

PROMOTING SUCCESSFUL CLOSE INTERPERSONAL RELATIONSHIPS IN ADOLESCENCE: IMPLICATIONS OF ATTACHMENT THEORY AND RESEARCH FOR THERAPEUTIC INTERVENTIONS

Dorothy Markiewicz

*Department of Applied Human Sciences and Psychology
Concordia University*

ABSTRACT: Adolescent attachment styles are associated with their adjustment and success in close interpersonal relationships. This paper explores how different attachment styles are related to key abilities for successful intimacy, including skillful care-seeking and care-giving, being sufficiently autonomous, and being competent in negotiation. Therapeutic approaches to helping adolescents improve their intimate relationships should incorporate this model of intimacy, focus on the elements described, and modify interventions in light of the adolescents' attachment styles. Attachment styles also impact the adolescents' processes of affective expression, information processing, and communication. Thus, interventions should be adapted to address the likely differences in problematic intervention patterns and in the process of psychotherapy with these adolescents.

KEY WORDS: romantic relationships; parent child relations; interpersonal relationship; attachment.

Attachment theory (Bowlby, 1969; 1973; 1980) has provided a useful framework for examining the development and correlates of close interpersonal relationships across the lifespan. Although the early research (e.g., Ainsworth, Blehar, Waters, & Wall, 1978) focused on infancy and early childhood, and subsequent research (e.g., Hazan & Shaver, 1987) extended this work to understanding adult romantic relationships, only recently have authors emphasized the importance of exploring attachments and their implications for the adjustment of adolescents (e.g., Allen & Land, 1999.) This paper will briefly review studies examining the association of adolescent attachment security and adjustment, particularly with respect to close interpersonal relationships, explore some of the potential mediating mechanisms, and offer suggestions for possible therapeutic interventions with adolescents derived from attachment theory and related clinical studies.

ATTACHMENT THEORY AND ATTACHMENT STYLES

According to attachment theory, the attachment behavioural system is an innate one whose function is to maintain proximity of the caregiver in

order to ensure the infant's protection and survival. Attachment theory stresses that the establishment of a close and intimate bond with the primary caretaker (usually the mother) promotes the development of a basic sense of security and subsequent healthy psychosocial development in the infant. The quality of the attachment bond depends on the extent to which the caregiver is available, sensitive, and responsive to the child's needs. Based on these early infant-caregiver interactions, children construct initial expectations concerning the extent to which they are worthy of love, the caregiver is dependable, and the relationship is characterized by consistent need-related supportiveness. These expectations, referred to as "internal working models" (Bowlby, 1973), then serve as templates for future close interpersonal relationships. Since not all caregivers respond to their infants' needs with consistent sensitivity and love, individual differences in attachment organization and working models have been found in childhood (Ainsworth et al., 1978), adolescence (Kobak & Sceery, 1988), and adulthood (Main, Kaplan, & Cassidy, 1985.) Three attachment styles, secure, avoidant, and anxious-ambivalent, have been the focus of most attachment research and will be discussed below.

When the caregiver consistently responds with sensitivity and support to the child's signals, the child is likely to develop a "secure" attachment style, with working models of the self as lovable and worthy of care, of the attachment figure as reliable, trustworthy, and warm, and of close interpersonal relationships as typified by patterns of support in response to expressed needs. When stressed or upset, these securely attached persons communicate their wishes directly and clearly, since their emotions are uncomplicated and they anticipate that the potential caregiver will be responsive and supportive. The positive expectation of support also helps the individual reduce the intensity of upset feelings, generally contributing to healthy emotion regulation.

In contrast, if caregivers are cold and rejecting, the child is likely to develop an insecure "avoidant" attachment style. Bowlby suggested that these children adopt a self-protective strategy of rigid self-reliance, avoidance, and detachment from the caregiver, particularly when they are upset. In effect, they have learned that approaching the caregiver when they most need her is likely to result in rejection and hostility. Thus, they develop a working model of the other as unreliable and distant. They tend to describe themselves as competent and able to handle problems on their own, although this positive self-representation is a defense against underlying doubts about being worthy of love. Close interpersonal relationships are perceived as involving patterns where need expression results in rejection and humiliation. Thus, these persons learn to mistrust turning to others for help, eventually judging it as a sign of weakness and inadequacy. They develop a pattern of over-regulated emotional responsiveness, including distancing from their emotions by distracting themselves through a focus on outside stimuli. This results in poor ability to identify emotions generally, and constricted emotional expression.

