

Fall 2016

# Intimate Relationship Involvement, Intimate Relationship Quality, and Psychopathology Among African American Adolescents

Aerin Scoles  
aerin.scoles@colorado.edu

Follow this and additional works at: [https://scholar.colorado.edu/honr\\_theses](https://scholar.colorado.edu/honr_theses)

 Part of the [Clinical Psychology Commons](#), [Developmental Psychology Commons](#), and the [Social Psychology Commons](#)

---

## Recommended Citation

Scoles, Aerin, "Intimate Relationship Involvement, Intimate Relationship Quality, and Psychopathology Among African American Adolescents" (2016). *Undergraduate Honors Theses*. 1242.  
[https://scholar.colorado.edu/honr\\_theses/1242](https://scholar.colorado.edu/honr_theses/1242)

This Thesis is brought to you for free and open access by Honors Program at CU Scholar. It has been accepted for inclusion in Undergraduate Honors Theses by an authorized administrator of CU Scholar. For more information, please contact [cuscholaradmin@colorado.edu](mailto:cuscholaradmin@colorado.edu).

Intimate Relationship Involvement, Intimate Relationship Quality, and Psychopathology Among  
African American Adolescents

Aerin A. Scoles

University of Colorado Boulder

### Abstract

Prior research has shown that mental health problems are associated with intimate relationship status and functioning in adolescents. However, little research has been done on the associations between these variables in racial or ethnic minority groups. The present study examined associations between intimate relationship involvement, intimate relationship quality, and psychiatric disorders in a population-based sample of 1,165 African American and Caribbean Black adolescents, aged 13-17 years old. Participants were drawn from the National Survey of American Life – Adolescent Supplement (NSAL-A), which involved a face-to-face interview of adolescents in 2001-2004. Logistic regression analyses were conducted to examine the associations between relationship involvement, positive and negative relationship quality, and 12-month prevalence of common mood, anxiety, and substance use disorders. No associations were obtained between intimate relationship involvement and the prevalence of psychiatric disorders. In comparison, self-reported levels of positive relationship quality were negatively associated with the prevalence of substance use disorders, and self-reported levels of negative relationship quality were positively associated with prevalence of social phobia and any disorder. Comparison of these results with those obtained from samples primarily involving White adolescents suggests that the patterns of associations between relationship involvement, relationship quality, and psychopathology may be different for African-American adolescents relative to other adolescents, and supports the need for continued research on relationship functioning and psychopathology in African-American adolescents.

*Keywords:* intimate relationships, relationship involvement, relationship quality, psychopathology, African Americans, adolescents

We live our lives often centered around our interactions and relationships with others. Each relationship we form has the potential to leave lasting marks on our mental well-being, but none more so than our intimate, romantic relationships.

There is a large body of research demonstrating that mental health is associated with the quality of one's intimate relationships such as marriage. For example, Whisman (2007) found that intimate relationship distress was associated with several manifestations of psychopathology in adults. The sample included data gathered for the National Comorbidity Survey Replication (NCS-R), a probability sample of 9,282 adults who were 18 years of age and over. These participants completed face-to-face interviews that assessed for relationship distress and the presence of 12-month diagnosis of common psychiatric disorders. Results indicated that marital distress was correlated with any anxiety disorder, any mood disorder, and any substance use disorder. Marital distress was also significantly associated with specific disorders within these broadband classes of disorder, and the only non-significant association between marital distress and a specific mental disorder was with panic disorder. The odds ratio between marital distress and broadband classes of disorder odds ratio was 1.69 for any anxiety disorder, 2.25 for any mood disorder, and 2.34 for any substance use disorder. The highest odds ratio value for individual disorders was obtained for bipolar I or II disorder. Whisman (2007) also examined whether age moderated the association between marital distress and psychiatric disorders, and found that the interaction between age and marital distress was significantly associated with major depressive disorder, in that the strength of the association between marital distress and depression increased in magnitude with increasing age. In comparison, there were no significant interactions between marital distress and gender, suggesting that a man is just as likely to experience an association between marital distress and psychiatric disorders as is a woman.

