

12

The Journey of Adolescence

Transitions in Self within the Context of Attachment Relationships

MARLENE M. MORETTI
ROY HOLLAND

No variables, it can be held, have more far-reaching effects on personality development than have a child's experiences within his family: for, starting during the first months in his relation with his mother figure, and extending through the years of childhood and adolescence in his relations with both parents, he builds up working models of how attachment figures are likely to behave towards him in any of a variety of situations; and on those models are based all his expectations, and therefore all his plans, for the rest of his life.

—BOWLBY (1973, p. 418)

Bowlby's theory of attachment has had a profound effect on how we understand the development of infants and young children, and, more recently, it has elucidated our understanding of adult romantic relationships (Shaver & Hazan, 1993). In contrast to these areas of investigation, the developmental period of adolescence has been relatively ignored by attachment researchers. Yet adolescence offers important opportunities to study the significance of attachment security over the course of important personal and social transitions. In the psychological literature, adolescence is commonly

viewed as a period of identity crystallization, where childhood tendencies and proclivities become consolidated and deepened into an enduring internal sense of selfhood. Adolescence is the "developmental bridge" between childhood and adulthood, when children move from dependency to autonomy and from bonds shared primarily with family to bonds shared with close friends and intimate partners. Changes in the complexity of representational thought during adolescence allow for a richer understanding of social relationships. The sphere of important social relations broadens to include peers, school and work colleagues, and romantic partners. Bonds within the family must be balanced and reorganized to accommodate new significant relationships and social roles.

The complex changes of the adolescent period offer new opportunities and challenges for youth and their families. This period of transition can provide new avenues for parents and children to transform their relationships with each other and, in turn, their personal sense of selfhood. For many reasons, however, parents and children frequently struggle with this transition. Too often opportunities for the development of autonomy, balanced with connectedness to family, are lost and adolescents fail to establish a sense of self that is differentiated yet connected with family. Dysfunctional dependence or detachment is the result. In this chapter we discuss the transformation of self during adolescence and the role of social context and social-cognitive shifts that underlie this process. We use the term *self* to refer to the *self system*, an internal regulatory system that is based on relational experiences which over time become consolidated into internal representations of self and other (Moretti & Higgins, 1999a). The self system exists in a dynamic relationship within one's ecology, shaping and being shaped by interpersonal experiences. We emphasize that adolescent-parent attachment is the central interpersonal context in which self-development unfolds and is a significant determinant of adolescent adjustment. Attachment theory provides a theoretical structure for organizing systemic interventions for troubled adolescents and their families. Case examples are provided and attachment-based programs for high-risk adolescents and their families are described.

THE JOURNEY OF ADOLESCENCE: INTEGRATING MULTIPLE PERSPECTIVES ON THE SELF

The emergence of the self system is not restricted to any particular developmental period, but stretches across the lifespan. Adolescence, however, represents an important period of transition. Two factors underlie the transformation of the self system during adolescence: (1) rapid changes in social roles and interpersonal contexts; and (2) shifts in the capacity for representational thought and self-reflection. The social contexts in which adolescents function gradually broaden from late childhood to early adulthood

(Buhrmester & Furman, 1987; Selman, 1980). In most cultures, adolescence is recognized as a period of transition in personal bonds that involves broadening the scope of significant relationships and personal ties. In North American culture the period of adolescence is marked by dramatic decreases in the amount of time that youth spend with parents relative to peers. Time spent with family drops from 35% to 14% of waking hours between late childhood and midadolescence (Larson, Richards, Moneta, & Holmbeck, 1996). By grade 12—around the age of 17—the majority of adolescents spend more time with their peers than with their parents. They rely increasingly on peers for intimacy and support, although this does not displace the role of parents as important confidants (Furman & Buhrmester, 1992; Laursen & Williams, 1997; Levitt, Guacci-Franco & Levitt, 1993; Trinke & Bartholomew, 1997).

New social roles beyond the family also include first-time employment and romantic relationships. Most adolescents enter the work force at age 15 or 16 and many are employed for 15 to 20 hours per week (Bachman & Schulenberg, 1993; Greenberger & Steinberg, 1986). In North American society, adolescents typically exert some degree of control over how they spend their own income. Their employment status attenuates their financial dependence on family and alters their social identity by virtue of endowing them with the status of consumers. Dating relationships begin in early adolescence—around age 13 for girls, age 14 for boys (McCabe, 1984)—although it is not until late adolescence that these relationships are characterized by genuine intimacy and deep emotional involvement (Douvan & Adelson, 1966).

Importantly, social role changes occur in conjunction with developmental shifts in metacognitive and representational capacity from early to late adolescence (Case, 1985; Chalmers & Lawrence, 1993; Selman, 1980) and promote a more differentiated and complex view of self and others (Harter, 1990; Marsh, 1989; Moretti & Higgins, 1999a, 1999b). As children move into adolescence (13–16 years of age), they develop the capacity to simultaneously consider several perspectives on multiple attributes (Case, 1985; Selman & Byrne, 1974). One consequence of this cognitive shift is that adolescents form increasingly abstract and differentiated perceptions of themselves and others. They begin to simultaneously compare their evaluation of their own attributes with the evaluations that they believe several others hold of them (e.g., parents, peers, romantic partner), and the standards that they infer are important to them. This level of cognitive sophistication allows adolescents to consider the relation of actual-self attributes with several standards or self-guides (e.g., their own standards or the self, the inferred standards of each parent, peer standards, cultural norms), and to consider the relation of various self-guides to each other. Furthermore, adolescents can speculate about the self-representational structure of others: the type of attributes that others possess, would like to possess, and so on. The capacity of adolescents to represent complex self

other scenarios provides them with the opportunity to imagine and act out alternative personas and to imagine being in different types of relationships.

As they move through adolescence, youth are increasingly concerned with the views that others hold of them, particularly their peers and romantic partners. They are strongly motivated to gain the acceptance of peers and may attempt to do so by presenting themselves "falsely." That is, they may present themselves as possessing attributes or beliefs that are not their own but are designed to impress others or to conceal attributes they feel are not accepted by others (Harter, Marold, Whitesell, & Cobbs, 1996).

Elkind (1967) proposed that the cognitive shifts that occur in adolescence result in a form of adolescent "egocentrism" in which the adolescent is overwhelmed by the sense that he or she is the focus of everyone's attention, coupled with the belief that his or her experiences are essentially unique. The capacity of adolescents to simultaneously consider multiple perspectives on the self, in concert with rapid transition in their social roles and relationships, provokes a period of intense self-preoccupation and pressure to consolidate a sense of self. Adolescents have new opportunities for experiencing the self in relation to others, and thus can better adjust to a range of social contexts. However, they are also more likely to experience discrepancy among the diverse ways that they experience self. Thus, adolescents may suffer because they are now able to perceive that who they are (i.e., the actual self) is incongruent with who they themselves wish to be (own standards), who they believe their parents wish them to be (parental standards), and who they believe their peers wish them to be (peer standards). The challenge of adolescence lies in integrating multiple views of the self that emerge from these varied and often conflicting social contexts (e.g., family, peer, romantic, work contexts).