Finally, if caregivers are inconsistent, at times responsive and loving, and at other times unavailable or rejecting, the child is likely to develop an insecure “anxious-ambivalent” attachment style. The caregiver is perceived as capable of being responsive and loving, and thus these children develop favorable working models of others. However, they attribute the failure to obtain consistently the care needed to their own inadequacy and thus see themselves as unworthy of love. They develop expectations that close interpersonal relationships will involve patterns of inconsistent supportiveness that require them to be hypervigilant and to exaggerate their emotional needs in order to get the partner’s attention. These individuals exhibit patterns of under-regulated emotional responsiveness, including being clingy, being overly demanding, having exaggerated emotional expression, and being insatiable. See Table 1 for a summary of the differences for the three attachment categories described above with respect to views about the self, the attachment figure, and close relationships.

Table 1.

Attachment Styles and “Internal Working Models”			
Attachment Style	Views of Self	Views of Attachment Figure	Views of Close Relationships
Secure	Worthy of love, care	Reliable, trustworthy, warm	Expressed needs lead to support/help
Avoidant	Conscious – competent; Unconscious – not worthy of love	Unreliable, distant, rejecting	Expressed needs lead to rejection, resentment from others
Anxious-Ambivalent	Inadequate, unworthy of love	Capable of being warm, trustworthy, reliable	Expressed needs lead to inconsistent help/support

The attachment styles described here are portrayed as distinct categories. However, they likely represent dimensions, with different individuals expressing more of a particular style that may be dominant for them but also using strategies typical of other styles. Although the categories will be used for simplicity throughout this paper, these are intended to serve as extremes on two dimensions most commonly found to comprise the empirical and conceptual structures underlying attachment orientations—

anxiety (e.g., anxiety about abandonment) and avoidance (e.g., avoidance of closeness and dependency; Brennan, Clark, & Shaver, 1998). The working models developed in early child-caregiver relationships are expected to generalize to other close interpersonal relationships and to organize cognitions, affect, and behavior in later relationships.

Individual differences in attachment orientation likely reflect differences in chronically accessible schemas about expected patterns of interaction in attachment relationships and generalized views about the self and other. When maladaptive relational schemas associated with insecure attachment are operating, the individual is more likely to develop difficulties in intimate relationships and adjustment in general.

ATTACHMENT STYLES IN ADOLESCENCE AND ADJUSTMENT

Although Bowlby viewed attachment security as an organizational construct that is relatively stable once established, he suggested that working models of attachment can be updated in response to later experiences with attachment figures through reflection and communication about past and current attachment experiences and relationships (Bretherton & Munholland, 1999). Adolescence is a period of important changes, including new family and social roles and expectations. Adolescents experience increases in the range and intimacy of extra-familial social relationships and in expected autonomy of actions and decision-making (Buhrmester & Furman, 1987; Larson, Richards, Moneta, & Holmbeck, 1996). Their perceptions of themselves and others also undergo revisions in light of significant cognitive and physical developments. This is a period during which internal working models about attachment relationships may become consolidated or revised. Thus, interventions aimed at promoting healthy attachments might be particularly important during adolescence.

Although Bowlby suggested that children maintain attachment bonds to parents across childhood and into adulthood, they also form new bonds to romantic partners. By mid- to late adolescence, shifts occur in parents' position in the attachment hierarchy, with close friends and romantic partners becoming more important than they were previously (Fraleigh & Davis, 1997; Hazan & Zeifman, 1994; Trinke & Bartholomew, 1997). Associations between the quality of adolescent attachments to different figures (mother, father, friend, romantic partner) are only moderate (Furman, Simon, Shaffer, & Bouchey, 2002). Developmental changes in meta-cognitive and representational ability promote more highly differentiated and complex views of the self and others (Harter, 1990; Moretti & Higgins, 1999). Because of these changes, adolescence is a time when the parent's ability to provide a secure base for development might change and major revisions in attachment quality might occur (Crittenden, 2000).

