Attachment and adolescent depression: The impact of early attachment experiences

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Attachment and adolescent depression: The impact of early attachment experiences

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Abstract

Bowlby's (1969/1982) ideas of attachment as an interactional system provide the basis for an understanding of the development of adaptive and maladaptive working models of the self and other. More specifically, attachment theory can offer an in-depth understanding into the development of a depressotypic self-schema. Attachment theory is set alongside research into adolescent depression in order to illustrate the importance of the primary attachment relationship in protecting adolescents in our society from developing depressive symptomatology. Therefore, current research in adolescent depression is viewed through the lens of attachment theory. This view is complemented by an exploration of the role of culture in the production of gender differences in depression. Thus, a tripartite model of adolescent depression, including the individual, family relationships, and socio-cultural factors is offered as being of potential value for clinicians and researchers in this area.

Keywords: Adolescents, depression, attachment, culture, gender

Introduction

This paper attempts to combine the depression, attachment, and social construction literatures in order to (a) postulate an emergent tripartite model of adolescent depression, (b) generate research questions, and (c) extend current understanding of the aetiology of adolescent depression. A full review of the above literatures is beyond the scope of the paper. Instead, two substantial questions that are pivotal to the development of the tripartite model will be explored, and guide the present review. These questions are, “How can we explain the development of depression from an attachment perspective?” and “What needs to be added to attachment theory to explain why almost twice as many women as men suffer from depression?”

Following an initial exploration of depression and attachment theory, a three-level model of adolescent depression will be elaborated. This model includes individual factors, family relationships, and socio-cultural factors. The unique contribution of this model to the existing literature is a consideration of the influence of culturally shared discourses about legitimate adult gender identities as crucial factors in understanding how the developmental trajectories of young people are shaped. In this paper, it is argued that these cultural discourses are woven into the nature of the attachment relationships between parents and
children. Therefore, there are both familial and broader cultural gender discourses that need to be negotiated in order for the emerging adolescent identity to develop as an integrated and healthy adult one. For example, caregivers are arguably not only re-playing their own attachment experiences as children in the interactions with their own sons and daughters, but also are attempting to integrate these interactions with culturally shaped expectations about what it means to be male or female. In other words, the interactions between the caregiver and infant teach the infant not only about how loveable he or she is, but also about what it means to be a boy or a girl.

In addition to identities being shaped by interactions with caregivers and cultural discourses about gender, they are also impacted on by discourses regarding what constitute appropriate and healthy relationships between a mother and her son as opposed to between a mother and her daughter. Therefore, although attachment theory (Bowlby, 1969/1982) offers a convincing developmental framework that informs our understanding of the development of maladaptive models of the self, it offers little to explain the substantial gender differences that characterize depression. By weaving together social constructionist approaches to the development of models of the self and attachment theory it is possible to ameliorate this gap in current understanding.

Depression

The term depression describes a cluster of symptoms that include anhedonia, emotional flatness or emptiness with diurnal variation, low mood, changes in sleep and appetite, and the cognitive set of futility and hopelessness (Beck, 1976), which together distinguish depression from sadness (American Psychiatric Association, 2000). However, closer scrutiny of the clinical and research literature highlights some interesting controversies. For example, a key issue is whether depression is a heightened reaction to adversity, or an endogenous disease. Interestingly, researchers compared “endogenous” disease sufferers with a community sample of healthy controls and found that the clinical group had experienced between three or four times more stressful events in the 6 months prior to the depressive episode than did the community sample (Brown & Harris, 1978; Paykel, Myers, Dienelt, Klerman, Lindenthal, & Pepper, 1969). In addition, Bebbington and colleagues (1998) found that the distinction between depression as disease and depression as reaction to adversity was often a matter of clinical judgement regarding the presence or absence of stressor precipitators, rather than a self-report by the patient. Further, there is some debate about the separateness of depression from other psychiatric conditions, because the features of depression often occur in conjunction with other difficulties, for example, anxiety disorders (Barlow, Dinardo, Vermilyea, & Blanchard, 1986), and anorexia nervosa (Rothenberg, 1988), which makes treatment choices complicated (Harrington, 1990).

It is important to highlight early in this paper that there is substantial evidence of gender differences in propensity for depression. Most surveys find that the rate of depression in women is approximately twice that for men (e.g., Klerman & Weissman, 1989; Weissman & Klerman, 1977; Wetzel, 1994). Supported by the early findings from Brown and Harris (1978), it is suggested that a range of social factors may be active in the development of depression in women including a general sense of powerlessness resulting from poverty, poor housing, excessive and unsupported demands of rearing under-school age children, and lack of emotional support and intimacy. It is also worth noting that depression is strongly associated with eating disorders (Cole-Detke & Kobak, 1996), which shows an even greater preponderance in women (9:1; Fairburn & Brownell, 2002) than does depression on its own.
Does depression exist in adolescents?

