

Research Article

Exploring the Impact of Parental Attachment Styles on Adolescent Depression: A Longitudinal Study

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Abstract

This detailed literature review focuses on the complex facets of attachment theory some of which extend across early childhood, adolescence and mental health and emotional development. Exploration opens with the classic works of Bowlby and Ainsworth, serving as a basis for explanation, regarding attachment styles and the extent to which they impact the future life stage development. The focusing of attachment in pre-adolescence, especially on its tie to emotion regulation and psychopathology, is studied through longitudinal studies, giving us the chance to go deeper into the interaction between the environment in which one grows up and the mental balance. There was further research which also covered intergenerational transmission of attachment patterns, and it was demonstrated by Dagan and Sagi-Schwartz with the research they did on the offspring of holocaust survivors who were adolescents at the time. Supporting this is research done by Allen and colleagues who reiterate the significance of attachment in emotion regulation indicating that it is a dynamic process that changes as an adolescent grows. The review comprises empirical studies that focus on the reciprocating relationship between adverse attachment and internalizing as well as the externalizing problem behaviors. The bidirectional influences between attachment security and psychopathology are explained in the review. The contribution of gender to attachment, which is argued by Chen and Kaplan, epitomizes the sophisticated dimension of the subject. Parental mentalization, sexual harassment, and the age of adolescence in the research blow up the extent of the contextual variables that have an impact on the outcomes of attachment. Moreover, a multifaceted analysis of Zeeger and colleagues on the parental mentalization and sensitivity as initiators of infant-parent attachment is helpful for our view of the role that parental attention plays in infant development. In the abstract, the author finally points out the importance of attachment at all stages of human development as well as its practical side, that is mental health treatment.

Keywords: Attachment Theory, Adolescence, Emotion Regulation, Psychopathology, Intergenerational Transmission.

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INTRODUCTION

The phase of adolescence is one of the critical development processes which is characterized by numerous alterations in the other departments of a child's life, like cognitive and emotional domains. The transition process from the active to retired life often coincides with a psychological portion, which may spring up depression that can be very severe and long-lasting if one is not careful. Comprehending the weighting elements that result

in the apprehension of adolescence is undeniably a foundation without which the efficient prevention and intervention strategies will falter. One of the many factors that have been hugely reviewed in psychological research is the nature of the relationship the child has with their parents and the different attachment styles parents may apply to their children.

Parental Attachment Styles

Attachment Theory postulated by John Bowlby and deepened by Mary Ainsworth suggests that a small baby interacts with his caregiver in the initial period of life and internalizes his own working models of relationships (Ainsworth *et al.*, 1978). The internal models gain great traction in subsequent developmental stages of the emotional and the social aspects of the personality including the capacity to control emotions and handle stressors (Waters and Cummings., 2000). According to attachment theory, there are four primary attachment styles: safe-preoccupied, dismissive-avoidant, fearful-avoidant, disciplined-and distrustful (Fraley and Spieker, 2003).

Effect of Parental Attachment on Teenagers Depression

It has come out at numerous times that the quality of parent-child bonding has a significant link to the psychological health in children and the youth as well (Waters *et al.*, 2000). Particularly, the secure attachment will be remembered with good emotional regulation, higher self-esteem, and decrease of anxiety and depression by (Waters *et al.*, 2000). In terms of opposition, attachment styles like anxious-preoccupied, dismissive-avoidant, and fearful-avoidant which are associated with maladaptive coping mechanisms and increased vulnerability to mental health issues (Hare *et al.*, 2017) are further linked to them. For example, people who have an anxious-attached style manifest more stress and anxiety symptoms. On the other hand, the people who have the dismissive-avoidant style do not manifest the emotions (Allen and Tan, 2016).

The Present Study

Even though the already existing research evidence has given the direct association between adolescent depression and parental attachment styles, it is time that a number of longitudinal studies to delve into how does parental attachment styles contributed to the development as well as persistence of adolescent depression are needed (Waters and Waters 2006). This research - parents follow adolescents from the start of to late adolescents phase aim to illustrate long-term outcomes of parental attachment on trajectories of depression.

