

# A Teenager's Pandemic: How Mental Health Issues Are Related to Attachment Styles

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## ABSTRACT

The paper aimed to discover the relationship between mental health help-seeking behaviors. Importantly, attachment styles demonstrate the significance of social expectations, and the feelings of stigma that often arise in conversations about mental health. Despite more teenagers experiencing mental health issues, less are showing courage to seek out professional help. Moreover, even when adolescents do reach out for help, it is to their peers rather than professionals. Attachment styles, as classically defined by Ainsworth and Bowlby affect the ways in which people interact in a relationship, thereby influencing the help-seeking behavior. These different styles further affect how people form relationships and how they respond to situations. People with healthier attachment style (secure) are more likely to seek help, while people with less healthier attachment styles (anxious, avoidant, fearful) are less likely to seek help when struggling with mental health issues. Mental health issues, especially with teenagers, are huge factors that influence suicide rates and well-being of the citizens. It is necessary that more research is done regarding help-seeking behaviors and its relation to attachment styles. Further research into such topics would be able to help those in struggle by finding ways to encourage them to seek out professional help.

## INTRODUCTION

One of the public's greatest concerns, depression, is a mental health issue that many adolescents experience. A study has proven that the number of teenagers experiencing depression has increased, which raises the concern even more (Wilson et al., 2022). Social expectations, also known as social norms, are standards that society wants people to adopt (Bicchieri, 2018). These standards motivate people to act in certain ways, and they function differently in different cultures, groups, etc. Social norms can be used to encourage change in behavior to a more positive direction as the research suggests, but it can also create stigmatization through incorrect expectations (Bicchieri, 2018; Berkowitz, 2005). Social expectations, in other words, are essentially the ideas about who we are and the roles we are expected to fulfill. As a result, anything outside of those expectations are typically seen as abnormal which can lead to stigmatization (Dovidio, 2000).

Social expectations, roles, and stigmas are learned from others around them through observation and relationships. *Stigma*, suggests how stigmatization leads a person to believe what is being said is factually accurate and it eventually causes distortion of personality in the person who is being stigmatized (Dovidio, 2000). Furthermore, research points out how nurses and doctors are more likely to have stigma towards psychiatric disorders than the non-medical professionals; when the medical students, nurses and doctors, see the extremes of such problems, this leads them to have stigma. These outcomes demonstrate how observations can lead to stigmatization (Mak, 2015). Additionally, research supports how public stigma, an incorrect knowledge shared by many people, can lead to self-stigma, where a person actually starts to believe in what is being said, despite it being incorrect; they get convinced and they learn to internalize the stigma received from the public (Vogel, 2013). Similarly, the research indicates how people adapt to the public's general opinion. Since people are likely to be excluded from the majority if they are different,

stigmatization works as a way to prevent atypical behavior (Kurzban, 2001). Lastly, some extant research portrays how incorrect knowledge can spread and create stigma, which then leads to social distancing; in simple words, stigma itself is a bad cycle where stigmatization gets worse and worse (Angermeyer, 2005).

## 1.1 Mental Health

Some attachment styles make adolescents more vulnerable to mental health issues. For example, it has been shown that infants who have mothers with attachment anxiety and avoidance can grow up to have poor mental health. Specifically, these attachment styles can lead children to become more vulnerable to stress (Berant, 2001).

Teenagers are at risk for psychological issues and often find difficulty with seeking help due to social expectation and stigma. Research by Gulliver et al. shows that adolescents avoid seeking professional help due to the stigma and poor understanding of mental health. The fear of being stigmatized leads them to choose not to seek professional help despite struggling (Gulliver, 2010). Another study by O'Brien et al. identifies other significant reasons why teenagers find it hard to reach out for professional help: financial problems, having to wait, and lack of access to therapists. These factors build a barrier for adolescents to seek out professional help (O'Brien et al., 2016).

