

Romantic Anxiety, Avoidance and Middle Adolescents' Depressive Symptoms¹

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Adolescents have a reputation for being more emotionally volatile than adults: their highs are higher and their lows are lower (Larson & Richards, 1994). Although one reason for these differences is the variability of adolescent social contexts - moving from lunch to math to the soccer field in 50 minute intervals might make anyone's emotions bounce around a bit - another reason is the type of social relationships that adolescent engage in. In particular, adolescent romantic relationships are both emotionally intense and short-lived (Feiring, 1996, 1999), a combination likely to produce an emotional landscape characterized by steep highs and plummeting lows. Larson and his colleagues have argued that the intense and volatile nature of adolescent romantic relationships, combined with the immature state of adolescents' developing social skills, may in large part explain the differences between the emotional lives of adolescents and their parents (Larson, Clore, & Wood, 1999).

When I first began to think about adolescent romantic relationships and negative emotions during adolescence, I immediately thought of breaking up. Adolescents rate breaking up with a romantic partner as highly stressful on life event inventories, adolescents break up with romantic partners more frequently than adults do, etc. In fact, the norm for breaking up in response to dissatisfaction in a romantic relationship is so strong, that it at first didn't occur to me to think about the association of negative emotion and adolescents' experiences within ongoing romantic relationships. Why would a teenager stay in a relationship with someone who they weren't happy with when there were so few barriers to termination?

And then I remembered high school, and a friend of mine who would spend months bemoaning how badly she was treated by a boyfriend who she never managed to dump. And when he finally dumped her, how she would immediately get involved in another bad relationship. And I looked at the work by Downey and others on abuse in dating relationships and rejection sensitivity (Downey, Bonica, & Rincon, 1999; Purdie & Downey, 2000) and re-examined the literature on romantic attachment (Hazan & Zeifman, 1999). There was strong evidence that at least some youths stayed in relationships that they were unhappy with, and that involvement in poor quality relationships leads to negative affect and depressive symptoms. Because adolescents who show patterns of insecure attachment are likely to be involved in less satisfactory romantic relationships and are less likely to receive effective social support when upset (Collins & Feeney, 2000; Collins & Read, 1990), they are also likely to be more depressed. So maybe it wasn't just breaking up with romantic partners that was responsible for the emotional volatility of adolescents: maybe it was the quality of ongoing dating relationships as well.

Romantic attachment. Hazan and Shaver's seminal work on romantic attachment (1994) has provided the theoretical grounding for much of the work on romantic relationships and dating during the last ten years. Romantic attachment style differs along two dimensions: rejection anxiety and avoidance of intimacy (Brennan, Clark, & Shaver, 1998). Individuals who show insecure patterns of romantic attachment (i.e. high rejection anxiety and avoidance of intimacy) are more likely to be involved in unsatisfactory romantic relationships. This paper has two goals:

- 1) to document the association of rejection anxiety and avoidance of intimacy with depressive symptoms

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- among middle adolescents
- 2) to try to understand *why* adolescents who have insecure romantic attachments also tend to experience higher levels of depressive symptoms.

Methods

Sample and Procedure. Seventy-six European-American high school juniors and seniors who had each been dating their current partner for at least ten weeks were recruited to participate in this study. All youth were asked to complete a series of questionnaires in their own homes. Youths rated their own attachment style and behavior in relationships, as well as their partners' style and behavior. Each youth reported on their attachment and behavior in four different relationships: with mother, father, best friend, and current romantic partner.

Depressive symptoms: Youth reported on the number of depressive symptoms they experienced during the last 30 days using the Center for Epidemiological Studies Depression Index (Radloff, 1977).

Attachment: Experiences in Close Relationships Scale (Brennan et al., 1998), using two subscales: Anxiety and Avoidance relative to their relationships with mothers, fathers, current romantic partners, and best same-sex friend.

Positive and Negative Behaviors of Romantic Partners: Conflict resolution skills were measured using the Conflict in Relationships Scale (Wolfe, Reitzel-Jaffe, & Lefebvre, 1998), assessing the adolescents' perception of their partners' use of abuse/coercion, positive communication, and negative communication during conflict.

Relationship Quality: Adolescents' perception of both positive and negative aspects their partners' behavior in the relationship was measured using the Personal Network Inventory (Furman & Buhrmester, 1992). This paper makes use of the social support, affection, reliable alliance, conflict and criticism subscales.