According to Harrington (1990), there is much debate regarding the existence of childhood and adolescent depression. One of the first studies of depression in infancy (Spitz, 1946) observed weepiness and withdrawal in infants who had been separated from their attachment figure; an observation supported by later studies (Bowby, 1969/1982; Trad, 1986). However, it is debatable whether there is congruence between the weepiness in infants that is relieved by the return of the attachment figure, and the often recurrent depression of adulthood. In addition, psychoanalysts in the 1960s argued that the superego in children was not sufficiently developed and was, therefore, not able to direct anger inwards at the ego (Rochlin, 1959), thus rendering depression in childhood impossible. However, some researchers suggested that children could become depressed, but that their symptoms were masked (Frommer, 1968; Glaser, 1967). Thus, instead of presenting in the same ways as depressed adults, childhood symptoms included phobias, delinquency, and somatic symptoms; this idea introduces a further complication, for example, when is a phobia a phobia, and when is it a masked depression?

In the last 20 years, there has been increasing recognition that depression does exist in young people and that it is much like an adult expression of distress (Angold, 1988; Harrington, 1990; Rutter, 1988). Research also indicates that childhood depression is related to age; it is considerably more common among adolescents than children (Angold, 1988; Rutter, 1988). It is possible that there is in younger children a less developed cognitive capacity for the triad of depression (Beck, 1976). Or else, it is possible that depression in younger children does exist to the same extent as it does in adolescents, but that it is camouflaged by developmental constraints on language use, memory, and the ability to self-reflect.

Kobak and Cole (1994) suggest that the shift to formal operations in teenage years increases adolescents’ ability to meta-monitor. Thus, during a time of great physical change, transitions to different schools, increasingly complicated relationships, and developing sexuality, adolescents are also faced with enormous changes in their capacity to think. Perhaps for the first time they are able to hold alternative and opposing models of themselves and their parents, because they have increased capacity for abstract thought. Consequently, they are better able to evaluate their own or their parents’ beliefs and corresponding behaviours, and find themselves or their parents wanting. Allen and Land (1999) argue that this evaluative ability is necessary for adolescents to develop cognitive and emotional autonomy from parents. In addition, Allen and Land (1999) suggest that adolescents’ growth in cognitive capacity enables them to engage in more sophisticated management of their attachment relationships. For those adolescents who have experienced fraught attachment relationships, it might be particularly overwhelming or stressful to take more responsibility for managing these relationships, because they may be having to disentangle and manage very complex emotions, thoughts, and rules about partnership. They may potentially have more historical issues to overcome, fewer rules to guide them, and perhaps have had fewer opportunities to rehearse strategies, because perhaps the partnership was too unpredictable or unsafe.

An additional reason for the increased prevalence of depression in adolescents may come from adolescents’ increased focus on existential and global rather than egocentric issues, with the result that for the first time perhaps, adolescents may no longer view themselves as the all-important centre of the universe. This newfound impotence is no doubt painful and potentially incapacitating. In a secure environment, an adolescent can be supported through these new realizations. However, add to that smouldering thought cauldron an unhappy and
insecure environment, and perhaps our question should be, "Why are more adolescents not depressed?"

It is also interesting to note that the prevalence of depression switches from boys to girls after puberty (Flemming, Offord, & Boyle, 1989). This finding raises the questions about whether hormonal changes predispose young girls to depression or whether psychosocial factors, for example socialization patterns, lead boys to express low mood differently than girls. Research (Angold, Costello, Erkanli, & Worthman, 1999; Goodyer, Herbert, Tamplin, & Altham, 2000) has linked depression and hormonal changes in teenage girls. However, it is not clear whether this link is purely biological, or whether the behavioural manifestations of hormonal changes (such as moodiness) impact on relationships, and so become difficult to manage. For example, do teenage girls perceive that their behaviours are interpreted and met with empathy and support from parents (Allen, McElhaney, Land, Kuperminc, Moore, O’ Beirne-Kelly, et al., 2003), or do they feel misunderstood? More psychosocial explanations of depression in teenage girls are offered by Chodorow (1978) and Gilligan (1982). They suggest that adolescent girls generally experience a greater deterioration in mental health as a consequence of the constraints imposed by socialization into the more passive and restricted behaviours that are imposed by the female gender role. Ten years later, research (Block, Gjerde, & Block, 1991) has demonstrated that girls are more likely to internalize their low mood, whereas boys are more likely to behave in an aggressive and delinquent manner, because it is socially appropriate for girls to be sad rather than angry and socially appropriate for boys to be angry rather than sad.

Putting aside the above debates and questions, the fact is that epidemiological studies have shown that rates of depression are alarmingly high among adolescents. As many as 40% of a community sample of adolescents reported depressive symptoms in the Isle of Wight study (Rutter, Tizard, & Whitmore, 1970), and 20% of adolescents in a more recent community study met the diagnostic criteria for a major depressive disorder (Lewinsohn, Hops, Roberts, Seeley, & Andrews, 1993). Between 40% and 70% of depressed children and adolescents develop a comorbid disorder alongside their depression; this is frequently an anxiety disorder (typically separation anxiety), although major depressive disorder usually predates other difficulties (Kovacs, 1996). For example, researchers have demonstrated that substance misuse among young people typically follows major depressive disorder after approximately 4 years (Birmaher, Ryan, Williamson, & Brent, 1996). In addition, researchers have reported that between 70% and 80% of adolescents with depression do not receive treatment (Rohde, Lewinsohn, & Seeley, 1991). These figures highlight the importance of continuing research into adolescent depression so that the suffering of young people in our communities can be better understood, treated, and reduced.