Although the capacity to think about the self from multiple perspectives grows from early to midadolescence, the ability to integrate divergent views remains limited. It is not until late adolescence that seemingly contradictory aspects of the self can be incorporated (Harter & Monsour, 1992; Harter, Bresnick, Bouche, & Whitesell, 1997). It is likely that a capacity to integrate divergent perspectives on others (e.g., parents, peers) follows a similar developmental trajectory. From early to midadolescence it may be difficult for youth to integrate opposing impressions or views of others. Only later in development can seemingly divergent characteristics of others be integrated and understood as part of the complexity of personality.

DIFFERENTIATION OF PERSONAL VERSUS PARENTAL STANDARDS FOR THE SELF DURING ADOLESCENCE

In parallel with changes in social relationships and representational capacity, adolescents transform their internal regulatory system in terms of (1)

the degree to which they share standards or goals for the self with significant others (e.g., parents and peers), and (2) the psychological consequence of congruence or discrepancy between how adolescents view themselves and these standards or goals. Our research in this field is based on an extension of self-discrepancy theory (Moretti & Higgins, 1999a, 1999b; Moretti & Wiebe, 1999). This model of self-regulation assumes that internal representations of self are organized along two dimensions: domains of self-representation (i.e., the actual self, the ideal self, and the ought self) and standpoints on self-representation (i.e., one's own standpoint vs. the inferred standpoints of significant others). Together these self-state representations form a dynamic self-regulatory system that guides motivation and emotion. Self-state representations that include our hopes and wishes for self, or our sense of duty and obligation, provide important standards, or self-guides, that regulate emotion and behavior.

Our research has investigated developmental shifts in the differentiation of adolescents' standards for themselves from the standards that they believe their parents hold for them. In other words, we are interested in whether adolescents and parents change in how much they agree on the standards that adolescents should strive for and the goals that are important for them to achieve. In a study of high school students in grades nine to 12, we found that only 25% of the standards that adolescents believe parents hold for them are adopted as standards for themselves (Moretti & Wiebe, 1999). The remaining 75% of parental standards for the self were exactly that: parental standards that adolescents recognized but did not necessarily share for the self. These standards are not completely adopted as one's own but remain the "felt presence" of others in the self (Blatt & Behrends, 1987; Schafer, 1968). Thus, at this point in development, adolescents and their parents have only a limited "shared reality" (Moretti & Higgins, 1999a) about the adolescent's identity. It is not surprising, then, that many adolescents and their parents feel as if they live in "different worlds"; "different worlds" that involve the adolescent evolving into a person who may be different from what his or her parents wishes or hopes. These sentiments were aptly captured in one adolescent girl's description of her relationship with her mother: "We are like two people meeting from opposite ends of the world who don't know each other."

The question, then, is whether or not adolescents will indeed adopt parental standards, or a subset of these standards, as they move toward consolidation of their own identities. Needless to say, this process can engender considerable anxiety in both adolescents and their parents as adolescents work through which self-regulatory standards and guides will be accepted and which will not. Consistent with the view that adolescent identity begins to consolidate in early adulthood, our research shows substantially greater overlap between standards for the self and parental standards in early adulthood as compared to adolescence. In a study of

undergraduate university students around 25 years of age, we found that 40% of the standards that young adults believed their parents held for them were adopted as their own standards (Moretti & Higgins, 1999b). Thus, although not all parental standards for the self come to be adopted by young adults, results show a greater "shared reality" between parents and young adults about identity.

Our next question focused on the psychological consequence of congruence or discrepancy between how adolescents view themselves and their standards or self-guides for the self. Consistent with the bulk of research on self-discrepancy theory (Moretti & Higgins, 1999a), we found that both adolescents and young adults suffered from psychological distress when they perceived their actual self as discrepant from their own standards for self (Moretti & Wiebe, 1999; Moretti & Higgins, 1999b). That is, when youth felt that they failed to live up to who they themselves wished to be or felt they should be, they universally reported distress. Interesting differences between girls and boys, and between younger and older adolescents, were apparent. Girls in midadolescence suffered from distress *regardless of the source of perceived discrepancy*: discrepancy with their own standards, discrepancy from parental standards (regardless of whether they were adopted as their own or not), and discrepancy from peer and romantic partner standards all predicted psychological problems. These results underscore the significant challenges for early to midadolescence girls in consolidating a sense of identity and may explain why rates of depression and other psychological disorders, such as eating disorders, rise dramatically for girls with the onset of adolescence. For late adolescent girls and young adult women, discrepancy with their own standards continued to be a source of distress, as was discrepancy with standards that were shared with parents. Beyond this, however, only discrepancy with maternal standards that were not adopted by daughters was predictive of psychological problems.

In contrast to the results with girls, adolescent boys and young adult men suffered from distress *only* when they perceived discrepancy with their own independent standards for the self. These findings suggest that the process of identity consolidation may be different for girls and boys, with girls' development being more strongly influenced by their interpersonal context and relationships than boys (Cross & Madson, 1997; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; Moretti, Rein, & Wiebe, 1998). Yet it is too early to conclude that this is the case, as the role of significant others in the development of self in boys and young men may require examining this process through a different lens. From a developmental perspective, it makes sense that significant others play as important a role in the development of boys' as compared to girls' self-representation, although *how* significant others influence self-development may be gender-specific.

WHAT IS UNIQUE ABOUT AN ATTACHMENT PERSPECTIVE ON ADOLESCENCE?

The model of adolescent self-development that we have sketched thus far mirrors elements of Erikson's (1963, 1968) classic ego development theory. For example, both views share the assumption that identity development involves the differentiation or exploration of values and standards that are important to the self, followed by a period of consolidation. For Erikson (1963), the search for identity serves the function of the consolidation of *fidelity*, an ego strength that can then be brought forward into young adulthood to support intimacy and commitment in sexual relationships and to further procreation. From this perspective, youth need to distinguish themselves from their historical and cultural context and set forth their uniqueness and integrity as a prerequisite for identity consolidation and entrance into adulthood.

An attachment perspective casts the process of adolescent self-development in a unique light. From an attachment perspective, the rapid change in social contexts and relationships coupled with the cognitive shifts in representational capacity create not only a cognitive-emotional dilemma for youth to resolve—that of integrating the diverse and conflicting experiences of the self in different social contexts—but also an attachment dilemma. The attachment dilemma is classic: to maintain a sense of connectedness and a secure base in attachment relationships with parents while simultaneously exploring new ways of experiencing the self and others. As adolescents work toward consolidation of their internal sense of self, so must they work in their close relationships to alter, modify, and renegotiate their place within these relationships and the attachment functions that they serve. This is a transactional process with internal representations influencing experiences within relationships, which in turn shape internal self-other representations of both the adolescent and their significant others. The process of adolescent transition in self-identity is thus nested within the sphere of close interpersonal relationships. The quality of these relationships prior to adolescence will therefore have a profound impact on how this period of development unfolds.

