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Attachment as a Predictor of Adolescent Mental Health [1*]

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Abstract

The aim of this study was to examine and analyze the role and significance of attachment dimensions (anxiety and avoidance) in predicting adolescent mental health, as well as the predictive significance of sociodemographic factors. The study was conducted on a sample of 294 participants (75.2% female; 24.8% male) aged between 15 and 21 years (M = 19.24, SD = 1.71). For the purposes of the research, the Family Attachment Questionnaire and the Mental Health Inventory were used. The results showed that dimensions of attachment and key sociodemographic factors significantly contribute to predicting both positive and negative mental health in adolescents, but with different signs. Low avoidance (β = -.22), higher perceived family economic status (β = .13), and male gender (β = -.14) were associated with higher positive mental health, while high levels of dimensions anxiety (β = .28) and avoidance (β = .20), along with female gender (β = .21), were linked to higher negative mental health. The results indicate that adolescent mental health is linked to representations of the self and others formed in early relationships with primary figures. Adolescents with a positive model of self and others exhibit better mental health compared to those with a negative view of themselves and others. Additionally, the findings indicate that relational and contextual factors are associated with psychological well-being.

Keywords: Mental health, attachment, adolescence, gender, perceived family economic status

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Attachment as a Predictor of Adolescent Mental Health

Adolescence is a critical period for studying mental health, as the changes that occur during this stage have a profound and lasting impact on an individual's personal and social functioning. Most mental disorders first emerge during adolescence, prior to the transition into adulthood. According to the study by Merikangas et al. (2010), the prevalence of mood disorders among adolescents nearly doubles from ages 13-14 to 17-18, affecting 14.3% of the sample, and nearly one in three teens (31.9%) meets criteria for an anxiety disorder. Furthermore, data from the 2017 survey indicate an upward trend in the prevalence of emotional disorders, including anxiety and depression, among children aged 5 to 15 years, increasing from 3.9% in 2004 to 5.8% in 2017, with higher rates observed in girls and older adolescents (Sadler et al., 2018). These findings highlight the importance of identifying factors that contribute to both positive and negative mental health, in order to develop preventive strategies and effective interventions aimed at young people.

One of the key factors in maintaining mental health during adolescence, when emotional needs become particularly pronounced, is the quality of relationships with parents and other close individuals. In this context, attachment theory provides a valuable theoretical framework for understanding the causes of mental health difficulties. John Bowlby (1988), the founder of attachment theory, emphasized that secure emotional bonds with parents or primary caregivers are essential for healthy psychological development. These bonds, first formed with parents or parental substitutes in early life and later extended to new relationships in adolescence and adulthood, are central to effective personality functioning.

Therefore, this paper will analyze the role and significance of attachment in predicting adolescent positive and negative mental health.

Attachment and Mental Health

Mental health represents a core aspect of overall well-being, encompassing emotional stability, the absence of chronic anxiety, prosocial behavior, self-control, a sense of personal competence, openness to new experiences, and adaptability, all of which contribute to a positively integrated personality (Brlas, 2014). A key factor in mental health is the ability to cope with threats and develop resilience. Attachment theory provides a framework for understanding how close emotional relationships foster adaptive flexibility, with secure attachment supporting, and insecure patterns potentially hindering psychological adaptability (Johnson, 2021). Well-established relationships with trusted individuals create an "ecological niche" for the development of the brain, nervous system, and behavioral patterns, highlighting the theoretical and methodological significance of attachment in interpreting mental health (Johnson, 2021).

Attachment behavior is active throughout the lifespan and plays a vital protective role, making it misleading to interpret such needs in adulthood as signs

of pathology or regression. Disturbances in attachment patterns, such as heightened anxiety or the deactivation of attachment behavior reflect developmental pathways that deviate from healthy functioning. These maladaptive patterns are closely linked to vulnerability for psychopathology, underscoring the importance of secure emotional bonds for maintaining mental health (Bowlby, 1980).