Cicchetti and Toth (1988) adopt a developmental perspective in seeking to understand depression in children and adolescents. They incorporate cognitive, socioemotional, representational, neurological, and biological perspectives in an attempt to capture the richness and the reality of the worlds inhabited by adolescents; this is an ambitious aim. Thus, Cicchetti and Toth argue that healthy adolescents are those who have managed to organize these various systems into a coherent and interrelated structure. In contrast, the researchers argue that depressed adolescents have either formed an incoherent organization of the systems, or else formed a pathological organization of the systems; a particular organization that is depressotypic. In addition, Cicchetti and Toth (1988, p. 224) argue that, "Depressotypic organizations evolve developmentally and may eventuate in depressive disorders at different points across the life course. Thus, understanding the interrelations among these systems is vital for delineating the nature of these disorders [dysthymic disorder
and major depressive disorder] as well as for elucidating how these systems also promote adaptive functioning”.

**Attachment theory: A systemic lens**

Bowlby uses the model of a control system to provide a heuristic for understanding how innate behaviours might operate. The special feature of a control system is that it depends on feedback in order to successfully achieve a goal. Bowlby (1969/1982, p. 47) states that, “... behavioural systems responsible for maternal behaviour in a species will work within certain ranges of social and physical environment and not outside them, and these ranges will differ from species to species”. In other words, what Bowlby is suggesting is that for parenting behaviours to operate effectively, and to flourish, they also need a sensitive environment that is attuned to their practise. This attunement of the environment and behavioural systems is largely a function of evolution (Bowlby, 1969/1982). The interaction between the infant's and the caregiver's innate behaviours, and the effect of each on the development of the attachment relationship that develops between the dyad will be elaborated in the next section.

**The development of working models**

Bowlby argues that an infant’s trust in the accessibility and responsiveness of a caregiver pivots on two fundamental factors: (a) whether or not the caregiver is viewed as a reliable source of protection and support, and (b) whether the self is viewed as a worthy recipient of said protection and support. Bowlby argues that although these factors are logically separate, in reality they are likely to be confounded, with the consequence that the models of self and other develop in such a way as to be complementary and mutually confirming.

Thus, Bowlby suggests that there is an innate need in infants to form attachments with significant others, which is fundamental to survival. Once a bond has been established with a caregiver, the optimal attachment relationship goes beyond providing security; it is also an invaluable source for the infant to learn about themselves and the social world. In the language of cognitive psychology, these learning experiences translate into “if–then” contingencies (Baldwin, Fehr, Keedian, Seidel, & Thomson, 1993) that form the basis for predicting future behaviours. For example, infants might believe that if they cry, *then* they will be held, or alternatively that if they cry, *then* they will ignored. Bowlby (1969/1982) proposed that by the end of their first year, infants internalize these early social experiences and develop internal working models that are representations based on these learning contingencies. Internalization enables infants to form connections between events and outcomes that facilitate their understanding of, and predictions for, how their world might unfold in the future. Because the attachment relationship provides a fundamentally social learning experience, the infant comes to know him or herself initially in a social context, as a social entity. Thus, much of this initial learning experience pivots on whether the infant feels accepted and loveable or neglected and unwanted by the primary caregiver. “Thus an unwanted child is likely not only to feel unwanted by his [sic] parents but to believe that he is essentially unwantable, namely unwanted by anyone”. (Bowlby, 1973, p. 204). The reverse is true for the beloved infant who grows up confident that he or she is not only loved by parents, but that all new social encounters will find him or her loveable too.

In this way, the foundation for a self-concept or working model of self begins to develop. Analogous to developing this self-concept, the infant develops a working model of other people, which is shaped by the caregiver’s ability to respond consistently to the infant’s
needs and provide a psychologically nourishing and secure environment in which the infant might flourish. In addition, discourses regarding “natural” differences between boys and girls quickly come into play such that girls start to be handled differently even as infants (Thomas & Forehand, 1991); this also has an impact on the developing model of self.

