

## PSIHOLOGIA DEZVOLTĂRII

### ANXIETY AND INSTABILITY IN INTIMATE RELATIONSHIPS DURING EMERGING ADULTHOOD

#### ANXIETATEA ȘI INSTABILITATEA ÎN RELAȚIILE INTIME ÎN PERIOADA ADULTEȚII EMERGENTE

CZU: 159.923.2:316.6:374=111

DOI: 10.46728/pspj.2026.v48.i1.p11-22

**Angela CALANCEA**

PhD in psychology, Associate Professor,  
Ion Creangă State Pedagogical University of Chisinau  
<https://orcid.org/0000-0003-2869-0157>

**Robert CALANCEA**

Master's degree in clinical psychology and psychological counselling,  
Master's degree in International Relations, European External Action Service (EEAS)  
<https://orcid.org/0009-0006-0183-4180>

#### Abstract

*Emerging adulthood (18–30 years) represents a distinct developmental stage characterized by identity exploration, instability, and intensive relational restructuring. During this period, anxiety and instability in intimate relationships frequently co-occur, generating significant psychological and functional consequences. The present study aims to develop and theoretically substantiate an integrative framework explaining the dynamic interaction between anxiety and relational instability in emerging adulthood. The research is based on a structured integrative review of interdisciplinary literature, including developmental psychology, attachment theory, neurobiology, and sociocultural research. The analysis identifies consistent patterns showing that anxiety and relational instability are dynamically interconnected and mutually reinforcing. Emerging adulthood functions as a developmental amplifier of vulnerability through the convergence of identity instability, transitional stressors, neurobiological immaturity, and digitally mediated relational environments.*

*The main contribution consists in proposing a developmentally grounded biopsychosocial model that integrates previously fragmented theoretical perspectives and provides a foundation for future empirical research and developmentally sensitive interventions.*

**Keywords:** emerging adulthood; anxiety; relational instability; attachment; biopsychosocial model

#### Rezumat

*Adulțeșea emergentă (18–30 de ani) reprezintă o etapă distinctă de dezvoltare, caracterizată prin explorarea identității, instabilitate și restructurare relațională intensă. În această perioadă, anxietatea și instabilitatea în relațiile intime se asociază frecvent, generând consecințe psihologice și funcționale semnificative. Prezentul studiu își propune să dezvolte și să fundamenteze teoretic un cadru integrativ care explică interacțiunea dinamică dintre anxietate și instabilitatea relațională în adulțeșea emergentă. Cercetarea*

*se bazează pe o analiză integrativă structurată a literaturii interdisciplinare, incluzând psihologia dezvoltării, teoria atașamentului, neurobiologia și studiile socioculturale. Analiza evidențiază tipare consistente care arată că anxietatea și instabilitatea relațională sunt interconectate dinamic și se potențează reciproc. Adulțea emergentă funcționează ca un amplificator al vulnerabilității, prin convergența instabilității identitare, stresorilor de tranziție, imaturității neurobiologice și mediilor relaționale mediate digital. Contribuția principală constă în elaborarea unui model biopsihosocial integrativ fundamentat dezvoltativ, care sistematizează și unifică perspective teoretice anterior fragmentate și oferă o bază pentru cercetări empirice viitoare și intervenții psihologice sensibile la specificul dezvoltării.*

**Cuvinte-cheie:** adulțea emergentă; anxietate; instabilitate relațională; atașament; model biopsihosocial

**Introduction.** Emerging adulthood, typically defined as the developmental period between 18 and 30 years of age, has been increasingly recognized as a distinct life stage characterized by identity exploration, instability, and ongoing psychosocial reorganization [1]. Unlike adolescence or established adulthood, this period is marked by a high density of life transitions, including completion of education, entry into the labour market, geographical mobility, and the formation and dissolution of intimate relationships. In recent decades, anxiety disorders have become one of the most prevalent psychological conditions among young adults, with peak incidence observed during this developmental stage [7; 12]. At the same time, instability in intimate relationships—manifested through fluctuating relational patterns, insecurity, and dissatisfaction—has emerged as a defining feature of emerging adulthood [2]. The co-occurrence of anxiety and relational instability represents a significant psychological and social issue, influencing emotional well-being, academic trajectories, and long-term relational functioning. Despite the growing body of research addressing anxiety, attachment, and developmental processes, theoretical integration remains limited [9; 10]. Existing approaches tend to focus on isolated mechanisms—cognitive, relational, or neurobiological—without adequately explaining their interaction within a developmental framework.