Two major differences between attachments in childhood and adolescence/adulthood are that the latter are mutual and reciprocal, and integrate the caregiving and affiliative behavioural systems as well as, with romantic partners, the sexual system (Bowlby, 1973; Weiss, 1982). The

quality of the adolescent's attachment to parents is theorized to be associated with the quality of caregiving with peers, and later, with romantic partners (George, 1999), and has been found to be significantly correlated to caregiving/pro-sociality with peers (Herzberg et al., 1999; Laible, Carlo, & Raffaelli, 2000). Thus, considerations of attachment-related patterns relevant to interventions with adolescents should include the teen's expectations, emotions, and behavior related not only to the receipt of care but also to the provision of care to others.

Research has indicated that secure attachment to parents during adolescence is associated with many different measures of adjustment, including less anxiety, depression, hostility, substance use, and conduct problems, and better subjective well-being, ability to regulate feelings, and adaptive coping strategies (e.g., Armsdem & Greenberg, 1987; Kerns & Stevens, 1996; Kobak & Sceery, 1988; Nada-Raja, McGee, & Stanton, 1992; Warren, Huston, Egeland, & Sroufe, 1997; Weinfeld, Ogawa, & Sroufe, 1997). Secure attachment to parents also buffers adjustment during stressful transitions in education (Kenny & Donaldson, 1991; Papini & Roggman, 1992) and in early romantic relationships (Doyle, Brendgen, Markiewicz, & Kamkar, 2003). Secure attachment to parents facilitates the teen's transition to autonomy and mutually reciprocal relationships with others (e.g., parents, peers, and romantic partners; Allen, Hauser, Bell, & O'Connor, 1994; Collins, 1990; Lamborn & Steinberg, 1993; Ryan & Lynch, 1989). Healthy, renegotiated parent-adolescent relationships seem to protect the teens from negative peer influences in relation to sexual activity, drug use, and delinquency (Fulgini & Eccles, 1993; Wills, DuHamel, & Vaccaro, 1995).

Particular styles of attachment insecurity may serve as vulnerability factors for specific types of maladjustment. For example, Allen, Moore, Kuperminc, and Bell (1998) found that those adolescents with an insecure anxious-ambivalent attachment style displayed higher levels of both internalizing and deviant behaviors. Interestingly, the type of parenting that was effective depended upon the adolescent's attachment style. Higher levels of maternal involvement and monitoring were associated with less delinquency for those securely or anxiously attached, but not for those with avoidant attachment. Perhaps this parental approach is only useful with those teens who are more open to the caregiver (positive views of the parent) or who are more able to tolerate the emotions associated with thinking about the attachment relationship. This study highlights the importance of the caregiver (including therapist) recognizing the adolescent's type of attachment organization (and related defensive processes) in planning and implementing interventions with the teen.

ATTACHMENT STYLES AND CLOSE INTERPERSONAL RELATIONSHIPS

Because attachment styles involve working models about close interpersonal relationships, they have clear implications for how the individual develops, maintains, and sometimes terminates such involvements.

Through generalization and self-fulfilling prophecies, the individual is expected to recreate patterns typical of their early parent-child relationship. Researchers have highlighted several key factors likely to influence these processes, and these will be discussed below. Therapeutic interventions may be most effective if they target these aspects of the adolescents' cognitions, emotions and behaviors.

Waters and Cummings (2000) note that the core concept of attachment theory is the secure base control system. That is, the central behaviors associated with this system involve skills in using the attachment figures successfully as a secure base (seeking care) and skill at serving as a secure base for the other (giving care). Cassidy (2001) identified four key abilities essential for successful intimate relationships that are associated with attachment security. These include care-seeking, care-giving, autonomy, and the ability to negotiate. Cassidy points out that early attachment experiences result in an individual developing particular patterns related to each of these elements. How attachment style might impact each of these four capacities is discussed below. (For a more detailed discussion, see Cassidy [2001]).