Importantly, from an attachment perspective, the successful transition of adolescence does not assume that youth detach themselves from their parents (Lamborn & Steinberg, 1993; Ryan, Deci, & Grolnick, 1995). *In fact, the transition to autonomy and adulthood is facilitated by secure attachment and emotional connectedness with parents* (Ryan & Lynch, 1989). This is important because it emphasizes that connection (secure attachment) and separation (autonomy) are two sides of the same attachment coin. In the same way that attachment security fosters exploration and the development of new competencies for toddlers, so too does it facilitate development of autonomy in adolescents.

What is most critical to youth during this period is the enduring availability and responsiveness of parents in providing a secure base and a safe haven while simultaneously entering into a process of identity negotiation and relationship transition that inherently involves conflict. Thus, from an attachment perspective, the transition of adolescence simultaneously involves sustaining connectedness while moving toward individuation. Adolescents who feel secure in the availability and empathy of their parents, despite the conflict that is inherent in this development phase, can confidently move forward in exploring their own identity and the meaning of their emerging identity in terms of their relationship with their parents. These adolescents do not avoid exploration and individuation, nor do they force independence and form a fragile sense of selfhood in opposition to their parents. Indeed, some researchers have argued that the successful balancing between autonomy and relatedness—particularly in the context of adolescent-parent disagreements—is a stage-specific manifestation of attachment security (Allen, Moore, & Kuperminc, 1997).

Like earlier periods of development, then, the hallmark of security in adolescence is the successful and age-appropriate balancing of autonomy and dependence. Yet the uniqueness of the adolescent period must not be underestimated. What is unique about adolescence is that younger children will rarely, if ever, physically leave their family of their own accord and go off on their own. Many adolescents, in contrast, possess—or believe they possess—sufficient life skills to leave their family and forge ahead in their lives. For many families, adolescence becomes a period of attachment crisis because separation and loss are now a concrete reality that for the first time can be initiated through the efforts of the child. The significance of leaving home was identified by Kobak and his colleagues (Kobak, Ferenz-Gillies, Everhart, & Seabrook, 1994) as provocative of attachment issues, both in adolescents and in their mothers. Although Kobak et al.'s study suggested that leaving home plays a more significant role in adolescent-parent interactions during late rather than midadolescence, this issue arises earlier in families with a history of conflict and disruption. It is also likely to be more provocative for parents who themselves left home at an early age.

There are other implications of an attachment perspective on adolescence. From this viewpoint, adolescence is not viewed as a period of potential personality arrest and distortion, but as a station along a continuous route of development from childhood to adulthood. Experiences within the parent-child relationship up to the point of adolescence form internal representations that guide how this developmental period will be negotiated. Although earlier experiences and the working models that have formed in their aftermath influence the direction in which adolescence is likely to unfold, these experiences are not entirely deterministic. What is critical is the "fit" between parents and children as they move through this period of development and the capacity of each to sustain connectedness and dialogue.

so that the meaning of past experiences and future directions can be coconstructed.

Adolescence, then, can be a period of continued development along the same path or it can be an opportunity to change course and follow a new direction. Attachment theory offers a rich framework from which to understand the dynamic, transactional relationships between self-development and interpersonal context during adolescence. Given the fact that the transformation of the self in adolescence occurs in the "crucible" of adolescent-parent attachment relationships (Harter, 1999), it is obvious that they are best considered together, within a dynamic framework of mutual influence.

PARENT-ADOLESCENT RELATIONSHIP QUALITY AND SELF-DEVELOPMENT

What role does the quality of adolescent-parent relationships play in determining the psychological impact of these transitions in the self system? In a recent study (Moretti & McKay, 2000), we examined whether adolescent daughters who perceived their mothers as autonomy-supportive were protected from the negative psychological consequences of perceived discrepancy with their mothers' standards for them. Consistent with our past research, we found that girls who perceived themselves as discrepant from who they believed their mothers wished them to be had lower self-esteem than did girls who perceived themselves as congruent with their mothers' standards for them. Importantly, however, the relationship was moderated by maternal autonomy support. Girls who perceived themselves as discrepant from their mothers' standards for them and who also experienced their mothers as low in autonomy support had the lowest level of self-esteem. In contrast, girls who perceived themselves as discrepant from their mothers' standards for them but experienced their mothers as high in autonomy support had the highest level of self-esteem, higher even than girls who perceived themselves as congruent with their mothers' standards for the self. In other words, differentiation of standards for the self—that is, differences between adolescent girls' and their mothers' desires regarding the shaping of identity—enhanced self-esteem for girls who felt they could embark on this exploration of identity within a relationship where their mothers were supportive of this process. Another way of thinking of these results is that the mother-daughter relationship could tolerate and support differentiation—that is, the relationship provided a secure base for self-exploration.

To summarize, these studies suggest that the process of *differentiation* in self-representation that is the hallmark of adolescence peaks in mid-adolescence, followed by greater *integration* between adolescent and parent perspectives on the self in late adolescence/early adulthood. The results also point to the importance of specific factors within the adolescent-parent

relationship—in this case, autonomy support—as moderating or changing the psychological meaning of adolescent-parent discrepancy regarding goals for the self and emerging identity. Thus, even in the context of pro-vocative parent-adolescent disagreement about identity, autonomy support is the crux of ensuring continued emotional connection and support. As one young woman put it, "My mom and I argue about lots of stuff ... but she respects my opinion and most of my choices, so I know she cares about me no matter what."

Autonomy support is, however, only one component of the attachment relationship between adolescent and parent. Our recent work extends our previous investigations by specifically examining the importance of adolescent-parent attachment in understanding severe emotional and behavioral problems in adolescents. Youth who participated in this research were selected from consecutive referrals to a center designated to provide assessment and intervention to the most severely behaviorally disturbed adolescents in the province of British Columbia, Canada. All youth referred to this facility were involved in significant antisocial and delinquent activity, including aggression and violence toward others (e.g., family, peers, teachers), refusal to follow parental and school rules (e.g., staying out all night, hanging around with delinquent peers, skipping school), and delinquent behavior (e.g., vandalism, theft, drug use). In addition, the majority of youth (particularly girls) suffered from a range of psychiatric disorders (i.e., attention-deficit/hyperactivity disorder, generalized anxiety disorder, post-traumatic stress disorder) as diagnosed through structured interview (Moretti, Reebye, Wiebe, & Lessard, 2002; Reebye, Moretti, Wiebe, & Lessard, 2000). Some adolescents were intermittently suicidal and some had been exploited through prostitution. Chronic exposure to multiple forms of maltreatment of varying degrees was common.