Therefore, Bowlby has suggested that attachments develop through a systemic process of interaction between the parent and the child. Ainsworth and colleagues (1978) elegantly demonstrated some of the processes involved in this attachment interaction through her observation method, the Strange Situation. She demonstrated that not only do infants start to show consistently different patterns of distress on separation, and protest on re-union with their mothers, but that the mothers show very consistent patterns of interactions with their infants during free play before the separation sequence, and patterns of comforting the infant on reunion. More recently it is has been convincingly shown that the mother’s style of play and style of responding to her infant is in turn predictable from her responses on the Adult Attachment Interview (Main, Kaplan, & Cassidy, 1985). For example, mothers of insecure infants appear less attuned to their children’s actions and needs and are slower to respond to their distress. In turn, these mothers reported similar experiences at the hands of their own mothers when they themselves were infants. It is also clear that it is not only the attachment experiences of the mothers that is critical in the development of a secure attachment style, her current circumstances have an impact as well. These factors mirror those described by Brown and Harris (1978) earlier. In addition, a mother’s ability to look after her child is related to her own self-esteem, including the extent to which she feels she is adequate and living up to the expectations of being a “good mother”. Herring and Kaslow (2002) describe a range of research demonstrating that having a depressed caregiver (mother or father) is likely to lead to insecure attachment styles in infants; the worst impact is having two depressed parents.

One interpretation of attachment theory proposes that the relationship between the primary caregiver and infant can result in four possible attachment styles based on the valence of the infant’s models of self and other (Bartholomew & Horowitz, 1991). These attachment styles are: secure (positive self and other), fearful-avoidant (negative self and other), preoccupied (negative self and positive other), and dismissive-avoidant (positive self and negative other). There are likely to be processing differences in individuals as a consequence of these working models that affect the way in which people perceive and interpret information, and differences also in the way that people make attributions about events in their lives. In addition, because the self-concept is impacted on from such an early age, these processes are likely to become fairly automatic.

Why is it that the primary attachment figure should have such a lasting impact for individuals? The answer to this question can be understood from three levels of analysis:

- Evolutionary or individual factors, which suggests that the infant is, in a sense, pre-programmed to form close bonds that are vital for survival; the period of dependency is long-lasting in human beings.
- Family or inter-personal factors, which suggest that strong emotional connections develop in families over time and become mutual, whereby parents meet not only their children’s emotional needs but vice versa. The nature of parental responsiveness to the infant starts to shape his or her attachment system. In turn the child’s developing attachment style will come to influence the behaviours of the parents. For example, a mother who is recovering from post-partum depression may still find it difficult to engage with an infant who has come to expect her not to be available. Her child’s lack of responsiveness may pull her back to feeling inadequate, “a failing mother”, who might come to resent or reject her child.
Socio-cultural factors are important in the development of the attachment relationship between parents and children, although these factors are often underplayed. In most cultures, the relationships between parents and children are defined as being deep and enduring. Moreover, censure is felt if either the parent or child breaks these discourses, and there is a sense of shared loss that is easily communicated to others. In particular women may feel, and experience criticism and marginalization if they fail to meet the demands of being a “good, loving, available, self-sacrificing mother”. Arguably what has changed in modern Western societies is not that women are no longer expected to fulfil this role, but they are also expected to be able to work, or to parent without the support of the father, and in many cases without an extended family network.

In addition to the individual, familial, and cultural factors that operate together to increase the strength and longevity of relationships between parents and children, there are six powerful psychological factors that ensure that the views that parents have of their children remain enduring. These factors have been identified to have a long lasting impact on the extent to which the evaluations of others might be accepted or ignored (Gergen, 1971). Consider the role and the power of the caregiver or parent on these factors. They include: the credibility and the personalism of the appraiser, in other words the extent to which the appraiser is considered knowledgeable about, as well as sincere and attuned to, the individuals whom they are appraising. Also of importance are the discrepancy between the appraisal and self-view (which in infants and children is not yet fully formed), the number of contacts with consistent appraisal, the consistency of the information, and the evaluative connotation. Taken together, these six factors impinge on the likelihood that the view of another towards oneself will be assimilated into the self-view. This finding suggests that the appraisals of the primary caregiver will have a profound impact on how the self is viewed. In addition, the continuous and long-term exposure to a particular view of oneself is likely to be strongly resistant to change, if not immutable (Gergen, 1971).

In acknowledgement of Bowlby’s testament that attachment behaviour marks human beings from the cradle to the grave, Hazan and Shaver (1987) drew attachment theory into the arena of adult romantic relationships. Since then, attachment theorists have most frequently investigated attachment style differences in these close interpersonal contexts, investigating differences in, for example, expectations of partner (Baldwin et al., 1993), affect-regulation (Mikulincer, Shaver, & Pereg, 2003), or relationship satisfaction and stability of attachment style (Fuller & Fincham, 1995). Implicit in these studies is the influence of working models of self and other on outcome variables. However, explicit investigations into the content and structure of these models are fairly scant. To echo Mikulincer (1995), a detailed understanding of the working-model of self as a function of attachment style is a much-neglected area of research. This neglect is surprising given that the self-concept is a powerful information processor and that attachment theorists argue that the relationship between the infant and the primary caregiver has such an impact on the shaping of this information processor.