The ability to seek care. The ability to seek care effectively is clearly connected to earlier experiences of care-seeking in the child-parent relationship. The patterns established reflect the child's attempt to adapt to the existing circumstances, but the rigid continued use of these patterns in the case of insecure attachment is maladaptive. Securely attached persons turn to appropriately selected others with clear and direct requests for help when they are troubled. Since they have had generally positive experiences when they sought others' help, they are comfortable and confident in asking for help and see themselves as worthy of this assistance. This effective approach helps the potential caregiver offer the care needed. This in turn supports the person's trust that others are available and sensitively responsive, and thus promotes future connection with that caregiver.

Avoidantly attached persons have learned that seeking care results in rejection, and thus, when upset, they turn their attention away from attachment figures, using diversions such as play (and later work) activities. When stressed, they repress their feelings and do not communicate clearly about their needs and are more likely to withdraw. In fact, these persons are more likely to turn to others and to be clear when they are not distressed. They often are not aware of their needs and maintain an unrealistic and idealistic view of themselves as not needing help.

Those with anxious-ambivalent attachments have received inconsistent care in response to their bids for help, with mothers sometimes appropriately responsive but at other times inadequate or distracted by their own needs. In these cases, the child takes on more of the responsibility for maintaining the connection to the caregiver, becoming clingy and extremely distressed by separations. They are also difficult to reassure and to calm on reunion, often displaying anger and resistance. Their exaggerated, poorly bound emotions and neediness tend to lead others to resent or dismiss their

requests, which are communicated with a mixture of anger and resentment. In effect, they convey that they do not expect the other to be able to help them adequately. Thus, their approach to care-seeking is unrealistically demanding and unrewarding to the caregiver.

The ability to give care. The ability to be a source of support and comfort to others involves being available, capable of recognizing others' needs, and being able to offer help. Effective care-giving promotes trust, openness, and closeness. The type of care the child received serves as a model for the care they learn to give. Thus, those more securely attached are more likely to be supportive and caring with partners, whereas those with avoidant attachment tend to remain more aloof and withdrawn, dismissing the emotional content of the problems. The latter are likely threatened by the sense of vulnerability which the others' distress evokes in themselves. Those with anxious-ambivalent attachment are often too preoccupied with their own emotions to be able to recognize the others' needs, and have difficulty experiencing the others' emotions as separate from their own. They are likely to become too overwhelmed by these merged feelings to be useful to the other.

The ability to be autonomous. The ability to develop a sense of, and comfort with, an autonomous self is important for successful close relationships. The willingness to be intimate with another necessitates the confidence that neither will be engulfed and lose their sense of self as separate agent, and that separations will not result in the permanent loss of the other. Secure attachments facilitate the development of an autonomous self by providing the child with a secure base from which to explore. This process of exploration of the environment is essential for children to develop confidence in their ability to cope away from the caregiver, and in developing a sense of themselves as separate agents. The confidence that the caregiver will be available if needed emboldens the child to risk exploration of its environment.

Those who are avoidantly attached are likely to engage in exploration activities as a defense against focussing on the rejecting parent. Thus, they may develop a sense of themselves as separate, but this sense involves denying part of themselves (any vulnerabilities) and thus tends to be unrealistic and perfectionistic. They may come to expect that they would only be acceptable as worthy of love if they have no imperfections. In addition, although these children appear to be autonomous, their attention to their activities is a defense against needing the parent, and thus only part of their energy is truly devoted to these activities. The boundary around the self (as well as their view of others) is rigid and brittle, requiring equally rigid defenses to maintain.

Those who are anxiously attached have difficulty separating from the caregiver either physically or emotionally. They have difficulty developing a separate sense of self, express a desire to merge with the other, and are extremely frightened of being abandoned. They were unable to freely explore their environment because they feared venturing too far from the

caregiver. Thus, these persons may be unclear about their own identities, values, needs, and the like, as distinct from their attachment figures.