In terms of family relationships, almost half of these adolescents were no longer living with their families on a regular basis. This is not to imply, however, that they were psychologically disconnected from their families. In fact, these adolescents reacted strongly to discussing family issues and to having contact with their parents. Often their interactions were marked by intense conflict, interspersed with aggressive and sometimes violent exchanges. Their feelings ranged from extreme anger and rage to deep despair. Not surprisingly, parents of these adolescents often reported a similar history of conflict and trauma with their own parents; they frequently expressed a deep sense of loss and frustration that they were unable to prevent their own children from having the same experiences that marred their lives. Despite these extremely difficult circumstances, invariably there was an intense desire to continue to maintain connection and to "make things right."

Our research examined attachment patterns and links to psychopathology in these youth using Bartholomew and Horowitz's (1991) family

attachment interview. This system identifies four prototypes of attachment—secure, anxious–preoccupied, avoidant–fearful, and dismissing–avoidant—and assumes that individuals rely to varying degrees on strategies that represent each of the prototypes. Dominant patterns are coded by identifying the most frequently used or characteristic attachment strategies. Of the 170 adolescents we assessed, 38% were predominantly avoidant–fearful, 25% were anxious–preoccupied, and 22% were dismissing–avoidant. Only 7% were secure; the remaining 8% of the adolescents could not be coded with a dominant attachment pattern. Attachment patterns differed by gender: although an equal percentage of girls and boys were classified as avoidant–fearful, significantly more girls than boys were classified as anxious–preoccupied and more boys than girls were classified as dismissing–avoidant.

Examination of the relationship between attachment ratings and measures of emotional and behavioral functioning showed that attachment security was associated with significantly less emotional distress and significantly lower levels of engagement in aggressive and delinquent behavior (e.g., theft, threats to hurt others). These results are consistent with how securely attached adolescents describe their ability to cope with difficulties by using parents for support or by relying on their own resources. For example, one adolescent stated: "I can talk to my mom when I'm upset, when she's in the right mood, or I can do other things to feel better like drawing. I like spending time with her when I can." Avoidant–fearful tendencies, on the other hand, were associated with symptoms reflecting painful avoidance coupled with desire for connection—that is, feeling unloved, lonely, depressed, worthless, and suicidal. In their interviews, youth who were high on avoidant–fearfulness often spoke of their family relationships with great despair, as illustrated in the following excerpt: "I'm homesick. I look forward to seeing my parents on visits, but I don't think they miss me because they hate me. They're not proud of me. I don't think they would even miss me if I were dead. I'm not the little girl they wanted."

Anxious–preoccupied tendencies were linked with symptoms of anxiety and to aggressiveness toward others. Frequently adolescents high on anxious–preoccupied tendencies provided idealized portrayals of their family, expressed the desire to be close to others, and described coercive and controlling social behavior. One girl whose father had been charged with abuse described her father as "funny, lovable, and really nice—I wouldn't change anything about him, he's great." She described intense friendships that were often tumultuous, as in the following excerpt: "I really trusted this new girl that I met but I found out she spread rumors about me.... I went crazy and beat her up so now it's OK because we're friends." In contrast, dismissing–avoidant tendencies were negatively correlated with youth endorsing items that indicated any form of internalized distress such as depression, anxiety, guilt, unhappiness, or suicidality. These findings are consistent with the presentation of dismissing–avoidant youth in interview.

One boy who was high on dismissingness stated: "I don't really talk to my parents, I don't need them. They're [parents] are just idiots. I just do whatever I want." The dismissing–avoidant adolescents' intellectualized presentation is inconsistent with the extremely difficult circumstances of their lives, which shows in their inability to integrate periods of emotional upset as illustrated by this boy's acknowledgment: "Sometimes I cry by myself"

I don't know why ... I don't really feel upset before it happens."

Overall our results are consistent with previous research showing that attachment security is linked with adaptive functioning in adolescence while insecure attachment predicts a broad range of poor psychological outcomes, the nature of which depends on the type of attachment insecurity (Doyle & Moretti, 2001; Doyle, Moretti, Brendgen, & Bukowski, 2001; Kerns & Stevens, 1996; Kobak & Sceery, 1988).

Our examination of the quality of internal self–other representations in these adolescents revealed marked differences in content and structure as compared to adolescents from our normative samples (Moretti & Wiebe, 1999). Not only was the content of self and other (mother and father) representations in troubled adolescents significantly more negative, but these representations were also impoverished. That is, adolescents in our clinical sample had difficulty describing how they saw themselves, how they believed others viewed them, what their own goals were for themselves, and what their parents' or peers' goals were for them. Furthermore, the negativity of self–other representations was a robust predictor, particularly for girls, of multiple forms of aggressive behavior, including relational and overt aggression and assault (Moretti, Holland, & McKay, 2001).

In summary, our research showed that adolescents with severe behavioral problems typically showed insecure attachment patterns in relation to their parents. These adolescents held a fundamental and deep mistrust in the interest and/or capacity of adult caregivers to be available and responsive to their attachment needs. Relative to nonclinical samples, their internal view of self was impoverished and negative. The insecurity of their attachment patterns and the lack of integrated and positive self-representation would make autonomy development extremely challenging.

What can attachment theory offer to guide intervention with these youth and their families? We believe the value of attachment theory lies in making the attachment needs that underlie "problem behavior" visible. These attachment needs are often extremely difficult to decipher in the context of aggressive, threatening, and risk-taking behavior. These behaviors typically become the focus of therapeutic attention because, as mental health professionals and parents, we wish to prevent danger and harm to our children. Rarely do we look at these behaviors as symbolic of unmet attachment needs and as strategies to maintain connectedness, yet protect against anticipated rejection. It is only by understanding and responding to these underlying attachment issues, however, that we can tailor interven-

tions to promote curative attachment experiences and avoid further alienation and detachment.

ATTACHMENT-BASED SYSTEMIC PERSPECTIVES ON INTERVENTION

For many years, clinicians believed that delinquent youth were unresponsive to psychological intervention; in fact, many held the view that "nothing works" and that these youth were doomed to a future of incarceration and marginal functioning (Shamsie, 1981). The development of multimodal systemic interventions has offered hope in altering this developmental trajectory (Moretti, Holland, & Moore, 2002; Henggeler, 1991; Fisher & Chamberlain, 2000; US Department of Health and Human Services, 2001). The efficacy of systemic interventions lies in the appreciation of multiple levels of the ecology that influence child development and adjustment. Intervention strategies can be individually tailored to address a range of factors that have been shown to contribute to problem behavior.

Attachment theory enhances a systemic perspective on intervention because it helps clinicians *understand the unique meaning of disruptive behavior within the context of the child-parent relationship* (Byng-Hall, 1991; Byng-Hall & Stevenson-Hinde, 1991). With this understanding in hand, interventions can be tailored so they fit with the unique set of factors that contribute to problem behavior and with the attachment dynamics that operate in conjunction with these factors. For example, all troubled adolescents that we worked with were oppositional, hostile, and aggressive, yet their displays of aggressive behavior stemmed from different attachment-related sources and strategically functioned in different ways to engage caregivers. The value of attachment theory is illustrated in the following case examples of adolescents who shared similar types of disruptive behavior yet differed in their attachment patterns and the family dynamics associated with these behaviors.

