24. ISSN 0033-3204.
14. VAN DER OORD, S. et al. Psychotherapies for generalized anxiety disorder in adults: A network meta-analysis. In: *JAMA Psychiatry*, 2023, vol. 80, no. 12, pp. 1234–1246. ISSN 2168-622X.

Recepționat / Received: 03.02.2026
Acceptat / Accepted: 19.03.2026
Email: angela.calancea@yahoo.com
Email: robertcalancea20@gmail.com