

Review

Attachment in adolescence, intergenerational transmission, developmental outcomes and psychopathology.

Varvara Salavou, Georgios Giannakopoulos

Department of Child and Adolescent Psychiatry, School of Medicine, National and Kapodistrian University of Athens, Aghia Sophia Children's Hospital, Athens, Greece

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ABSTRACT

Adolescence (12 to 18 years) represents a critical period of development, wherein attachment undergoes significant changes as individuals navigate new emotional, cognitive, and social challenges and tend to create deeper connections with peers. As adolescents seek greater autonomy while simultaneously maintaining bonds with caregivers, attachment research explores how the attachment system evolves and the factors influencing it. First, we present an overview of several dimensions of attachment in adolescence, like re-organization of internal working models, peer relations, affect regulation, stability, and change of attachment. In addition, we discuss key aspects of attachment measures, self-report and interview-based instruments, reflecting upon the difficulties in capturing the attachment dynamics in this developmental phase. Second, we explore findings about the ways parental state of mind (secure, insecure, and unresolved), as well as parental reflective functioning, may influence adolescent attachment via mechanisms of intergenerational transmission. We focus especially on findings from clinical and high-risk samples. Third, we explore the impact that attachment in adolescence has on developmental outcomes and psychopathology. The review focuses on findings from Western culture cross-sectional and longitudinal studies, both on community and clinical samples over the last thirty years (1995-2025). We include studies using attachment constructs only, and exclude studies on adolescent mothers, adopted adolescents, and case studies. Finally, we reach conclusions in relation to recent developments in the field and future research directions.

KEYWORDS: Attachment in adolescence, intergenerational transmission, reflective functioning, developmental psychopathology, affect regulation.

Introduction

Bowlby^{1,2} defined attachment as an innate biological predisposition in children to seek comfort from their caregivers, particularly in situations of fear or distress. The child and caregiver form an attachment system, which serves as a haven that provides emotional safety during critical times of intense stress and as a secure base that encourages exploration of the world. The accessibility and responsiveness of the caregiver play a crucial role in the security of this attachment. Through selective processing and integration of information gathered from relational experiences, the child internal-

izes representations of the self, the caregiver, and their relationship. Over time, these representations become part of the child's internal model of self and others.³

The study of attachment has traditionally focused on infancy and childhood, yet adolescence represents a distinct developmental period marked by significant transformations in attachment dynamics. Unlike earlier stages, adolescence involves the reorganization of attachment patterns as individuals navigate autonomy while maintaining emotional bonds with caregivers.^{4,5} Models of attachment in adolescence emphasize the shifting reliance on peers as attachment figures, along-

Corresponding author: Varvara Salavou, Department of Psychiatry, Medical School National & Kapodistrian University of Athens, Children's Hospital Aghia Sophia, Thivon & Papadiamantopoulou, 11527, Athens, Greece, Email: varvasalavou@med.uoa.gr, varvarasalavou@gmail.com

side ongoing negotiation of attachment needs with caregivers.⁶⁻⁹

Adolescence-specific research has grown over the last three decades, yet important gaps remain in our understanding of how caregivers' secure versus insecure states of mind, reflective functioning, affect regulation strategies, and unresolved status of loss or trauma may influence the dynamics of attachment in this developmental period. This review seeks to critically appraise key literature, including foundational contributions by researchers whose work on adolescent attachment offers significant insights.

First, we present an overview of findings regarding the specific dynamics of attachment in adolescence and key points in measuring attachment during this critical period. Second, we look into intergenerational transmission evidence, i.e., how parental state of mind (secure, insecure, and with an unresolved state of mind) and parental reflective functioning may influence attachment in adolescence, with a special interest in findings from clinical and high-risk samples. Third, we look into findings exploring the association of attachment in adolescence with developmental outcomes and psychopathology. Articles for inclusion were identified from PubMed and Science Direct databases and Google Scholar search engine over the last thirty years (1995-2025) for adolescents aged 12 to 18 years old. We included peer-reviewed studies, systematic reviews, and meta-analyses using attachment constructs only (i.e., not parental bonding) from Western culture, cross-sectional and longitudinal community and clinical samples. We excluded studies on adolescent mothers, adopted adolescents, and case studies. Finally, we reach conclusions in relation to recent developments in the field and the need for future research directions.