Despite more and more teenagers struggling with mental health, not many of them choose to see professionals; it has been demonstrated that they instead choose their peers as a person to talk to about their emotions. Fortune (2008) points out how adolescents are more likely to rely on friends rather than professionals in terms of mental health issues. Part of the reason for this is that they fear the professionals might not take them seriously. To that end, Roach (2018) explains that teenagers tend to move away from relying on adults and family members as they reach puberty. They become more willing to talk to their friends, especially in terms of mental health issues, and this is why friendship is such an important part of teenage life. Furthermore, previous research on teenage mental health also points out how adolescents have a strong preference to openly communicate their mental struggles with their peers but not with professionals. The research claims that this is a significant issue that has to be handled immediately and suggests ways to do so (Ross et al., 2012). Lastly, new research makes a point that young people, in general, have a hard time talking about their mental health issues to someone else, which contributes to the ongoing problem: people, especially teenagers, not seeking help from others. It also emphasizes how, even when choosing to talk, teenagers prefer informal conversation with peers rather than formal conversation with professionals (Dey et al., 2016).

The extant studies on adolescent mental health do not fully address why friends are chosen as an alternative source for seeking help with mental health concerns. Addressing this gap will help find ways to encourage teenagers to seek professional help.

## 1.2 Attachment Styles

Based on Ainsworth and Bowlby's theory about attachment styles, there are four different types: secure, anxious, avoidant, and fearful (Ainsworth, 1968; Bowlby, 1958). Secure attachment is a relationship style where an individual can rely on the partner, but confident in themselves as well. On the other hand, anxious attachment is a relationship style where an individual admires the partner but has a negative view of themselves. Similarly, avoidant is a relationship style where an individual has a positive view of themselves, but a negative view of their partner. Lastly, fearful attachment is a relationship style where an individual has a negative view of both them and their partner. All of these attachment styles are generally thought to form during the early stages of life; however, attachments can change throughout one's lifetime; these patterns are also considered to have great impact on the types of relationship a person establishes.

The process of relationship learning also influences the type of attachment style that children form. The study proves that a child who has a divorced parent, in other words, has seen an unstable style of attachment between their parents, is more likely to have an insecure or negative attachment style (Yárnoz-Yaben, 2010). Similarly, this study also

supports that the divorce of parents can have a huge impact on the attachment style that a child is likely to form, even though it can also be influenced by the child's age, sex, and support that are available around them (Sirvanli-Ozen, 2005). Moreover, Cohen et al. (2005) illustrates how losing one of the parents through divorce can change the main caretaker parent to shift in the style of parenting, which changes the parenting style of them; this eventually causes a change to the child's attachment style as well. Chazan (1999) suggests that the relationship a child initially forms with its caretakers also influences the attachment style and this attachment style persists throughout the person's lifetime. The attachment style formed during early stages of life also influences maturity and later stages of life as well. Lastly, Howe addresses Bowlby's attachment theory, pointing out how a child's relationship learning from its relationship with its caregiver influences the attachment style that a child forms for the rest of their life. This also supports why the relationship between an infant or young child and the caregiver is extremely important (Howe, 1995).

### 1.3 Attachments, Relationships and Cognitive Beliefs

Mental health is foundational for healthy functioning, especially in relationships. Often relational issues may be the result of negative early relational experiences and therefore can degrade mental health. The parental care given to a child during their infancy guides a child to develop a specific type of attachment style (Chazan, 1999; Howe, 1995; Ainsworth, 1968; Bowlby, 1958).

The secure attachment style is developed when the primary caregiver is present, caring and loving, and reliable and therefore helps the child to learn trust. Take for example, when a friend, Amanda, leaves Isabel's text message on read without replying, Isabel who has built a secure attachment style is less likely to be affected by the friend's reaction because she won't think that Amanda is intentionally ignoring the message. Because Isabel has a strong belief that the partner—in this case, Amanda—is caring and affectionate, Isabel with a secure attachment style is less likely to bother about how Amanda didn't respond to the message. The secure attachment style molds beliefs about other relationships as well; specifically, people develop a schema about how relationships are and engage in behaviors that illustrate self confidence and trust in a partner. These behaviors further contribute to positive relationship experiences, which again reinforce their schemas, forming a full cycle of influence (Dovidio, 2000).