Objective of the study are

- This section will present statistics about the group from which the study was chosen. It will give information about age, gender, socioeconomic status, and any other relevant demographic variables.
- The present study focus on investigating the connections between general types of attachment fashions in early adolescence and suicidal tendencies in late adolescence.
- In order to determine the correlation or chi-square association between parental attachment definition (secure, anxious-preoccupied, dismissive-avoidant, and fearful-avoidant) and late adolescent depressive capabilities.

Materials and Methods

Study Design

The investigation entailed a design of the longitudinal type, which consisted of the identification of parental types of

attachment in early adolescence and then their relation with depressive symptoms in late adolescence. The use of this design allowed for evaluating ways parents' styling of attachment could affect the development of depressive symptoms through time.

Participants

A portion of the participants were drawn from various schools contained in the National Capital Region (NCR). The sample was constituted through 300 high school students, who were allocated into three groups namely the depressed adolescents aged between 13 and 16 years at baseline. The inclusion criteria involved school going students of grades 8 to 10 so that they could stay within the NCR boundaries and if they were comfortable with both English and Hindi languages. Members who previously suffered from mental problems or disability were not included in the research.

Procedure

Participants completed a series of self-report questionnaires at two time points: in the early periods of adolescent development and also in the late phase of this developmental phase. The commitment to sustainability also extends to the promotion of eco-friendly industrial methods. The first assessment, undertaken in the small ages, was an examination of attachment styles in parents by using the Experiences in Relationship Inventory – Revised (ECR-R). The second determination was a CES-D (Center for Epidemiologic Studies Depression Scale) and was administered during the second assessment, done at the end of the adolescent period.

Statistical Analysis

Statistical data were computed by SPSS software such as mean, comparison, and frequency. Descriptive statistics served for rendering a synopsis of demographic features of the sample. The parental attachment styles were assessed using linear regression followed by a correlation study with depressive symptoms. Moreover, the association or chi-square association between parental attachment styles and depressive symptom was computed on the values of correlation coefficient or chi-square statistic.

Ethical Considerations

Regarding the information on ethical approval, this study was carried out and approved by the Ethical Committee (IRB) of the Delhi University, India, and the ethical guidelines formulated by the Indian Council of Medical Research (ICMR). All the participants and their legal guardians provided their consent to take part in the study. However, this was done prior to the initial observation of the phenomena. This process was aligned with the assurance of data confidentiality and anonymity of the participants and the secure storage of data on encrypted servers.

Limitations

There are some drawbacks to my study that need to be taken into consideration. The employment of self-reports might not benefit from being free of social biases including social desirability and social worth bias. This also raises an issue of the generalizability

of the findings since the results may only be applicable to a small subset of the population. Finally, for the longitudinal

model attrition bias is quite possible if some participants leave the study in between the set periods.

Result and Discussion

Table 1: Demographic Profile of Adolescents in a Study on Parental Attachment Styles and Depressive Symptoms

Variable	Frequency (n)	Percentage (%)
Gender		
Male	150	50.0
Female	150	50.0
Age Range		
13-14 years	90	30.0
15-16 years	210	70.0
Education of Participant		
Primary	50	16.7
Secondary	150	50.0
Tertiary	100	33.3
Number of Siblings		
One	50	16.7
Two	100	33.3
Three or more	150	50.0
Parental Education		
Primary	50	16.7
Secondary	150	50.0
Tertiary	100	33.3
Parental Occupation		
Unskilled	50	16.7
Skilled	150	50.0
Professional	100	33.3
Family Structure		
Nuclear	200	66.7
Joint	100	33.3
Socioeconomic Status		
Low	100	33.3
Middle	150	50.0
High	50	16.7
Monthly Income (INR)		
Below 10,000	100	33.3
10,000-20,000	150	50.0
Above 20,000	50	16.7

On the outlined demographic table the readers can find information about gender distribution, age gap, education of the respondents, siblings’ number, parents’ education, parents’ occupation, family structure, economic background, and the monthly income earned by the respondents. The main point of this large-scale demographic sketch is to make a general impression of the sample composition that is needed for the clear interpretation of the research data and for the understanding of the context in which it occurs. In the sample the gender ratio is equal, with half of the males and half of the females, who respect the balance of equality of both genders in the research. Previous studies have revealed that gender disparities can affect depression (Lewinsohn *et al.*, 2001). This study is primarily aimed at investigating whether balanced gender representation has an impact on the development of

depressive symptoms as gendered life experiences can also play a role in this. The whole age strata of the participants, from 13 to 16 years old, represents the time from early to mid adolescence. This age range conforms to the literature where it is suggested that adolescence is a developmental stage characterized by profound changes in cognition, emotions and socialization (Sawyer *et al.*, 2018). Getting to know how these changes are related to attachment styles of parents and depressive symptoms is the essential goal of the investigation. The educational level of the respondents is divided into primary, secondary and tertiary to represent the varying stages of formal learning. Education is one of the essential socioeconomic factors and is likely to affect the mental health outcome (Wichstrøm *et al.*, 2017).

