

Attachment in Adolescence

Maturation. Two functions change in adolescence as a result of biological maturation. The most noticeable is puberty leading to sexual maturation. Puberty changes adolescents' bodies such that they appear sexually attractive in adult ways and feelings such that they experience sexual desire.

Cognitively, the cortex matures enabling adolescents to process information more completely than at younger ages, but with particular limitations. In terms of information processing, adolescents become able to think 'in general' across many experiences. This enables them to begin to think about themselves across time and in terms of enduring personality characteristics that are displayed differently with different people. At the same time, however, their thinking tends to be dichotomized into opposite extremes: good/bad, me/you, us/them. This helps adolescents clarify their own perspective, but only by distorting reality (Crittenden, 2008).

Adolescents' attachment relationships with their parents. Concurrently, adolescents' attachment relationships with their parents are changing. Parents are moving from being direct protectors to becoming advisors. Paradoxically, this change requires that adolescents pursue their own goals and priorities specifically when it is not consistent with their parents; only this clarifies who is making the decision. For adolescents using a Type A strategy, this can place strategy in opposition to development. To move toward autonomy, these adolescents must challenge parental authority in ways that have not been accepted when they were younger. Often this means challenging what parents' value most. Some, but not all, of the outcome depends on how parents respond to the challenge. When parents insist on compliance (for the adolescents' well-being), the battle might escalate. In some cases, it can lead to adolescents successfully inhibiting their emerging identity. Sometimes even this fails and the adolescent experiences 'intrusions of forbidden negative affect and behavior.' Such intrusions are a breakdown of the inhibitory strategy and are not easily controlled by either the adolescent or external contingencies. There is a risk that such adolescent exploration of independence will be construed by adults as pathological or criminal or both. These situations can lead to family breakdown, before the adolescent is ready for full independence, or the closing of the process of individuation, either by the adolescent figuring out how to comply or with the assistance of arousal lowering medication. In either case, the process of individuation is either aborted or postponed.

When adolescents use a Type C strategy, the battle either rapidly escalates or someone submits, resentfully, to the decisions of the other. When adolescents win, they often engage in risk-taking behavior; it is probably relevant that accidental deaths peak in late adolescence (CDC, 2014). Resentful submission can result in 'passive-aggressive' behavior such as the eating disorders, some early signs of personality disorders, and petty criminal activity.

Needless to say, behavior itself is insufficient to define the dyadic parent-child process. Moreover, some adolescents express their distress in not having parental support during this difficult period of transition by showing psychosomatic dysfunction, e.g., allergies, gastrointestinal dysfunction, etc. In such cases, the immune system has reacted to the extreme adolescent-parent conflict with excessive autoimmune functioning that harms the adolescent.

Parents' roles. Parents' focus changes from physical protection and facilitation of early identity

development in childhood to protection of reproductive functions in adolescence. Reproductive functions include regulation of sexual signaling (including secondary sexual characteristics, body shape, and movement patterns), prevention of pregnancy, reproductive hygiene and health, and prevention of sexual violence; these culminate in the integration of love and sexuality in the future spousal relationship. In addition, as girls approach puberty, fathers become more physically distant, especially on the days when their daughters are likely to be ovulating. From a reproductive perspective, this functions to reduce the probability of incestuous sexual contact between fathers and daughters. On the other hand, it leaves some girls feeling confused and rejected by their fathers. Particular risks attend non-biological father figures (e.g., step-, foster, and adoptive fathers), for whom the incest taboo is less strong, and spousal couples whose relationship experience involves distance, rejection, loneliness, or depression. Similarly, girls whose childhood was characterized by estrangement or multiple caregivers are at risk of attracting unsafe sexual attention. In all of these situations, adolescents need careful guidance and protection.

New relationships. Adolescents form new relationships, both within their gender and with the opposite sex. These relationships are more mature than the best friend relationships of the school years, but not yet reciprocal and committed enough for the life partnerships of adulthood. What remains largely unchanged from the school years is the self-serving function of adolescents' relationships, with each partner thinking of how he or she benefits and whether he or she is happy in the relationship, and instead of how they can support the other and what important needs they might share. Consistent with this, the focus is very immediate, as opposed to considering how the partner might work out over many years, as a life partner and parent of one's children (Black, Jaeger, McCartney, & Crittenden, 2000). In addition, the romantic feelings to a particular peer adolescent often have a sudden onset and equally sudden cessation; the slow development of a deep relationship usually awaits the 'transition from adolescence to adulthood'. Crucially, parents are still the primary attachment figure when the adolescent feels threatened or needs comfort. Together, these characteristics lead to the relatively brief duration of many adolescent love affairs (Cretzmeyer, 2003).

The advantages of adolescence as an interlude between best friend attachments in the school years and pair bonding in adulthood are that young adolescents (a) gain experience in several different relationships, thus having the opportunity to discover how their personality and behavior change when paired with different people, (b) learn to use and regulate new sexualized (flirtatious) forms of non-verbal communication, and (c) gather experience in the more complex context of complementary relationship roles. These skills will be needed to select an adult life partner with whom to raise one's children.

Integrating attachment and sexuality. The period from puberty to the mid-teens has a unique function in the development of attachment relationships. The protective strategies from childhood are now infused with sexual desire and signaling (Crittenden, 2016). This is especially apparent in the C5-6 sexually punitive and seductive strategy and the new Type A strategies of A5 compulsive promiscuity and A6 compulsive self-reliance.

The Type C strategies use the push-pull patterns developed in the school years, but add sexual

signaling to attract and hold partners. The latter two Type A strategies function as linked opposites of each other and often co-occur in the same person in different contexts. For example, a very isolated and lonely person may seek an unknown partner for a brief sexual encounter or a person with many brief sexual encounters may, nevertheless, feel very lonely. Both strategies have a high risk for depression, either expressed as sadness and withdrawal or as false sexual desire.

Adolescents using either the Type A5-6 or C5-6 strategies are likely to have experienced psychological traumas in childhood. Unresolved loss is especially likely among adolescents using the Type A5-6 strategies.

Selecting a peer romantic attachment partner. With the onset of sexual maturity, interest in a peer best friend of the same gender (that is typical of the school years, i.e., roughly 6 years to puberty) shifts to sexualized interest in a peer, thus imbuing the relationship with sexual feelings. This produces several changes in attachment. The new features are sexual interest in a girl- or boyfriend, complimentary behavioral and functional differences between the partners in the relationship (as compared to the parity of school-age best friends), flirtatious behavior, and romantic feelings of being ‘in love.’ These features are shared by both hetero- and homosexual adolescent couples.

In spite of sexual feelings and flirtatious behavior, these early romantic relationships do not usually include sexual intercourse. When, however, adolescents have intense needs for protection and comfort that are not met at home through the care of their parents, they may become precociously sexual, both establishing sexual relationships and also engaging in sexual intercourse at younger ages than children who are not at physical and psychological risk (Belsky, Houts, & Fearon, 2010). This, of course, means that the least mature and psychologically balanced adolescents are the most likely to become sexually active sooner.

Higher risk contexts. When adolescents live in relatively safe circumstances with understanding and developmentally tolerant parents, their identity formation usually proceeds smoothly. However, when adolescents live in threatening circumstances, there is a risk that they will simplify the circumstances, take one side or the other, and through a pattern of supporting one perspective and castigating/attacking the other, destabilize their relationships.