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Romantic relationships in adolescents with internalizing and externalizing problems

Franca Tani¹ and Martina Smorti²

¹University of Florence; ²Free University of Bozen (Italy)

The main focus of this study was to examine the influence that individual' psychological problems have on involvement and quality of adolescents' romantic relationships. A sample of 621 adolescents (308 males and 313 females) aged from 14 to 17 years was recruited for this study. Psychological problems were assessed by means of Youth Self-Report that assessed externalizing (aggressive, disruptive, hyperactive, antisocial, and delinquent behaviours) or internalizing (depression, anxiety, and social withdrawal) problems. Differently from previous studies, it has been differentiated "pure" externalizing or internalizing problems from comorbidity forms of psychological problems. Total number of partners and the mean of relationships' duration were used to explore the quantitative aspects of romantic relationships. Network of Relationships Inventory and a Relationship Satisfaction Scale were employed to measure the positive (companionship, intimacy, reliable alliance and Support) and negative (Conflict, Antagonism, and Reliable Power) qualities. Results showed that both adolescents with pure externalizing or with comorbidity problems reported a higher total number of partners than adolescents with pure internalizing problems did. Furthermore, they had romantic relationships characterized by more negative qualitative features.

Keywords: Internalizing and externalizing problems, comorbidity, quantitative and qualitative aspects of romantic relationships, adolescents.

Las relaciones románticas en adolescentes con problemas interiorizados y exteriorizados. El objetivo principal de este estudio fue examinar la influencia que cada problema psicológico tiene en la participación y la calidad las relaciones amorosas de los adolescentes. Para este estudio fue reclutada una muestra de 621 adolescentes (308 varones y 313 mujeres) con edades comprendidas entre 14 y 17 años. Los problemas psicológicos fueron evaluados mediante *Youth Self-Report* que evalúa los problemas de externalización (conductas agresivas, disruptivas, hiperactivas, antisociales y delictivas) y de internalización (depresión, ansiedad y aislamiento social). En contraste con los estudios anteriores, se han diferenciado los problemas de externalización e internalización "puros" de las formas de comorbilidad de trastornos psicológicos. Para explorar los aspectos cuantitativos de las relaciones amorosas se ha utilizado el número total de parejas y la media de la duración de las relaciones. Fueron empleados un inventario de relación y un inventario de satisfacción en la relación para medir el positivo (el compañerismo, la intimidad, la alianza y el apoyo fiable) y negativo (conflicto, antagonismo e influencia). Los resultados mostraron que los adolescentes con externalización pura o con problemas de comorbilidad, reportaron un mayor número total de parejas con respecto a los adolescentes con problemas de internalización pura. Además, tenían relaciones amorosas caracterizadas por rasgos cualitativos más negativos.

Palabras clave: Problemas internalizados y externalizados, comorbilidad, aspectos cuantitativos y cualitativos de las relaciones amorosas, adolescentes.

Correspondence: Franca Tani. Department of Health Sciences, Psychology Unit. University of Florence. Via San Salvi, 12. PAD. 26. 50135. Firenze (Italy). E-mail: franca.tani@psico.unifi.it

A growing body of empirical findings has widely documented that romantic relationships are central in adjustment and psychosocial well-being (Braithwaite, Delevi & Fincham, 2010; Furman & Shaffer, 2003; Tani, 2007). Starting from adolescence, romantic relationships play a central role in the psychological development since they contribute to the formation of identity (Collins, 1997), enhance self-esteem (Darling, Dowdy, Van Horn & Caldwell, 1999), increase interpersonal, social, and academic competence (Furman & Shaffer, 2003; Giordano, Manning & Longmore, 2006), and prepare adolescents for adult relationships (Seiffge-Krenke, 2003). Nevertheless recently it has been proposed that this positive influence on psychological well-being is strictly related to positive features of romantic experiences and in particular to their involvement and quality (Tani, 2007).

However, little attention has been given to the influence that individual' psychological problems have on involvement and quality of their romantic relationships. The present study analyzes this aspect.

