

# Adolescent relationships and mental health: An attachment perspective



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# Roadmap

- Mental health and youth
- Attachment theory and adolescence:
   Contemporary context
- Adolescent attachment
- Measurement of attachment in adults and adolescents
- Selected studies
  - Focus on different levels of attachment conceptualisation.



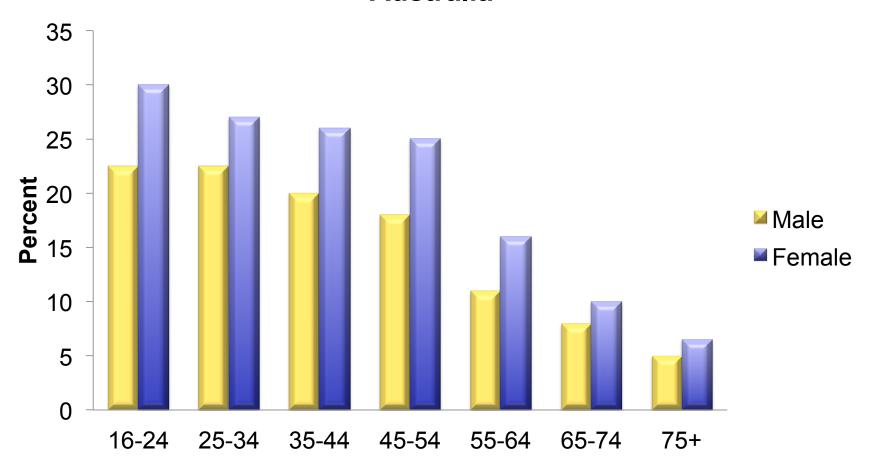


## Mental Health and Youth in Australia





# 12-Month Prevalence of Mental Disorders in Australia



Based on Slade et al. (2009)





## Mental Health and Youth

- Mental ill health contributes to nearly half of the burden of disease in young people and 75 per cent of mental health problems occur before the age of 25 (Kessler et al, 2007; Kessler, et al., 2005).
- Severe disorders are typically preceded by less severe disorders. By age 21, around 50%young people will have experienced a diagnosable psychiatric disorder (Kessler et al, 2007; Kessler, et al., 2005).





#### Mental Health and Youth

- The longitudinal impact of mental health problems in adolescence can be pervasive including:
  - Disrupted and problematic relationships (Boden et al., 2008; Kobak & Madsen, 2008)
  - Future negative mental health outcomes and higher welfare dependence (Fergusson, et al., 2007; Jonsson et al., 2011).
  - Reduced workforce participation, lower income and lower economic living standards (Gibb et al., 2010).





#### Mental Health and Youth

- Young people do not access services for mental health problems as often as other age groups (AIHW, 2011).
- Young people are most likely to talk to friends or family members as the first step in seeking support

(Rickwood, Deane, & Wilson, 2007).





# Relationships and Psychological Health

- What is the link between the quality of those close interpersonal relationships and psychological health?
- Does attachment theory offer some understanding of both the genesis and maintenance of psychological disorder in young people.





# Attachment theory and adolescence: The contemporary context





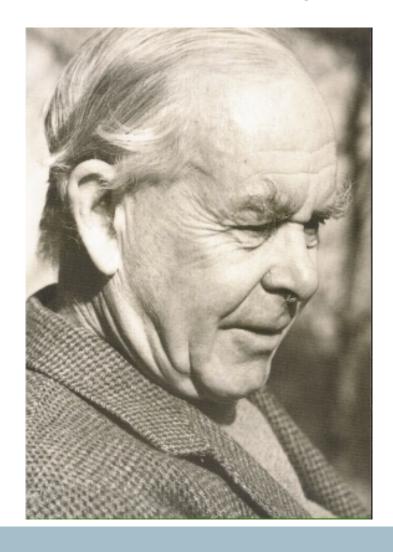
# **Attachment Theory**

- Developmental theory
- Clinical Theory
- Social psychological theory
- Personality theory
- Object-relations theory
- Evolutionary theory
- Theory of love
- Theory of close-interpersonal relationships and psychological health.