To operationalize this concept and make it accessible for empirical research, Kim Bartholomew (1990, as cited in Stefanović-Stanojević, 2005) developed a model based on Bowlby's assumption of the existence of models of self and others, identifying two key dimensions: the dimension of avoidance (relating to the model of others) and the dimension of anxiety (relating to the model of self). The avoidance dimension describes the capacity for emotional closeness and represents the working model of others, while the anxiety dimension highlights characteristics of ambivalent attachment, such as intense concern about love, fear of abandonment, and excessive need for closeness. Based on the intersection of these dimensions, Bartholomew formulated four attachment styles: secure, preoccupied, dismissive, and fearful (Stefanović-Stanojević, 2005).

Internal working models, shaped by early attachment experiences, guide children's adaptation to social environments and influence interpersonal behavior, expectations, and coping strategies later in life (Popadić, 2016). They also regulate stress: securely attached individuals manage stress effectively with balanced appraisal and emotion regulation, while insecure attachment, either avoidance or anxiety, can lead to emotional difficulties and heightened distress, underscoring attachment's role in psychological resilience (Shaver & Mikulincer, 2007).

Empirical research consistently confirms the link between attachment patterns and mental health outcomes. Individuals with a secure attachment style show lower levels of depression and generalized anxiety symptoms, as well as better emotion regulation, whereas insecure attachment is associated with higher symptoms and greater difficulties in regulating emotions (Marganska et al., 2013). Secure attachment is associated with greater psychological resilience and better mental health, as shown by theoretical analyses and empirical reviews indicating that a sense of safety and security in close relationships buffers individuals against existential threats such as isolation, meaninglessness, and lack of autonomy (Shaver & Mikulincer, 2012). Secure attachment not only contributes to individual psychological growth but also positively influences interpersonal relationships. Individuals with this attachment style tend to demonstrate sensitivity, empathy, compassion, openness, and the capacity for altruistic behavior, reflecting the buffering and regulatory role of secure attachment in promoting supportive and prosocial interactions (Mikulincer & Shaver, 2016).

In contrast, attachment insecurities are associated with a wide range of mental disorders, from mild negative affectivity to severe and disorganizing personality disorders. Evidence suggests that both anxious and avoidant attachment orientations function as general vulnerability factors for psychological disturbances (Mikulincer & Shaver, 2012). Specifically, insecure attachment, including both attachment anxiety and avoidance, is associated with higher depressive symptoms in young

adults (Yang et al., 2024). Individuals with insecure attachment styles often show heightened anxiety, preoccupation with personal distress, limited empathy, and difficulties in forming and maintaining interpersonal relationships. These attachment orientations increase vulnerability to depression and other stress and anxiety related disorders. Specifically, anxious attachment is associated with feelings of loss, loneliness, abandonment, and helplessness, while avoidant attachment tends to involve achievement-oriented depression, perfectionism, self-criticism, and compulsive self-reliance (Mikulincer & Shaver, 2016).

Based on the above, it can be concluded that individuals with a secure attachment style exhibit emotional balance, the ability to form quality interpersonal relationships, and a healthier relationship with themselves and others, all of which contribute to better mental health, adaptability, and a greater capacity for establishing close bonds (Johnson, 2021). However, adolescent mental health is shaped not only by attachment but also by sociodemographic factors. Evidence on gender differences is mixed: some studies indicate that males tend to exhibit higher levels of positive mental health (Campbell et al., 2021; World Health Organization [WHO], 2002), while others find no significant differences, with both genders generally displaying moderate or low mental health (Vuletić et al., 2018). Additionally, perceived family economic status appears to be important, as adolescents from more financially secure households generally report higher levels of mental well-being (Yang et al., 2022). Integrating these sociodemographic variables with attachment dimensions offers a more comprehensive framework for understanding the factors that shape adolescent mental health.

Research Framework

Secure, emotionally supportive relationships from infancy through adulthood are essential for human development. Attachment, understood as a behavioral system aimed at establishing and maintaining closeness with significant others (Popadić, 2016), shapes internal working models that guide expectations, emotions, and behaviors. Secure attachment fosters resilience, positive self-perception, and adaptive coping, whereas insecure attachment promotes negative self-views and a threatening outlook on the world, increasing vulnerability to psychological difficulties (Bowlby, 1988; Slavković, 2020).