Adolescence is a time of great change and adjustment. However, little research exists that looks specifically at the mental health implications of intimate relationships in early adolescence through examining the associations between the presence and functioning of intimate relationships and individual mental health and well-being. However, it is known that intimate relationships are prevalent during adolescence. Carver, Joyner, and Udry (as cited in Collins, 2003) reported that about 20% of adolescents 14 years old or younger reported being in a romantic relationship for at least 11 months and the percentages were even higher for older adolescents, in which 35% of 15-16 year-old adolescents and about 60% of 17-18 year-old adolescents reported being in a romantic relationship lasting at least this long.

Adolescent intimate relationships may help youth learn valuable interpersonal skills and emotional intelligence, notably emotion management and regulation, which may be expected to be associated with their mental health and well-being. Lopes et al. (2004) found that in college-aged young adults, participants scored higher on the managing emotions measure if the perceived quality of interactions with their partners were higher. Connolly and McIsaac (2011) discussed the two main developmental theories surrounding adolescent intimate relationships: romantic attachment theory and developmental-contextual theory. Attachment theory posits that adolescents – and adults as well – form ideas and expectations about intimate relationships using their attachments with parents and/or caregivers as a backdrop. The romantic partner then fills the role of the secure base, a role previously occupied by parents and/or caregivers. As such, adults possibly also use adolescent intimate relationships as a sort of template for adult intimate relationships. The developmental-contextual theory, according to Connolly and McIsaac (2011), “shifts the focus away from the expectations individuals have about relationships to consider how these individuals may have been influenced by the interconnected set of social systems in

which they grew up” (p. 184). This theory uses Bronfenbrenner’s (1979) circles, or levels, of influence. According to Bronfenbrenner (1979), the primary level is where young children learn to interact with their immediate environment and physical surroundings under the supervision of a parent or caregiver. Similarly, in the secondary level, young children interact with their immediate surroundings, but this time, without any direct guidance from a parent. In this level, children become more independent. Bronfenbrenner (1979) made it clear that the child cannot fully and successfully operate within the secondary level until they have spent sufficient time within the primary level. The third level is where a force or influence that the child has no direct control over is exerted upon the child. This level relates to the negative or supportive influences that a third-party has upon the child. The fourth level relates to the interconnectedness of the other three levels and how these levels act upon one another. This fourth level is very much situational, in that the child takes what he or she has learned about social interaction and transfers that knowledge to new or unfamiliar social situations and environments. Adolescents and their intimate relationships are affected by each of these circles of influence, including parents, peers, community, culture, and historical context. Connolly and McIsaac (2011) proposed a series of stages that track adolescent intimate relationships from their onset to a more mature romantic relationship form; these stages follow the developmental-contextual theory. The researchers claim that, “adolescents’ inner drive to realize *both* intimacy and identity needs is what motivates their participation in more advanced forms of romance over time” (p. 185). According to this perspective, the first stage is the infatuation stage, where adolescents explore romantic and intimate passion by discussing with peers and quench their need for intimacy by engaging in personal fantasy situations. The next stage is the affiliative stage, where peers begin to form casual, mixed-gender groups with the purpose of doing activities together; the adolescent

phenomenon of group dating usually emerges in this stage. The intimate stage is the first chance for adolescents to explore romantic partner intimacy by themselves, outside the peer group; these relationships become more mature and more intimate, and begin to take the general form of later adult intimate relationships. The fourth and final stage is the committed stage. Here, adolescents begin the lifelong tug-of-war between having an exclusive romantic partner and maintaining their own independence and personal expression of identity (Connolly & McIsaac, 2011).