Peter was a sullen but anxious 13-year-old boy. He was oppositional at home, skipped school, and was involved with older peers who used drugs. He sometimes stayed out all night and refused to accept the authority of his parents. Peter had been charged with breaking into a neighbor's home and stealing a number of items. From a diagnostic perspective, he clearly met criteria for conduct disorder.

Peter spoke openly about his disrespect for his stepmother—in his words, she was not his mother so she had no authority to parent him. On the other hand, Peter expressed superficial but unwavering respect for his father. After some probing, Peter revealed that his father "saved" him. When asked what that meant, he disclosed that his father came back for him and got custody when it was discovered that

his biological mother was involved in extensive criminal activity. Peter was ambivalent toward his biological mother—although, angry toward her for exposing him to abusive experiences and then relinquishing him, Peter harbored the hope that someday she would return for him. Despite his displaced anger toward his stepmother, Peter desperately wanted to remain in the family. He was extremely anxious that he had crossed the line and this time would be kicked out.

Peter had developed a very negative view of himself. He described himself as a "loser"; the few concrete goals he held for himself were highly discrepant from how he viewed himself, leaving little hope that these goals were achievable. The only place Peter felt good about himself was with his peer group; these youth were similar to Peter and he felt accepted by them.

Peter's attachment interview revealed a predominantly avoidant-fearful pattern. Intimacy and closeness were extremely anxiety-provoking for him. He longed for connection with his parents and so wished to be taken care of, yet he feared rejection. His anger and fear of rejection stemmed from his experiences of rejection and neglect by his biological mother. Yet he could not direct these feelings toward her because his connection with her was so tenuous that it could not withstand his rage. Instead his feelings were redirected toward his stepmother, whom he feared but wished to be close to. It was extremely anxiety-provoking for this boy to allow closeness with his stepmother; whenever he experienced more intimacy than he could manage, he would "self-destruct" by acting out in ways that were sure to distance his stepmother and father. On a positive note, he could sometimes accept his father's authority, yet this placed a wedge between his father and stepmother. Peter's father seemed strangely comfortable with this situation, suggesting that he shared his son's distrust of women and fear of commitment because he had also been traumatized in his relationship with Peter's mother.

Attachment theory helped us to understand both Peter's behavior and the family dynamics in which it occurred. Interventions focused on helping Peter's parents understand the attachment issues underlying their son's behavior and supporting their use of structure and consistency in meeting his needs. Peter needed to hear, both verbally and in other ways, that he would not be abandoned even if his behavior was problematic and limits were enforced. This helped to soothe his anxiety and reduce the intensity of his disruptive behavior. Peter's parents benefited from couple therapy that focused on attachment issues that undermined intimacy and trust in their own relationship. This work allowed each parent to forge a more secure relationship with Peter, knowing that neither parent would be displaced through this process. Despite the need for Peter to work through issues of loss and anger in relation to his biological mother, he was not ready to enter into this work. Instead, Peter was able to connect with a childcare

worker who offered him empathy and support in his day-to-day struggles. This was useful in providing Peter with guidance around social skill issues, but more importantly it reinforced the notion that adults cared about him and could be trusted for support.

Although Peter's aggressive and delinquent behavior is similar to that of the adolescent in our next case example, Mary, her attachment pattern is distinctive, as are the family dynamics related to her behavior problems.

Mary was the first child born to her parents, both of whom were unable to care for her due to their entrenched drug dependence. Her father disappeared from her life early on and his whereabouts were unknown. Mary's mother attempted to care for her daughter, but at age 4 Mary was placed in a foster home due to concerns of neglect and possible sexual abuse. Mary's mother continued to be involved in her daughter's life and genuinely cared for her daughter, yet she was unable to follow through on her commitments. Her fear of losing her daughter to other caregivers often led her to undermine Mary's development of a connection with new foster parents. Consequently Mary had spiraled through over 25 placements within 10 years.

When Mary first came into contact with our service her behavior was an enigma. She expressed her desire for closeness with her foster mother through peculiar behaviors, including patting, stroking, and hitting her. She often tried to please her stepmother and to be the "perfect" child, only to fall suddenly into a rage and destroy things around her. Mary was, extraordinarily sensitive to any behavior that even remotely suggested abandonment or rejection; she became very distraught when separated from her foster mother and would do whatever it took to keep her nearby.

Mary's relationships with her peers were similarly volatile. She was highly dependent on them and developed intense connections quickly. But inevitably she became enraged with them for seemingly minor events and sometimes this led her to assault her peers.

Mary struggled to integrate her experiences of herself and others in her life. Despite her very difficult relationship with her mother and her mother's obvious failure to provide adequate and consistent care, Mary idealized her. She continued to hope that "this time" her mother would come through for her and consequently her pain when her mother failed to follow through was overwhelming. Mary's sense of herself was also fragmented; how she felt about herself was directly a function of how she believed others felt toward her. Therefore, her self-esteem was like a roller coaster, temporarily reaching heights only to plunge quickly into despair.

Mary was characterized by a predominantly anxious-preoccupied attachment pattern. From an attachment standpoint, Mary's extreme dependency and aggressive behavior achieved the same goal: to ensure and maintain intense connectedness with others. Despite this goal, her behavior *typi-*

cally led others to feel overwhelmed by her needs and afraid for their own well-being; consequently they pushed her away. Separation for Mary was unbearable because her sense of self was almost entirely dependent on whomever she was with. Attempts to limit her "attention seeking" and "manipulative" behavior only resulted in escalation until ultimately she secured someone's attention, even if it was only the brief attention that her self-harm behavior brought her in emergency rooms. It was important to work with Mary in a "matter-of-fact" manner and to avoid falling into the struggle and path to rejection that Mary was so familiar with. Offering Mary opportunities to connect with others *before* she became agitated and coercive proved helpful in allowing Mary to experience connection without having to force it upon others. Helping Mary structure her emotional experiences and offering empathy and support for her attempts to establish autonomy were also important. Mary was able to accept empathic reflections from her caregivers about how frightening it was to feel alone, and over time she became more comfortable spending small amounts of time by herself, trusting that her caregivers would not disappear if she relaxed her constant monitoring and attempts to control their behavior.

Our last case example illustrates an attachment pattern that is assumed to be present in most delinquent youth, but that was found to be present in less than 25% of adolescents we assessed. The defining quality of this attachment pattern is the profound deactivation of the attachment system.

Paul seemed unperturbed by his separation from his family. From his point of view he could not understand why his parents and teachers were so "bent out of shape" by his behavior. Paul openly admitted to involvement in drug trafficking. He didn't think it was such a big deal and viewed it as a reasonable way to make a few bucks. Paul had been charged with assault. He explained that it was not his fault—the kid he beat up was just in the wrong place at the wrong time and should have known better.

Paul described life in his family as fairly chaotic. From an early age he had to fend for himself because his parents were either not around or they were too "wasted" to be of much good. Yet Paul did not think his childhood was that bad; he displayed no direct feelings of anger toward his parents except for cool and distant irritation. He talked about very disturbing events as if they were happening to someone else. Paul stated that he was able to take care of himself. He thought he was smart and good-looking, and he wanted to have lots of money and a great car. He claimed to have lots of friends. He thought he was "good" with people and could get them to do pretty much anything he wanted.