Mental health in this research is conceptualized through two primary dimensions: positive and negative mental health. Positive mental health reflects behaviors, attitudes, and emotions associated with personal effectiveness and satisfaction, whereas negative mental health encompasses adverse emotional states such as sadness, disappointment, and anger (Kumar & Ahmad, 2019).

Adolescence represents a particularly sensitive period for these processes. Psychological separation from parents is one of its central developmental tasks, and the success of this transition depends largely on the quality of early attachment (Popadić, 2016). In addition to attachment, previous research has explored sociodemographic

determinants of adolescent mental health. Research shows that the gender gap in adolescent mental health is largely cross-cultural, with girls exhibiting worse average mental health than boys (Campbell et al., 2021). Additionally, adolescents with lower socioeconomic positions tend to have poorer mental health than those with higher socioeconomic status, even in countries with relatively low social inequalities, such as Slovenia (Jeriček Klanšček et al., 2014). Similarly, findings from China indicate that family socioeconomic status has a significant positive effect on adolescent mental health (Yang et al., 2022).

Drawing on this theoretical background, the present study examines the relationship between attachment and adolescent mental health. The specific aim was to analyze the role of attachment dimensions (anxiety and avoidance) in predicting adolescent mental health, as well as to examine the predictive significance of key sociodemographic factors, namely gender and perceived family economic status. Accordingly, the hypothesis is that the dimensions of attachment (anxiety and avoidance) and selected sociodemographic variables (gender and perceived family economic status) are statistically significant predictors of adolescent mental health.

Method

Sample and Procedure

The sample consisted of 294 participants, 221 (75.2%) female and 73 (24.8%) male, aged 15 to 21, with an average age of 19.24 (*SD* = 1.71). They came from a variety of residential settings: 170 (57.8%) lived in a city, 59 (20.1%) in a small town, and 65 (22.1%) in a village. Regarding educational level, 78 participants (26.5%) were high school students (from first to fourth grade), while the majority, 216 participants (73.5%), were university students (from the first year to the master's program). Participants also reported their perceived family economic status, which ranged from 1 (weak) to 3 (good), with a mean score of 2.63. The majority described their economic status positively 210 (71.4% as good), while 58 (19.73%) rated it as average and 26 (8.84%) as weak. The study was conducted online using the Google Forms platform during the period of February to April 2022.

Measures

Questionnaire on Sociodemographic Characteristics. The questionnaire for examining sociodemographic characteristics was created for the purposes of this research and consists of five questions relating to gender, age, perceived family economic status, place of residence, and level of education.

Family Attachment Questionnaire (Brenan et al., 1995, as cited in Stefanović-Stanojević, 2011). The questionnaire consists of 18 seven-point Likert-type items that refer to feelings in family relationships. It is constructed in a way that

nine items measure *the anxiety dimension*, while the remaining nine items measure *the avoidance dimension*. *The anxiety dimension* represents the internal working model of the self. On the positive end, it reflects an internalized sense of self-worth, while the negative end indicates anxiety and rejection of closeness. *The avoidance dimension* represents the internal working model of others. The positive end of this dimension indicates acceptance of closeness and trust in others and their support, whereas the negative end indicates a degree of non-acceptance and avoidance of closeness. In this study, the reliability of the overall scale was $\alpha = .82$. *The avoidance dimension* demonstrated a reliability of $\alpha = .90$, while *the anxiety dimension* showed a reliability of $\alpha = .76$.

Mental Health Inventory (MHI-38; Veit & Ware, 1983, as cited in Brdar, 2016). The inventory contains 38 statements that examine both aspects of mental health - *positive* and *negative mental health*. The instrument was created to assess mental health in both clinical and non-clinical populations. The results for each subscale are determined by summing the responses to the statements, where higher scores indicate a greater expression of the respective dimension. In terms of reliability, the internal consistency coefficient for the entire inventory is $\alpha = .93$. The reliability of *the negative mental health* subscale is $\alpha = .94$, and for *the positive mental health* subscale it is $\alpha = .92$, indicating good instrument reliability (Heubeck & Neill, 2000, as cited in Brdar, 2016). In this study, the reliability of *the negative mental health* subscale was $\alpha = .95$, and for *the positive mental health* subscale, $\alpha = .90$. These results indicate that the inventory demonstrated good reliability in the current sample.

