



## Attachment relationships and Internalizing and Externalizing problems among Italian adolescents

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### ARTICLE INFO

#### Article history:

Received 29 November 2011

Received in revised form 3 April 2012

Accepted 4 April 2012

Available online 12 April 2012

#### Keywords:

Internalizing problems

Externalizing problems

Parent attachment

Peer attachment

Psychological adjustment

Adolescence

### ABSTRACT

This study examined the relationship between parent and peer attachment and Internalizing and Externalizing problems in a sample of 816 adolescents (413 males and 403 females) aged 11–19 years old. Their responses to the Inventory of Parent and Peer Attachment indexed attachment quality, and Internalizing and Externalizing problems were measured by the Youth Self-Report. Our analyses revealed: a) gender differences in attachment to parents, with females reporting stronger attachment than males, and age differences in attachment to parent and peer, with middle adolescents reporting stronger attachment than adolescents; b) gender differences in Internalizing problems and Total problems, with females reporting higher scores than males, and age differences, with adolescents reporting higher scores than middle adolescents. Internalizing problems were predicted by Alienation by parents and Trust (IPPA-Peer) dimension in the expected directions, and Externalizing problems were predicted only by parental attachment dimensions. Results showed that adolescents with comorbid Internalizing and Externalizing problems scored significantly lower on the dimensions of parent attachment compared to Internalizing problems (pure), those with Externalizing (pure) problems or the control group. Adolescents with Internalizing problems (pure) scored significantly lower on the dimensions of peer attachment compared to other groups.

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### 1. Introduction

The association between attachment quality to parents and psychosocial adjustment in adolescence has been documented in several empirical studies (Laghi, D'Alessio, Pallini, & Baiocco, 2009; Noom, Deković, & Meeus, 1999; Rice, 1990), and it is established that positive perceptions of self and others in attachment relationships with parents are associated with numerous indicators of psychosocial adjustment in adolescence (Laghi, Pallini, D'Alessio, & Baiocco, 2011; Rice, 1990; Simons, Paternite, & Shore, 2001), and negatively with problem behaviors (Laible, Carlo, & Raffaelli, 2000), low perception of social support (Larose & Boivin, 1998), feelings of loneliness (Ammaniti, Ercolani, & Tambelli, 1989; Kems & Stevens, 1996) and psychological distress (Cooper, Shaver, & Collins, 1998).

Attachment quality has been positively related to self-esteem (Cassidy, 1988; Clark & Symons, 2000; Verschuere, Marcoen, & Schoefs, 1996), feelings of competence (Papini & Roggman, 1992), perceived social support (Blain, Thompson, & Whiffen, 1993; Larose & Boivin, 1998), and a sense of mastery over their worlds (Paterson, Pryor, & Field, 1995).

Moreover, during adolescence, attachment behavior is often directed toward non-parental (non-caretaking) figures (Goodvin, Meyer, Thompson, & Hayes, 2008), especially peers, who may be considered such on a situational or temporary basis. Particularly peers may become new sources of trust. Although, a particularly important aspect of adolescent peer attachment is the peer's ability to support and encourage the adolescent's assumption of growth-promoting challenges, researchers have confirmed that adolescents continue to rely on their parents for emotional support and advice (Byers et al., 2003; Blyth, Hill, & Thiel, 1982; Gottfried, Gottfried, Bathurst, Guerin, & Parramore, 2003; Maccoby & Martin, 1983; Nickerson & Nagle, 2005) and that attachment security with parents predict an individual's well-being across the lifespan (Larson, Richards, Moneta, Holmbeck, & Duckett, 1996).

Although a person typically has more than one attachment figure, a hierarchy of attachment exists such that attachment behaviors are usually directed toward a principal attachment figure (Laghi et al., 2009). Some theorists (Laible et al., 2000) have argued for hierarchical organization in which the child's representation of the most salient attachment figure is the most influential and therefore the most predictive of developmental outcomes. Parents directly structure and select their children's peer contacts, and parents indirectly influence norms and beliefs about appropriate social behavior and the relationship models based on attachment experiences (Carson & Parke, 1996; Laghi, Liga, Baumgartner, & Baiocco, 2012; Whitbeck, Conger, & Kao, 1993; Zimmermann, 2004).

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Attachment theory plays an important role in the study of the cognitive, social, and emotional adjustment of adolescents. It reflects the core aspects of the ways through which they process affects, cognitions and behaviors, associated with qualities of past memories, present representations and future expectations with regards to attachment and affective bonds (Laghi, Baiocco, Lonigro, Capacchione, & Baumgartner, 2012; Laghi et al., 2009).

Attachment theory posits that, based on the experiences of care and affective support provided by parents, adolescents develop a feeling of security and help-seeking behaviors that function to protect them in situations of distress and to facilitate their exploration of the social world in general (Bowlby, 1969; Ridenour, Lanza, Donny, & Clark, 2006; Sroufe & Waters, 1977).

This configuration of affect and behaviors is thought to be intimately related to the presence of personal internal working models. These models are constructed on the basis of significant attachment experiences and allow adolescents to judge their self-worth in the attachment relationship and to assess the availability of the attachment figure as a source of comfort and support when they experience emotional distress (Ammaniti, Van Ijzendoorn, Speranza, & Tambelli, 2000; Cook, 2000; Main, Kaplan, & Cassidy, 1985).

Researchers have inferred the existence of internal working models based on the consistent links between attachment styles and social behavior, self-worth, and relational expectations across the lifespan (Allen & Land, 1999; Laghi, Baiocco, D'Alessio, Gurrieri, & Mazza, 2008; Shaver & Mikulincer, 2002; Thompson, 1999).