### **Intimate Relationships and Psychopathology in Adolescents**

Because intimate relationships are common in adolescents and because of some of the unique aspects of intimate relationships of adolescents, it is important to examine whether intimate relationship involvement or intimate relationship quality is associated with mental health outcomes in adolescents as they are in adults. Whisman, Johnson, Li, and Robustelli (2014) proposed that adolescence is an important and vulnerable time for first onset of multiple psychiatric disorders – mood disorders, anxiety disorders, and substance use disorders, for example – and that the mean age of onset for many disorders is sometime during adolescence. Using data from the National Comorbidity Survey Replication (NCS-R), Kessler et al. (2005) reported on the age of onset and lifetime prevalence of a diverse range of psychiatric disorders. They found that the median age of onset was 14 years for any disorder, 11 years for any anxiety disorder, 30 years for any mood disorder, 11 years for any impulse-control disorder, and 20 years for any substance use disorder. With regards to specific anxiety disorders, adolescents, rather than children or adults, were the age group most vulnerable for developing social phobia. Children were more vulnerable for developing a specific phobia or separation anxiety disorder, with an age of onset of 7 years for these two disorders. With regards to specific impulse-control disorders, children were more vulnerable than adolescents or adults for developing attention-

deficit/hyperactivity disorder, with an average age of onset of 7 years. All other specific disorders listed had a median age-of-onset reported at over 18 years (Kessler et al., 2005).

There are several studies that have examined the associations between intimate relationship status or quality and mental health problems in adolescents. For example, in a study on the associations between adolescent peer relationships, social anxiety, and depression, La Greca and Harrison (2005) sampled 421 adolescents, ages 14-19 years, to measure how much adolescent peer relationships, friendships, and romantic relationships predicted social anxiety and/or depression. There were no gender differences found for mean levels of social anxiety or depressive symptoms, although significantly more adolescent girls (64%) reported being in an intimate relationship than adolescent boys (41.4%). Overall, the researchers found that negative interactions within a romantic relationship were moderately correlated with depressive symptoms, but were not significantly correlated with social anxiety. The association between positive interactions and social phobia was moderated by ethnicity, such that positive interactions between intimate partners was negatively associated with social anxiety only for Latino adolescents; similarly, involvement in an intimate relationship was associated with less social anxiety for Latino adolescents. For those adolescents in romantic relationships, more positive qualities in their relationship generally predicted fewer negative partner interactions. The researchers also did multiple analyses on the predictors of social anxiety and depressive symptoms and found that adolescents not currently in a romantic relationship were more likely to report social anxiety than adolescents who were currently in a romantic relationship. Interestingly, they also found that, once intimate relationship involvement was controlled for, intimate relationship quality was not predictive of social anxiety. The opposite results were found when La Greca and Harrison (2005) examined predictors of depressive symptoms. Being

in a romantic, dating relationship did not predict depressive symptoms, but relationship quality did. The more negative partner interactions adolescents reported in their intimate relationships, the more depressive symptoms they reported as well. For social anxiety, not being in an intimate relationship was associated with higher reporting of social anxiety, but once in an intimate relationship, the qualitative aspects of that relationship did not matter in predicting social anxiety. The authors speculated that because dating is becoming a more and more normative behavior during adolescence, those not in an intimate relationship experience social anxiety because they look around and see the majority of their peers involved in romantic relationships and engaging in dating behaviors. La Greca and Harrison (2005) also stated that anxious adolescents might avoid dating and put it off because they feel uncomfortable. However, relationship quality was more predictive of depressive symptoms than relationship involvement. The researchers speculated that this association between intimate relationship quality and depressive symptoms is most likely due to the unique stress of a romantic relationship, especially in adolescence, when emotions are already intense. The authors stated that it is not the actual presence of the romantic relationship itself that predicts depressive symptoms, but rather the negative partner interactions that take place within that relationship.

Similarly, Davila, Steinberg, Kachadourian, Cobb, and Fincham (2004) looked at intimate relationships in adolescents and depressive symptoms, but they also proposed that a preoccupied attachment style of relating to others would be predictive of depressive symptoms. They ran two studies, one with participants in early adolescence and the second with participants in late adolescence; the former is the more relevant for this current study. The researchers sampled 96 adolescent girls from a larger study of family and adolescent relationships. The adolescent girls completed questionnaires in private that assessed their attachment styles,