The influence of involvement and quality of romantic relationships on psychosocial adjustment in adolescence

According to Collins (2003), *involvement in romantic relationship* is defined by elements such as «the frequency and consistency of dating, and the duration of a relationship» (p. 9). Differently, *quality* of the romantic relationship is described by the degree of companionships, intimacy, reliable alliance, support, or conflict, antagonism and imbalance of power in the relationship (Furman & Collins, 2007). Specifically, companionship is referred to the quantity and quality spent with the partner; intimacy is defined as the emotional closeness between the two partner, expressed in terms of open communication and self-disclosure; reliable alliance, indeed, investigated the subjective belief about the stability and the duration of the relationship, and, finally, the support is referred to the help and the cure receive by the partner. The negative features of conflict and antagonism, indeed, are defined as the frequency of disagreements and conflicts within the relationships, and the relative power is referred to the distribution of the power in the relationships.

In general, research findings have indicated that healthy and satisfactory romantic relationships during adolescence are characterized by open communication and a high level of trust, intimacy and nurturance, whereas unhealthy relationships are characterized by violence, aggression, conflict, and a lack of mutual trust (Barber & Eccles, 2003; Tani, Bonechi, Ingoglia & Smorti, submitted). Conversely, many studies showed that conflict and antagonism between partners have deleterious and negative consequences, not only on general psychosocial development, but also on physical health (Heller, Watson & Ilies, 2006). Specifically, a romantic break up increases the probability of experiencing depressive episodes in adolescence (Compian, Gowen &

Hayward, 2004; Davila, Steinberg, Kachadourian, Cobb & Fincham, 2004). Similarly, lower intimacy, emotional support, and higher stress between partners are associated with depressive mood reactivity and depressive symptoms (Daley & Hammen, 2002; Williams, Connolly & Segal, 2001). Moreover, negative interactions between partners are associated with greater depressive symptoms, especially for girls (La Greca & Harrison, 2005).

However, as we said, although all these studies have investigated the influence of romantic relationship involvement and quality on psychosocial outcomes, little attention has been given to the influence that behavioural and psychological problems have on involvement and quality of romantic relationships in adolescence.

Internalizing and externalizing problems in adolescence

In the literature, the most common forms of adolescent problems are divided into two broad classes, internalizing and externalizing problems, on the basis of Achenbach and colleagues' multi-axial, empirically based assessment model (Achenbach, 1991; Achenbach & McConaughy, 1997). Internalizing problems –which include depression, anxiety, and social withdrawal–, are characterized by inner-directed, over-controlled behaviours which involve disturbances in emotion or mood or that cause emotional distress in the self. Conversely, externalizing problems are directed outwards and characterized by behaviours that are harmful and disruptive to others or to the environment and society and include aggressive, disruptive, hyperactive, antisocial, and delinquent behaviours (Achenbach & Rescorla, 2001; Achenbach, Dumenci & Rescorla, 2002; Liu, 2004). All the symptoms associated with internalizing and externalizing problems are typically on a continuum of severity and do not necessarily reflect a clinical diagnosis. Indeed, they seem to be quite common among adolescents (Achenbach & Rescorla, 2001).

The prevalence of both these types of behaviour problems also differs across gender. Specifically, most of the adolescent disorder research has found that externalizing problems are more prevalent in males (Hoffmann, Powlishta & White, 2004; Tani, Guarnieri, Perini & Maggino, 2009; Smorti, Benvenuti & Pazzagli, 2010) and that internalizing problems are more frequently found in females (Crick & Zahn-Walker, 2003; Smorti, Vanni, Benvenuti & Pazzagli, 2009; Zahn-Waxler *et al.*, 2008).

However many studies documented that internalizing and externalizing problems, despite the apparent differences in symptomatology, show considerable correlation and are not necessarily mutually exclusive (Oland & Shaw, 2005). Furthermore, it has been found evidence of the existence of pure and co-occurring internalizing and externalizing problems both in clinical and community-based samples of adolescents (Krueger & Markon, 2006) and it has been suggested that co-occurring

psychopathology might represent distinct, meaningful syndrome that could have more chronic and severe consequences on adolescent development, and a more negative prognosis for their psychosocial functioning (Beyers & Loeber, 2003; Youngstrom, Findling & Calabrese, 2003).