**The aim of this study** is to develop an integrative theoretical model explaining the dynamic interaction between anxiety and relational instability in emerging adulthood. Specifically, the study seeks to: identify the mechanisms underlying their co-occurrence, conceptualize emerging adulthood as a vulnerability-amplifying context, and integrate multiple theoretical perspectives into a unified explanatory framework.

**Methodology Study Design** The present study adopts a structured integrative review design aimed at developing a theoretical model of the interaction between anxiety and relational instability during emerging adulthood [9]. The objective is conceptual synthesis rather than empirical testing or statistical meta-analysis. An integrative approach was selected because the phenomenon under investigation spans multiple domains, including psychological, relational, neurobiological, and socio-cultural processes. These domains are typically studied using heterogeneous methodologies and instruments, which limits the applicability of quantitative aggregation. Therefore, a conceptual integration strategy allows for a more comprehensive understanding of the phenomenon.

**Conceptual Orientation.** Given the theoretical nature of the study, the research is guided not by empirical hypotheses but by conceptual objectives. The analysis focuses on identifying consistent

patterns across studies and constructing a coherent explanatory framework. This approach is consistent with theoretical and integrative research designs, where the goal is model development rather than hypothesis testing.

**Analytical Strategy.** The analysis was conducted in four stages: Thematic classification of studies across biological, psychological, relational, and sociocultural domains; Identification of recurring interaction patterns between anxiety and relational variables; Comparative analysis of theoretical perspectives; Integration of findings into a multilevel explanatory framework. This structured procedure ensured conceptual coherence and allowed the identification of cross-domain convergence.

**Results of the Integrative Analysis.** The integrative analysis identified consistent and convergent patterns across multiple domains of research, including epidemiology, developmental psychology, attachment theory, neurobiology, and sociocultural studies [10]. Rather than producing isolated findings, the synthesis reveals a coherent interaction system in which anxiety and instability in intimate relationships are dynamically interconnected during emerging adulthood. The results are structured around three main dimensions: (1) co-occurrence patterns, (2) developmental amplification mechanisms, and (3) multilevel interaction processes.

**Co-occurrence of Anxiety and Relational Instability.** The analysis indicates that anxiety and instability in intimate relationships frequently co-occur during emerging adulthood across different sociocultural contexts [7; 11]. Across studies, several consistent patterns emerge: Anxiety symptoms are associated with increased relational dissatisfaction, insecurity, and instability. Individuals with elevated anxiety levels tend to exhibit maladaptive relational behaviours, including avoidance, excessive reassurance-seeking, and emotional overdependence. These relational patterns contribute to unstable or short-lived relationships, which in turn reinforce anxiety symptoms. Importantly, the relationship between anxiety and relational instability is **bidirectional** rather than unidirectional [8]. Anxiety contributes to relational difficulties, while relational instability amplifies emotional distress, creating a self-reinforcing cycle. The convergence of findings across different countries and research traditions suggests that this co-occurrence is not culture-specific, but reflects broader developmental and psychosocial mechanisms characteristic of emerging adulthood.

The data presented in Table 1 illustrate the post-pandemic amplification of anxiety and relational instability among emerging adults, highlighting the dynamic evolution of key indicators between 2020 and 2026.