Attachment in Adolescence

Adolescence represents a critical period of development, wherein attachment undergoes significant changes as individuals navigate new emotional, cognitive, and social challenges. The turbulence of this period, marked by hormonal, emotional, and cognitive transformations, heightens vulnerability while simultaneously fostering increased autonomy from parents and deeper connections with peers and romantic partners.

Allen and Tan⁵ describe three primary areas of transformation in adolescence: attachment relationships with caregivers, intra-psycho processes, and peer relationships. Unlike in infancy, where attachment is primarily centered in physical proximity with the caregiver, the adolescent must balance attachment needs with the growing desire for exploration and independence, while undergoing a reappraisal of internal working models.¹⁰ Adolescents gradually shift from relying heavily on care-

givers for emotional regulation to seeking autonomy in meeting their attachment needs.

Even though maternal sensitivity has been identified as crucial for mother-infant interactions that promote security,¹¹⁻¹³ it is maternal supportiveness and attunement in adolescence, as well as de-idealization and dyadic relatedness, that significantly explain the variance in attachment security.⁶ Support from mothers, especially during conflict, is particularly influential in fostering attachment security.⁶

Current parent-adolescent interactions often have a stronger influence on attachment than past internal working models.^{6,14} However, early sensitive caregiving in childhood may have enduring effects on attachment in adolescence, even independently of the current quality of the parent-child relationship, especially for at-risk adolescents.¹⁵ Attachment security in adolescence may be as much a cause as an effect of the current caregiving environment.^{6,15,16}

Affect regulation strategies play a vital role in adolescent development, with the ability to manage emotions strongly linked to psychosocial functioning, autonomy, resilience, and long-term psychological adjustment.^{7,14,17-18} As adolescents develop metacognitive capacities to process emotions, they may increasingly seek emotional support from peers, particularly during critical moments.^{5,7,9,19} Although peers often gain importance during this phase, attachment to mothers typically remains paramount for securely attached adolescents.^{6,12,21}

In a systematic review of nineteen studies on peer attachment,⁷ adolescents with secure states of mind report emotionally close friendships, can be integrated in a larger peer group, report better abilities to resolve conflicts with friends, and are more socially accepted. Attachment with parents was found to be a mediator for intimacy in social relationships with peers. Those with insecure attachment were found to be less likely to turn to peers for support, were less likely to become intimate with peers of the opposite sex, and their long-term psychosocial adjustment was at increased risk. Severe difficulties in interpersonal functioning with peers are also reported for adolescents with disorganized attachment due to their difficulties in understanding the mental states of others.

Last but not least, there is no significant stability in attachment representation from infancy through late adolescence, both in high and low-risk samples.^{10,22-23} Potential changes in caregiver quality over time and possible measurement errors might explain this finding.¹⁰ Both ecological and gene factors seem to play a role in attachment formulation in adolescence, yet recent findings from adolescent twins suggest that genes override environmental influences.²⁴

Attachment during adolescence is not static but rather an adaptive quality that responds to changes in relationships and the broader social context. Factors such as parental availability, responsiveness, and the adolescent's evolving need for autonomy and affect regulation shape the attachment process throughout this period. The ability to balance autonomy with relatedness, as well as to navigate conflicts with parents while maintaining emotional security, is a key component of secure attachment during this developmental stage.

Measuring Attachment in Adolescence

Measuring attachment during adolescence presents unique challenges, as this developmental phase involves not only significant cognitive, emotional, and social changes but also changes in emotional needs among early, middle, and late adolescence.²⁵ For example, in middle adolescence, between 14 and 16 years, peers become significant for emotion regulation with increased autonomy from attachment figures, whereas late adolescence typically refers to the developmental period between ages 16 and 19, marked by increased cognitive maturity, identity consolidation, and preparation for adult roles.