Romantic relationship features of adolescents with psychosocial problems

The literature on the influence of adolescents' problems on the involvement and quality of their romantic relationships is not consistent. Some scholars have emphasized that both male and female adolescents with externalizing problem behaviours are over-involved in dating and romantic relationships and thus they tend to have a high total number of partners (van Dulmen, Goncy, Haydon & Collins, 2008). The authors suggest that this occurs because the presence of such problems may indicate a lack of social competence that impedes the establishment of steady and close romantic relationships based on trust and intimacy.

Regarding the quality of romantic relationships, Caspi's longitudinal study (2000) reported that aggressive adolescents and young adults were involved in more conflicted relationships. Further, aggressive individuals have romantic relationships characterized by high levels of frustration, ambivalence, jealousy, and low levels of trust (Linder, Crick & Collins, 2002). In a similar way, adolescents with antisocial behaviour problems base their relationships on ambivalence and violence and are more likely to form a union with a partner who is delinquent (Moffitt, Caspi, Rutter & Silva, 2001).

However, other scholars documented that also adolescents with internalizing problems, particularly depressed adolescents, have difficulties in establishing romantic relationships (Davila, 2008).

Adolescents with internalizing problems also have significantly worse-quality romantic relationships compared to well-adapted youth (Hammen, Brennan, Keenan-Miller & Herr, 2008). The longitudinal study on romantic relationship by Vujeva and Furman (2011) revealed that depressed youth report both less increase in positive problem solving and greater increase in relationship conflict from mid-adolescence to emerging adulthood. Moreover, they tend to report higher levels of relational aggression (La Greca & Harrison, 2005) and lower romantic competence (Steinberg & Davila, 2008) compared to no-depressed ones. Particularly, depressed girls have greater rejection sensitivity and feelings of insecurity about a partner's commitment, and also more hostility during romantic conflicts (Purdie & Downey, 2000). Furthermore, they often tend to be extremely dependent and submissive, and thus seek care and reassurance. These pathological interaction patterns may create fewer opportunities for pleasure between partners, which consequently may lead to relationship deterioration (Darcy, Davila & Beck, 2005; Davila & Beck, 2002).

The inconsistent results about the role of internalizing or externalizing problem on adolescents' romantic relationships are probably due to a methodological gap of previous study. These investigations, in fact, consider the presence of specific problem in internalizing or externalizing area whereas no systematic research has been conducted on the role of co-occurring internalizing and externalizing problems have on involvement and quality of romantic relationships. The present study expands the extant body of research that directly considers the relationship between psychological maladjustment and romantic relationships in a number of ways. First, it differentiates different and more "pure" forms of psychological disease. Secondly, it focuses in particular on involvement and quality of romantic relationships. Finally, it explores gender-differentiated patterns of relationship among these variables.

Aims

The main focus of this study was to investigate differences in both involvement and quality of romantic relationships among adolescent groups with: (1) neither internalizing nor externalizing problems (normative group NG); (2) pure internalizing problems (INT); (3) pure externalizing problems (EXT); and (4) co-occurring of internalizing and externalizing problems (CG).

With regard to involvement of romantic relationships, we hypothesized that the EXT would report over-involvement defined by higher numbers of romantic partners and by a shorter duration relationships compared to INT and NG.

Regarding to quality of romantic relationships, it was expected that the EXT group would have romantic relationships characterized by lower quality, in terms of conflict, antagonism, and power imbalances, compared to INT and NG. Due to the paucity of previous research, no hypotheses were made on the features of romantic relationships in adolescents with co-occurring of internalizing and externalizing problems. To this regard, the current study was only exploratory.

METHOD

Participants

Starting from a larger representative sample of Italy's overall high school student distribution from the metropolitan area of Florence, 621 adolescents (308 males; 313 females) are recruited from the 9th to 13th grade of 13 high schools. All participants previously declared that were (or have been) involved in romantic relationship at least one time across their life.