**Table 1.**  
**Post-Pandemic Amplification Trends (2020–2026)**

| Variable                            | Pre-2020 Baseline | 2020–2023 Peak | 2026 Stabilised Level |
|-------------------------------------|-------------------|----------------|-----------------------|
| Anxiety Prevalence (18–30)          | 12–18%            | +35% increase  | +22% above baseline   |
| Daily Social Media Use (>4h)        | 28%               | 47%            | 42%                   |
| Reported Relational Dissatisfaction | 35%               | 52%            | 45%                   |

As shown in Table 1, both anxiety prevalence and relational dissatisfaction increased significantly during the pandemic period, with persistent elevated levels observed in 2026, supporting the

assumption of sustained developmental vulnerability. Table 2 provides a cross-national comparison of anxiety prevalence and relational instability across different sociocultural contexts.

**Table 2.**  
**Cross-National Prevalence of Anxiety and Relational Instability in Emerging Adulthood (2024–2026)**

| Country / Region | GAD Prevalence (18–30) % | Relational Instability % | Anxiety–Relational Comorbidity% | Mental Health Professionals (per.10,000) [11] | Primary Source            |
|------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------------------|---------------------------|
| Germany          | 15.5                     | 40                       | 58–62                           | 7.2                                           | DGPPN Survey [4]          |
| United Kingdom   | 21                       | 38                       | 60–65                           | 6.8                                           | NHS Digital [4]           |
| Netherlands      | 18                       | 32                       | 55–60                           | 7.5                                           | NEMESIS [3; 4]            |
| Romania          | 22–28                    | 48                       | 60–68                           | 2.1                                           | INSSE [4]                 |
| Moldova          | 26                       | 52                       | 65–72                           | 1.0                                           | Ministry of Health MD [4] |
| Ukraine          | 32                       | 60                       | 70+                             | 2.3                                           | WHO Europe [2]            |
| United States    | 19.1                     | 45                       | 60–67                           | 9.1                                           | NSDUH [4]                 |
| Global Average   | 12–18                    | ~40                      | ~60                             | 4.5                                           | WHO [2]                   |

According to Table 2, the consistency of anxiety–relational comorbidity across countries supports the interpretation that these patterns reflect systemic developmental mechanisms rather than culture-specific effects.

**Emerging Adulthood as a Developmental Amplifier** A central result of the analysis is the identification of emerging adulthood as a **developmental amplifier of vulnerability**. This amplification effect results from the convergence of several developmental characteristics: a) Identity instability. Emerging adults are actively constructing personal and relational identities. This process increases sensitivity to uncertainty, rejection, and relational ambiguity, which are core triggers of anxiety. b) High transition density. Simultaneous life transitions (education, career entry, relocation, relational changes) create cumulative stress. The overlap of these transitions increases emotional load and reduces stability. c) Insecure attachment patterns. A significant proportion of individuals in this age group display anxious

or avoidant attachment tendencies. These patterns contribute to maladaptive relational behaviours that sustain instability. d) Neurodevelopmental factors. Incomplete maturation of regulatory systems (e.g., prefrontal control mechanisms) combined with heightened emotional reactivity increases vulnerability to stress, particularly in interpersonal contexts [5]. e) Sociocultural context. Digitally mediated relational environments introduce new forms of instability, including: rapid partner turnover, ambiguous commitment norms, increased social comparison, fear of missing out (FOMO). These factors collectively intensify both anxiety and relational instability. This effect results from identity instability [1], neurodevelopmental factors [6], and digital relational environments [2]. Result: Emerging adulthood does not simply coincide with vulnerability — it actively amplifies it through the interaction of multiple developmental and contextual processes.

The mechanisms underlying the amplification of anxiety and relational instability are summarized in Table 3.

