

Adolescent-parent attachment: Bonds that support healthy development

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Adolescence is characterized by significant neurological, cognitive and sociopsychological development. With the advance of adolescence, the amount of time spent with parents typically drops while time spent with peers increases considerably. Nonetheless, parents continue to play a key role in influencing their adolescent's development. Adolescent-parent attachment has profound effects on cognitive, social and emotional functioning. Secure attachment is associated with less engagement in high risk behaviours, fewer mental health problems, and enhanced social skills and coping strategies. The present article provides a brief synopsis of the changes that occur during adolescence and describes what attachment is, why it continues to be important and how it is transformed during adolescence. It summarizes major findings on the impact of attachment on adolescent adjustment and discusses strategies for supporting healthy adolescent-parent attachment.

Key Words: *Adjustment; Adolescence; Attachment; Health; Parent-child relationships; Psychopathology*

Adolescence is increasingly recognized as the second major 'window' of opportunity and risk in development, next only in significance to early childhood development. It is a period of biological, cognitive and social change of such magnitude and rapidity that it is no surprise to find that it is associated with the onset or exacerbation of a number of health-related problems including depression (1), eating disorders (2), substance abuse and dependence (3-5), risky sexual behaviour (6), antisocial and delinquent activity (7) and school dropout (8). In recent years, the role of parental influence in adolescent adjustment has been seriously questioned. Some researchers have argued that parents make little or no difference in how their children navigate the adolescent period, pointing instead to data showing that peer influence dominates this period (9). Contrary to this position, there is growing evidence that parents do make a difference, and that this difference operates through the nature of their attachment bond with their child (10-12).

THE SCOPE OF ADOLESCENT TRANSITION

The quintessential characteristic of adolescence is change. Although this has long been recognized by social scientists

L'attachement entre l'adolescent et ses parents : Des liens qui soutiennent un développement sain

L'adolescence se caractérise par un développement neurologique, cognitif et sociopsychologique important. D'ordinaire, à mesure que progresse l'adolescence, le temps passé avec les parents diminue tandis que celui passé avec les amis augmente considérablement. Néanmoins, les parents continuent d'exercer une énorme influence sur le développement de leur adolescent. L'attachement entre l'adolescent et ses parents a des effets profonds sur son fonctionnement cognitif, social et affectif. Un attachement solide s'associe à une participation moins marquée à des comportements à haut risque, à moins de troubles de santé mentale, à des aptitudes sociales et à des stratégies d'adaptation plus solides. Le présent article fournit un bref synopsis des changements qui se produisent pendant l'adolescence et décrit ce qu'est l'attachement, la raison pour laquelle cet attachement continue d'être important et sa transformation pendant l'adolescence. Il résume les principales observations sur les répercussions de l'attachement sur l'adaptation de l'adolescent et présente des stratégies pour soutenir un attachement sain entre l'adolescent et ses parents.

and mental health professionals (eg, psychiatrists, psychologists and other adolescent health specialists), the true depth of the changes that occur during this period have yet to be fully understood. New research points to significant transformations in neurological structure and function. Dopamine production and functional levels of other neurotransmitters change throughout adolescence, reaching adult stabilization levels at approximately 16 years of age (13). Significant transformations occur in prefrontal cortex function, supporting increasing capacity for abstract thinking and problem solving (14) and strategic response inhibition (15). Rapid hormonal changes also characterize this developmental period (16). Contrary to popular opinion, hormonal changes do not directly account for behavioural changes during adolescence. However, changes in neurological structure and neurotransmitter function have been implicated in increased irritability, anhedonia and risk taking behaviour which have been documented to increase during adolescence (14).

Changes in neurological development are accompanied by significant cognitive development; in particular, the capacity for abstract thought and complex problem solving.

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Metacognitive and representational capacity grows from early to late adolescence (17-19). Adolescents are increasingly able to simultaneously represent and compare multiple perspectives and attributes, promoting a more differentiated view of the world, including how adolescents see themselves and others around them (20-23). Early in adolescence, however, the ability to differentiate outstrips the capacity to integrate diverse information, leading adolescents to view the world in black and white terms, and to feel at odds with seemingly contradictory aspects of themselves. It is not until late adolescence that conflicting aspects of the self can be integrated into a coherent sense of self (24,25). Elkind (26) suggests that the cognitive shifts that occur in adolescence result in a form of adolescent 'egocentrism' in which the adolescent is overwhelmed by the sense that he or she is the focus of everyone's attention, coupled with the belief that his or her experiences are entirely unique.