In order to select participants groups, according to previous research, we assumed the 80th percentile (Achenbach & Rescorla, 2001) and the 60th percentile (Garnefski, Kraaij & van Etten, 2005) cut-off point scores as the most clear criteria for

inclusion in the problems groups and the most accurate cut-off point for minimizing false negatives and false positives. According to these criteria, adolescents who had scored between the 60th and 80th percentile on either the Internalizing or Externalizing scale were excluded, to ensure that groups designated as free of problems would not include adolescents who had just marginally failed to fulfil the criteria for inclusion in the problem groups. This typological approach provides a straightforward and easily interpretable way to address the research aims, and is more closely related to clinical practice. Therefore, final sample consisted of 385 adolescents aged from 14 to 17 years ($M=15.38$, $SD=.88$), divided into four groups: I) *Normative Group* (NG), 228 (117 males; 111 females) adolescents who scored below the 60th percentile on both the Externalizing and Internalizing scales; II) *Pure Internalizing-problem group* (INT), 50 adolescents (5 males; 45 females) with scores above the 80th percentile of the Internalizing scale and below the 60th percentile of the Externalizing scale; III) *Pure Externalizing-problem group* (EXT), 60 adolescents (47 males; 13 females), with scores above the 80th percentile of the Externalizing scale and below the 60th percentile of the Internalizing scale; IV) *Co-occurring internalizing and externalizing problem group* (CO), 47 adolescents (24 males; 23 females), with scores above the 80th percentile for both Externalizing and Internalizing problems.

Participants came from families of a middle socioeconomic level and the 61% of participants' parents had a high school leaving certificate or higher educational qualification.

Measures

Internalizing and externalizing problems

Internalizing and externalizing problems were measured by the two broad band scales (internalizing and externalizing) of the *Youth Self-Report* (YSR) (Achenbach, 1991). The *Internalizing scale* has 31 items and consists of three subscales: Withdrawn ("I rather be alone than with others"), Somatic Complaints ("I feel overtired"), and Anxious/Depressed ("I feel worthless or inferior"). Total scores range from 0 to 62. The *Externalizing scale* has 30 items and consists of two subscales: Delinquent ("I steal from home") and Aggressive Behaviour ("I fight a lot"). Scores range from 0 to 60. Participants were asked to answer how often they experienced the stated problem in the past six months. (0 =Not True; 1=Somewhat True; 2=Very True or Often True). In the present study, the alpha coefficient for the Internalizing and Externalizing scales were .88 and .90, respectively.

Involvement of romantic relationships

To assess the involvement of romantic relationships, we used two indices: (1) the total *number of partners*, measured by asking adolescents to fill how many

romantic partners they had dated in the past; (2) the *relationship duration* measured as the average of months taken across previous and current romantic relationships.

Quality of romantic relationships

The quality of adolescents' romantic relationships was measured using seven subscales of Italian version of the *Network of Relationships Inventory* (NRI) (Furman, 1996; Guarnieri and Tani, 2011). Positive relationship qualities are *Companionship* ("How much free time do you spend with your partner?"), *Intimacy* ("How much do you talk about everything with your partner?"), *Reliable Alliance* ("How sure are you that this relationship will last no matter what?"), and *Support* ("When you are feeling down or upset, how often do you depend on your partner to cheer things up?"). Negative relationship qualities are *Conflict* ("How much do you and your partner get upset with or mad at each other?"), *Antagonism* ("How much do you and your partner get on each other's nerves?"), and *Reliable Power* ("Who tells the partner what to do more often, you or your partner?").

Participants rated each of these qualities in the relationship with their partner using a 5-point Likert scale that ranged from 1 (little or none) to 5 (the most). Each of the 7 relationship qualities was measured across three items and the mean response to those three items was derived for each relationship quality. Thus the score for each relationship quality ranged from a score of 1 to 5. In the present study the coefficient alpha value ranged .78 to .83.

Procedure

All the high schools selected, agreed to take part in the study. Formal consent from educational authorities, parents, and students were required in accordance with Italian law and the ethical code of the Italian Psychologists Association. Data were collected anonymously in the classroom during ordinary school hours. Students enrolled in the schools were then randomly selected and 96% completed the questionnaire (3% were absent the day of questionnaires administration and 1% did not obtain parental or individual consent to participate).

RESULTS

Differences in romantic involvement between four groups: number of partners and relationship duration

To assess the potential differences in quantitative aspects of romantic relationships between adolescents with different types of problems, separate one-way ANOVAs were performed with number of partners and relationship duration as the dependent variables and group (INT, EXT, CO and NG) as the between-subjects factors. The results as well as the means and standard deviations are presented in table 1.