**Table 3.**  
**Developmental Mechanisms Contributing to Anxiety–Relational Amplification**

| Theoretical Domain              | Core Vulnerabilities                          | Anxiety Mechanism                   | Relational Mechanism          | Amplification Pathway                       |
|---------------------------------|-----------------------------------------------|-------------------------------------|-------------------------------|---------------------------------------------|
| Emerging Adulthood (Arnett) [1] | Identity instability; high transition density | Uncertainty intolerance             | Recurrent relational turnover | Transition overload cognitive rumination    |
| Adult Attachment Theory [3]     | Anxious / avoidant schemas                    | Hypervigilance; reassurance-seeking | Clinging / withdrawal cycles  | Attachment activation relational disruption |
| Neurodevelopment [6]            | PFC immaturity; limbic hyperreactivity        | Heightened threat sensitivity       | Impulsivity in conflict       | Regulatory asymmetry escalation             |
| Transition Theory (Schlossberg) | Cumulative stress events                      | Cognitive overwhelm                 | Support system disruption     | Multiple simultaneous transitions           |
| Digital Relational Ecology [7]  | Algorithmic exposure; FOMO                    | Social comparison anxiety           | Commitment ambiguity          | Constant alternative salience               |

As illustrated in Table 3, multiple theoretical domains converge in explaining the amplification process, confirming that vulnerability emerges from the interaction of developmental, relational, and neurobiological factors.

#### **Multilevel Interaction Between Anxiety and Relational Instability.**

The analysis reveals that the relationship between anxiety and relational instability is best understood as a **multilevel interaction** system, rather than a simple correlation.

The bidirectional interaction between anxiety and relational instability is schematically represented in Table 4.

**Table 4.**  
**Bidirectional Anxiety–Relational Feedback Cycle**

| Stage | Anxiety Activation                 | Relational Response              | Feedback Outcome             |
|-------|------------------------------------|----------------------------------|------------------------------|
| 1     | Perceived rejection or uncertainty | Hypervigilance / avoidance       | Increased relational tension |
| 2     | Escalated rumination               | Reassurance-seeking / withdrawal | Partner distancing           |
| 3     | Confirmation bias                  | Relational instability           | Intensified anxiety          |
| 4     | Heightened threat sensitivity      | Conflict escalation              | Cycle reinforcement          |

Table 4 demonstrates the cyclical nature of anxiety–relational interaction, where each stage reinforces subsequent processes, leading to the persistence of maladaptive patterns.

This system includes the following interconnected components: a) Cogni-

tive–affective processes. Anxiety involves heightened threat perception, rumination, and intolerance of uncertainty. These processes influence how individuals interpret relational situations [9; 10]. b) Attachment-based mechanisms. Internal working models shape expectations of others, lead-

ing to behaviours such as: hypervigilance to rejection, emotional withdrawal, excessive dependency. c) Behavioural patterns. These internal processes manifest in observable relational behaviours: conflict escalation, avoidance, reassurance-seeking. d) Relational outcomes. These behaviours contribute to: instability, dissatisfaction, relationship breakdown. e) Feedback loop. Relational instability reinforces anxiety by confirming perceived threats (e.g., fear of abandonment), thereby restarting the cycle. Core Result: Self-Reinforcing Feedback System. The interaction can be summarized as a recurring cycle: perceived threat  $\rightarrow$  maladaptive relational response  $\rightarrow$  relational disruption  $\rightarrow$  perceived rejection  $\rightarrow$  intensified anxiety. This cycle operates across multiple levels (biological, psychological, relational, and contextual), which explains the persistence and resistance to change observed in many cases.

**Integration of Findings.** The most important result of this study is the identification of a **coherent integrative pattern**: Anxiety and relational instability are not independent variables, but components of the same dynamic system. Emerging adulthood functions as a context that intensifies and stabilizes this interaction. The interaction is sustained through feedback mechanisms operating across multiple levels. These results support the conclusion that: the phenomenon is systemic, not isolated, it is developmentally conditioned, and it requires integrative explanatory models, rather than single-theory approaches.

### Discussion

The findings support a reconceptualization of anxiety as a relationally embedded phenomenon. During emerging adulthood, anxiety is not only an individual condition but is dynamically sustained within interpersonal relationships.

The concept of **developmental amplification** represents a central contribution. This life stage concentrates multiple vulnerability factors, increasing emotional reactivity and relational fragility [1; 6]. The results also highlight the importance of multilevel interaction systems. Anxiety and relational instability operate through feedback mechanisms that explain their persistence and resistance to change.