The ability to negotiate. Because individuals inevitably differ in their desires and needs, including, particularly, how much closeness they prefer, intimacy necessarily requires the ability to negotiate. In the early parent-child relationship, the "goal-corrected partnership" (Bowlby, 1969) involves a continuous process of mutual negotiation. Part of the infant's development involves increasing this capacity as mothers more often demand that the child wait, share, etc. Those who are securely attached experience effective negotiation. They learn that their wishes are understood and acknowledged, and that they have a right to make requests and to feel angry and disappointed when their wishes are not met. They learn that plans are made which take their views and needs into account, that these plans are enacted, and that, some of the time, they get their way. These good experiences contribute to their ability to negotiate more effectively in the future. One important aspect of negotiation is the trust that the relationship is strong enough to withstand the stress of the negotiations. Another aspect is the individual's knowledge of themselves and their needs and preferences. Securely attached adolescents have been found to problem-solve more effectively with mothers, displaying less dysfunctional anger, more appropriate assertiveness, and less avoidance of problem-solving than those insecurely attached (Kobak, Cole, Ferenz-Gillies, Flemming, & Gamble, 1993).

Those with avoidant attachment styles are expected to have more difficulty with negotiation, since they would be less aware of their needs, afraid that the relationship would not be able to sustain the stress, and threatened by the intensity of emotions often involved. These persons would be more likely to withdraw and avoid the negotiation process. Those with anxious-ambivalent attachments would have difficulty expressing their needs clearly, recognizing the other's needs as distinct, and maintaining a balanced level of assertiveness. They would tend to pursue the other relentlessly, often resulting in the other's withdrawal. This would then elicit the powerful fears of abandonment of these anxiously attached persons. See Table 2 for a summary of differences between the secure, avoidant, and anxious-ambivalent attachment categories in their care-seeking, care-giving, autonomy, and negotiation approaches.

Table 2.

Attachment Styles and Care-Seeking, Care-Giving, Autonomy, and Negotiation				
Attachment Style	Care-Seeking	Care-Giving	Autonomy	Negotiation
Secure	When upset, clear, direct requests	Available, recognize other's needs, helpful	Confident sense of self, including of imperfections	Expect to be heard, trust that relationship will withstand the process
Avoidant	When upset withdraw, divert attention to work, play, etc.	Aloof withdraw, dismiss others' needs	Self as not needing others, rigid need to be perfect	Likely to avoid the process, threatened by emotions evoked, fear that relationship will end due to the process
Anxious-Ambivalent	When upset, exaggerated emotions expressed, unclear requests	Too preoccupied with own needs to be helpful to others	Unclear about self as separate from others	Unclear communication, problem maintaining assertiveness, fear relationship will end due to process

THERAPEUTIC APPROACHES TO PROMOTING HEALTHY CLOSE RELATIONSHIPS IN ADOLESCENTS WITH DIFFERENT ATTACHMENT STYLES

In their application of attachment theory to couple therapy, known as emotionally focussed couple therapy (EFT), Johnson and Whiffen (1999) identify three processes that are associated with attachment style and are important in couple relationships: affective expression versus constriction; information processing; and communication behaviors. They describe how different client attachment styles have implications for the process of change in EFT. These implications are also likely to be relevant to interventions with adolescents' close interpersonal relationships. Therapists should focus on patterns within the adolescent-parent, close friend, and emerging romantic relationships. Those with anxious-ambivalent or avoidant attachment styles pose particular challenges in therapy.

Consistent with intervention approaches used in EFT, the focus and type of interventions for each adolescent should be formulated in light of his or her attachment system organization. This therapeutic process should also include an articulation of a model of healthy attachment relationships such as that of Cassidy described above, and how typical patterns associated with different attachment styles affect the adolescent's capacity to seek and to give care, to be autonomous, and to negotiate in close interpersonal relationships.

Affective expression versus constriction. As already described above, those securely attached openly express their feelings, including needs for support. They are soothed by the caregivers, both by their mere presence as well as by their actions to help. Their emotional expression tends to be situationally appropriate and well-regulated. Alternatively, insecurely attached individuals tend to display either over-regulated (avoidantly attached) or under-regulated (anxiously attached) emotions. Those with avoidant attachment tend to have high emotional arousal (as assessed by physiological indices) but low awareness of their feelings. The expression of these feelings is inhibited and constricted. They avoid emotional connection especially when they or the other feel most vulnerable. They express distress through somatization, hostility, or avoidance. Those anxiously attached display very labile emotions, which are easily triggered. They express anger and anxiety in exaggerated forms and obsess about these negative feelings.