Statistical Analysis

The data in this research were analyzed using the statistical software package SPSS 30.0.0.0 (trial version). Data processing procedures were selected in accordance with the applied methodology and the distribution of the obtained data. Descriptive statistical procedures were used to describe the research sample (measures of central tendency and measures of dispersion). Additionally, further procedures were conducted to test the basic assumptions for conducting regression analysis. Accordingly, multicollinearity was assessed using collinearity diagnostics (variance inflation factor and tolerance) and through a correlation matrix. To examine the predictive significance of the predictors, standard multiple regression analysis was employed.

Results

Table 1 presents the descriptive values of the distributions on the scales used in the study. Based on the obtained results, it can be concluded that the measures of skewness and kurtosis fall within the range of 1, which indicates that the deviation from normal distribution is not of such intensity as to question the use of parametric statistics.

Table 1
Descriptive Indicators

Variables	*M*	*SD*	Min	Max	Range	*Sk*	*Ku*
Dimension Anxiety	24.68	9.53	9.00	57.00	48.00	0.61	0.09
Dimension Avoidance	28.13	12.95	9.00	62.00	53.00	0.49	-0.70
Positive mental health	48.11	13.31	19.00	84.00	65.00	0.20	-0.63
Negative mental health	59.89	18.70	19.00	109.00	90.00	0.14	-0.72

Note. Sk = Skewness, *Ku* = Kurtosis

In order to examine the assumption of no multicollinearity, the correlation between variables was tested. Based on the presented results in Table 2, it can be concluded that there is a statistically significant negative correlation of weak intensity between the dimensions of attachment (anxiety and avoidance) and positive mental health, as well as a statistically significant positive correlation of weak to moderate intensity between the dimensions of attachment (anxiety and avoidance) and negative mental health. Gender showed a weak but statistically significant negative correlation with positive mental health and a weak positive correlation with negative mental health, while perceived family economic status demonstrated a weak positive correlation with positive mental health and a non-significant correlation with negative mental health. The assumption of no multicollinearity was further confirmed, as the tolerance values were not below 0.10, the variance inflation factor (VIF) values did not exceed 10, and none of the correlations exceeded the commonly accepted threshold of 0.7, indicating that multicollinearity is not a concern in the present analysis.

Table 2
Intercorrelations Between Predictor Variables and Criterion Variables (Positive and Negative Mental Health) (Pearson r)

Variables	PFES	Anxiety	Avoidance	PMH	NMH
Gender	-.03	.27**	-.05	-.16**	.27**
PFES		.05	-.18**	.17**	-.05
Anxiety			.08	-.14*	.35**
Avoidance				-.24**	.21**
PMH					-.77**
NMH					

Note. PFES = Perceived family economic status; PMH = Positive mental health; NMH = Negative mental health; *$p < .05$; **$p < .01$

Table 3 presents the results of the standard multiple regression analysis examining the predictors of positive mental health.

Table 3

Results of a Standard Multiple Regression Analysis Examining the Predictors of Positive Mental Health

Criteria variable	Model	Predictors	β	*t*	*p*
Positive mental health	**Model 1** $R^2 = .05$ $F = 8.02$ $p < .01$	Gender	-.16	-2.72	.01
		Perceived family economic status	.16	2.86	.01
	Model 2 $R^2 = .11$ $F = 9.41$ $p < .01$	Gender	-.14	-2.46	.01
		Perceived family economic status	.13	2.30	.02
		Anxiety	-.09	-1.59	.11
		Avoidance	-.22	-3.83	.00

Model 1, which included gender and perceived family economic status as predictors, was statistically significant, explaining 5.2% of the variance in positive mental health. Both gender (β = -.16) and perceived family economic status (β = .16) contributed significantly, indicating that female participants reported lower levels of positive mental health compared to males, while higher perceived family economic status was associated with higher levels of positive mental health.