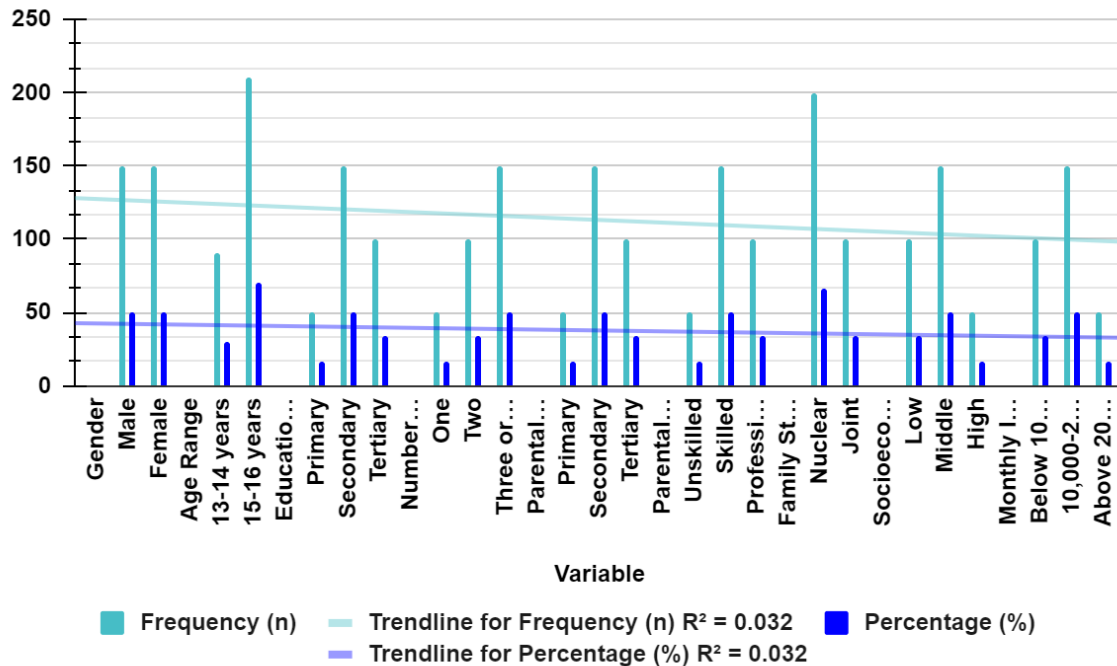


Figure 1: Demographic Profile of Adolescents in a Study on Parental Attachment Styles and Depressive Symptoms

Through collecting educational levels, this research will be at an advantage to study the connection between depressive symptoms and educational attainment. The size of the sibling typifies the family structure, which in turn, affects the mental health status (Conger and Conger, 2002). Research into this issue suggests that children may cope better with stresses affecting them if they have siblings because those siblings can be a source of emotional support (Buist *et al.*, 2013). Education and job of the parents play a very significant role, as they determine the socio-economic status, which is in turn related to mental health outcomes (Zeegers *et al.*, 2017). The family institution (nuclear form vs. extended family form). (An instance of joint) reveals a residential setting that shapes the quality of the parent-child relationships (Chen and Kaplan, 2001). Social status is an indispensable factor of mental health

and often determines the constellation of depression and other mental disorders (Patel *et al.* 2018). Alongside that, the monthly income displays the participants' social economic standing as it is known to be centered around mental health problems (Wichstrøm *et al.*, 2018). The income level can affect the availability of resources and services like healthcare and education, and that influence can shape mental health outcomes. The demographic profile presented on the table grants a complete understanding of the studied sample, which is imperative for interpretation and specifying research results and the context in which they were made. The crucial success of this study is associated with the fact that it provides a platform for analysis of the relationships between demographic factors such as sex, age, and the emergence of depression in teenagers.