The development of the working model of self

Thus, as a direct consequence of the primary relationship, prototype models of self and other develop as internal cognitive representations, a key feature of which is the extent to which models contain positive or negative information. Mikulincer (1995) found support in an adult sample for the idea that the self-concept is differentially valenced as a function of attachment style. Anxious-ambivalent (preoccupied) individuals endorsed more negative
traits and fewer positive traits as self-descriptive than did secure and (dismissive) avoidant individuals. In other words, anxious-ambivalent individuals described themselves more negatively than did secure and avoidant individuals. Coming to view oneself in a negative manner is an internalization of the perceived view of another, specifically the primary caregiver (Bowlby, 1969/1982). Holding a negative view of the self is tied to anticipated rejection from others. This anticipation in turn is likely to cause individuals to behave in ways that cause others to reject them, for example, by being too demanding. Rejection by others reinforces the negative self-view, and so the cycle continues.

Mikulincer has shown that the self-concept differs by attachment style in the number of positive and negative traits that people use to describe themselves. Crittenden (1995) has suggested a further difference in the way that the self-concept can be organized. She proposed that working models are dichotomized into affective and cognitive components because they are governed by separate brain systems; affect is associated with the limbic system, which is functional from birth, and cognition is associated with the cortex, which matures after birth. Crittenden also suggested that individuals of different attachment styles either learn the predictive powers of both affect and cognition (secure attachment), or over-rely on either the affective system (preoccupied or anxious-ambivalent) or cognitive system (dismissive-avoidant) as a consequence of interactions with the primary caregiver.

For example, consider the scenario in which an infant is frightened and starts to cry. If the consequence of these cries is consistently receiving comfort from the caregiver, then it is likely that the infant will come to recognize the meaningfulness of his or her emotional arousal. In other words, the infant learns that, when frightened, it is safe to recognize fear and express it by crying, because this signals to others a need in the infant to feel comforted. Typically for these infants, crying does solicit comfort for the infant (secure). Consider an alternative scenario in which the infant’s distress signal (i.e., crying) is rejected or ignored. The consequences for this infant are that powers for understanding and expressing affect are greatly reduced; moreover, infants learn that expressing affect has negative consequences and is counterproductive (dismissive-avoidant). Another possible scenario is one in which infants are intermittently responded to with the result that they come to understand and value affective expression, but are unable to rely on rule-based information because of inconsistent responses from their caregivers. In other words, in the latter scenario infants are on an unpredictable schedule of reinforcement that serves to reinforce affective displays with the consequence that these displays are more frequently exhibited (preoccupied or anxious-ambivalent).

Mikulincer (1995) found support in a sample of adults for Crittenden’s suggestions. He investigated the composition of working models of self using Hazan and Shaver’s (1987) attachment classification system. When asked to differentiate between attributes that comprise their self-concept, his sample of anxious-ambivalent individuals consistently used affect as a guiding organizational principle, for example, using labels like “my good traits”, or “my bad traits” as opposed to non-affective themes for their self-aspects, for example, “my qualities as a friend”. The secure and avoidant participants sorted self-attributes into more diverse categories, and used fewer affective themes as an organizing principle.

The importance of an optimal environment in which to develop working models of self and others has thus been illustrated. Any lacking or inconsistent patterns acquired in childhood are likely to transfer to adolescence and then to adulthood to some extent, and presumably have consequences for all social interactions along the journey through development. In other words, the early influence on the composition of working models has the potential to have a chronic impact on all future relationships, including the individual’s relationship with himself or herself. Thus, it seems that the earlier these maladaptive models
of self and other are formed, the more the maladaptive processing strategies are rehearsed, and the greater the impact will be on the interpretation of all self-relevant information and events that follow. This argument lends credence to Cicchetti and Toth’s (1988) suggestion that depressotypic organization of the systems that comprise the self evolves developmentally.

Early attachment experiences and the depressotypic organization of the self

Bowlby (1969/1982) offers a striking insight into how the representation of the self-concept may develop as either an adaptive or else a depressotypic structure as a consequence of early attachment experiences. In the late 1940s, Bowlby and Robertson, started their investigation into the impact on personality development of the infant, after she or he had been separated from the mother figure in early childhood. The researchers were not only struck by the deep misery and distress that these children seemed to experience while away from home, but also by the depth and duration of the infants’ distress once he or she had returned home.

Bowlby and Robertson (Bowlby, 1969/1982) observed a fairly typical pattern of behaviours in the infants who had been left in institutional care for long periods. Initially, they responded by protesting to the separation. It would be interesting to understand whether from an early age, this protest was displayed or responded to differently in boys and girls. Did girls withdraw and boys get angry? Were girls cuddled and boys scolded? Once the children in Bowlby and Robertson’s study realized that their protest did not have the desired effect of returning their mother to them, they seemed to show feelings of despair, commensurate with a grieving process. Finally, the children began to show signs of detachment, ceasing to show the types of behaviours that would previously have encouraged a possible caregiver to interact with them.