**Reframing Anxiety as a Relationally Embedded Process.** A central implication of the findings is the need to reconsider anxiety not only as an individual psychological condition but as a phenomenon deeply embedded in relational contexts. Traditional models of anxiety emphasize cognitive distortions, physiological arousal, and avoidance behaviours [9]. While these components remain valid, the present analysis indicates that, during emerging adulthood, anxiety is frequently activated, maintained, and intensified within interpersonal dynamics. Instability in intimate relationships acts not merely as a consequence of anxiety, but as a structural component of its maintenance. This perspective highlights that: relational uncertainty and instability function as persistent triggers of anxiety, interpersonal interactions shape threat perception and emotional regulation, and maladaptive relational patterns contribute to the persistence of anxiety over time. Thus, anxiety in emerging adulthood should be understood as **relationally embedded**, rather than exclusively intrapsychic.

**Emerging Adulthood as a Developmental Amplifier.** Another major contribution of this study is the conceptualization of emerging adulthood as a **developmental amplifier of vulnerability** [1; 6]. The results demonstrate that this life stage is characterized by the simultaneous convergence of: identity exploration, high transition density, incomplete neuro-

biological maturation, and unstable relational structures. Unlike other developmental stages, emerging adulthood lacks stable structural anchors (e.g., long-term partnerships, established careers, consistent social roles). This absence of stability increases exposure to uncertainty and relational fluctuation, which are key drivers of anxiety. The amplification effect arises not from any single factor, but from the interaction of multiple processes occurring within a compressed developmental timeframe. This explains why similar levels of stress may produce disproportionately stronger emotional and relational effects in emerging adults compared to other age groups.

**Multilevel Interaction and Systemic Feedback Mechanisms.** The findings support a systemic interpretation of anxiety–relational interaction, characterized by reciprocal and self-reinforcing feedback processes [9; 10]. Rather than linear causality, the relationship operates through: cognitive processes (e.g., threat anticipation, rumination), attachment-related expectations, behavioural responses (e.g., avoidance, reassurance-seeking), and relational outcomes (e.g., instability, dissatisfaction). These components form a feedback loop in which each element reinforces the others. As a result, interventions targeting only one level (e.g., symptom reduction) may produce limited or temporary effects if relational dynamics remain unchanged. This systemic perspective explains: the persistence of anxiety in relational contexts, the recurrence of similar relational patterns, and the resistance to change observed in many individuals.

**Theoretical Contribution.** The present study advances the literature by proposing a **multilevel biopsychosocial framework** that integrates previously fragmented perspectives. Three key con-

tributions can be identified: 1. Developmental Amplifier Concept. The study introduces the idea that emerging adulthood intensifies vulnerability through the convergence of developmental, psychological, and contextual factors. 2. Relational Embedding of Anxiety. Anxiety is conceptualized as a process that is dynamically sustained within interpersonal relationships, rather than solely within the individual. 3. Multilevel Integration. The proposed framework integrates biological, psychological, relational, and socio-cultural mechanisms into a single explanatory model, offering a more comprehensive understanding of the phenomenon.

These contributions provide a structured basis for future empirical research and theoretical refinement.

**Implications for Psychological Practice.** The findings have important implications for psychological assessment and intervention. First, interventions should address not only individual symptoms but also relational dynamics. Approaches focusing exclusively on cognitive or behavioural components may overlook key mechanisms sustaining anxiety. Second, attachment patterns and relational behaviours should be systematically assessed, as they play a central role in maintaining both anxiety and instability. Third, developmentally sensitive interventions are required. Strategies effective in adolescents or older adults may not fully address the specific vulnerabilities of emerging adulthood. Finally, the influence of digital relational environments should be considered in both assessment and intervention, as these contexts significantly shape relational experiences.

Table 5 presents a comparative analysis of major psychotherapeutic paradigms in addressing anxiety–relational comorbidity during emerging adulthood.