Paul showed a classic dismissing-avoidant profile. From an attachment perspective, Paul had worked hard to ensure that he would no longer have to rely on his parents for his physical or emotional well-being. In do-

ing so, he also learned to close the door to others and to his own emotional life. It was important for us to respect Paul's fragile sense of competence while at the same time offering him tolerable doses of empathy and demonstrating our usefulness to him. Initially, Paul could only accept that staff were useful in getting things he wanted, yet over time he began to develop interest in others as mentors from whom he could learn new skills. Paul was always careful to limit his feelings of dependency, but he was gradually able to feel that others could be interesting and valuable additions to his rather barren psychological life.

Interestingly, our experience parallels the observations of Holmes (1997) who noted that therapists working with avoidant clients (avoidant/fearful and dismissing-avoidant) are likely to experience a sense of disengagement and rejection. In contrast, those working with anxious-preoccupied clients typically feel stifled, overwhelmed, and coerced into taking on more and more of their clients' problems. These cases illustrate that even though these youth shared a diagnosis of conduct disorder and equally engaged in aggressive and delinquent behavior, they differed in ways that are relevant to developing a therapeutic plan. By focusing only on the behavior problems that defined these adolescents, we would have missed the issues of most relevance to treatment. Their unique attachment issues required appropriately tailored interventions. For example, both the avoidant-fearful and the anxious-preoccupied adolescent require an empathic and supportive approach. However, too much empathy, too quickly, overwhelms the avoidant-fearful adolescent. In contrast, not enough proactive engagement leads to abandonment anxiety in the anxious-preoccupied adolescent and can increase acting-out behavior designed to aggressively provoke engagement by others. The dismissing-avoidant youth, on the other hand, requires that others prove their "value" in concrete terms as a prerequisite for any relationship building whatsoever and that their fragile sense of self-competence be supported and respected.

By understanding the unique attachment issues underlying the behavior problems of these youth, systemic interventions can be tailored to enhance their effectiveness. In British Columbia, two programs have been developed for high-risk youth based on attachment theory: the Response Program (Holland, Moretti, Verlaan, & Peterson, 1993; Moretti et al., 1997; Moretti et al., 2002; Moretti, Holland, & Peterson, 1994) and the Orinoco Program (Moore, Moretti, & Holland, 1998). The Response Program provides a comprehensive evaluation of the attachment dynamics underlying the development and maintenance of child adjustment problems in the family. To achieve this goal, a multidisciplinary team works with each youth and his or her family—both on site and in the community—to gather information at each level of the ecology (cultural, community, family, and individual). The multidisciplinary team, community, family, and youth come together to share information and develop a "care plan" that pro-

vides an understanding of the attachment pattern of the youth and the attachment dynamics underlying interactions with parents and other important people within his or her ecology. Strategies are provided that are most likely to support adaptive functioning within the home community. Out-reach staff working with community teams support the implementation of the care plan within the youth's home community. Respite care for up to 2 weeks is provided to ensure that systems of care remain intact over time.

Consistent with research supporting the efficacy of systemic intervention, evaluation of the Response Program has shown reductions in problem behavior (e.g., aggressive and delinquent behavior, anxiety, depression) from both caregiver and youth perspectives for up to 18-months follow-up (Moretti et al., 1994). Although this was not a controlled evaluation, reductions in problem behavior were noted for even the most highly aggressive youth in this study. Spontaneous remission is atypical in this population. The pattern of change found in the evaluations was revealing. Caregivers were first to shift in their perception of youth problem behavior; youth reported fewer problems months later. One interpretation of these findings is that by shifting caregivers' understanding of the attachment dynamics underlying problem behavior, the quality of the caregiver-youth relationship changes and thus reduces the functional need for problem behavior.

The Orinoco Program is an extension of the Response Program (Moore et al., 1998). This program admits both youth and their caregivers into an intensive 3-month multimodal program based on attachment theory. Program components include family therapy, parenting groups, a work shadowing program, and milieu therapy, all of which focus on attachment issues. Each childcare staff member works closely with only two youth during the entire duration of the program, working within the relationship and using ongoing experience to help youth develop skills in resolving interpersonal conflict in adaptive ways and to increase attachment security. Rather than "manage" difficult behavior through increased control and containment, staff attempt to use their connection with youth to influence the youth's behavior. This approach does not mean that all forms of behavior are acceptable and that there are no limits or consequences. However, empathy goes hand-in-hand with limit setting and social consequences. The benefits of an attachment approach are twofold: the quality of relationships is improved and internal self-organization is enhanced. Youth in the program learn to trust others as potential sources of support and nurturance, and through growing security they are able to integrate their internal psychological experiences and move forward in autonomy development. This work may or may not occur in conjunction with changes in family patterns of relating to each other, depending on the capacity of each family member to engage in the change process. Change in family functioning is certainly desirable and always occurs to some degree. However, even when it is mini-

mal, youth can work in other relationships and gain a greater sense of trust in adults as potential sources of security and support, and a greater degree of internal integration and identity development.

How well does this program work? Based on youth, family, and community support for the program, it has been extremely successful. Youth of-ten remain connected with the program through their alumni association for years. They do not "run away" as they did when the units were "lockdown" facilities. The door has been removed from the seclusion room; staff have found other ways of keeping kids safe by working within the relationship. It is important to recognize, however, that this is extremely difficult and challenging work; staff require ongoing support and supervision regarding attachment issues and therapeutic strategies. Yet most report that they feel they are doing the best work they have ever done—they are more real in their relationships and adolescents respond positively to their authenticity.

FUTURE DIRECTIONS

Adolescence can be a period of psychological and relational expansion in which a child and his or her family celebrate the exploration and inclusion of a wider and richer world of attachment relationships. This growth is mirrored internally in the adolescent's development of richer, more complex, and integrated representations of self and other. Divergence or conflict between adolescents and their parents can be opportunities for growth rather than evidence of dysfunction. Together, and in relation to each other, adolescents and their parents can be positively transformed through this process.

In this chapter we focused our attention on the dynamic relationship between transitions in the self system and attachment. The evidence we presented suggests that the quality of adolescent–parent relationships shapes the psychological meaning of differentiation between parents and adolescents. Identity differentiation and autonomy development enhances self-esteem in securely attached adolescents, but it is threat for adolescents who are insecurely attached. Our research also shows that adolescents with insecure attachment to their parents generally have more negative and less elaborated internal self–other representations. We need to examine the complexity of self-representation much more deeply and in relation to specific qualities of adolescent–parent attachment, following some important re-search strategies that have been developed in adult samples (Mikulincer, 1995).