The anxious attachment style is developed when the primary caregiver does not attend to the child's emotional needs or provide care, making the child feel like they are not good enough to be loved. In the example of the text message being left on read, Isabel, who now has an anxious attachment style, will think that Amanda has developed negative emotions, such as anger or annoyance, towards her because she did something wrong. This will likely cause Isabel to continuously remind herself about the conversation or moments spent with Amanda, increasing the anxiety and stress. The act of trying to find the fault or wrong in herself may often result in self-hate and thoughts like "Why did I do that? That was so stupid." It further leads to self-doubting thoughts like "Why do I always mess things up? Was I born like this? What is making me so dumb?" These types of thoughts typically result in estranged relationships because they tend to put their partner before anything—even before themselves—becoming obsessive of being part of the partner's life and behaving perfectly to not let the partner down. This negative cycle pulls the person closer to the development of mental health issues; negative emotions or thoughts about oneself can induce depression (Pietromonaco, 1985).

The avoidant attachment style is developed when the primary caregiver fails to attend to the child's emotional needs, making the child feel like they are not being understood, therefore guiding them to avoid interactions (Ainsworth, 1968; Bowlby, 1958). When encountering the exact same situation of the text message left on read, Isabel with avoidant attachment style is likely to develop negative emotions towards Amanda; unlike with the anxious attachment style, Isabel with avoidant attachment style tends to blame the others, or Amanda, for the dismantling relationship. When she feels rejected—in this case, being left on read—Isabel thinks that she is abandoned again. Isabel would blame Amanda for letting her down and hurting her feelings. Isabel is likely to consider the relationship's bad outcome to be

caused by the evil nature of her friend Amanda, who has purposefully hurt her, since she lacks trust or a positive perception of her friend (Ainsworth, 1968; Bowlby, 1958). Such a thought process might lead people to avoid forming a genuine or deep relationship. They are less likely to be honest with their emotions, and even when they are, if the relationship ends, the ending will come across as another betrayal to them, reinforcing the schema that others are evil spirited. This is likely to cause the behavior of self-isolation, forming a full cycle of avoidance.

The fearful attachment style is developed when the primary caregiver is neglectful and aggressive, despite the child's constant request for attention and love, therefore they fear abandonment. When encountered by the exact same situation of the text message left on read, Isabel with fearful attachment style is likely to develop negative emotions towards herself and Amanda. Isabel fears being abandoned by Amanda and self-sabotages which can lead to an end of the relationship. Isabel also doesn't trust that Amanda is forgiving or caring enough; she immediately assumes abandonment and fears it. This thought process is likely to cause Isabel to put others, or Amanda, before herself when engaged in a relationship. Moreover, this increases the likelihood of Isabel avoiding expressing honest emotions and defaults to doing whatever Amanda wants, resulting in an unhealthy relationship. This negative experience of a meaningful relationship reinforces Isabel's schema, continuing the cycle of fearful attachment style. In other words, the experience reinforces Isabel's thoughts regarding relationships (Enge, 2015).

#### 1.4 To trust, or not to Trust

The different attachment styles also impact the person's help seeking behavior when struggling with mental health issues. Depending on the attachment style that a person has developed, they have a higher tendency to seek out or not seek out help from others. In the given scenario, Isabel is struggling from some severe mental health issues like depression and anxiety. The following examines how Isabel handles her current emotional status and hardships depending on the type of attachment style she has.

##### *Secure attachment style*

Isabel has a secure attachment style. She knows that she can trust others when forming a relationship, and she believes that others are willing to help her out when she is having hard times. In a peer relationship, the attachment style that she has established will encourage her to openly communicate about her feelings. She is likely to walk up to her close friends and tell them that she is having a hard time and that she needs help. She can do this because she trusts the partners, or people around her, that they genuinely care for her and that they love her enough to provide emotional assistance when she needs it. Similarly, in a parent/adult relationship, Isabel is likely to be open to sharing emotional status with trusted adults. She would be willing to ask for help when she thinks that she is in a condition where her emotions or thoughts are difficult to regulate; she knows that she can rely on adults when she needs immediate help. Moreover, Isabel would show similar behavior in the relationship with the mental health professionals, since she trusts others and would be willing to share her emotions and ask for help when needed.