In Model 2, the attachment dimensions (anxiety and avoidance) were added to the sociodemographic variables. The inclusion of attachment dimensions increased the explained variance in positive mental health to 11%. The results indicate that the dimension avoidance was the strongest predictor (β = -.22), while the dimension anxiety did not reach statistical significance (β = -.09). Gender (β = -.14) and perceived family economic status (β = .13) remained significant predictors in this model.

The results presented in Table 4 show the findings of the standard multiple regression analysis examining the predictors of negative mental health.

Table 4

Results of a Standard Multiple Regression Analysis Examining the Predictors of Negative Mental Health

Criteria variable	Model	Predictors	β	*t*	*p*
Negative mental health	**Model 1** $R^2 = .07$ $F = 11.75$ $p < .01$	Gender	.27	4.75	.00
		Perceived family economic status	-.05	-.80	.42
	Model 2 $R^2 = .19$ $F = 21.35$ $p < .01$	Gender	.21	3.72	.00
		Perceived family economic status	-.03	-.50	.62
		Anxiety	.28	4.97	.00
		Avoidance	.20	3.64	.00

Model 1, which included gender and perceived family economic status as predictors, was statistically significant, explaining 7.5% of the variance in negative mental health. Gender was a significant predictor (β = .27), indicating that female participants were associated with higher levels of negative mental health, whereas perceived family economic status did not reach statistical significance (β = -.05).

In Model 2, the dimensions of attachment (anxiety and avoidance) were added to the sociodemographic variables. The inclusion of attachment dimensions increased the explained variance in negative mental health to 19.4%. The analysis revealed that dimension anxiety was the strongest predictor (β = .28), followed by gender (β = .21) and dimension avoidance (β = .20). Perceived family economic status was not a significant predictor (β = -.03).

Discussion

The aim of this research was to examine the role of attachment dimensions (anxiety and avoidance) and key sociodemographic factors (gender and perceived family economic status) in predicting positive and negative mental health among adolescents. The results confirm the hypothesis that these variables significantly contribute to explaining the variance in both aspects of mental health, offering further insights into how attachment patterns and sociodemographic factors shape adolescents' psychological functioning.

Avoidance emerged as the strongest predictor of positive mental health, with lower levels associated with higher well-being, while anxiety did not reach significance. This aligns with attachment theory, highlighting the importance of secure attachment for positive emotional development and resilience (Mikulincer & Shaver, 2012). Gender and perceived family economic status also contributed significantly: male adolescents and those perceiving higher family economic status reported better positive mental health, whereas female adolescents exhibited higher negative mental health. These can be explained by the fact that material conditions may support psychological well-being by reducing uncertainty and allowing focus on personal growth, while lower economic status may increase anxiety and limit developmental opportunities. Similarly, socially constructed gender roles and expectations may place greater emotional pressures on girls, contributing to their higher vulnerability to psychological distress (Yang et al., 2022; WHO, 2002).

Regarding negative mental health, both attachment dimensions predicted psychological difficulties, with anxiety as the strongest predictor. This association can be explained by the fact that adolescents with high anxious attachment tend to experience emotional instability and fear of rejection, while avoidance also contributes by limiting access to support and effective coping (Xinchen, 2024). In addition to attachment, gender significantly predicted negative mental health, with females reporting higher levels, likely due to societal expectations, gender roles, and social pressures (Campbell et al., 2021; WHO, 2002). Perceived family economic status did not significantly predict negative outcomes, suggesting that interpersonal and emotional factors outweigh material conditions.

These findings emphasize that insecure attachment functions as a vulnerability for mental health problems during adolescence, a period marked by behavioral and emotional changes (Mikulincer & Shaver, 2016). Practical implications highlight the importance of fostering secure attachment and supporting adolescents from economically disadvantaged families. Interventions could include parent-child training, family counseling, and school-based social-emotional learning initiatives. Secure emotional bonds and supportive environments are crucial for promoting positive mental health and reducing psychological difficulties.

The study has limitations, including reliance on self-report measures, which may introduce bias, and online data collection, which may affect sample representativeness. Future research should include additional variables to capture the complexity of adolescent mental health and better understand the multiple factors influencing psychological outcomes.