Table 1. Differences between NG, EXT, INT, and CO groups in the reporting of total number of partners and relationship duration (ANOVA and post-hoc Tukey tests)

	NG		EXT		INT		CO		F-ratio	η^2	Post-hoc Tukey
	M	SD	M	SD	M	SD	M	SD			
Number partner	2.23	(1.21)	2.83	(1.20)	1.82	(1.10)	2.66	(1.32)	8.14***	.08	EXT,CO>CG, INT ***
Duration	17.15	(18.21)	17.53	(20.18)	24.13	(26.04)	15.88	(20.80)	1.89	-	

Note: NG = Normative group; EXT = Externalizing group; INT = Internalizing group; CO = Comorbidity group; *** $p < .001$

Regarding the number of partners, the results showed that there was a significant effect, $F=11.89$, $p < .0001$, $\eta^2 = .08$. *Post hoc* Tukey analyses showed that both EXT adolescents and CO ones had a higher number of partners in the past than INT adolescents. No significant differences were found between the INT and NG.

With respect to relationship duration, the results showed that there was not significant effect, $F=1.89$, n.s.

Differences in romantic relationship quality between the four groups

To assess differences in romantic relationship quality among the four groups, separate one-way ANOVAs were conducted, with seven qualitative dimensions of the NRI as the dependent variables and group (INT, EXT, CO and NG) as the between-subjects factor. The results as well as the means and standard deviations are presented in table 2.

Table 2. Differences between NP, EXT, INT, and CO groups in qualitative dimensions of romantic relationships (ANOVA and post-hoc Tukey tests)

	NG		EXT		INT		CO		F-ratio	η^2	Post-hoc Tukey
	M	SD	M	SD	M	SD	M	SD			
Companionship	3.44	(1.08)	3.48	(1.11)	3.33	(1.24)	3.29	(1.05)	.40	-	
Intimacy	2.95	(1.22)	3.01	(1.32)	2.93	(1.31)	2.74	(1.19)	.47	-	CO>INT, EXT>NG
Reliable Alliance	2.46	(1.18)	2.72	(1.28)	2.62	(1.47)	2.51	(1.10)	.82	-	
Support	2.92	(.95)	3.08	(1.05)	2.94	(1.20)	2.85	(.94)	.59	-	CO, EXT>INT, NG
Conflict	1.90	(.73)	2.11	(.86)	2.11	(.90)	2.29	(.84)	3.90*	.05	CO, EXT>INT,NG
Antagonism	1.90	(.65)	2.23	(.68)	2	(.85)	2.24	(.77)	5.62**	.07	
Relative Power	1.58	(.71)	2.11	(1.05)	1.93	(.83)	2.21	(1.09)	11.89***	.10	

Note: NG = Normative group; EXT = Externalizing group; INT = Internalizing group; CO = Comorbidity group; * $p < .01$; ** $p < .001$; *** $p < .0001$

Univariate ANOVAs revealed significant differences between the four groups in three negative qualitative dimensions: Conflict $F=3.90$, $p < .01$, $\eta^2 = .05$; Antagonism $F=5.62$, $p < .001$, $\eta^2 = .07$; and Reliable Power $F=11.90$, $p < .0001$, $\eta^2 = .10$. *Post hoc* Tukey tests were performed (testing pair wise significant group differences) for each of the significant qualitative dimensions. For Conflict, the results showed that CO adolescents had higher scores than the NG. In addition, CO adolescents had higher scores than both INT and EXT. For Antagonism, both CO and EXT adolescents had higher scores than both INT and NG. Finally, for Relative power, CO and EXT adolescents reported significantly higher scores than INT and NG.

No differences were found between the four groups on the four positive qualitative dimensions: Companionship, $F=.40$, n.s.; Intimacy, $F=.47$, n.s.; Reliable Alliance, $F=.82$, n.s.; and Support, $F=.59$, n.s.

DISCUSSION

In order to address theoretical and empirical gaps in past research, the general aim of the present study was to investigate differences in romantic relationships involvement and quality among adolescents with different types of emotional and behavioural problems.