romantic relationship status, and depressive symptoms. About 55% of girls reported having previous intimate relationship experience and about 22% reported currently being in an intimate relationship; the average length for these relationships was about 3 months. When the researchers assessed correlations among the variables of interest, they found that adolescent girls who were currently in a romantic relationship reported significantly higher levels of depressive symptoms when compared to adolescent girls who were not currently in a romantic relationship. However, the researchers found that having past intimate relationship experience – those adolescents not currently in an intimate relationship – was not associated with higher levels of depressive symptoms. With respect to attachment styles, Davila et al. (2004) hypothesized that adolescents with a preoccupied relational or attachment style “will go to others when distressed in an attempt to regulate their emotions...therefore, young preoccupied adolescents who are dysphoric might seek out relationships in order to feel better” (p. 163). The researchers proposed that preoccupied adolescents might be more predisposed to depressive symptoms to begin with and might stay in a poor quality intimate relationship out of a sense of dependence. The research findings of this study did, in fact, support this hypothesis insofar as they found that a preoccupied relational style in adolescents was associated with higher levels of depressive symptoms.

Natsuaki, Biehl, and Ge (2009) also examined adolescent intimate relationships and depressive symptoms and depressed mood, but they additionally evaluated pubertal timing and the effects that pubertal timing may have on predicting depressive symptoms in the context of intimate relationship involvement in adolescence. The researchers used the National Longitudinal Study of Adolescent Health for their participant pool, and included only adolescents between 12-16 years old in their sample. Using the participants in Wave 1 and 2, they asked adolescents if they had a romantic relationship with anyone in the last 18 months or if

they had engaged in dating experiences (i.e., kissing and/or telling someone they loved him or her) in the last 18 months. Of these adolescents, 70.1% of boys and 72.6% of girls reported having a romantic relationship and/or engaging in romantic experiences in the last 18 months (identified as “daters”); the remaining boys and girls were identified as “nondaters.” In regards to the onset of puberty, the researchers found that adolescents who matured earlier were more likely to have had romantic relationships and/or romantic experiences than adolescents who matured later. Consistent with other studies, Natsuaki et al. (2009) found that dating was predictive of depressive symptoms. Adolescent boys who had an intimate relationship by the age of 12 reported higher levels of depressive symptoms than boys of the same age who had not had an intimate relationship. The researchers also found that the association between intimate relationship involvement by age 12 and depressive symptoms was even more pronounced for adolescent girls. However, the heightened level of depressive symptoms of younger dating adolescents eventually normalized with their non-dating peers as they got older and eventually, by about the age of 23, dating and non-dating young adults were almost indistinguishable in levels of depressive symptoms, although dating women did retain slightly higher levels of depressive symptoms and depressed mood. With regards to pubertal timing, for both boys and girls, early pubertal timing predicted higher levels of depressive symptoms and depressed mood, particularly for those adolescents involved in an intimate relationship. For girls only, late pubertal timing also predicted higher levels of depressed mood for those in a dating relationship. The researchers concluded that, ultimately, involvement in romantic relationships during adolescence is a risk factor and is predictive of depressive symptoms and depressed mood for both girls and boys.

Joyner and Udry (2000) did a study with 8,181 adolescents between 12-17 years old to measure the association between adolescent romance and adolescent depression. This study too used data collected from the National Longitudinal Study of Adolescent Health. Overall, they found that levels of depression increase over time as adolescents get older and that levels of depression for females are consistently higher than for males throughout adolescence. Based on their results of romantic involvement, the researchers conclude that male adolescents actually become romantically involved at an earlier age than female adolescents, but by the age of 17, almost 90% of the participants had reported some type of involvement in intimate relationships. The researchers tracked adolescent depression longitudinally between interviews and found that adolescents who had been involved in romantic relationships between interviews reported higher levels of depression from one interview to another. These findings are consistent with ones from other studies. When Joyner and Udry (2000) added the variables of age and sex, they found an interaction between romantic relationship involvement, age, sex, and depression. Being in an intimate relationship was, overall, more strongly associated with developing depression for younger adolescent girls.