Self-esteem: Global self-esteem was measured using the Global self-esteem subscale of the Harter Self-Perception Profile (Harter, 1988).

Results.

Are adolescents' attachments to their current romantic partners associated with depressive symptoms? YES! The correlations between rejection anxiety and intimacy avoidance in current romantic relationships with depression are each over .50 (Table 1, column 1). Used jointly to predict depression, the multiple R is .65, explaining 43% of the variance. If you add gender to the model, you can explain half of the variance in current depression scores with just three variables: gender, rejection anxiety and intimacy avoidance in the context of current romantic relationships (Table 2). Although girls report higher depressive symptoms than boys, there is no interaction between attachment to romantic partners and gender.

Why is rejection anxiety and intimacy avoidance associated with depressive symptoms? Three hypotheses.

Although the previous analysis demonstrates the strong relationship between attachment and depressive

symptoms, it raises the issue of why adolescents' rejection anxiety and intimacy avoidance in romantic relationships are associated with depressive symptoms. In the second part of this paper, we explore three alternatives to the hypothesis that insecure romantic attachment *per se* leads to higher levels of depressive symptoms:

- (1) Insecure romantic attachments are part of a constellation of insecure attachment relationships and it is this general pattern of relationship anxiety and intimacy avoidance that predicts depression.
- (2) The association of insecure attachment and depressive symptoms is mediated through poorer quality relationships and less supportive partners (Davila, Bradbury, Cohan, & Tochluk, 1997). It is the low levels of support provided by the partners of insecurely attached adolescents that leads to higher depressive symptoms.
- (3) The correlation between insecure attachment and depressive symptoms is illusory. Adolescents with low self-esteem will also report high depressive symptoms and insecure attachment, but there is no direct relationship between depressive symptoms and attachment once self-esteem is controlled.

Hypothesis 1: Insecure romantic attachments are part of a constellation of insecure attachment relationships and it is this general pattern of relationship anxiety and intimacy avoidance that predicts depression. Attachment theory suggests that one factor that contributes to developing relationship anxiety and intimacy avoidance in romantic relationships is having previous experience with relationships that are also insecure (Collins & Sroufe, 1999; Furman, Simon, Shaffer, & Bouchey, 2002). Thus it is possible that the association of depressive symptoms with romantic attachment is due to the fact that problems in romantic attachment is symptomatic in attachment problems across a range of relationships and not specific to romantic relationships at all. As was seen in Table 1, although the best predictor of depressive symptoms is anxiety and avoidance in relations with romantic partners, anxiety and avoidance in relations with mothers, fathers, and best friends predict depression as well.

Our first analysis suggests that, as attachment theory would suggest, there is a great deal of similarity in the anxiety and avoidance adolescents report across their relationships with their mothers, fathers, romantic partners, and best friends. HLM analyses performed with these data suggest that approximately half of the variance in anxiety and 29% in avoidance was attributable to between-adolescent differences. However, 70% of the variance in avoidance and 50% of the variance in anxiety is due to differences in how the adolescent feels about one relationship rather than another; for example, how anxious a boy feels about his relationship with his mother v. his relationship with his best friend.

Is attachment to romantic partners uniquely associated with depressive symptoms? To examine this hypothesis, we performed two regression analyses in which we predicted depression first from anxiety in relations with mothers, fathers, romantic partners, and friends and then from avoidance in each of these relationships (Table 3). In each case, only relations with romantic partners were uniquely associated with depression. Because of the high degree of shared variance in these relationships, a second, stepwise set of regression analyses were undertaken to eliminate the hypothesis that these results are not a statistical artifact of the intercorrelation of the measures. In each case, relations with the romantic partner was the strongest independent predictor of depression. Only adolescents' avoidance in their relationship with their father uniquely predicted depressive symptoms once attachment to romantic partners was controlled. Taken together, these analyses support the idea that, although adolescents do show similar patterns of attachment across their relationships with different people, romantic relationships seem to be uniquely important in

predicting depression.