# Origins of Attachment Theory







# Ainsworth's Legacy







# **Contemporary Attachment Theorists**

















## **Adolescent Attachment**





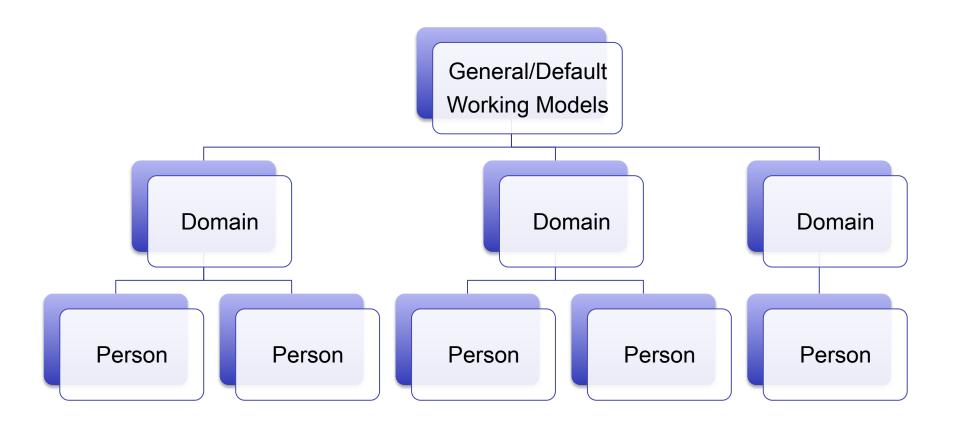
## Adolescent Attachment

- Relationship networks are expanding
- Processes of individuation and self-concept formation
- Knowledge of self from social relationships
- Movement of attachment functions into other relationships
- Attachments are in a state of flux.





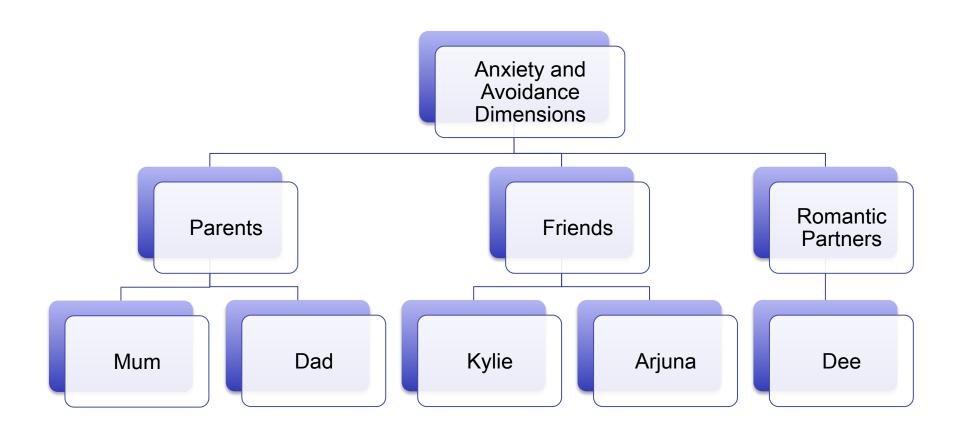
## Attachment is Networked and Hierarchical







# Adolescent Attachment Hierarchy







# Measuring Attachment in Adolescence





# Measuring Broad Attachment Dimensions

- Movement from categorical to dimensional measures.
- Consensus on underlying dimensions of insecure attachment.
  - Anxiety (Preoccupation, Hyperactivation, Model of Self)
  - Avoidance (Dismissing, Deactivation, Model of Other)
- Measured initially as romantic attachment in adults.
- Experiences in Close Relationships (Brennan et al., 1998)
- Experiences in Close Relationships Revised (Fraley et al., 2000)
- Experience in Close Relationships Revised General Short Form (Wilkinson, 2011)





## The ECR-R-GSF

- Shorter 10 items for each scale.
- General close relationships rather than romantic relationships.
- Some modification to language for younger readership.
- Same response rating scale.
- Anxiety and Avoidance factors replicated irrespective of age or gender.