Whereas much of the research on adolescents relationships and psychopathology has focused on depression, Florsheim and Moore (2008) did a study that examined substance abuse in adolescent romantic couples. The researchers sampled 30 adolescent couples, with ages ranging between 14-19 years old. They included in their sample couples in which neither partner had any history of mental disorders and couples in which one or both partners had a substance use disorder. The researchers found that these partners with a history of substance use disorder displayed more hostility and less warmth toward one another compared to partners that had no history of psychopathology. Couples with histories of substance use disorders also tended to

engage in communication that mixed hostility and warmth more than couples with no psychopathology. There was no significant effect of gender. Interestingly, couples in the substance use disorder group and couples in the no psychopathology group self-reported similar levels of intimate relationship quality.

In summary, several prior studies have found associations between intimate relationship involvement, intimate relationship quality, and psychopathology in adolescents. However, there are several important limitations of this previous research. First, many studies done on adolescent intimate relationships and mental health look only at symptoms associated with different psychiatric disorders, rather than an actual diagnosis of a specific psychiatric disorder. Davila (2008) stated that further research is needed to better understand the associations between adolescent romantic experiences and clinically significant depression and that most studies focus on symptoms rather than clinically significant diagnoses. Some of these prior studies have been based on sample of convenience, and therefore there may be limitations regarding the generalizability of these findings.

To address these limitations, Whisman, Johnson, Li, and Robustelli (2014) examined the associations between intimate relationship involvement, intimate relationship quality, and a variety of diagnosed psychiatric disorders in a population-based sample of adolescents. They examined several broad categories of disorders – mood, anxiety, and substance use – and multiple specific disorders within these categories – major depressive disorder, bipolar disorder, posttraumatic stress disorder, social phobia, generalized anxiety disorder, agoraphobia, alcohol abuse with or without dependence, and drug abuse with or without dependence. The associations between intimate relationship involvement and intimate relationship quality and 12-month prevalence of each of these psychiatric disorders were examined within a population-based

sample of 10,081 adolescents between the ages of 13-17 years. Participants were selected from the National Comorbidity Survey-Adolescent Supplement (NCS-A), and they found that 3% of 13-year olds, 7% of 14-year olds, 14% of 15-year olds, 20% of 16-year olds, 29% of 17-year olds, and 36% of 18-year olds were either married, cohabitating, or in a serious intimate relationship. To assess the associations between relationship involvement, relationship quality, and psychopathology, Whisman et al. (2014) examined both positive and negative relationship quality and used logistic regression analyses to examine the associations between both relationship involvement and relationship quality and psychiatric disorders, statistically controlling for the demographic variables of gender, age, and race. They found that compared to adolescents who were not currently in a relationship, adolescents who were in an intimate relationship were more likely to meet diagnostic criteria for mood, anxiety, and substance abuse disorders. Compared to those who were not in a relationship, adolescents in romantic relationships were also more likely to meet the diagnostic criteria for several specific disorders, including depressive disorder, PTSD, alcohol abuse, and drug abuse. Whisman et al. (2014) also tested for potential gender or age moderators of the associations between relationship involvement and psychiatric disorders. They found that although gender did not moderate the association between relationship involvement and any of the disorders, age was a significant moderator. The interaction between relationship involvement and age was significantly associated with the broadband categories of mood and substance abuse disorder and, specifically within those categories, with depressive disorder, PTSD, alcohol abuse, and drug abuse. For each of these disorders, the strength of the associations between relationship involvement and psychopathology decreased in magnitudes as adolescents' age increased. In other words, in comparison to adolescents who were not in a relationship, older adolescents in intimate

relationships were less likely to meet diagnostic criteria than were younger adolescents in intimate relationships. Whisman et al. (2014) speculated that this might be because some adolescents engage in “off-set” relationship behavior, such as entering into an intimate relationship at an earlier, non-normative age. These younger adolescents may be more vulnerable to the negative stressors of being involved in an intimate relationship relative to older adolescents because their coping skills may be less advanced than their older adolescent peers.

With respect to the association between intimate relationship quality and psychiatric disorders, Whisman et al. (2014) found that higher levels of negative intimate relationship quality were reported by adolescents with a mood, anxiety, or substance abuse disorders compared to those adolescents without these broadband categories of disorder. Relative to those adolescents who did not have the disorder, higher levels of negative relationship quality were also reported by adolescents who met criteria for the specific disorders of depressive disorder, bipolar disorder, social phobia, and drug abuse. There were no differences in positive relationship quality between adolescents who did versus those who did not meet diagnostic criteria for broadband or specific disorders.