Hypothesis 2: The association of insecure attachment and depressive symptoms is mediated through poorer quality relationships and less supportive partners (Davila et al., 1997). Low relationship anxiety and intimacy avoidance are associated with both more effective support seeking and more positive bias in perception of the romantic partners' effectiveness in offering support. Responsive caregiving by romantic partners, in turn, is associated with more positive mood (Collins & Feeney, 2000). Is it insecure attachment *per se* that leads to higher levels of depressive symptoms, or is it the low quality relationships and lower levels of support associated with insecure attachment? Consistent with past research (Collins & Feeney, 2000), people who were avoidant and anxious in the relationships with romantic partners experienced less positive relationships with them (Table 4). Avoidant attachment was associated with lower levels of positive partner behaviors, such as expressions of affection, support, and feelings that the partner could be counted on in times of trouble (reliable alliance). Anxious attachment was associated with higher levels of negative behavior by the partner: feelings of exclusion, criticism, higher conflict and more negative communication during conflict. To address this question, we performed a series of regression analyses predicting adolescents' depressive symptoms first from attachment to the romantic partner and then from perceptions of the romantic partners' behaviors controlling for attachment. Results are reported in Tables 5 and 6. We examined two different aspects of the romantic relationship: their partners' positive communication (affection, support, and reliable alliance) and partners' negative communication (exclusion, conflict, criticism, and negative communication during conflict). In no case did partner behavior predict depression over and above romantic attachment and in no case did it alter the association between romantic attachment and depression. Thus, although adolescents who are anxious and avoidant in the attachment to their partners also perceive their partners as having fewer positive and more negative behaviors, there is no evidence that the association between attachment and depression is mediated through these behavioral characteristics of partners. The results provide support for a cognitive model rather than a cognitive-behavioral model and suggest the primacy of how one perceives romantic relationships rather than how one's partner responds.

Hypothesis 3: The correlation between insecure attachment and depressive symptoms is illusory. Adolescents with low self-esteem will also report high depressive symptoms and insecure attachment, but there is no direct relationship between depressive symptoms and attachment once self-esteem is controlled. Both insecure attachment and depression are associated with low self-esteem. To test this hypothesis, we regressed depressive symptoms on attachment style controlling for general self-esteem. Results are reported in Table 7. Again, although adolescents with high self-esteem do report fewer depressive symptoms, it does not mediate the association between attachment and depression.

Discussion:

Taken together, these results suggest that, like marital relationships, adolescent romantic relationships appear to be particularly salient predictors of depressive symptoms. The unique association of romantic attachment and depressive symptoms suggests that it is not general anxiety and avoidance in social relationships that underlies this association. It also does not appear that this association is mediated through the quality of interactions that occur within romantic relationships, nor by self-esteem, even though anxiety and avoidance in romantic relationships are associated with low self-esteem and poorer quality relationships. These results are surprising, in that adolescents' romantic

relationships tend to be short-lived and only rarely involve the intimacy characteristic of later romantic relationships (Brown, Feiring, & Furman, 1999; Connolly, Craig, Goldberg, & Pepler, 1999; Feiring, 1996). What makes them so special?

There are at least four potential explanations.

First, is the possibility that the very instability of romantic relationships at this age may activate the attachment system more powerfully than more stable relationships. Some evidence for this hypothesis can be seen when we look at the descriptive statistics of attachment across relationships. Anxiety is much higher with regards to boyfriends and girlfriends than with other important people in their social networks, and the variance of avoidance was much higher (Figure 1). This high anxiety about romantic partners makes sense when you think about the developmental stage of these middle adolescents: when you are in high school, realistically, it *is* your romantic partner who is most likely to leave you - much more so than your mother or father or even your best friend. Anxiety taps items like worrying about being abandoned, worrying about losing your partner, worrying that your partner doesn't care about you as much as you do about him or her. Although in general, adolescents are more likely to mention positive than negative aspects of having romantic relationships, the disadvantages that adolescents do discuss about having romantic relationships map onto the kinds of items tapped in our measure of anxiety: romantic relationships take a lot of time and their partner wants the relationship to be more exclusive than they want it to be (Feiring, 1996). If partners don't want to put time into relationships or have the relationships be exclusive, adolescents are realistic about fears of exclusion and abandonment. Thus measures of anxious attachment tap into qualities that are relatively typical of romantic relationships at this age and probably relatively atypical of relationships with mothers and fathers. It could be that this realistic anxiety about the probable loss of the relationship evokes the attachment behavioral system. For those who have an anxious attachment style, this may increase vulnerability to depressive symptoms. If so, it would be surprisingly similar to the processes activated when partners face the death of a spouse (Stroebe, Stroebe, Abakoumkin, & Schut, 1996).