## Domain Level Assessme

- The Inventory of Parent a (IPPA) (Armsden & Greenberg, 1987).
  - Parent Scale 28 items
    - Trust, Communication, Alienation
  - Peer Scale 25 items
    - Trust, Communication, Alienation subscales
  - Not based on the anxiety/avoidance models.
- The most widely used measure of adolescent attachment. (Wilson & Wilkinson, 2012)

- My parents respect my feelings.
- I feel angry with my parents.
- My friends sense when I'm upset about something.
- I feel angry with my friends
- I tell my friends about my problems and troubles.

subscales





# Specific Relationship Level Assessment

- IPPA modifications: IPPA-45 (Wilkinson, 2012)
- Parent scale so Scales.
- Adolescent Frie (Wilkinson, 2008)
- I think it would replace my f
- I worry abou close to my f
- I don't need friend.

ST-INOT

- I don't like depending on my friend.
- I avoid discussing personal things with my friend.
- I seek out my friend when things go wrong.\*

- Developed to asset
- 30 items
- Secure, Anxious, and Avoidant subscales.





# Selected RAPH Lab studies





Wilkinson, R. B. (2004). The role of parental and peer attachment in the psychological health and self-esteem of adolescents. *Journal of Youth & Adolescence*, 33, 479-493.





# **Key Questions**

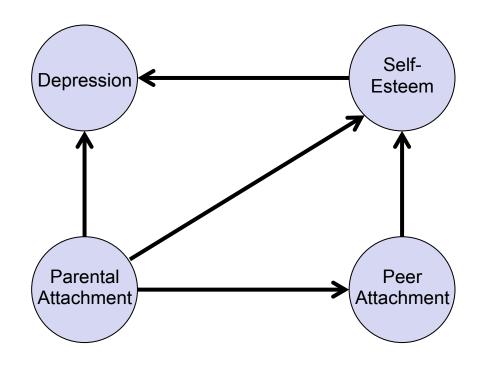
 Do parental and peer attachments have different relationships to psychological health and selfesteem in adolescents.

 Specifically, does self-esteem mediate the relationship of both parental and peer attachment on depression in adolescents.





## A Mediation Model





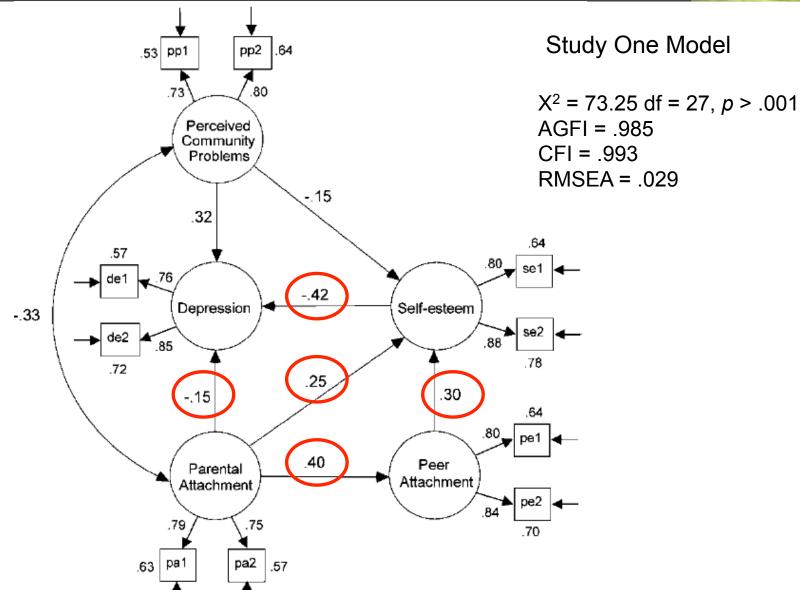


#### Methods

- 3 studies
- 2680 Norwegian and Australian 12 to 20 year olds.
- Various measures of the constructs including:
  - IPPA
  - 10 item Depression scale
  - Rosenberg Self Esteem Inventory
  - Perceived Community Problems











## Outcome

- Peer attachment is related more to self-esteem than directly to depression.
- Parental attachment is linked to both self-esteem and depression.
- What about specific relationships though?
- Are these relationships different depending on age and gender?





Wilkinson, R. B. (2006). Age and sex differences in the influence of attachment relationships on adolescent psychological health. *The Australian Educational and Developmental Psychologist*, 23, 87-104.