Alongside these rapid biological changes, adolescents enter a new social-psychological phase of life. It is normal for the amount of time spent with parents to drop precipitously while time spent with peers increases. Estimates show a 21% drop (35% to 14%) in waking hours spent with family between late childhood and middle adolescence (27) and increasing reliance on peers for intimacy and support (28-31). New social roles open up for adolescents, taking them further from their families. Most adolescents enter the workforce at age 15 or 16 years, and many are employed for 15 h/week to 20 h/week (32,33). Dating relationships begin in early adolescence – around 13 years of age for girls and 14 years of age for boys (34) – although it is not until late adolescence that these relationships are characterized by genuine intimacy and deep emotional involvement (35).

In summary, adolescence involves significant transformations in almost every domain of functioning. During periods of rapid development, research shows that parental sensitivity and support are critical in 'scaffolding' children to the next level of functioning (36-38). However, in the adolescent phase of development, the parent-child relationship is thrown into flux as children strive toward autonomy and parents struggle to find new ways of supporting their children in the context of a different relationship. It is not surprising that the nature of the adolescent-parent attachment bond is paramount to how both parties negotiate this transition.

WHAT IS ATTACHMENT?

The concept of attachment was proposed by Bowlby (39-41) more than three decades ago to describe the fundamental bond between parent and infant that is essential to survival and development. Attachment is based on ethology, and Bowlby conceptualized attachment as a biologically based repertoire of organized behaviours (eg, infants' crying, smiling, clinging and proximity seeking) that foster infant-parent interactions and maximize survival. Under conditions of stress such as illness, unfamiliar environments and being left alone, infants direct certain behaviours toward their

caregivers to gain protection and safety. In the absence of stress, proximity-seeking behaviours are reduced and the attachment system enables children to engage in other adaptive behaviours that promote exploration and mastery of the environment (42). The attachment system, therefore, allows children to relate to their parents both as a 'secure base' (43) from which to explore, and as a 'safe haven' for obtaining support and protection in times of perceived threat.

Parents differ in the nature and quality of care that they provide to their children and, over time, children's attachment experiences are consolidated into 'internal working models' of relationships (40). Parental attunement and appropriate responsiveness give rise to secure attachment, marked by a view of the self as worthy of care and competent in mastering the environment, and a view of others as reliable and effective. Securely attached children readily seek out their caregivers when distressed, but feel sufficiently safe to explore their environment at times of low stress. In contrast, parental unavailability and harsh rejection is associated with insecure anxious-avoidant attachment. These children view themselves as unlovable and unable to attract care from their parents, and they view others as punitive and disinterested in them. Anxious-avoidant children are reluctant to approach their parents even when distressed, because they fear their overtures for comfort will be rejected or punished. Parental inconsistency is associated with anxious-ambivalent attachment. These children view themselves as unable to sustain the interest and care of others. However, they view others as able to provide support if their attention can be secured and sustained. Anxious-ambivalent children are vigilant about the whereabouts and responsiveness of their parents and display heightened overtures of need to provoke parental responsiveness. Their preoccupation with the availability of their parents inhibits appropriate exploration of their environment.

Evidence of the impact of parental attachment on early to middle childhood development is indisputable and immense. Attachment has been shown to influence almost every aspect of early childhood development, from neurocognitive development to social-behavioural competence (42,44). Importantly, research demonstrates that the quality of attachment varies according to the nature of parent-child interactions, ruling out the notion that it is determined entirely by dispositional qualities of the infant and young child (45). Studies also show that while early attachment exerts substantial influence over later development, attachment status can change as a function of deterioration and stress in the parent-child relationship or improvements in the relationship (46,47).

ADOLESCENT-PARENT ATTACHMENT

The rapid neurological, cognitive and social changes of adolescence create a social-cognitive dilemma for youth: the integration of new and diverse experiences in relation to the world and oneself. Adolescence also presents an

attachment dilemma, that is, maintaining connection with parents while exploring new social roles away from the family and developing attachment relationships with peers and romantic partners (12). Of great importance is the fact that the successful transition of adolescence is not achieved through detachment from parents (48,49). In fact, healthy transition to autonomy and adulthood is facilitated by secure attachment and emotional connectedness with parents (50).