Second is the issue of the match between the volatility of romantic relationships during high school with the volatility of depressive symptoms. Unlike depression, which is a longer-term and more stable emotional condition, depressive symptoms tend to be more transient. The day-to-day volatility of romantic relationships - i.e. their very transience - may be exactly what makes them such a good predictor of the ups and downs of mood.

A third, related, issue is that of habituation. When asked to rate depressive symptoms such as "I felt sad" or "I felt happy" or "I felt depressed", the question is, compared to what? To the extent that adolescents answered those questions relative to a baseline state of their normal emotional state, and that state is partly dependent upon their stable attachment to parents and friends, the relatively new and volatile relationship with a transient romantic partner may better predict variations off of that baseline level than do other relationships. In other words, it could be that attachment to stable relationships, such as those with mothers and fathers, are the best predictor of absolute levels of happiness or depression. However, volatile or transient relationships, such as those with romantic partners, may better predict variations from normal or 'baseline' emotional status. Thus, to the extent that adolescents rate depressive symptoms relative to what they see as their normal emotional status, rather than relative to absolute standards of happiness or depression, romantic relationships should be a more powerful predictor.

Finally, is the hypothesis that romantic attachment is simply qualitatively different than attachment in other relationships in a way that makes it more closely linked to emotional well-being. The findings we present here are consistent with the literature on adult attachment and marriage. Even though adolescent dating relationships differ in marked ways from marriages - partners are less mature, less interdependent, and less intimate and relationships tend to be much shorter - romantic attachment appears to operate in a similar fashion. And this is true *despite* the fact that it is unlikely that romantic partners are functioning as attachment figures in the way normally discussed in the attachment

literature. It may be that romantic attachment orientation, which should be in the process of developing during the middle and late adolescent period, provides a key link to understanding the strong association between relationship quality and depression during adulthood.

Table 1: Correlation of Intimacy Avoidance and Anxiety with Depressive Symptoms

	Romantic partner	Mother	Father	Best friend
Intimacy avoidance	.55***	.28**	.44***	.24*
Anxiety	.53**	.35**	.37**	.42**

** p≤.01 ***p≤.001
N=72

Table 2: Multiple Regression Predicting Depressive Symptoms from Attachment to Romantic Partner and Gender.

	Model 1	Model 2
Intimacy avoidance		.38***
Anxiety	.38***	.41***
Gender		.30***
Multiple R (R²)	.65 (.43)	.72 (.52)

Table 3: Results of Multiple Regression Predicting Depressive Symptoms from Anxiety and Intimacy Avoidance with Romantic Partners, Mothers, Fathers, and Best Friends. Coefficients represent betas

	Anxiety	Intimacy Avoidance
Mothers	-.13	.15
Fathers	.08	.14
Best Friends	.19	-.13

Romantic Partners	.44**	.53***
Multiple R	.55	.61

Table 4: Correlation between Anxiety and Intimacy Avoidance in the Relationship with the Romantic Partner with Perception of the Romantic Partner's Negative Behavior

	Intimacy Avoidance	Anxiety
Support	-0.41***	-0.13
Reliable Alliance	-0.39***	-0.23*
Affection	-0.27*	-0.17
Positive Communication during Conflict	-0.18	0.07
Exclusion	0.26*	0.60***
Conflict	0.12	0.42***
Criticism	0.05	0.32**
Negative Communication during Conflict	0.12	0.40***
Abuse/Coercion during Conflict	0.20	0.18

Table 5: Results of Multiple Regression Predicting Depressive Symptoms from Anxiety and Intimacy Avoidance with Romantic Partners Controlling for Romantic Partner's Positive Behavior. Coefficients represent betas

	Model 1	Model 2
Intimacy Avoidance	.41***	.38***
Anxiety	.38***	.36***
Supportiveness		.09
Affection		-.01
Reliable Alliance		-.16
Multiple R	.65	.67

Table 6: Results of Multiple Regression Predicting Depressive Symptoms from Anxiety and Intimacy Avoidance with Romantic Partners Controlling for Romantic Partner's Negative Communication. Coefficients represent betas

	Model 1	Model 2
Anxiety	.38***	.37***
Intimacy Avoidance	.41***	.40**
Conflict		-.06
Criticism		-.16
Exclusion		.10
Negative Communication		.09
Multiple R	.65	.67