# **Key Questions**

- Is the link between attachment and depression different for boys and girls.
- Is the link between attachment and depression different for younger and older adolescents





## Method

- Sample
  - 291 girls and 324 boys
  - 13.5 to 18.7 years
- Measures
  - IPPA 45: 15 item Mother, Father, and Peer Scales
  - 10 item depression scale
  - 16 item self-esteem scale (SLSC-R)





# Multiple Regression on Self-Esteem and Depression – Younger versus Older

Variables	Younger β	Older β	Z
Self-Esteem			
Sex	.323*	.375*	
Mother Attachment	.329*	.158*	2.21*
Father Attachment	.143*	.102	0.05
Peer Attachment	.219*	.199*	0.25
Depression			
Sex	157*	191*	
Mother Attachment	249*	164*	1.08
Father Attachment	288*	209*	1.02
Peer Attachment	072	207*	1.67*





# Multiple Regression on Self-Esteem and Depression - Girls versus Boys

Variables	Female β	Male β	Z
Self-Esteem			
Sex	074	063	
Mother Attachment	.312*	.169*	1.84*
Father Attachment	.075	.191*	1.43
Peer Attachment	.235*	.155*	1.00
Depression			
Sex	.116	.053	
Mother Attachment	308*	074	2.95*
Father Attachment	168*	358*	-2.47*
Peer Attachment	193*	055	1.70*





## Outcome

- Complex pattern.
- Depends on what the outcome variable is.
- Differences for age.
- Differences for gender.
- Supports changing patterns of attachments.
- But what about specific peer relationships?





Wilkinson, R. B. (2010). Best friend attachment versus peer attachment in the prediction of adolescent psychological adjustment. *Journal of Adolescence*, *33*, 709-717.





## **Key Questions**

 Are 'best friend' relationships (specific) also associated with psychological health in addition to 'peer' relationships (domain).





#### Method

- Participants
  - 266 boys and 229 girls
  - 13 and 19 years.
- Measures
  - AFAS
  - IPPA 45
  - Depression (10 item)
  - School Attitude (10 item)





## Multiple Regressions

Variable	β for Depression	β for School Attitude
Sex	165*	190*
Age	101*	.157*
Mother Attachment	167*	.157*
Father Attachment	216*	.055
Peer Attachment	094	.175*
AFAS Secure	.010	.082
AFAS Anxious	.157*	135*
AFAS Avoidant	.120*	146*
R <sup>2</sup>	.19	.25





#### Comments

- Best friend attachment predicts outcomes even when controlling for:
  - Specific mother and father attachment
  - Domain level peer attachment
- Specific but not domain level peer attachment predicts depression.
- Peer Attachment ≠ Best Friend Attachment
- What happens when a key attachment figure is not around?





Wilkinson, R. B. (2011, 5-6 November). The impact of fathers' residential absence on adolescents' relationships and psychological adjustment. Paper presented at the The 11th Annual Conference of the Australian Psychological Society's Psychology of Relationships Interest Group.





## Sample

- Participants were 647 female and 400 male highschool students.
- Aged between 13.5 and 18.9 years (M = 16.81, SD = 0.86).
- 78.5% were categorized as middle to upper socioeconomic status.





#### Fathers Absence/Presence

Father	Girls	Boys
Absent	180 (63.6%)	103 (36.4%)
Present	461 (61.1%)	293 (38.9%)





#### Measures – Relationships and Attachment

- IPPA-45
- Depression (10 item)
- Family Cohesion (6 items)