An illustration of these differences in emotional expression as a function of attachment style is presented as follows. A teen describes a conflict he had with a close friend. He and the friend attended a party together and the friend had several alcoholic drinks. When they were leaving, he told the friend that he should not drive. The friend got angry with him and left without him. A securely attached teen might describe this situation in this way: "I was worried that my friend would not drive well and that we could get hurt. I tried to tell him this, but he was probably too drunk to reason with, or maybe he just thought I was being uptight. I feel bad because we are good friends. I plan to talk to him later and let him know that I want to work it out." In this example, the teen is able to identify his own, and possibly his friend's, feelings without being obviously overwhelmed by them. In addition, caregivers (in this case the therapist) are experienced as sources of support, and thus exploration of the issues likely would progress reasonably smoothly. An avoidantly attached teen might describe the situation as follows: "He's a jerk, and I don't want to bother being friends with him anymore." The therapist's questions about the teen's or friend's feelings in the situation would likely lead to resistance in the form of minimal responses such as "I don't know." A teen with an anxious-ambivalent attachment style might say the following: "He doesn't care at all about me. He just felt like getting drunk and, anyway, didn't pay any attention to me at the party. He probably would rather be friends with other guys. I think he's planning to stop being friends with me. I hate him." This example illustrates how the emotions expressed escalate, with

resentment and hurt expressed intensely, and little attention is paid to the friend's experience of the situation. This teen would need the therapist's help learning how to contain the intense feelings as well as how to reduce their intensity more adequately in order to be able to function more effectively.

Information processing. The internal working models associated with attachment styles serve as filters in close relationships. Those with secure (versus insecure) attachment are more open to new experiences, tolerate ambiguity better, and are more capable of meta-cognition. That is, they are able to step outside of the ongoing emotional interaction patterns and form generalized views of the dynamics and processes operating. This ability facilitates their capacity to interrupt negative interactional cycles and to consider and initiate alternative responses. In therapy, these persons more easily learn the skills associated with process observation and diagnosis of problematic interactional patterns.

In the example above, the secure teen illustrated good meta-cognitive skills in being able to recognize that the interaction was a result of different needs, states (sobriety versus inebriation), and that the friend would be unlikely to be receptive to further discussion until later. Those with insecure attachment styles tend to attend selectively to some information and to distort it defensively. Avoidantly attached persons dismiss the importance of new information and show a lack of curiosity. In the example above, the avoidantly attached teen moved quickly to withdrawal and did not express interest in exploring the situation, or the basis for his own, or the friend's, feelings. New information was not sought out. Those with anxious attachment styles exhibit an exaggerated focus on cues potentially relevant to abandonment and the unavailability of the caregiver, distorting information to be consistent with the view that they must continue to be vigilant. In the example above, this teen attributes negative motives to the friend and quickly moves to an expectation that the friend will abandon him.

Communication behaviors. Those with secure attachments display clear, direct, open and coherent messages about their needs. They tend to disclose more and to be responsive and supportive of others' self-disclosures. This process facilitates the development of mutual empathy. Even in conflicts, they are more supportive and less rejecting than those insecurely attached and more able to engage in collaborative problem-solving. The insecure, avoidantly attached are unwilling to self-disclose and are unresponsive to the other's disclosures. Their disengagement makes it difficult for them to be attuned to the other. Those anxiously attached self-disclose but in a compulsive and situationally-inappropriate manner. Their intense focus on their own negative feelings interferes with their ability to empathize with others. In conflicts, they express dysfunctional anger and coercion.