Assessment of adolescent attachment has relied widely on the use of self-report measures and the original adaptation of adult attachment qualitative measures (e.g., the Adult Attachment Interview). Over the last twenty years, new observer-rated interviews and projective techniques have also been developed to address gaps in middle childhood and adolescence attachment research, especially given the limitations of earlier measures like SSP, focused on pre-verbal and pre-symbolic internal working models, which are more appropriate for younger children.²⁶

Developmental and clinical scientists tend to use interviews that focus on the current state of mind about early experiences and typically follow the ABCD categorical system (secure, avoidant, preoccupied, and disorganized). Social and personality scientists tend to use self-report measures that capture individuals' thoughts, feelings, and behavior in current close relationships, focusing on two dimensions, avoidance and anxiety.^{25,27}

The most recent review of attachment measures in middle childhood and adolescence found limited evidence for adequate measurement properties overall, with neither the ABCD model nor the two-factor dimensions of attachment style demonstrating strong validity in children and adolescents.²⁷ Although some self-report measures are correlated with attachment interviews, it remains unclear whether they assess the same construct. Despite employing a simpler methodology and being less time-consuming both in administering and in scoring than interviews, self-report measures are

subject to greater reporting bias. Interviews offer rich clinical material and provide more nuanced insights into how adolescents navigate emotional regulation and relational challenges, emphasizing the need for reflective functioning and mentalization as part of attachment assessments. Adolescent attachment interviews are better viewed as measuring affect regulation in the context of social interaction, rather than measuring parent-child relationships.¹⁷

Finally, there is no "gold standard" measure for attachment in adolescence so far.^{25,27} Therefore, it is recommended that researchers should define clearly the aspect of attachment they wish to investigate, using larger samples, different measures, and structural equation models to check how measures and individual items load onto latent attachment variables.²⁷ Attachment in adolescence is in a state of flux; therefore, the identity of primary attachment figures cannot be taken for granted, and various levels of specificity are required, as well as informed measurement decisions that take into account the different developmental tasks at different phases of this critical period.^{25,27}

Intergenerational transmission of attachment in adolescence and findings in clinical and high-risk samples

Intergenerational transmission refers to the process by which attachment qualities are influenced across generations, primarily through mental representations of relationships with caregivers and caregiving practices. The correspondence between adult attachment and infant attachment has been well-established.²⁸⁻³¹ Parental sensitivity has been identified as a mediator to explain transgenerational transmission in mother-infant dyads,¹¹ yet it is not enough since it still leaves 75% of the association unexplained, named "the transmission gap".^{13,31}

Although maternal sensitivity has been identified as a partial mediator of secure attachment,^{32,33} atypical frightening maternal behavior, maternal withdrawal, and role reversal, often accompanying an unresolved state of mind, have been associated with disorganized infant attachment.^{34,35} While intergenerational transmission influences attachment, it is not purely predictive. Family functioning factors (the couple relationship, support systems), neural mechanisms, socio-cognitive constructs such as reflective functioning and autonomy support, as well as differential susceptibility to parenting, have been identified as the most promising mediators to fill in the transmission gap in mother-infant dyads.³⁶⁻³⁸

The literature is vast on intergenerational effects of caregivers' states of mind on infants, and much less is known about older children and adolescents.³⁹ Stud-

ies examining the association between mother and adolescent attachment security have found a much lower correlation, with a correspondence rate of only 0.2.⁴⁰ This suggests that attachment patterns may shift during adolescence, potentially due to changes in the parent-child relationship and/or broader developmental factors, a fact consistent with Bowlby's² original environmental sensitivity hypothesis that, unlike infants, older children and adolescents may be less influenced by caregiver's state of mind.