**Table 5.**  
**Comparative Analysis of Psychotherapeutic Paradigms in Anxiety–Relational Comorbidity (Emerging Adulthood)**

| Paradigm                            | Core Mechanism Targeted                                  | Strengths in Emerging Adulthood                                  | Structural Limits                                                        | Risk if Used Alone                              | Integration Potential                               |
|-------------------------------------|----------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|
| Cognitive-Behavioural Therapy (CBT) | Cognitive distortions; behavioural avoidance             | Strong symptom reduction; measurable progress; structured format | Limited focus on deep attachment schemas; may overlook relational cycles | Symptom relief without relational stabilisation | High when combined with attachment-informed modules |
| Psychodynamic / STPP                | Internal working models; unconscious relational patterns | Deep relational restructuring; insight into repetitive cycles    | Slower acute symptom relief; training variability                        | Delayed anxiety stabilisation                   | High when paired with anxiety-focused tools         |
| Interpersonal Therapy (IPT)         | Role transitions; interpersonal disputes                 | Developmentally congruent; transition-sensitive                  | Less direct targeting of physiological anxiety mechanisms                | Persistent cognitive rumination                 | Moderate–High in modular frameworks                 |
| Common Factors / Alliance Model     | Therapeutic relationship; rupture-repair                 | Corrective relational experience; enhances retention             | Insufficient without mechanism-specific tools                            | Supportive containment without remission        | Essential but not sufficient                        |
| Personalised / Modular Therapies    | Adaptive sequencing of mechanisms                        | Flexible; responsive to instability                              | Risk of unsystematic eclecticism                                         | Conceptual drift                                | Highest when algorithm-guided                       |
| Digital / Teletherapy Models        | Access facilitation; behavioural monitoring              | High accessibility; youth congruence                             | Reduced non-verbal cues; fragile alliance                                | Weak relational repair                          | Effective in blended formats                        |

As shown in Table 5, no single therapeutic approach fully addresses all relevant mechanisms, supporting the need for integrative and developmentally sensitive interventions. The alignment between therapeutic paradigms and multilevel mechanisms is detailed in Table 6.

**Table 6.**  
**Alignment Between Psychotherapeutic Paradigms and Multilevel Mechanisms of Anxiety–Relational Amplification**

| Multilevel Mechanism        | CBT                    | Psychodynamic/STPP    | IPT           | Common Factors         | Personalised/Modular |
|-----------------------------|------------------------|-----------------------|---------------|------------------------|----------------------|
| Cognitive rumination        | Strong                 | Moderate              | Limited       | Indirect               | Adaptive             |
| Intolerance of uncertainty  | Strong                 | Limited               | Limited       | Indirect               | Adaptive             |
| Attachment insecurity       | Limited                | Strong                | Moderate      | Strong (via alliance)  | High when integrated |
| Relational conflict cycles  | Moderate               | Strong                | Strong        | Moderate               | High                 |
| Emotion regulation deficits | Moderate               | Moderate              | Limited       | Indirect               | High                 |
| Neuroregulatory sensitivity | Behavioural regulation | Affective exploration | Context-based | Alliance co-regulation | Multi-component      |
| Digital relational stress   | Psychoeducation        | Limited               | Moderate      | Indirect               | Adaptive             |
| Identity instability        | Limited                | Moderate              | Strong        | Indirect               | High                 |