How an adolescent presents a problem, and the type of difficulty reported, is likely to differ as a function of his or her attachment style. For example, three adolescents might describe their difficulties in romantic relationships, and the therapist should look for interaction patterns associated more often with each one's particular attachment style. A securely

attached teen might present the problem as follows: "I really don't know how much time to spend with my girlfriend, since I really like her, but I want to still have time to hang out with my friends." An avoidantly attached adolescent might say: "My girlfriend is always expecting me to be around and keeps trying to pry things out of me. I'm sick of her asking me how I feel and she keeps whining about stuff. I think I should just break up with her." An anxiously attached teen might present the following: "My girlfriend doesn't seem to want to spend much time with me. She's not really interested in how I'm feeling. It makes me angry. I think she's probably going to break up with me."

When working with adolescents, emphasis should be placed on how the processes identified by Johnson and Whiffen might be operating with respect to those aspects of intimate relationships described by Cassidy. Waters and Cummings (2000) argue that secure base skills include the following: signalling the need for secure base support; maintaining the signals until they are detected; being receptive to the partner's response; being able to be comforted by the partner's appropriate responses. They suggest that skill at serving as a secure base for the partner include the following: detecting the partner's implied or explicit requests for secure base support; correctly interpreting the requests; responding in a timely and appropriate manner. Therapists should explore the teen's skills with respect to each of these aspects.

Thus, for example, teens with more avoidant attachment styles should be given opportunities to identify their own and the other's feelings and needs within the context of specific close relationships, to practice expressing these feelings and their wishes more openly, and to engage in more empathic responses. The goal is to help these persons to recognize their constricted emotional expression and to become more tolerant and open to their own and to the partner's emotions as a first step in more successfully seeking and giving care. With increased comfort with emotions, they are also more likely to sustain their signals when upset and thus to receive more help from the partner. They are also more likely to recognize information that they tended to ignore, such as not only their own and others' emotions, needs and vulnerabilities, but also the behavioral patterns associated with their selective attention and their constricted communication. These improved skills should also help in negotiation processes as they should be better able to express their needs clearly, to tolerate the more intense emotions likely to occur, and to trust that the relationship will be sustained.

Those with an anxious-ambivalent attachment style should be given opportunities to recognize that their exaggerated emotional expressions undermine their credibility when expressing valid needs, to disentangle their mixed emotions, including recognizing how their anger might nullify their expressions of sadness or vulnerability, and to identify their tendency to confuse their own feelings with those of others. Learning how to express clear messages should improve the likelihood that their needs will be met. They need help practicing how to contain their feelings better and

to select more appropriate contexts and timing for the expression of these feelings. These improved skills should also, as with the avoidantly attached, contribute to improved negotiation skills. They should also be helped to recognize how their fear of abandonment resulting from the negotiation also contributes to their confusion and feelings of being overwhelmed, and reduces their ability to present their views clearly and effectively.

During adolescence, a major developmental task is the development of an autonomous self. Those with secure attachments are more likely than those insecurely attached to negotiate this process successfully. Parental support and availability continue to be essential during this stage, even as parenting shifts to greater support and encouragement of the adolescents' increased separation from the family. Those with insecure attachments might struggle with different issues in this process.

Those more avoidantly attached might separate prematurely and identify overly idealistic and rigid views of the self. They should be helped to acknowledge and accept their imperfections while also validating their strengths. Their tendency to develop rigid boundaries around their self concept makes them vulnerable in close relationships where these boundaries are potentially breached. They need help in recognizing that others do not need or expect perfection, and that their rigid boundaries drive others away.

Those with anxious-ambivalent attachments have overly permeable boundaries around their self concept. They tend to be unclear about their own preferences, needs, and values. Interventions with these persons should focus on helping them to recognize their differences from others, and to validate these differences. The use of inventories oriented to identifying interests and values might be helpful in this process. Helping them to recognize their personal strengths might also alleviate their anxiety about abandonment and their inability to survive on their own.

SUMMARY

This paper emphasized how adolescent attachment styles are associated with the ability to form and sustain successful close interpersonal relationships. The ability to seek and to give care, to be sufficiently autonomous, and to negotiate effectively are identified as key elements in good close partnerships. Attachment styles impact each of these skill sets. In addition, attachment styles are associated with related processes of affective expression, information processing, and communication behaviors. Therapeutic interventions with adolescents necessitate recognizing the importance of these skill sets and processes and should focus on them within the adolescents' ongoing close interpersonal relationships.

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