Moreover, the intergenerational transmission of reflective functioning in parent-infant dyads has been explored for two decades,⁴¹⁻⁴³ but in the field of intergenerational transmission of reflective functioning within parent-adolescent dyads, the picture is different. To our knowledge, only two empirical studies -one cross-sectional⁴⁴ and one longitudinal-⁴⁵ have addressed this dimension, using interviews. First, in a small community sample of early adolescents (12.3-12.9 years old), maternal reflective functioning, rather than attachment security, has been shown to predict their reflective functioning.⁴⁴ Second, in the longitudinal study, the mother's state of mind concerning attachment during pregnancy could predict the firstborn adolescent's reflective functioning at age 17.⁴⁵

Concerning findings about the intergenerational transmission in clinical samples, we found one relevant cross-sectional study using interviews as a measure, with strong associations between maternal attachment and children/adolescents' attachment status with anxiety disorders as compared to a non-clinical sample (Mean=11.5, SD=2.1).⁴⁶ The sample presented strong associations with reflective functioning regarding themselves and maternal attachment preoccupation. Higher reflective functioning in the clinical group predicted a higher level of internalizing symptoms, a sign of how oversensitive children and adolescents with internalizing symptoms are to their mothers' mental state.

In another study utilizing longitudinal data from interviews and observer-rated measures, with an at-risk community cohort of mother-infant dyads, there was evidence that elevated maternal PTSD at six months increased the risk for disorganized attachment at 13 months and the lifetime risk of PTSD by adolescence, provided exposure to a life stressor.⁴⁷

Very little has been documented about the intergenerational effects of caregiver unresolved loss and trauma on adolescents in cross-sectional studies. Caregivers' unresolved trauma could predict teachers' reports of externalizing, attention, and social problems for thirteen-year-olds in a high-risk community sample, and an insecure state of mind in attachment was a moderator.³⁹ One recent review has highlighted the intergenerational association of unresolved trauma in daughters with

eating disorders and their mothers.⁴⁸ On the other hand, longitudinal studies have marked the long-term developmental psychopathology effects on offspring of maternal unresolved state of mind, including dissociative, borderline, and antisocial traits.^{49,50}

Studies on intergenerational transmission of attachment in adolescence are scarce, mainly cross-sectional, and with small sample sizes. Intergenerational transmission in adolescence is far from linear, and more studies are necessary to investigate the contributing multi-factorial dynamics. Disruptions in caregiver availability can be critical to understanding the underlying dynamics of developmental psychopathology and shouldn't be overlooked during psychiatric assessment.⁵¹

Attachment, Developmental Outcomes, and Psychopathology in Adolescence

Secure attachment has been related both to developmental and mental health outcomes in adolescence, measured with a mix of quantitative and qualitative methods. Especially, developmental outcome studies highlight the strong link between attachment representations and social competence,¹⁴ peer relationships,⁷⁻¹⁰ psychosocial adjustment,⁵²⁻⁵⁵ and resilience.^{18,26}

Studies from low to high-risk community samples suggest that insecure attachment organizations in adolescence may predict higher levels of antisocial problems and adjustment difficulties, with a distinct effect, independent of risk context, age, and gender.⁵²⁻⁵³ In a sample of 12 to 19-year-old adolescents (included since 58.3% were <15 years old), social factors mediated poor attachment and delinquent behavior, i.e., affiliation with deviant peers and parental monitoring.⁵⁶ Emotion regulation and social and relational competence seem to be mediators between secure attachment and emotional/psychosocial adjustment in adolescence.⁵⁷⁻⁵⁸ Additionally, attachment insecurity mediates the effect of parenting on changes in externalizing problems and self-esteem over time.⁵⁹ Externalizing problems, especially delinquency, in adolescence may predict maladaptive coping patterns in young adulthood.⁶⁰

Also, insecure, anxious, and avoidant attachment maternal representations have been positively associated with depressive symptoms,^{19,61,62} primarily in girls. Findings for the moderating role of maternal autonomy both on internalizing problems and risky behaviors, as well as links between paternal harsh conflict tactics and insecurity, highlight the significance of the familial context.¹⁶ Findings from attachment-based interventions in the community point to the potential for heightening affect regulation strategies in the parent-adolescent dyad and reducing avoidance and behavioral problems.⁶³⁻⁶⁴