Bowlby and Robertson concluded that infants’ personality development was made vulnerable to pathological development when they were separated from their mother figures for extensive periods of time, especially if no single person acted as a replacement mother figure during the period of separation. Among the disturbances that could develop in adulthood as a result of this separation experience in infancy, Bowlby and Robertson included: a tendency to make excessive and unrealistic demands on others, and a tendency to be anxious and angry when these demands were not met, or else a retardation of their ability to form deep and fulfilling relationships with others in the future. Having observed these behaviours, Bowlby then set out to try and understand the processes that might underlie the disruptive effect on personality development of separation between the infant and his or her caregiver.

Although, as a theorist, Bowlby’s roots were psychoanalytic, unlike previous psychoanalysts, for example, Freud (1945), Bowlby started his observations at the place of a traumatic event (i.e., separation), and traced personality development forward rather than starting with an adult clinical problem, and working backwards to understand what might have contributed to the development of the symptoms. Another striking feature of Bowlby’s work is his observation of how other animal species behave when they form and disrupt social bonds. It is through observation of animals that it is possible to gain insight into what features of human bonding might be innate, and therefore of biological importance for survival of the individual, and the evolution of the species. Also, this ethological perspective gives insight into what processes might be specific to human bonding, and its consequences, and hence what social or cultural influences might impinge on these processes.

Bowlby (1969/1982) recognized five behaviours in infants that were of importance to the development of attachment with a caregiver. These were: sucking, clinging, following,
crying, and smiling, which emerged as fairly stable patterns of attachment behaviours as early as the second year of a child’s life. Bowlby observed, in most children of 24 months old, the integration of the behavioural systems that were concerned with attachment. In other words, these attachment patterns were established pre-verbally in children, which is alarming for children who are not raised in secure and loving environments. Bowlby (1969/1982) also noticed that, until they were about 3 years old, attachment behaviours were easily activated in most infants, after which time they were displayed less urgently, as the infants’ need for proximity to the caregiver lessened. Attachment behaviours were also likely to manifest in different ways in response to biological and psychological maturation. Bowlby (1969/1982) observed that the majority of children tended to reduce the display of attachment behaviours after 36 months of age, with some attachment behaviours being directed at different figures as the child aged. Bowlby (1969/1982) observed, for example, that during late childhood, in times of distress, a child often sought the comfort and proximity of a peer rather than the caregiver.

Recent research (Wilkinson & Watford, 2001) has demonstrated that even though proximity-seeking behaviours in adolescents might shift from parents to peers, parental attachment relationships still impact on the psychological health of adolescents. This finding suggests that the parental view of, or interaction with, the adolescent has an impact on adolescents’ self-esteem. Allen and Land (1999) suggested that although attachment in adolescence can seem more like a flight away from parents than a secure pull towards them, this likely occurs against a background of security between parents and adolescents. They suggested also that a central parental caregiving role is to facilitate adolescents in coping with, and managing, seemingly intolerable affect. In other words, the relationship provides a secure base in which to understand, rehearse, and manage the strong affect that might be associated with managing new relationships, living as an autonomous adult, and perhaps becoming attachment figures themselves. In a later study, Allen and colleagues (Allen et al., 2003) demonstrated that secure teenagers were able to use relationship-maintaining strategies when discussing disagreements with their mothers. In other words, secure teenagers were able to use mutual empathy and validation when discussing views that were different from their mothers, because they were confident that these relationship-maintaining strategies would not compromise their relationships as a result. This may prove especially difficult for adolescents who have not developed sufficient trust in the safety of their parental relationships, perhaps rendering these insecure young people ill-equipped to manage complex emotional states and develop goal-correcting strategies.

Still later in development, in late teenage and early adulthood, sexual attraction adds a different hue to the ever-changing picture of attachment. As evidence of this transference of attachment behaviours from the caregiver to peers, and so on, Bowlby (1969/1982) drew attention to the behaviour of adults who might be ill, or distressed. He observed that adults’ attachment behaviours were readily activated by these circumstances; they became more demanding of others, and most often tended to seek proximity to another known and trusted person.

The influence of gender on attachment

The influence here of gender on attachment systems is interesting. During the exchanges between the caregiver and the infant, one of the first facts that young people learn about themselves is whether they are girls or boys. For example, they are told that they are good boys or pretty girls. Thus, much of the attachment interaction between the caregiver and the infant includes information about gender and gender appropriate behaviour. In addition,
because children’s thinking is very concrete when they are young, their self descriptions most often include gender as important and defining information. Why is this if not to differentiate between cultural discourses about socially appropriate behaviours for girls and boys? In Western culture, these differences are perhaps more subtle than they used to be. However, when one hears of murders or child-killers, society as a whole seems more outraged if the perpetrator is female rather than male. There are still other more subtle realities. Consider expectations about child rearing. Implicit in our culture is that this is a woman’s calling. Perhaps it is biological, however, it is also explicit in our laws; the difference in maternity and paternity leave is but one small example.