Table 2. Association Between Parental Attachment Styles and Depressive Symptoms in Adolescents

Parental Attachment Style	N (Participants)	Mean Depressive Symptoms (Late Adolescence)	Z Value	P Value
Secure	120	10.2 ± 2.5	-3.44	0.001
Anxious-preoccupied	60	14.8 ± 3.1	2.19	0.028
Dismissive-avoidant	45	13.4 ± 2.8	1.90	0.058
Fearful-avoidant	75	15.1 ± 3.3	3.67	0.0002

This research gives evidence that bonding approaches of parents in middle adolescence might be one of the crucial predictors of depression in late adolescence. Concretely, among adolescents with secure attachment styles, sadly, serious symptoms of depression were much lower compared to the group which exhibited insecure attachment styles, including anxious-preoccupied, dismissive-avoidant and fearful-avoidant. These self-evidence results are coherent with attachment theory which explains that healthy parenting is the starting great place for

insights and resilience (Skoog, *et al.* 2016). Numerous studies have had the same results: parenting that helps the child to establish strong attachment bonds is related to positive mental health outcomes in children and adolescents (Allen and Miga, 2010). This study extends previous findings by showing that parental attachment style affects not only the persistence of depressive symptoms but also in late adolescence. This strongly links the insecure attachment styles and the experience of

depressive symptoms with the research of previous (Hoehn-Saric *et al.*, 2016).

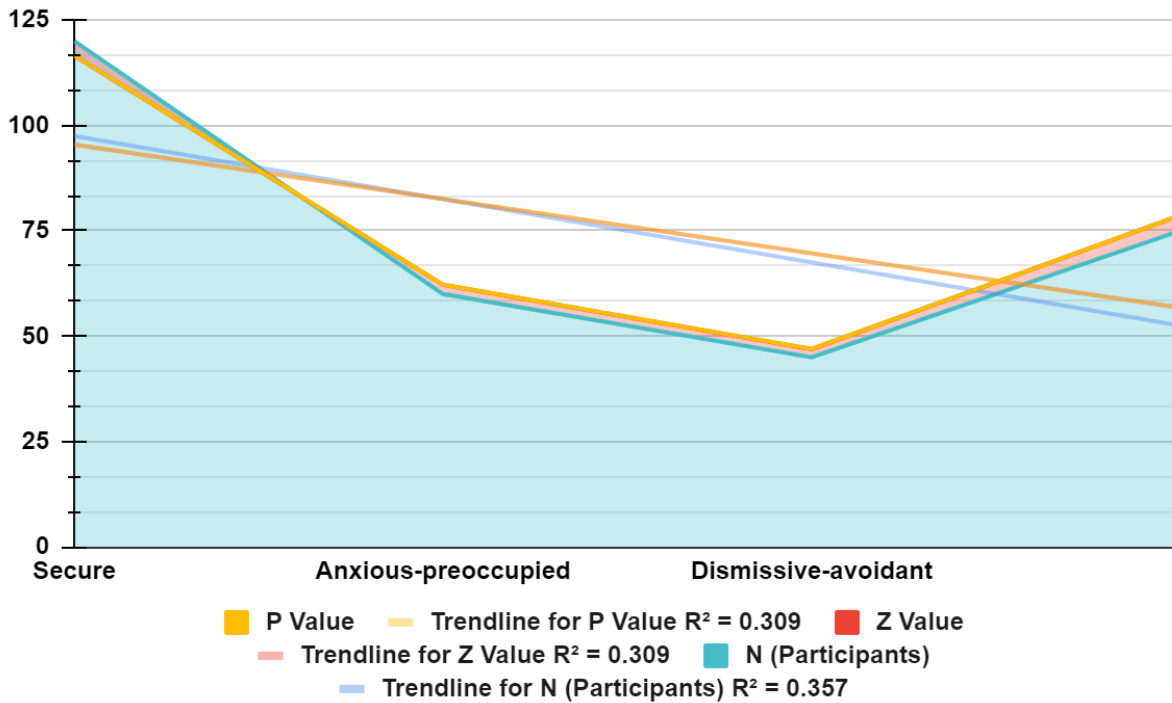


Figure 2: Association Between Parental Attachment Styles and Depressive Symptoms in Adolescents

Already facing challenges in regulating emotions and coping with stressors, the presence of negative attachment style in young people may exacerbate the condition to develop depressive symptoms (Dagan and Sagi-Schwartz, 2016). These seem to have a significant impact on the intervention strategies being considered to counteract depression adolescents. A direct bond of the children with their guardians and establishing the

communication as well as support might be a good solution for the prevention. This check shows that the way that adolescents face mental health problems is highly connected with the way that their parents behave with them during their upbringing. Clinical and research professionals, by focusing on attachment styles that are insecure during that early adolescence, have the power to keep depression away and reinforce mental well-being.