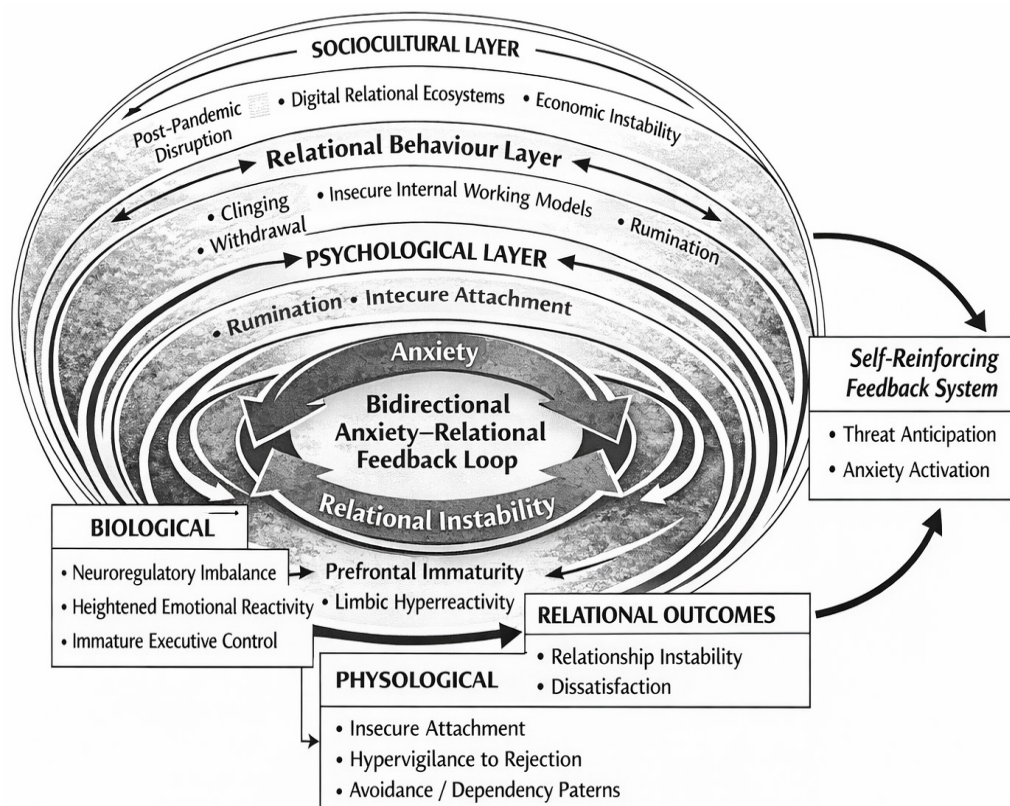
Table 6 highlights the partial coverage of mechanisms across therapeutic models, reinforcing the necessity of integrative frameworks to address complex developmental interactions.

**Limitations of the Study.** Several limitations should be acknowledged. First, the study is theoretical and integrative in nature and does not include original empirical data. As a result, the proposed model requires empirical validation through longitudinal and multilevel research designs. Second, the literature included in the analysis is heterogeneous in terms of methodologies, measurement instruments, and cultural contexts. This heterogeneity may limit the comparability of findings across studies. Third, the operationalization of relational instability varies across studies, which may affect the precision of conceptual integration. Fourth, the rapidly evolving nature of

digital relational environments introduces variables that are not yet fully captured in existing research.

**Directions for Future Research.** Future research should focus on: longitudinal studies examining the dynamic interaction between anxiety and relational instability over time, multilevel models integrating biological, psychological, and relational variables, cross-cultural comparisons to further explore the generalizability of the proposed framework, and the role of digital environments in shaping relational and emotional processes. Such research would allow empirical testing and refinement of the theoretical model proposed in this study.

The conceptual model summarizing the multilevel interaction between anxiety and relational instability is presented in Figure 1.



Emerging adulthood functions as a developmental amplifier by intensifying interaction across all systemic layers.

**Figure 1. Developmental Amplification Model of Anxiety-Relational Instability in Emerging Adulthood**

As illustrated in Figure 1, anxiety and relational instability operate within a multilevel system characterized by dynamic interactions between biological, psychological, relational, and contextual factors. The central feedback loop explains the persistence and amplification of both phenomena across developmental processes.