Despite the strong link between insecure attach-

ment and both internalizing and externalizing behaviors,^{19,65-70} attachment can be understood within a vulnerability model, where both protective and risk factors shape future child and adolescent development, rather than being a direct cause of psychopathology.^{39,71} For example, in high-risk samples, vulnerability in adolescence has been associated with maternal depression, child maltreatment, and family functioning.⁷² Allen et al.⁷³ found that previously hospitalized adolescents who had experienced severe psychopathology were more likely to have insecure attachment and unresolved trauma, suggesting a link but no causal relationship between attachment organization and developmental psychopathology.

More recent studies on adolescents with borderline traits using interviews identify the mediating role of mentalizing between disorganized attachment and peer problems, as well as the mediating role of emotion dysregulation on social cognition, interpersonal difficulties, and attachment.⁷⁴⁻⁷⁶ The link between anxious attachment and emotion dysregulation has been detected in community samples as well.⁵⁶ Community girls at risk for binge-eating, with affect regulation difficulties, appeared more insecure in interview-measured attachment than not at risk peers.⁷⁷ A recent review highlights the need for developing research on mentalization and affect regulation difficulties in eating disorders.⁷⁸

Conclusions

This review highlights the significant strides made in understanding attachment theory and its role in developmental outcomes, yet it also underscores the need for continued research to fill existing gaps. One key conclusion is that attachment is not a static construct; rather, it evolves in response to ongoing relational experiences, particularly during periods of developmental transition like adolescence. Unlike adult attachment, there is no “gold standard” for measuring attachment in adolescence. The use of complementary self-report and observer-rated measures, as well as the exploration of their interrelationships and differential validity, seems to be the most useful way forward.

Concerning the first goal of this review, we established that far less is known regarding the intergenerational transmission of attachment in adolescents than in infants. Studies using interview-based measures of attachment are scarce, usually with small-sized clinical samples and generalizability issues. Since the correspondence rate of intergenerational transmission between mothers and adolescents is low, there is a strong need

for studies looking into the underlying mechanisms that affect attachment dynamics in adolescence. In addition, the transmission of unresolved trauma in parents, both in high-risk communities and clinical samples, requires further attention.

Given that emotion regulation strategies and reflective functioning capacities are involved in the context of autonomy negotiations, the field of intergenerational transmission in adolescence is underexplored. Another review in the future could focus on specific domains of adolescent attachment and explore how reflective functioning, emotion regulation, and social relatedness moderate security in parent-adolescent dyads. Secure attachment is not only a product of early childhood experiences but also ongoing interactions and relational experiences throughout development. This dynamic nature of attachment calls for a broader understanding that includes both protective and risk factors.

The second aim of this review was to explore the impact of attachment on developmental outcomes and psychopathology in adolescence. While attachment security has been linked to numerous positive outcomes, such as resilience, social competence, and psychological well-being, insecure attachment - particularly when coupled with other risk factors - can predispose individuals to a range of developmental psychopathologies, such as antisocial problems, depressive symptoms, eating pathology, and borderline traits.

Family characteristics and parental reflective functioning seem to affect attachment and need further exploration. Links between insecure attachment in parents and developmental psychopathology are evident, yet their mechanisms of interaction and their association with other risk factors need to be studied further. Emotion dysregulation seems to play a key role, not only as a sign of insecure attachment but also for its impact on interpersonal relationships. Understanding these pathways is essential for developing targeted interventions that can disrupt maladaptive cycles of attachment and promote secure relationships.

In conclusion, future research should continue to explore the nuances of this process, incorporating interdisciplinary perspectives and advanced technologies to deepen our understanding of attachment and its far-reaching impact on mental health and development. Through these efforts, we can continue to improve outcomes for children and adolescents, supporting them in forming secure, healthy relationships that foster lifelong well-being.

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