Although the Whisman et al. (2014) study addressed some of the limitations of previous research in the associations between relationship involvement, relationship quality, and psychopathology in adolescents, it is not free of its own limitations. One limitation was that Whisman et al.’s (2014) sample was mostly White (66%). Therefore, it may be important to examine these associations in specific race or ethnic minority groups, particularly if a minority group differs from the White majority group on relationship factors.

### **Intimate Relationships of African Americans**

Past research suggests that romantic relationship behavior among African American populations may differ from that of other racial groups. For example, McCabe and Barnett (2000) sampled 72 African American sixth graders, with a median age of 12.4 years. The researchers found that African American adolescents, even at a young age, were more future-oriented towards a career than a family or romantic relationship. The adolescents showed greater optimism for their future careers and were also more realistic about their careers and career goals than about a family or intimate relationship in the future. Participants also reported that they felt they had more control over their future career than over a future family or romantic relationship. They described future events in a more positive manner when discussing future careers than when discussing a future family or intimate relationship. The responses of adolescent girls and boys were very similar when discussing a future orientation towards careers, families, and intimate relationships on the scales of perceived control, self-attributed optimism, implicit optimism, self-attributed pessimism, and implicit pessimism, so there were gender differences between these variables.

The importance of considering race and ethnic differences in intimate relationship quality and psychopathology in adults was underscored in a study by McShall and Johnson (2015), who combined data from three large epidemiological datasets, two of which sampled only racial or ethnic minority groups. Specifically, they examined data from the National Comorbidity Survey Replication (NCS-R), the National Survey of American Life (NSAL), and the National Latino and Asian American Study (NLAAS). The researchers found that higher levels of relationship quality were associated with lower prevalence of general psychiatric diagnoses and specific psychiatric diagnoses. They found that the likelihood of being diagnosed with any broadband category of psychiatric disorder was similar across racial groups and that there were no race or

ethnic differences in the strength of the association between relationship quality and diagnosis of specific psychiatric disorders. In addition, higher levels of relationship quality were associated with a lower likelihood of diagnosis across broad psychiatric categories and specific disorders within multiple racial groups. The researchers concluded that, “the association between relationship quality and mental illness is cross-cultural” (p. 228). For African Americans, results indicated that there was a statistically significant association between relationship quality and a diagnosis of any mood disorder or any anxiety disorder but not a diagnosis of any substance use disorder.

With respect to minority adolescents, Carver et al. (2003) examined national estimates of adolescent romantic relationships, including adolescent romantic behavior, among African Americans. They used data from the two waves of the National Longitudinal Study of Adolescent Health, and participants included adolescents in grades 7 to 12. The researchers examined multiple aspects of romantic relationships, including romantic relationship experience (whether the participant had any or not), remembrance of a relationship’s start and end date, stability and duration of relationships, acts of intimacy and commitment within the relationship, sexual behavior, abuse, and social connectedness of intimate relationships. Overall, although the researchers found that African Americans were less likely than Whites to marry, possibly due to fewer economic resources available, both racial groups were equally likely to report having an intimate relationship during adolescence.

In regards to relationship involvement, Carver et al. (2003) reported that 55% of all adolescents in the sample responded to having had an intimate relationship, either currently or in the past. Of the 2,278 African Americans in the sample, 53.9% of males and 51.6% of females reported having had an intimate relationship within the last 18 months. When compared to White

males, African American males seemed to have more difficulty in pinpointing when a romantic relationship began and compared to White, Hispanic, and Asian males, African American males reported the most uncertainty in their accuracy when reporting when a romantic relationship began. African American females also had higher levels of uncertainty than White females when it came to reporting when a relationship began, although not as high as African American males. Overall, adolescents showed more confidence and certainty when reporting the end date of an intimate relationship, though boys continue to show more uncertainty than girls. The researchers hypothesized that the end of an intimate relationship happened more recently than the beginning of one, and this makes it easier to remember a more discrete end date. The researchers found that, on average, females reported longer median durations of intimate relationships and the reported median duration increased with age for both genders. Interestingly, and in contrast with the researchers' hypotheses, African American adolescents actually reported the longest median relationship duration, at over two years on average and appear to have more stable relationships than both Whites and Hispanics. However, when measured prospectively, African American adolescents actually had shorter relationships.