Regarding the number of partners, the findings confirmed our hypothesis. Actually, both EXT and CO adolescents reported a higher total number of partners over their lifetime than INT and NG adolescents. This result is consistent with previous researches: over-involvement in romantic relationships is significantly associated with more behavioural and psychosocial problems during adolescence (Collins, Welsh & Furman, 2009; van Dulmen *et al.*, 2008). This may be because the individuals with externalizing or comorbidity problems are often characterized by higher levels of emotional instability and by a more general lack of social competence. These features could therefore help us understand why they have more difficulties to establish and maintain steady and close relationships with their romantic partners.

Moreover, our findings yielded no evidence that INT adolescents reported fewer partners than NG did. In the same way, our results showed that there were not significant differences concerning relationships duration among the four groups of adolescents we considered.

Cannot be excluded that the inconsistency of these results with those of previous studies (Caspi, 2000; Davila, 2008; Wittchen, Feutsch, Sonntag, Muller & Liebowitz, 2000) may be due to the different symptoms that were investigated to detect the presence of internalizing disorders. Actually, we took a wider range of symptoms, such as anxiety, depression, somatic concern and withdrawal into consideration, while studies mentioned above have considered as internalized symptoms only anxiety and social inhibition. Moreover, it is also conceivable that the discrepancy of these results could be due to more strict criteria for selecting different groups used in this study, in which, we considered jointly the presence and incidence of both internalizing and externalized disorders. This enabled the creation of more homogeneous and "pure" groups, allowing us to distinguish adolescents with INT or EXT from those with CO, who previously remained at least partially overlapping.

The second aim of this study concerns the differences in romantic relationship quality among the four adolescent groups.

In this regard, findings revealed that are not significant differences among the four groups of adolescents in positive qualitative dimensions of romantic relationships: companionship, alliance, intimacy and trust seem to constitute significant and necessary features because the romantic relationship can be established and maintained over time. On the contrary, significant differences emerged in negative qualitative dimensions, such as conflict, antagonism, and relative power. Specifically, the romantic relationships of CO adolescents were characterized by more conflict than NG. Furthermore, both EXT and CO perceived their relationships to be characterized by more antagonism and relative power with partners, comparing to both INT and NG. These findings are in line with previous studies that verified that aggressive and impulsive individuals report higher levels of interpersonal conflict in their romantic relationships (Caspi, 2000), and tend to use a lot of competitive behaviour in the relationship with their partners (Feiring, Deblinger, Hoch-Espada & Haworth, 2002; Linder, Crick & Collins, 2002; van Dulmen *et al.*, 2008).

Findings also revealed that the romantic relationships of EXT and CO group are characterized by a great power imbalance between partners. The extremely aggressive individuals, in fact, tend to use social dominance in their relationships in order to control, manipulate, or exercise power over the partner (Ostrov & Collins, 2007).

In conclusion, adolescents with more severe externalized and comorbidity disorders tend to be over-involved in romantic relationships of worse quality, characterised by a high number of conflicts, antagonisms, injuries and break-ups. All these stressful experiences that they live within their couple relationships, not only don't allow them to benefit from the protective aspects that good romantic relationships can offer, but also insert them in a cycle of risk factors that could further endanger their emotional health and, more in general, increase their psychological and behavioural problems. These outcomes suggest therefore the opportunity to implement in the school context efficient programs of emotional education to prevent psychological diseases.

Limitations and further directions

Despite the important findings of this study, several limitations indicate that caution is needed in interpreting the results. A first limitation is that the assessment of internalizing and externalizing problems was made on the basis of self-report measures, which may have caused some bias, linked to underestimation or overestimation of problems. In addition, the present study assesses the quality of romantic relationships of only one of the partners in a close relationship. For future studies it is important to use both self-report and other forms of data collection, such as teachers' or parent's judgements, romantic partner opinions, and observational measures to assess probable problems in close relationships. Furthermore, the cross-sectional nature of this study is a

limitation in terms of verifying causal pathways or directions of influence. Longitudinal data should be included in future research in order to understand the dynamic aspects of the relationships among these variables. Finally, the study did not examine the gender differences in quantitative and qualitative aspects of romantic relationships among the four groups because of the relatively small sample sizes for each gender. This issue should be investigated in future research with larger sample sizes.

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