Some studies have indicated that positive role of attachment to parental figures is negatively associated with the presence of externalized problems, such as theft, drug use, vandalism (Noom et al., 1999), and aggressive behavior (Laible et al., 2000), and internalized problems, such as anxiety and depressive mood (Allen, Moore, Kuperminc, & Bell, 1998; Nada-Raja, McGee, & Stanton, 1992). As a result, attachment quality to parents might provide protection against the development of internalized and externalized behavioral problems (Duchesne & Larose, 2007). Similarly, secure attachment relationships with both peers and parents were also expected to relate to high levels of empathy and low levels of aggressive behavior (Laible et al., 2000). Adolescent with insecure attachment exhibit relational aggression (Casas et al., 2006) and heightened anger aggression (DeMulder, Denham, Schmidt, & Mitchell, 2000).

Several investigators have sought to better understand the characteristics of the adolescent – peer relationships (Furman & Buhrmester, 1992; O'Koon, 1997), but only a limited number of them has focused attention on the connection between peer-attachment and Internalizing and Externalizing problems (Ma & Huebner, 2008). Generally, it was argued that adolescents need these relationships since information or support from a parent may no longer be so relevant (Cotterell, 1992) and also to help them to establish their identity by comparing opinions and values with others (Laghi et al., 2011). In addition, research has shown some gender differences with regard to the relationship between the quality of both parent and peer attachment and psychological distress: boys have been found to be more likely to develop Externalizing problems such as acting-out behavior, drug and alcohol abuse, whereas girls are more likely to develop Internalizing problems such as anxiety, depression and suicidal ideation (Garnefski, Kraaij, & van Etten, 2005; Laghi et al., 2009). Moreover gender differences emerge also in attachment pattern because parent attachment is stronger in female than male, and females are more able than males to draw support from different sources like peers (Ma & Huebner, 2008).

A recent study (Ritakallio, Luukkaala, Marttunen, Pelkonen, et al., 2010), that investigates the effect of perceived social support in the comorbidity between depression and antisocial behavior, found that decreased perceived social support was associated with both depression and antisocial behavior in both sexes. There is a general confirmation that girls present higher levels of Internalizing problems than boys (Berkout, Young, & Gross, 2011; Ritakallio, Koivisto, von

der Pahlen, Pelkonen, et al., 2008); only one study (Ferdinand, Verhulst, & Wiznitzer, 1995) found that continuity of both depression and antisocial behavior did not differ by sex.

Some studies have highlighted the moderating effect of gender on Internalizing and Externalizing problems in adolescence with respect to the quality of relationship (Leadbeater, Kuperminc, Blatt, & Hertzog, 1999). They have demonstrated that Internalizing symptoms of female adolescents were partly explained by greater stability in interpersonal vulnerabilities while Externalizing problems of male adolescents were partly explained by the greater stability in the vulnerability to self-criticism.

The present study aims to investigate the relationship between parent and peer attachment and Internalizing and Externalizing problems. Attachment is conceptualized according to Bowlby's perspective as a unique emotional bond that enables adolescents to move away from the family and explore the world and to establish close relationships with significative figures other than parents. We therefore used an attachment measure which captures adolescents' perceptions of the quality of the attachment with both parents and peers evaluating behavioral and affective/cognitive dimensions of both actual adolescents' relationships. First, gender and age differences between parent and peer attachment and Internalizing and Externalizing problems were investigated. More specifically, unique relationships between parent and peer attachment and Internalizing and Externalizing problems were analyzed by performing regression analyses. It was expected that parent attachment would be able to explain more of the variance of both Internalizing and Externalizing problems than peer attachment. This hypothesis is congruent with Laible et al. (2000) who have argued the hierarchical organization of attachment models in which the child's representation of the most salient attachment figure is the most influential and therefore the most predictive of developmental outcomes.

Secondly, it will be studied to what extent parent and peer attachment relationships are specific determinants of Internalizing and Externalizing problems distinguishing different category of behavioral and emotional problems. Postulated by attachment perspective, it was hypothesized that adolescents with a combination of Internalizing and Externalizing problems would report lower levels of parent attachment compared to adolescents with Internalizing problems only, Externalizing problems only, and adolescents without problems. Regarding peer attachment, on the basis of previous research, we expected that adolescents with Internalizing problems would report lower levels of peer attachment compared to other groups.

## 2. Method

### 2.1. Participants and procedure

The sample consisted of 816 students (413 males and 403 females) attending middle and high schools in the center of Italy (Lazio). The schools were selected on the basis of their willingness to participate in the study ( $N = 6$ ). In terms of the type of high school 20% of students were enrolled in science-focused schools, 20% were in classical education schools, 20% were in industrial schools, 20% were in liberal arts-focused schools, and 20% were in teacher-training schools. The average age of the students was 15.89 ( $SD = 2.23$ ; range 11–19). For comparative purposes the sample was divided into four age groups: 11–13 years old early-adolescents who attended middle schools ( $N = 151$ ;  $M = 76$ ;  $F = 75$ ), 14–15 ( $N = 132$ ;  $M = 77$ ;  $F = 55$ ), 16–17 ( $N = 312$ ;  $M = 149$ ;  $F = 163$ ), and 18–19 years old adolescents ( $N = 221$ ;  $M = 111$ ;  $F = 110$ ) who attended high schools. Participation was obtained through an informed consent procedure asking for active consent from both students and parents. Questionnaires were administered in the classroom during lesson time at the end of the first semester. They took approximately 40 min to complete. Experts introduced the questionnaires, giving instructions on their compilation,

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