##### *Anxious attachment style*

If Isabel has an anxious attachment style, she has a negative perception of herself, she will constantly worry about being abandoned in relationships; she may also fear not being understood, since she may perceive it as losing a connection with the partner, which could add tension and further stress within the relationship.

In a peer relationship, Isabel would be reluctant to share her genuine thoughts or emotions—compared to secure Isabel—because she is anxious that others won't understand her. However, she would still be willing to share some parts of it, since her peers are going through similar situations to what she is going through, and she seeks to

have an emotional connection. Additionally, her peer group is similar in age; the lack of age gaps makes it easier for people to build bonds and relate to each other. This is because humans are attracted to people who have commonalities with them, meaning that they are less likely to have barriers if they are part of the same or similar age group (Lawrence, 2020). In the same sense, Isabel would worry less about not being understood because peers are people going through a similar, if not the same, process that she is going through.

In a parent/adult relationship, Isabel won't be so willing to share her psychological status; the age gap between her and the adults makes it challenging for her to move away from the perception that they won't understand her. Because she fears not being understood, she would be reluctant to openly communicate her situation, which would discourage her from seeking help. In other words, she fears losing sense of belonging; she worries that she might not be understood, therefore won't have anyone to rely on or talk to even when she is in need of help (Lawrence, 2020; Hagerty, 1992).

A similar trend would be exhibited in the relationship with the professionals, except that Isabel would be less likely to share anything about herself with the professionals. The parents/trusted adults are people who Isabel knows personally. This means that there is some sense of connection or bond between them; on the contrary, professionals are usually strangers to patients like Isabel, enforcing the anxious attachment style, consequently making them unwilling to tell their stories. This is most likely due to lack of trust or the bond that was present in the relationship with parents or the trusted adults. (lack of trust?)

### *Avoidant attachment style*

With an avoidant attachment style, Isabel would have negative perceptions towards the others in the relationship, making her distrust them, and eventually leading to isolation.

In a peer relationship, Isabel wouldn't be likely to share her emotions due to her belief that nobody genuinely cares enough about her to pay attention to what she is going through. She would simply assume that she would have to deal with her own emotions, so she wouldn't talk to friends. Furthermore, since she has a negative perception of others, she might fear that sharing emotion could demonstrate her weaknesses—or the difference of having mental health issues that her friends don't have—which could later impact their friendship in a negative way; this is especially significant because it is during adolescence that forming a friend group and having a group to belong to is the priority of life, it is important that Isabel isn't excluded due to her difference, mental illness. This thought would cause her to avoid conversations on struggles or emotional status.

In a relationship with the parents/adults, Isabel is likely to show similar behavior; she would believe that sharing her current situation or asking for help is not going to help her or be advantageous to her by any means, discouraging her from seeking help, or even just talking about her struggles.

Likewise, in a relationship with the professionals, Isabel would be reluctant to share her situation, believing that doing so wouldn't bring her any benefit. Such a thought would discourage the likelihood of her seeking help, even when she needs it.

### *Fearful Attachment style*

If Isabel has a fearful attachment style, she would fear abandonment; she has a negative perception of herself, and she doesn't believe in the partner that they would be willing to help her or even care for her in the first place.

In a peer relationship, fearful Isabel is likely to be oversharing; in other words, she is highly likely to share every little detail about her emotions with her peer—even the information that is better not being shared. Since she fears being left alone, Isabel would do everything to secure their relationship, and one of her attempts is going to be telling the other person in the relationship everything about herself. Isabel would think that, given more information about her, the partner would understand her better, therefore the partner wouldn't leave, and their relationship would

strengthen. Also, given that friendship is prioritized in adolescence, Isabel would be reliant on her friends the most, meaning that she would be oversharing everything about her to the peers. However, in the relationship with parents/adults Isabel wouldn't be sharing since she is likely to think imperfections would lead to her parents or other close adults abandoning her. Isabel is most likely to act as if she isn't having any problems, so that she can be seen as a "perfect child" by her parents/adults.