When they measured acts of intimacy and commitment, Carver et al. (2003) included the items "thought of yourselves as a couple," "went out together alone," "told one another that you loved each other," "gave each other presents," and "saw less of other friends." They found that African American adolescents were less likely than White adolescents to express intimacy and commitment in regards to the above items. For both African American girls and boys, the act with the highest percentage reported was "thought of yourself as a couple" and the act with the lowest percentage reported was "saw less of other friends." Girls generally reported more acts of

intimacy and commitment than boys and older adolescents reported more acts of intimacy and commitment than did younger adolescents.

Carver et al. (2003) also conducted analyses on adolescent sexual behavior and found that both African American boys and girls were more likely to report having had sexual intercourse than Whites, Hispanics, or Asians. The researchers categorized sexual behavior into three different components: touching each other under the clothing, genital “petting,” and sexual intercourse. Across all three components, a higher percentage of African American girls reported having engaged in the relevant behavior, with 50.4% of African American girls reporting that they had sexual intercourse, compared to 46.9% of African American boys. Interestingly, although more African American adolescents reported engaging in sexual intercourse, they also reported lower levels of the genital “petting” behavior than White adolescents.

In regards to intimate relationship abuse, Carver et al. (2003) found that African Americans had fairly similar levels of reported abuse compared to White adolescents. The researchers measured abuse across various dimensions, including “partner insulted you in front of others,” “partner swore at you,” “partner threatened you with violence,” “partner pushed or shoved you,” and “partner threw something at you.” The most reported act of abuse by percentage for African Americans and Whites was “partner swore at you.” Compared to White adolescents, a higher percentage of African American adolescents reported that their partner had pushed or shoved them (12.8%) or that their partner had threatened them with violence (4.5%).

### **Current Study**

In summary, results from Carver et al. (2003) suggests that there are some key differences in the relationships of African American adolescents relative to White adolescents and adolescents from other minority groups. Based on these findings, I was interested in

examining the association between relationship involvement, relationship quality, and psychiatric disorders in African American adolescents. Based on the findings of Whisman et al. (2014), I hypothesized that, compared to African American adolescents who were not in a relationship, those in a relationship would have a higher prevalence of psychiatric disorders. Further, I hypothesized that negative relationship quality would be positively associated with the prevalence of psychiatric disorders, and positive relationship quality would be negatively associated with the prevalence of psychiatric disorders.

## **Method**

### **Participants**

Participants were drawn from the National Survey of American Life – Adolescent Supplement (NSAL-A), which is a national survey of African American and Caribbean Black adolescents. Most participants completed face-to-face interviews between February 2001 and June 2004, with a smaller percentage (18%) of interviews conducted via telephone. Eligible adolescents were randomly selected from households that participated in the National Survey of American Life (NSAL). The interviews conducted with the Caribbean Black adolescents lasted, on average, slightly longer than the interviews conducted with the African American adolescents and participants were monetarily compensated for their time. The overall response rate for adolescents was 80.6%, with a response rate of 80.4% for African Americans and 83.5% for Caribbean Blacks. The median family income gathered from the NSAL was \$28,000, with an approximate family income of \$26,000 in African American participant households and \$32,250 in Caribbean Black participant households. According to Joe, Baser, Neighbors, Caldwell, and Jackson, (2009), 96% of adolescents in the sample were attending high school at the time of the interviews.