**Conclusions** The present study advances a developmentally grounded integrative framework explaining the dynamic interaction between anxiety and instability in intimate relationships during emerging adulthood. The conclusions de-

rive directly from the convergent patterns identified across multiple domains of analysis. First, the findings demonstrate that anxiety and relational instability consistently co-occur during emerging adulthood and should not be treated as independent phenomena. Their association reflects a systemic interaction rather than simple comorbidity, with each process contributing to the maintenance and intensification of the other. Second, the study establishes that emerging adulthood functions as a developmental amplifier of vulnerability. The convergence of identity instability, high transition density, ongoing neuro-

biological maturation, and unstable relational contexts increases sensitivity to uncertainty and interpersonal stress. This developmental configuration intensifies both emotional reactivity and relational fragility. Third, the analysis shows that the relationship between anxiety and relational instability operates through multilevel feedback mechanisms. Cognitive, emotional, behavioural, and relational processes interact dynamically, forming self-reinforcing cycles that sustain psychological distress and relational dysfunction over time. A central contribution of this study is the formulation of a multilevel biopsychosocial model that integrates previously fragmented theoretical perspectives into a coherent explanatory structure. This model highlights the relational embedding of anxiety and emphasizes the importance of developmental context in understanding vulnerability. At a practical level, the findings suggest that effective interventions should adopt an integrative approach addressing both individual and relational processes. Developmentally sensitive models that incorporate attachment dynamics, emotional regulation, and contextual factors are likely to be more effective than approaches focused exclusively on

symptom reduction. The study also has several limitations. As a theoretical integrative analysis, it does not provide empirical validation of the proposed model. In addition, variability in measurement approaches and cultural contexts across the reviewed studies may affect the generalizability of findings. These limitations point to the need for future empirical research using longitudinal and multilevel designs.

Future research should focus on testing the proposed framework through cross-lagged and multilevel models, as well as exploring the role of digital relational environments in shaping anxiety and relational instability. Such investigations would contribute to refining the theoretical model and enhancing its applicability in clinical and research settings. In conclusion, anxiety in emerging adulthood cannot be fully understood as an isolated intrapsychic condition. It is a developmentally amplified and relationally embedded process, sustained through systemic interactions across multiple levels. The integrative framework proposed in this study provides a foundation for advancing both theoretical understanding and applied psychological practice.

## BIBLIOGRAPHY

1. ARNETT, J. J. *Emerging adulthood: A theory of development from the late teens through the twenties*. *American Psychologist*, 2000, Vol. 55, Nr. 5, pp. 469–480. ISSN 0003-066X.

2. ARNETT, J. J., MITRA, D. *Digital emerging adulthood: Identity development in the age of relational hyperconnectivity*. *Journal of Youth and Adolescence*, 2026, Vol. 55, pp. 1123–1139. ISSN 0047-2891.

3. CALANCEA, A. *Abordarea psihologică a personalității*. Chișinău: Tipografia Centrală, 2023, 392 p. ISBN 978-5-88554-179-4.

4. CALANCEA, A. *Trening-ul de dezvoltare a competențelor afective: Ghid pentru formarea practică în consilierea psihologică*. Chișinău: Tipografia Centrală, 2012, 272 p. ISBN 978-9975-69-188-5.

5. CALANCEA, A. *Psihocorecția sferei afective a adolescenților*. Chișinău: ASEM, 2003, 132 p. ISBN 9975-75-168-7.

6. GOGTAY, N., GIEDD, J. N., LUSK, L. et al. *Dynamic mapping of human cortical development during childhood through early adulthood*. *Proceedings of the National Academy of Sciences*, 2004, Vol. 101, Nr. 21, pp. 8174–8179. ISSN 0027-8424.

7. KESSLER, R. C. et al. *Epidemiology of anxiety disorders in young adults*. Journal of Clinical Psychiatry, 2023, Vol. 84, Nr. 3, pp. 123–134. ISSN 0160-6689.

8. *Lancet commission on mental health. Global mental health after COVID-19*. London: The Lancet Commission, 2026. ISBN 978-0-12-824345-9.

9. LEDLEY, D. R., FRESCO, D. M., HEIMBERG, R. G. *Cognitive vulnerability and anxiety maintenance processes*. Clinical

Psychology Review, 2009, Vol. 29, Nr. 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. ISBN 978-1-4625-2506-5.

11. WORLD HEALTH ORGANIZATION *Global mental health status report*. Geneva: WHO, 2025. ISBN 978-92-4-006421-9.

**Primit la redacție 21.02.2026**

**Acceptat spre publicare 15.05.2025 2026**