In a nutshell, research shows that attachment security in adolescence exerts precisely the same effect on development as it does in early childhood: a secure base fosters exploration and the development of cognitive, social and emotional competence (51). Studies of nonclinical samples (52,53) show that securely attached adolescents are less likely to engage in excessive drinking, drug use and risky sexual behaviour. Among females, attachment security is related to lower rates of teenage pregnancy (52). Securely attached adolescents also suffer fewer mental health problems such as anxiety, depression, inattention, thought problems, conduct disorder, delinquency and aggression (52,54-56). Attachment security in female adolescents is related to fewer weight-related concerns (57) and less frequent eating disorders (58). Attachment security in adolescence also predicts more constructive coping skills (53,59) and significant gains in social skills from 16 to 18 years of age (60). Securely attached adolescents manage the transition to high school more successfully, enjoy more positive relationships and experience less conflict with family and peers than do insecurely attached adolescents (61-63). Findings from clinical samples are consistent with those from normative samples: insecure attachment is associated with suicidality (64), drug use (65), and aggressive and delinquent behaviour (66,67).

Secure attachment is clearly important to healthy adolescent adjustment. The question is: what do adolescents need from their parents to sustain healthy attachment? Research suggests that the attachment function of parents changes in some ways, but remains stable in others (31). For example, while young children require close proximity and physical availability of parents to provide comfort when they are distressed, adolescents do not need the same degree of proximity and can derive comfort from knowing their parents are supportive even when they are not present. However, parental sensitivity and attunement continue to be essential in maintaining attachment security during adolescence, especially in the domain of autonomy needs (51). The ability of parents to sustain a 'goal-directed partnership' with their child also remains critical, and is particularly challenging because conflict between parents and children increases during adolescence (68). Conflict itself is not a sign of poor relationship quality, because it will unquestionably arise in healthy relationships as parents exert appropriate levels of behavioural control over their adolescents, negotiating increasing responsibility as competence develops (69). However, growing evidence suggests that the capacity of parents and their adolescent children to maintain

'relatedness' while disagreeing on critical issues is the hallmark of attachment security (70). Maintaining relatedness is captured by specific parent-adolescent behaviours during disagreements, including confidently stating one's own opinion, and validating and showing empathy for the other person's point of view (51).

In summary, while the presence of conflict in the parent-adolescent relationship is normal, how the parent-adolescent dyad negotiates conflicts and sustains their relationship is diagnostic. Adolescents who feel understood by their parents and trust their commitment to the relationship, even in the face of conflict, confidently move forward toward early adulthood. These securely attached adolescents do not avoid conflict, exploration and individuation, nor do they prematurely push to independence without the support of their parents.

SUPPORTING ADOLESCENTS AND THEIR FAMILIES

It is critical that the myth of adolescent detachment be dispelled. Many parents feel they have little or no influence in their adolescent's life and they bemoan the fact that their child's fate rests outside their hands. Parents require solid information on the profound neurocognitive, social and emotional changes that occur during adolescence and the importance of their continued sensitivity and attunement to their child's needs during this time. They need to know what to expect in their relationship with their child, and how best to manage the transition of adolescence. Many parents experience the increase in parent-child conflict that occurs during adolescence as a personal rejection of the relationship and their importance to their child. This perception is mistaken, although entirely understandable in light of the conflict and communication difficulties that often occur between parents and their teenage children. Helping parents to reframe the meaning of conflict as an opportunity to build their relationship with their adolescent child can be of great assistance to parents. Many parents of adolescents require indepth support to develop the skills that are necessary to support their children through adolescence. A number of therapeutic interventions have evolved from attachment theory, although the majority of these focus on families with younger children or on marital relationships (71). Fortunately, therapeutic interventions are emerging for families with adolescent children, and many show considerable promise in reducing risk behaviour in adolescents (12,72,73). Parental interventions that focus on attachment and the development of sensitivity, attunement and conflict negotiation can be particularly beneficial (74).

Changing the myth of adolescent detachment, however, requires efforts that extend beyond the mental health system. Public health initiatives that encourage parents to stay connected with their adolescents would help to change the general impression that parents and society hold about adolescent disinterest and rebellion. Support within the educational system, emphasizing the continued importance of

attachment to parents and other adults during adolescence, would also be beneficial. In particular, educational programming that supports attachment during the transition from elementary to high school through bridging programs that connect youth with teachers, structuring of schools and classrooms to encourage connection (eg, 'school-within-the-school' programs), and parent education would go far in reducing school dropout rates during this sensitive developmental period.

In summary, evidence clearly points to the continued importance of adolescent-parent attachment as a determinant of health during this development phase and beyond. It is essential for mental health and other health and education professionals to be knowledgeable about adolescent development and the value of adolescent-parent attachment. Shifting our assumptions about adolescence as a period of detachment and rebellion to a view that better fits the reality of this developmental period and stresses the importance of staying connected is well overdue.

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