Table 7: Results of Multiple Regression Predicting Depressive Symptoms from Anxiety and Intimacy Avoidance with Romantic Partners Controlling for Global Self-Esteem. Coefficients represent betas

	Model 1	Model 2
Anxiety	.38***	.30**
Intimacy Avoidance	.41***	.36***
Global Self-Esteem		-.30**
Multiple R	.65	.71

Anxiety and Avoidance

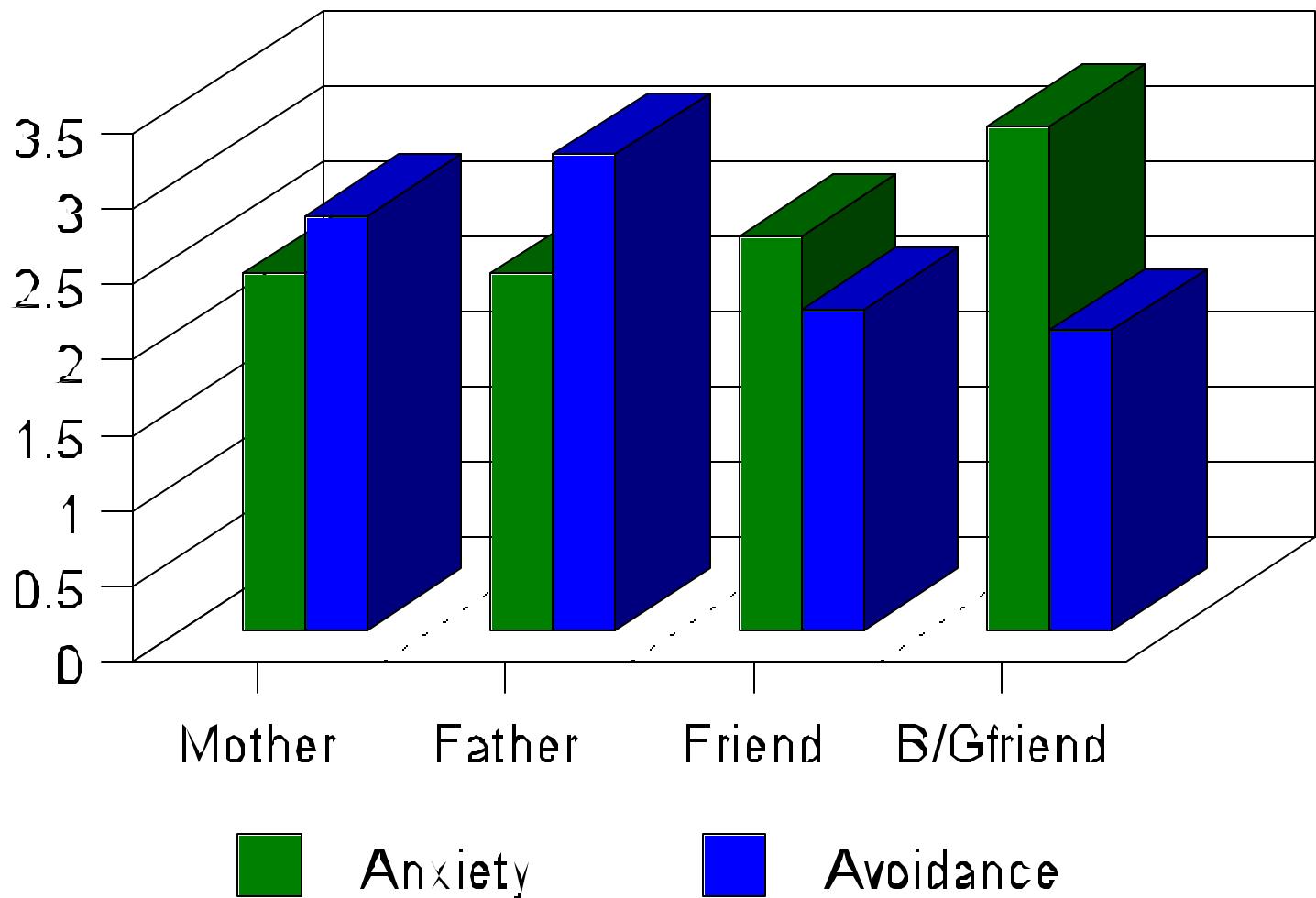


Figure 1

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