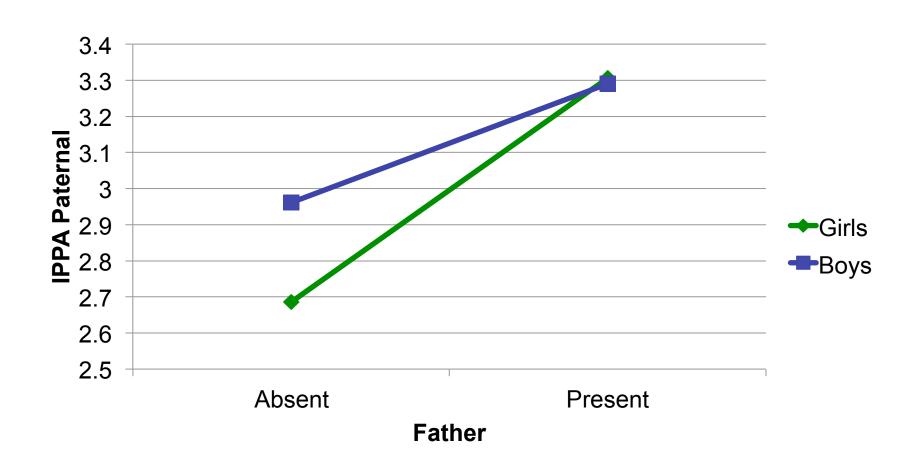
## Relationships

	Absent Father Present Fat	
Maternal	3.49 (0.90)	3.60 (0.82)
Paternal	2.79 (0.94)	3.30 (0.82)#
Peers	3.67 (0.61)	3.64 (0.65)
Poor Family Cohesion	2.62 (0.66)	2.52 (0.58)





#### Paternal Attachment Interaction







## Correlations with Depression

	Absent Father	Present Father
Maternal	362	249
Paternal	310	290
Peers	319	164





#### Outcome

- No compensation evident
- Adolescents have a lower quality attachment to their absent father, but
- This was more the case for girls more than boys.
- Father absence is related to the importance of peers to psychological health.





Wilkinson, R. B. (2012). The role of general and specific attachment in the psychological health adolescence. *Manuscript in preparation.* 





#### Method

- 920 high school students 15 to 19 years
- 528 girls and 392 boys
- Measures
  - ECR-R-GSF
  - IPPA-45
  - AFAS Anxiety and Avoidance scales
  - 10 item Depression scale





## Hierarchical Multiple Regression on Depression

IV	βIn	Final β
Sex	.011	.019
Age	064	140*
Anxious Attachment	.282*	.120*
Avoidant Attachment	.119*	.049
Mother Attachment	163*	159*
Father Attachment	162*	157*
Peer Attachment	240*	246*
Best Friend Anxiety	.105*	.105*
Best Friend Avoidance	097*	097*)

Adjusted  $R^2 = .243$ 





## Multiple Regression on Depression: Girls versus Boys

IV	Girls β (n = 528)	Boys β (n = 392)	Z	p
Age	008	024		
<b>Anxious Attachment</b>	162*	006	2.35	.019
Avoidant Attachment	013	108		
Mother Attachment	.170*	.096		
Father Attachment	.116*	.281*	2.57	.010
Peer Attachment	.256*	.223*		
Best Friend Anxiety	074	143*		
Best Friend Avoid.	.011	.274*	4.04	<.001
Adjusted R <sup>2</sup>	.257	.252		





# Multiple Regression on Depression: Younger versus Older

IV	Younger β (n = 387)	Older β (n = 533)	Z	p
Sex	.172*	.110*		
<b>Anxious Attachment</b>	166*	078		
Avoidant Attachment	062	027		
Mother Attachment	.147*	.166*		
Father Attachment	.227*	.101*	1.94	.052
Peer Attachment	.270*	.235*		
Best Friend Anxiety	066*	149*		
Best Friend Avoid.	.095*	.089*		
Adjusted R <sup>2</sup>	.257	.208		





#### **Outcomes**

- Specific attachment relationship measures were predictive of depression after controlling for general attachment dimensions.
- There are, however, important gender and age interactions.
- The role of father attachment varied by both age and gender.





#### **Overall Comments**

- Complex links between types of relationships and kind of outcomes.
- Attachment measures, irrespective of level, contribute to variance in depression.
- When considering the impact of attachment on psychological health we must become more sophisticated.
- Both general expectations of relationships and the specific qualities of actual relationships are implicated in adolescent psychological health.
- Approaches that rely on either one or the other are problematic.





## Implications for Interventions

- Relationships matter often ignored or down played in psychological interventions.
- General expectations about relationships (traditional attachment working models) should be addressed.
- Current relationships are not unimportant.
- Intra-psychic and behavioural (contextual) factors need to be addressed.
- Psychological health begins in infancy but comes to the fore in adolescence.
- Population and individual interventions required.





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## Thank you and Questions.

Please visit us at http://psychology.anu.edu.au/RAPH Lab/