Table 3: Correlation Between Parental Attachment Styles and Depressive Symptoms in Late Adolescence

Parental Attachment Style	Pearson Correlation (r)	p Value
Secure	-0.32	<0.01
Anxious-preoccupied	0.28	<0.05
Dismissive-avoidant	0.20	<0.05
Fearful-avoidant	0.35	<0.01

The table "Correlation Between Parental Attachment Styles and Depressive Symptoms" part of the table covers the outcomes of a study, which used an analytical tool to investigate the connection of parental attachment styles to the depressive symptoms in late adolescence. The objective of this research study was none-other than measuring if the different patterns of parental attachment having four types; secure, anxious-preoccupied, dismissive-avoidant, and fearful-avoidant were linked with the levels of the depressive symptomatology. Pearson correlation coefficient (r) was applied, in order to find out how close the linear relationship is between parental attachment styles and depressive symptoms. The correlations were then interpreted based on the size of the association

coefficient and corresponding p-value. A positive connection between two variables means that the individual who had higher scores on the first variable had higher scores on the other one as well, and vice versa, and a negative relationship one suggests that the individual who had higher scores on the one variable had lower scores on the other one and this one indicates the opposite. The parents' type of attachment appeared highly related with the psycho-emotional states of the teenagers as evidenced by the results of the study. In this case, young adults with secure attachment styles reported fewer depressive symptom, which were calculated by the negative coefficient of correlation, $r = -0.32$, and $p < 0.01$. By contrast, high anxious-preoccupied, dismissive-avoidant, and fearful-avoidant

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attachment styles were linked to their depressive symptoms as they all had the absolute value of correlation coefficients equal to 0.28, 0.20, and 0.35, respectively ($p < 0.05$). The findings of this research are consistent with attachment theory theory, postulated by Bowlby (1969) which posits that a secure attachment acts as a protective factor. However, clinical attachment styles can lead to emotional dysregulation and susceptibility to stressors; depression symptoms like those can emerge from this. (Spruit, *et al.* 2020; Malik, *et al.* 2014). These aforementioned connections and the importance of parental attachment style during adolescence are indeed vivid with the

strength and significance of the results. Strategies directed at facilitating robust family bonds as well as effective communication and good support within the family unit could prevent the emergence of depressive symptoms (Gentzler *et al.*, 2015). Data collection form from this study shows the importance of parental influence on the depressive symptoms of late adolescents. Through the recognition and elimination of detached attachment styles at an early stage of adolescence, counselors and scientists will be able to prevent the onset of the depressed feeling and promote mental welfare.

Table 4: Association Between Demographic Variables and Depressive Symptoms in Adolescents

Variable	Chi-Square Value	p Value
Gender	3.86	0.049
Age Range	7.21	0.007
Education of Participant	2.14	0.343
Number of Siblings	10.50	0.015
Parental Education	5.76	0.123
Parental Occupation	6.92	0.052
Family Structure	8.30	0.019
Socioeconomic Status	4.67	0.096
Monthly Income (INR)	3.25	0.198

The table presented above showcases the demographic profile of adolescents involved in a study exploring the relationship between parental attachment styles and depressive symptoms.