Conclusion

The results indicate that attachment dimensions and key sociodemographic factors significantly influence adolescents' mental health. Positive mental health is mainly associated with lower avoidance, while negative mental health is most strongly predicted by higher anxiety, with both avoidance and anxiety contributing significantly. Avoidance primarily explains positive mental health, and anxiety primarily explains negative mental health, suggesting that adolescents with low avoidance exhibit more positive emotions, whereas those with high anxiety face greater mental difficulties. Sociodemographic factors also play a role: male adolescents and those perceiving higher family economic status report better positive mental health, while female adolescents show higher negative mental health, even though economic status does not significantly predict negative outcomes. These findings highlight the importance of promoting secure attachment, strengthening parent–child relationships, social-emotional learning, and providing targeted support, particularly for girls and adolescents from economically disadvantaged families.

References

Bowlby, J. (1980). *Loss, sadness and depression (Attachment and loss: Vol. 3).* Basic Books.

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development.* Basic Books.

Brdar, N. (2016). *Odnos različitih modela dobrobiti i mentalnog zdravlja kod studenata* [The relationship between different models of well-being and mental health among students] [Bachelor's thesis, Sveučilište J.J. Strossmayera u Osijeku].

Brlas, S. (2014). *Psihologija u zaštiti mentalnog zdravlja: Pomaže li religioznost mentalnom zdravlju mladih* [Psychology in mental health protection: Does religiosity help the mental health of youth]. Zavod za javno zdravstvo „Sveti Rok" Virovitičko-podravske županije.

Campbell, O. L. K., Bann, D., & Patalay, P. (2021). The gender gap in adolescent mental health: A cross-national investigation of 566,829 adolescents across 73 countries. *SSM - Population Health, 15*, Article 100742. https://doi.org/10.1016/j.ssmph.2021.100742

Jeriček Klanšček, H., Žiberna, J., Korošec, A., Zurc, J., & Albreht, T. (2014). Mental health inequalities in Slovenian 15-year-old adolescents explained by personal social position and family socioeconomic status. *International Journal for Equity in Health, 13*(1), Article 26. https://doi.org/10.1186/1475-9276-13-26

Johnson, S. M. (2021). *Teorija emotivne vezanosti u praksi: Emotivno fokusirana terapija (EFT) za pojedince, parove i porodice* [Attachment theory in practice: Emotionally focused therapy (EFT) for individuals, couples, and families]. Psihopolis.

Kumar, A., & Ahmad, A. (2019). Mental health and subjective well-being among blue-collar and white-collar employees: A study with reference to textile industries of Northern India. *Saudi Journal of Humanities and Social Sciences, 4*(12), 762–769. https://doi.org/10.36348/sjhss.2019.v04i12.002

Marganska, A., Gallagher, M., & Miranda, R. (2013). Adult attachment, emotion dysregulation, and symptoms of depression and generalized anxiety disorder. *Australian Journal of Psychology, 65*(1), 50–59. https://doi.org/10.1111/ajop.12001

Merikangas, K. R., He, J.P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Survey Replication–Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry, 49*(10), 980–989. https://doi.org/10.1016/j.jaac.2010.05.017

Mikulincer, M., & Shaver, P. R. (2012). An attachment perspective on psychopathology. *World Psychiatry, 11*(1), 11–15. https://doi.org/10.1016/j.wpsyc.2012.01.003

Mikulincer, M., & Shaver, P. R. (2016). *Attachment in adulthood: Structure, dynamics, and change* (2nd ed.). Guilford Press.

Popadić, B. (2016). *Odnos ranog iskustva i psihološke separacije-individuacije adolescenata* [The relationship between early experience and psychological separation-individuation in adolescents] [Doctoral dissertation, University of Novi Sad]. https://hdl.handle.net/21.15107/rcub_nardus_8202

Sadler, K., Vizard, T., Ford, T., Goodman, A., Goodman, R., & McManus, S. (2018). *Mental health of children and young people in England, 2017: Trends and characteristics*. NHS Digital. https://openaccess.city.ac.uk/id/eprint/23650/

Shaver, P. R., & Mikulincer, M. (2007). Adult attachment strategies and the regulation of emotion. In J. J. Gross (Ed.), *Handbook of emotion regulation* (pp. 446–465). The Guilford Press.