In addition, given the gender differences, what does it mean if attachment behaviours are transferred from parents to peers? In order to understand better what impact the transfer of attachment behaviours has on young people, knowing the differences in the types of friendships that boys and girls develop is important. Do boys employ friends differently to girls at adolescence? For example, do boys act according to stereotype and compete rather than talk about their feelings? If so, who takes care of boys’ emotional well-being? Similarly, there is also greater censure on girls for acting out and being aggressive. Where does girls’ anger go? It seems that depressive symptomology such as self-harm, eating disorders, and anxiety is more likely in girls and aggressive “acting out” and delinquent behaviour is more likely in boys (e.g., Block et al., 1991). Is this why women in our culture are more often depressed and men are more often in prison?

**Adolescent depression: Does the literature support Bowlby’s thesis?**

In arguing that early attachment experiences lay the foundation for the developing self, it is important to note that insecure attachment experiences do not simply “cause” depression, they establish a vulnerability for emotional problems. This vulnerability is in turn shaped by a variety of factors, not least the socio-cultural roles and expectations associated with being male or female. Another way of understanding this is to argue that the extent of depressive features may be greatly under-estimated in adolescent boys who superficially display conduct disorders rather than depression. Indeed research (Houston, 1998) and the authors’ clinical experience suggests that many (if not most) young men who come into contact with youthful offending services have clear features of depression, including extremely low self-esteem, self-harming behaviours such as alcohol and drug abuse, and placing themselves in situations where they are exposed to violent attacks. Therefore, although early attachment relationships might lay the foundation or establish a predisposition for psychopathology in later life, a multiplicity of factors, not least socio-cultural factors, shape the nature of the psychopathological identities that emerge.

Importantly, the impact of this depressotypic organization of the self-concept does not only impact on the self as an interpreter of information and events about the self but it also has significant consequences for social interaction. Some individuals might find it more difficult than others to form networks of friends, or find people in whom they can trust. It is well documented that perceived social support acts as a buffer against stressful events (e.g., Pierce & Sarason, 1990); so not only are some individuals handicapped by their own negative self-views, they are dealt the double blow of being inhibited from finding support from others because their negative self-view or lack of trust in others thwarts their ability to view their social networks as supportive. This has serious implications for the development of depressive symptoms. An explanation of the impact of gender on friendship development and support-seeking seems vital to enhance our understanding. Indeed, Kobak and Screey (1988) demonstrated that insecure adolescents do indeed have more difficulties in making
and maintaining friendships compared with secure adolescents. Is this effect different for boys and girls?

Blatt (1974) adopted an attachment framework in attempting to understand adolescent depression, arguing that difficulties stem from one of two origins; adolescents become depressed because they have difficulties in maintaining a positive self-view, or else they have fears of being abandoned. The idea that adolescents fear being abandoned fits well with research by Torquati and Vazsony (1999). They found that insecure female adolescents were more likely than secure female adolescents to avoid conflictual situations, because dealing with issues might result in their being abandoned or excluded. Insecure females were also more likely than were secure females to perceive conflict situations as very threatening. In addition, Torquati and Vazsony found that insecure female adolescents were more likely than were secure female adolescents to use emotion-focused coping strategies rather than using more problem-solving strategies. This method of dealing with situations seems to maintain difficulties rather than solving them, because conflict is never actually addressed and resolved. Rather, there is a tendency to worry and talk about the conflict without ever dealing with it and so closure is never actually reached regarding the conflict.

Further evidence that adolescents with different attachment styles differ in their ability to regulate emotion and face life’s challenges in an adaptive way comes from Cooper, Shaver, and Collins (1998). They demonstrated that compared with secure and avoidant adolescents, anxious-ambivalent adolescents were more likely to be depressed, behave in a hostile manner, and to be poor achievers at school. In addition, because they had relatively more social involvement than did avoidant individuals, they were more likely to engage in substance use and sexual relationships at an early age. This finding raises an interesting argument that perhaps an avoidant attachment style provides a protective factor during adolescence, because it helps these adolescents to not engage in some of the experimentation that can lead to harm. Or else, it is possible that the rule-bound avoidant adolescent is protected until reaching a time of more independence, and that the experimentation will take place in the twenties rather than during teenage years.

**Gender differences in depression**

It is interesting that the prevalence of depression switches from boys to girls after puberty (Flemming, Offord, & Boyle, 1989). This finding fits well with research showing that the incidence of depression is higher in adult women than in adult men. Although a full review of the adult depression literature is beyond the scope of this paper, this is not a statistic that should be ignored. Researchers need to establish whether the higher incidence of depression in females after puberty is because of biological or socialization differences between males and females. One way in which to understand the impact of socialization would be to conduct longitudinal studies and cross-cultural studies in cultures where boys and girls experience different levels of autonomy and power. For example, when Brown and colleagues conducted the large depression study in the early 1970s, men and women in general lived very differently from the way in which men and women do today.