Similarly, in a relationship with a professional, Isabel would likely refrain from disclosing a lot of personal information. This is due to the lack of belief in the others in the relationship, developed through fearful attachment style. However, if someone with a fearful attachment—like Isabel—does share their emotions, they are likely to become oversharing, for the same reason that Isabel overshared her emotions or struggles with her friends.

## DISCUSSION

Despite the increasing number of adolescents struggling from mental health issues, not many are seeking help; even if they do, it is limited to the bounds of people that they really know: friends or peers, instead of professional therapists or psychiatrists. Yet, even when the trend is apparent, the current research does not address why teenagers are showing a high tendency to seek help from friends instead of professionals. It only goes far to identify that there is a clear trend but doesn't dive into why or what made such a tendency to become recognizable. More research diving deeper into the relationship between the attachment styles and help seeking behavior needs to be done to change such trends. These could be examining how different attachment styles could cause adolescents to establish trust or distrust towards certain types of people (friends, parents, professionals), or what is something that professionals lack that discourages the teenagers from seeking help from them.

Further research into these topics is critical to our society in the sense that the findings can reduce the casualties of mental health issues. One of the biggest reasons why mental health is a significant social problem that needs immediate address is because it has a higher likelihood of leading to self-harm or suicide. Such tendency is reflected on the recent teenage suicide rate statistics; it remains to be the top causes of death in teenagers (Shankar et al., 2020). Many of the adolescents who decide to harm or kill themselves do not have an opportunity to receive help from the professional; in other cases, they choose not to. It is believed that identifying the reasons why teenagers find it challenging to reach out for professional help can encourage the ones struggling to seek for certified help, by finding ways to lower the barriers or getting rid of the obstacles or challenges themselves. This can reduce the casualties caused by mental health issues, one of the most significant social issues that is in need of immediate solution.

## CONCLUSION

Researchers have sought to understand the reasoning behind adolescent mental health struggles, currently the characterization of these struggles are incomplete. This review further elaborates how the challenges that teenagers face are affected by early stages of psychosocial development, and how they affect the long-term schema and behaviors well into adolescence and often early adulthood.

Social expectations, stigma, attachment style, and help seeking behavior are all related to each other. Social expectations are behaviors that a person is expected to show, based on the social norms and what is considered common or normal (Hechter, 2001). Anything outside of this "common" bound is considered abnormal, which leads to stigmatization of certain groups of people; and this stigma affects the people who are being stigmatized. This is where the four different attachment styles play a role. Depending on the attachment style that a person has developed during their infancy, he or she responds differently to stigma. People with a healthier attachment style—secure—are less likely to be affected by stigmas; they show less tendency to fear being stigmatized, since they know that there are people out there who fully support them, and they have developed a sense of trust. On the other hand, people with unhealthier



attachment styles—anxious, avoidant, and fearful—are more likely to be affected by the stigma; they show a higher tendency to worry about the partner’s perception of the stigmatization and how that is going to impact their relationship. When the relationship turns out on a negative charge, they go extreme to blame themselves, the partner, or—in some cases—both, for such outcomes. This has a higher probability of resulting in self-hate or low self-esteem, a common phenomenon leading to mental health struggles.

## Limitations

One of the limitations of this paper is that most of the research is based on western ideology, meaning that it fails to account for cultural differences. As much as attachment styles impact individual’s response or schema, cultural influences are influential enough to impact person’s ideology and behavior. This means that the research focused on western ideologies might not apply the same in different cultures, showing the limitation of such findings.

On a similar note, the paper also fails to acknowledge the differences of personality and the behavior of every individual, limiting the ideas on the theoretical level. As mentioned previously, more factors contribute to forming individuals other than just attachment styles. This means that people with similar or the same attachment style are not very likely to show the same response to the stimuli.

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