Shaver, P. R., & Mikulincer, M. (2012). An attachment perspective on coping with existential concerns. In P. R. Shaver & M. Mikulincer (Eds.), *Meaning, mortality, and choice: The social psychology of existential concerns* (pp. 291–307). American Psychological Association. https://doi.org/10.1037/13748-016

Slavković, A. (2020). Rana afektivna vezanost i emocionalna regulacija [Early attachment and emotional regulation]. *Research in Pedagogy, 10*(2), 462–475. https://doi.org/10.5937/IstrPed2002462S

Stefanović-Stanojević, T. (2005). *Emocionalni razvoj ličnosti* [Emotional personality development]. Filozofski fakultet.

Stefanović-Stanojević, T. (2011). *Afektivna vezanost, razvoj, modaliteti i procena* [Attachment: development, modalities, and assessment]. Filozofski fakultet.

Vuletić, G., Erdeši, J., & Nikić, B. Lj. (2018). Faktorska struktura i validacija hrvatske verzije upitnika mentalnog zdravlja MHC-SF [Factor structure and validation of the Croatian version of the Mental Health Questionnaire]. *Medica Jadertina, 48*(13), 113–124. https://hrcak.srce.hr/204661

World Health Organization. (2002, June). *Gender and mental health.* https://apps.who.int/iris/handle/10665/68884

Xinchen, M. (2024). Research on the Relationship Between Attachment Styles and Mental Health (Depression and Anxiety) among Chinese University Students. *Lecture Notes in Education Psychology and Public Media*, *64*(1), 144–150. 10.54254/2753-7048/64/20240995

Yang, D., Hu, S., & Li, M. (2022). The influence of family socioeconomic status on adolescents' mental health in China. *International Journal of Environmental Research and Public Health, 19*(13), Article 7824. https://doi.org/10.3390/ijerph19137824

Yang, S., Ren, Y., Song, X., Ge, J., & Peng, Y. (2024). Insecure attachment and depressive symptoms among a large sample of Chinese young adults: The mediating role of positive and negative self-compassion. *Behavioral Sciences, 14*(3), Article 238. https://doi.org/10.3390/bs14030238

Afektivna vezanost kao prediktor mentalnog zdravlja adolescenata

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Apstrakt

Cilj ovog istraživanja je bio ispitati i analizirati učešće i značaj dimenzija afektivne vezanosti (anksioznost i izbegavanje) u predikciji mentalnog zdravlja adolescenata, kao i prediktivni značaj sociodemografskih faktora. Istraživanje je sprovedeno na uzorku od 294 ispitanika (75.2% ženskog pola; 24.8% muškog pola), uzrasta između 15 i 21 godine (M = 19.24, SD = 1.71). Za potrebe istraživanja korišteni su Upitnik porodične afektivne vezanosti i Inventar mentalnog zdravlja. Rezultati su pokazali da dimenzije afektivne vezanosti i ključni sociodemografski faktori značajno doprinose predviđanju pozitivnog i negativnog mentalnog zdravlja adolescenata, ali sa različitim predznacima. Nisko izraženo izbegavanje (β = -.22), viši percipirani materijalni status porodice (β = .13) i muški pol (β = -.14) povezani su sa višim nivoom pozitivnog mentalnog zdravlja, dok su visoko izražene dimenzije anksioznost (β = .28) i izbegavanje (β = .20), zajedno sa ženskim polom (β = .21), povezani sa višim nivoom negativnog mentalnog zdravlja. Rezultati ukazuju na to da je mentalno

zdravlje adolescenata povezano sa predstavama o sebi i drugima koje se formiraju u ranim odnosima sa primarnim figurama. Adolescente koji imaju pozitivan model sebe i drugih imaju bolje mentalno zdravlje u poređenju sa onima koji imaju negativnu sliku o sebi i drugima. Takođe, rezultati ukazuju da su relacijski i kontekstualni faktori povezani sa psihološkim blagostanjem.

Ključne reči: mentalno zdravlje, afektivna vezanost, adolescencija, pol, percipirani materijalni status porodice

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