The troubled and aggressive youth we discussed in this chapter are characteristically insecure in their attachment to parents. Are insults to the attachment system truly a cause of aggressive behavior? Bowlby (1973) be-

lieved so; indeed, he noted that "the most violently angry and dysfunctional responses of all, it seems probable, are elicited in children and adolescents who not only experience repeated separations but are constantly subjected to the threat of being abandoned" (p. 288). Furthermore, he underscored the importance of threats to attachment as a determinant of aggression by drawing on Burnham's (1965) observations of violent adolescents: one adolescent who murdered his mother exclaimed afterward, "I couldn't stand to have her leave me." Another, a youth who placed a bomb in his mother's luggage as she boarded an airliner, explained: "I decided that she would never leave me again" (p. 290, as cited in Bowlby, 1973).

The research we presented in this chapter lends support to the view that insecure attachment is characteristic of aggressive adolescents. Yet our understanding of *how* insecure attachment is linked to aggression, and what types of attachment insecurity may be tied to different *types* and different *patterns* of aggressive behavior is limited. Future research is required to understand the specificity in link between attachment insecurity and aggression. We also need to evaluate whether Bowlby's (1973) distinction between functional versus dysfunctional anger is valid. He argued that dysfunctional anger—such as uncontrollable rage and destructive attacks on caregivers—weakens relational bonds. This may be true of some forms of extreme aggression but in our experience we find that aggressive behavior in youth often functions to *strengthen* bonds, but in a manner that compromises the psychological and physical well-being of all involved. Similar observations have been made by Dutton (1999) in men who assault their wives.

There are many issues that space did not permit us to address in this chapter. We focused only on attachment relationships with parents, yet during adolescence other important peer and romantic pair bonds emerge. As these relationships develop, the attachment functions served by parental relationships change (Trinke & Bartholomew, 1997). Although we know that parents continue to remain important attachment figures well into adulthood, we do not fully understand how children who are exposed to traumatic attachment experiences balance the emergence of peer and romantic relationships. Our guess is that these children are likely to prematurely shift toward peers and romantic partners in the hope that these new relationships will meet attachment needs that could not be met in their relationships with their parents. Thus, peers may strongly influence their behavior and contribute more to the development of antisocial and delinquent behavior for children with insecure attachment patterns.

Finally, although attachment theory has led us to be more aware of systemic and transactional influences on child development, much of our thinking remains deeply entrenched in understanding individuals apart from their interpersonal contexts. Recently Cook (2000) developed a methodology for looking at attachment from a "social relations theory" perspective. In his re-

search he asks the question: How internal are internal working models? To what degree is attachment security related to individual differences versus family systems that are themselves embedded within complex ecologies? Only by understanding that attachment *is both* an emergent process within relationships and a relatively enduring individual difference characteristic can we move forward in understanding how each influences and shapes the other.

REFERENCES

- Allen, J. P., Moore, C. M., & Kuperminc, G. P. (1997). Developmental approaches to understanding adolescent deviance. In S. S. Luthar & J. A. Burack (Eds.), *Developmental psychopathology: Perspectives on adjustment, risk, and disorder* (pp. 548–567). New York: Cambridge University Press.
- Bachman, J., & Schulenberg, J. (1993). How part-time work intensity relates to drug use, problem behavior, time use, and satisfaction among high school seniors: Are these consequences or merely correlates? *Developmental Psychology*, 29, 220–235.
- Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, 61, 226–244.
- Blatt, S. J., & Behrends, R. S. (1987). Internalization, separation—individuation, and the nature of therapeutic action. *International Journal of Psycho-Analysis*, 68, 279–297.
- Bowlby, J. (1973). *Attachment and loss: Vol. II. Separation*. New York: Basic Books.
- Buhrmester, D., & Furman, W. (1987). The development of companionship and intimacy. *Child Development*, 58, 1101–1113.
- Byng-Hall, J. (1991). The application of attachment theory to understanding and treatment in family therapy. In C. M. Parkes, J. Stevenson-Hinde, & P. Harris (Eds.), *Attachment across the life cycle* (pp. 199–215). New York: Routledge.
- Byng-Hall, J., & Stevenson-Hinde, J. (1991). Attachment relationships within a family system. *Infant Mental Health journal*, 12, 187–200.
- Case, R. (1985). *Intellectual development: Birth to adulthood*. New York: Academic Press.
- Chalmers, D., & Lawrence, J. A. (1993). Investigating the effects of planning aids on adults' and adolescents' organization of a complex task. *International Journal of Behavioral Development*, 16, 191–214.
- Cook, W. L. (2000). Understanding attachment security in family context. *Journal of Personality and Social Psychology*, 78, 285–294.
- Cross, S. E., & Madson, L. (1997). Models of the self: Self-construals and gender. *Psychological Bulletin*, 122, 5–37.
- Dutton, D. G. (1999). The traumatic origins of intimate rage. *Aggression and Violent Behavior*, 4(4), 431–448.
- Douvan, E., & Adelson, J. (1966). *The adolescent experience*. New York: Wiley.
- Doyle, A. B., & Moretti, M. M. (2001). *Attachment to parents and adjustment in adolescence: Literature review and policy implications* (File No. 032ss. H5219–9–CYH7/001/SS). Ottawa, ON: Health Canada.
- Doyle, A. B., Moretti, M. M., Brendgen, M., & Bukowski, B. (2001). *Attachment to parents and adjustment in adolescence: Findings from the HBSC and NLSCY Cycle 2 studies* (File No. 032ss. H5219–OOCYH3). Ottawa: Health Canada Childhood and Youth Division.
- Elkind, D. (1967). Egocentrism in adolescence. *Child Development*, 38, 1025–1034.
- Erikson, E. (1963). *Childhood and society* (2nd ed.). New York: Norton.
- Erikson, E. (1968). *Identify: Youth and crisis*. New York: Norton.
- Fisher, P. A., & Chamberlain, P. (2000). Multidimensional treatment foster care: A program for intensive parenting, family support, and skill building. *Journal of Emotional and Behavioral Disorders*, 8, 155–164.
- Furman, W., & Buhrmester, D. (1992). Age and sex differences in perceptions of networks of personal relationships. *Child Development*, 63, 103–115.
- Greenberger, E., & Steinberg, L. (1986). *When teenagers work: The psychological and social costs of adolescent employment*. New York: Basic Books.
- Harter, S. (1990). Self and identity development. In S. S. Feldman & G. R. Elliott (Eds.), *At the threshold: The developing adolescent* (pp. 352–387). Cambridge, MA: Harvard University Press.
- Harter, S. (1999). *The construction of the self: A developmental perspective*. New York: Guilford Press.
- Harter, S., Bresnick, S., Bouche, H. A., & Whitesell, N. R. (1997). The development of multiple role-related selves during adolescence. *Development and Psycho-pathology*, 9, 835–853.
- Harter, S., Marold, D. B., Whitesell, N. R., & Cobbs, G. (1996). A model of the effects of perceived parent and peer support on adolescent false self behavior. *Child Development*, 67, 360–374.
- Harter, S., & Monsour, A. (1992). Development analysis of conflict caused by opposing attributes in the adolescent self-portrait. *Developmental Psychology*, 28, 251–260.
- Henggeler, S. W. (1991). Multidimensional causal models of delinquent behavior and their implications for treatment. In R. Cohen & A. W. Siegel (Eds.), *Context and development* (pp. 211–231). Hillsdale, NJ: Erlbaum.
- Holland, R., Moretti, M. M., Verlaan, V., & Peterson, S. (1993). Attachment and conduct disorder: The response program. *Canadian Journal of Psychiatry*, 38, 420–431.
- Holmes, J. (1997). Attachment, autonomy, intimacy: Some clinical implications of attachment theory. *British Journal of Medical Psychology*, 70, 231–248.
- Jordan, J. V., Kaplan, A. G., Miller, J. B., Stiver, I. P., & Surrey, J. L. (1991). *Women's growth in connection: Writings from the Stone Center*. New York: Guilford Press.
- Kerns, K. A., & Stevens, A. C. (1996). Parent–child attachment in late adolescence: Links to social relations and personality. *Journal of Youth and Adolescence*, 25(3), 323–342.
- Kobak, R., Ferenz-Gillies, R., Everhart, E., & Seabrook, L. (1994). Maternal attachment strategies and emotion regulation with adolescent offspring. *Journal of Research on Adolescence*, 4, 553–566.
- Kobak, R. R., & Sceery, A. (1988). Attachment in late adolescence: Working models,