However, even though more women are educated and have careers now than ever before, and have many more social freedoms, and more autonomy and choices than ever before, it seems that these social changes have not coincided with reduced levels of depression in women. Research (Bebbington, 1998; Kessler & McLeod, 1984; Nazroo, Edwards, & Brown, 1997) has suggested that it is not the increase in autonomy that is important. Rather,
their studies demonstrated that it is the social construction of roles that seems to impact on the increased prevalence of depression in women in comparison with men. For example, Kessler and McLeod (1984) argue that women are more emotionally involved in the lives of others, and it is this greater exposure to stresses that becomes an emotional “cost of caring” which increases women’s vulnerability to depression in comparison with men. More recently, Nazroo and colleagues (1997) demonstrated that women still had more domestic and childcare responsibility than did men. Bebbington (1998) argues that almost all human behaviour is role-related, and suggests that men and women differ in the range and status of the roles in which they are involved, and also derive different satisfaction from them. At first glance, these findings suggest that not much has changed in fact since the original links that Brown and colleagues made in the 1970s.

A proposed model

Throughout the present paper, gender has been taken from the wings to occupy centre stage in the drama of adolescent depression. Congruent with earlier researchers (e.g., Chodorow, 1978; Erikson, 1950; Gilligan, 1982; Kobak & Cole, 1994), we argue that adolescence can be a vulnerable period for young people precisely because they are confronted with a great variety of pressures including physiological changes, changes in family relationships, and social changes. These changes have been bubbling away throughout childhood. They start to coalesce in adolescence, with perhaps the most important and profound change being the adoption of adult identities, and negotiation of emerging gender roles. It is sometimes a surprise to young women in contemporary society that women’s roles still carry a strong caring expectation, not only of their own children but also of their aging parents in later life. This expectation of continuing connectedness must impact on, or change, their attachment patterns and identities, both in development and maintenance. In addition, this expectation of connectedness fits with the idea that women are more likely to develop depression because it is precisely this condition (i.e., lack of autonomy and freedom) that is associated with insecure, especially anxious, attachments and people who are also more likely to be depressed (Carnelley, Pietromonoco, & Jaffe, 1994). Indeed, because of the caring responsibilities that they carry, even avoidant women compared with men have less choice to move away from difficult attachments with their parents. The lower expectation on men to stay connected with parents means that they can move away from painful insecure attachments more frequently than can women. Many women in clinical settings complain of being in very difficult relationships with their mothers. Yet they feel it is part of their role as a good mother, wife, and daughter to stay involved with the parent. It is possibly this continuing reminder of painful attachments, without the choice to disengage from them, may lead to depression. In fact, depression may also be one of the few legitimate symptoms that women are allowed to show in contrast to anger and violence. Depression can be seen as disguising deeply felt hurt and feelings of rejection by parents; it may become a silent protest that frees a daughter from caring responsibilities, because of her own incapacity. At what personal cost this? During adolescence, young women may already be recognizing that they are trapped by these gender expectations. Thus, we propose that in understanding depression in adolescents, it is important to look at the individual and his or her attachment experiences and strategies. However, to do so without considering the social construction of gender in our culture would be to miss an important piece of the puzzle. We still have much to learn about male and female manifestations of distress, and much more to learn about understanding and changing these experiences at individual and cultural levels.
Summary and proposals for future directions

The literatures on attachment and depression are extensive. Research into the relationship between attachment theory and adolescent experiences of depression is growing. Given this growth in interest, however, there are a few points to consider. As has already been mentioned, earlier researchers with an interest in adolescent depression vigorously debated the existence of this difficulty in young people, with some arguing that the young ego was not sufficiently developed to experience depression (Rochlin, 1959), and others that the experience of depression was possible in young people, but that the symptoms were masked (Frommer, 1968; Glaser, 1967). In addition, still others (Angold, 1988; Harrington, 1990; Rutter, 1988) argued that there is congruence between the adolescent and the adult experiences of depression. For clinicians working with adolescents, there is no doubt that some adolescents are indeed severely depressed; whether this depression is qualitatively different from adult depression remains to be understood. It seems, therefore, that in order to continue to conduct research into adolescent depression, there needs to be some resolution to these different perspectives.

In addition, among attachment researchers there is a growing interest in understanding the links between attachment strategies and the difficulties that manifest in clinical populations (e.g., Mikulincer et al., 2003; Wallis & Steele, 2001). Mikulincer and colleagues (2003), in particular, argue for the tailoring of therapeutic interventions in accordance with peoples’ attachment strategies. In addition, an interesting question is raised regarding how and under what circumstances insecure people are able to manage their avoidance and anxieties, and at what stage do these capacities break down and become problems requiring clinical intervention?

The mysteries that remain suggest that there is an exciting future in researching depression in general, and in researching adolescent depression specifically. For example, it would be interesting and important to gain more insight into how much influence early attachment experiences have on the development of the self-concept, and whether this influence causes immutable changes in biology, or in the structuring of the self-concept, or whether there are mutable changes to the processing of self-relevant information as a consequence of early attachment experiences. The ability to regulate affect, a cornerstone of attachment theory, is likely to be of huge importance. Perhaps it is likely to be a combination of the stuck and the changeable. Whatever the findings, however, gaining a better understanding of adolescent depression, and the impact of gender on its expression, will have a profound impact on both medication and therapies, and hopefully alleviate some of the distress felt by young people in our and other societies.

References