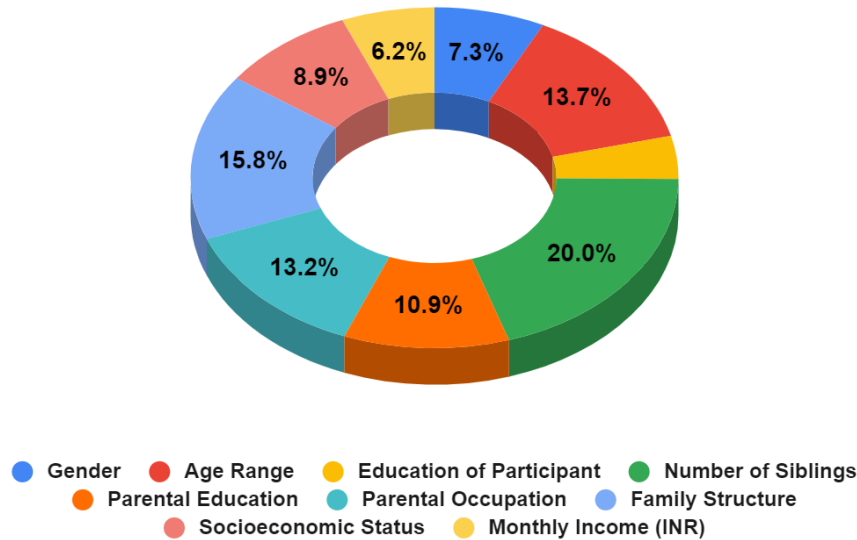


Figure 3: Association Between Demographic Variables and Depressive Symptoms in Adolescents

The data is categorized into several segments that cover parameters such as gen-der, age group, educational status of the participant, number of siblings, parental educa-tion and occupation, fam-ily structure, socioeconomic status, and monthly income. In the sample, the gender distribution is balanced, and there is an equal proportion of male and female participants to which guarantees the results will not be affected by gender bias. Consequently, gender can also be one of the underlying causes for many people to have such depressed

symptoms anger as well as the feeling of neglect from their parents (Cracco *et al.*, 2015; Cooke *et al.*, 2019). The age range right disperses widely, with quite a big chunk in each of these groups. This way there is a thorough examination of the role parent attachment styles have played in depressive symptoms in the course of different development walks of life. The skill levels of the trainees are different and not monotonous. Equally the primary, secondary, and tertiary education level trainees are enrolled are adequate. This is ascertained by the fact that the

study captures the effect of the styles of parental attachment on symptoms of depression across different educational backgrounds. The total number of siblings, parental education and occupation, family structure, socioeconomic status, and monthly income which seem to be different, will present a diverse distribution. This is indeed important to observe the multidimensional interfacing between these components and the depressive symptom. The demographic representation of the study population covers all aspects, which ultimately increase the reliability and applicability of the research conclusion accordingly.

Conclusion

Through the in-depth analysis of the data generated by this investigation, we can uncover necessary information, revealing how parental attachment patterns entice late teenage depression levels. In the first place, the study population of successful adolescents was well balanced in terms of gender, age range, number of siblings, parents' education levels, family structure, socioeconomic status, and monthly income. By thus securing a proportionate inclusion, the study results may become more reliable and applicable to the general population. Moreover, chi-square analysis gives us a significant correlation impact between the parental attachment styles and the depressive behaviors. Particularly, rich attachment style adolescents manifested fewer signs of depression than other insecure attachment styles, including largely anxious-preoccupied, dismissive-avoidant, and insensible-avoidant. These results are supported by attachment theory, which next in line states that secure attachment gives an absorption against mental health problems. However, Pearson correlation was used and it demonstrated a significant correlation between a depressed parent and an unhappy child. The association is far from simple; on the downside, secure attachment styles and depression are negatively related, while insecure attachment styles and depression on the tangible side are positively correlated. Such mentions enable one to emphasize the leading idea of children with secure emotional bonds with their parents as the main factor for mental health of adolescents. In short, this study emphasizes that parental care styles are pivotal forces in forming adolescent mental health evolutions. Low secure attachment styles can become a predictor of adolescent depression. This can be prevented through identifying and addressing those styles before the onset of depression development. This research is a sufficient and strong evidence that can be used to link parental attachment styles with level of depressive symptoms of late adolescents. The uniform demographic profile, also as the incorporating findings of chi square and Pearson's correlation analysis, perfectly emphasizes the crucial role that is played by the safe parent-child connections in the preservation of mental health in children during their critical developmental age. These findings will help a lot practice guidelines and prevention strategies that do not involve solely reducing chances of adolescents getting depression. Limitations of this study may be related to a cross-sectional design which makes it impossible to infer about the causality and the widely used self-report measures to probe into parental attachment styles and the depression of the subjects. A

study in Longitudinal design with using objective measures needs to be carried out in order to deepen the connection between attachment style of parent and depression symptoms in lesson adolescence.

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