affect regulation, and representations of self and others. *Child Development*, 59(1), 135-146.

Lamborn, S. D., & Steinberg, L. (1993). Emotional autonomy redux: Revisiting Ryan and Lynch. *Child Development*, 64, 483-499.

Larson, R. W., Richards, M. H., Moneta, G., & Holmbeck, G. C. (1996). Changes in adolescents' daily interactions with their families from ages 10 to 18: Disengagement and transformation. *Developmental Psychology*, 32, 744-754.

Laursen, B., & Williams, V. A. (1997). Perceptions of interdependence and closeness in family and peer relationships among adolescents with and without romantic partners. In S. Shulman & W. A. Collins (Eds.), *Romantic relationships in adolescence: Developmental perspectives. New directions for child development* No. 78 (pp. 3-20). San Francisco: Jossey-Bass.

Levitt, M. J., Guacci-Franco, N., & Levitt, J. L. (1993). Convoys of social support in childhood and early adolescence: Structure and function. *Developmental Psychology*, 29, 811-818.

Marsh, H. W. (1989). Age and sex effects in multiple dimensions of self-concept: Preadolescence to early adulthood. *Journal of Educational Psychology*, 81, 417-430.

McCabe, M. P. (1984). Toward a theory of adolescent dating. *Adolescence*, 19, 159-170.

Mikulincer, M. (1995). Adult attachment and the mental representation of the self. *Journal of Personality and Social Psychology*, 72, 1217-1230.

Moore, K., Moretti, M. M., & Holland, R. (1998). A new perspective on youth care programs: Using attachment theory to guide interventions for troubled youth. *Residential Treatment for Children and Youth*, 15, 1-24.

Moretti, M. M., Emmrys, C., Grizenko, N., Holland, R., Moore, K., Shamsie, J., & Hamilton, H. (1997). The treatment of conduct disorder: Perspectives from across Canada. *Canadian Journal of Psychiatry*, 42, 637-648.

Moretti, M. M., & Higgins, E. T. (1999a). Own versus other standpoints in self-regulation: Developmental antecedents and functional consequences. *Review of General Psychology*, 3, 188-223.

Moretti, M. M., & Higgins, E. T. (1999b). Internal representations of others in self-regulation: A new look at a classic issue. *Social Cognition*, 17, 186-208.

Moretti, M. M., Holland, R., & McKay, S. (2001). Self-other representations and relational and overt aggression in adolescent girls and boys. *Behavioral Sciences and the Law*, 19, 109-126.

Moretti, M. M., Holland, R., & Moore, K. (2002). Youth at risk: Systemic intervention from an attachment perspective. In M. V. Hayes & L. T. Foster (Eds.), *Too small to see, too big to ignore* (pp. 233-252). Victoria, BC, Canada: Western Geographic Series, University of Victoria.

Moretti, M. M., Holland, R., & Peterson, S. (1994). Long term outcome of an attachment-based program for conduct disorder. *Canadian Journal of Psychiatry*, 39, 360-370.

Moretti, M. M., & McKay, S. (2000, August). Self-discrepancy in adolescents: Parental autonomy support and self-esteem in girls. Paper presented at the annual meeting of the American Psychological Association, Washington, DC.

Moretti, M. M., Reebye, P., Wiebe, V. J., & Lessard, J. C. (2002). *Comorbidity in ado-*

lescents with conduct disorder. Unpublished manuscript, Department of Psychology, Simon Fraser University, Burnaby, BC, Canada.

Moretti, M. M., Rein, A. S., & Wiebe, V. J. (1998). Relational self-regulation: Gender differences in risk for dysphoria. *Canadian Journal of Behavioural Science*, 30, 243-252.

Moretti, M. M., & Wiebe, V. J. (1999). Self-discrepancy in adolescence: Own and parental standpoints on the self. *Merrill-Palmer Quarterly*, 45, 624-649.

Reebye, P., Moretti, M. M., Wiebe, V. J., & Lessard, J. C. (2000). Symptoms of post-traumatic stress disorder in adolescents with conduct disorder: Sex differences and onset patterns. *Canadian Journal of Psychiatry*, 45, 746-751.

Ryan, R. M., Deci, E. L., & Grolnick, W. S. (1995). Autonomy, relatedness, and the self: Their relation to development and psychopathology. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology: Vol. 1. Theory and methods. Wiley series on personality processes* (pp. 618-655). New York: Wiley.

Ryan, R. M., & Lynch, J. H. (1989). Emotional autonomy versus detachment: Re-visiting the vicissitudes of adolescence and young adulthood. *Child Development*, 60, 340-356.

Schafer, R. (1968). *Aspects of internalization*. New York: International Universities Press.

Selman, R. L. (1980). *The growth of interpersonal understanding: Developmental and clinical analyses*. New York: Academic Press.

Selman, R. L., & Byrne, D. F. (1974). A structural developmental analysis of levels of role-taking in middle childhood. *Child Development*, 45, 803-806.

Shamsie, S. J. (1981). Antisocial adolescents: Our treatments do not work—Where do we go from here? *Canadian Journal of Psychiatry*, 26, 357-364.

Shaver, P. R., & Hazan, C. (1993). Adult romantic relationships: Theory and evidence. In D. Perlman & W. Jones (Eds.), *Advances in personal relationships* (Vol. 4, pp. 29-70). London: Jessica Kingsley.

Trinke, S. J., & Bartholomew, K. (1997). Hierarchies of attachment relationships in young adulthood. *Journal of Social and Personal Relationships*, 14, 603-625.

U.S. Department of Health and Human Services. (2001). *Youth violence: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; and National Institutes of Health, National Institute of Mental Health.