The sample included 1,170 African American and Caribbean Black adolescents, all between 13-17 years old. I excluded from analyses 5 people who reported that they were widowed, leaving a final sample of 1,165 adolescents. The racial composition of the sample was 810 African American adolescents and 360 Caribbean Black adolescents and the gender composition was 604 female participants (51.8% of the sample) and 561 male participants. The gender distribution was fairly equal across both racial groups. The age distribution was divided into 3 categories: early adolescence (13-14 years old,  $n = 477$ ), middle adolescence (15-16 years old,  $n = 441$ ), and late adolescence (17 years old,  $n = 252$ ). The mean age was 15 years. Approximately half (45.4%) of the full sample reported they were cohabiting or had a boyfriend or girlfriend. The sample of partnered individuals, after excluding 8 individuals who were missing items on the measure of positive and negative marital quality (described below), included 248 females (48.3% of the partnered sample) and 265 males.

## Measures

**Diagnostic assessment.** The Composite International Diagnostic Interview (CIDI) was used for making psychiatric diagnoses; the CIDI was modified for use in adolescent samples by simplifying the language and using examples relevant for adolescents (Merikangas, Avenevoli, Costello, Koretz, & Kessler, 2009). I followed Whisman et al.'s (2014) focus on anxiety, mood, and substance use disorders "that may be most likely to be linked with intimate relationships" (p. 910). The broadband and specific disorders that were examined included mood disorder (major depressive disorder or dysthymia; bipolar I or II disorder), anxiety disorder (agoraphobia, generalized anxiety disorder, social phobia, posttraumatic stress disorder), and substance use disorder (alcohol abuse with or without dependence, drug abuse with or without dependence).

**Relationship involvement.** To measure whether or not adolescents were currently in an intimate relationship, participants were first asked, “Are you currently married, living with a partner, separated, divorced, widowed, or have you never been married?” There were two participants cohabiting, and the remaining participants were then asked, “Do you have a (boyfriend/girlfriend) at this time?” Intimate relationship involvement was coded dichotomously, with 0 = not cohabiting and not having a boyfriend/girlfriend or 1 = currently cohabiting or having a boyfriend/girlfriend.

**Relationship quality.** Relationship quality was assessed using a 6-item inventory. The two dimensions of positive and negative relationship quality were each measured using three items, such as, “How much does your spouse/partner really care about you?” and, “How often does your spouse/partner criticize you?” Each of these six items was rated on a 4-point scale, ranging from “Not at all” to “A lot.” Items were reverse-scored so that higher scores indicated higher levels of positive ( $\alpha = .57$ ) and negative ( $\alpha = .68$ ) relationship quality.

### **Analyses**

To examine the association between relationship involvement, relationship quality, and 12-month prevalence of psychiatric disorders, logistic regression analyses were conducted. Each disorder or class of disorder with a prevalence of at least 2.5% was regressed separately on (a) relationship involvement; and (b) relationship quality, with separate analyses conducted for positive and negative relationship quality. Gender and age were included in the analyses to adjust for variability in the prevalence of psychiatric disorders due to these demographic characteristics. Analyses were conducted using SPSS Complex Samples, which incorporates the stratified and clustered sample design into the data analysis, thus rendering acceptable standard errors of the parameter estimates. All analyses and descriptive statistics were based on sample weights, which

account for unequal probabilities of selection within households, non-response of households and individuals, and post-stratification to national population distributions for gender and age among Black youth.

## Results

The positive relationship quality scale ( $M = 3.66$ ,  $SD = 0.43$ ) and the negative relationship quality scale ( $M = 1.50$ ,  $SD = 0.61$ ) were significantly and negatively correlated with one another,  $r = -.14$ ,  $p = .002$ . The prevalence of individual disorders and classes of disorders are presented for all adolescents in Table 1 and for adolescents in intimate relationships in Table 2.

Results from the logistic regression analyses conducted examining the associations between intimate relationship involvement and broadband categories of disorders and specific disorders are presented in Table 1. As can be seen in this table, after adjusting for gender and age, none of the associations between relationship involvement and psychiatric disorders were statistically significant. Therefore, these results suggest that for African American adolescents, intimate relationship involvement was not significantly associated with psychiatric disorders. Results from the logistic regression analyses conducted examining the associations between intimate relationship quality and broadband categories of disorder and specific disorders are presented in Table 2. As can be seen in this table, positive relationship quality was significantly and negatively correlated with substance use disorder. These results suggest that compared to adolescents without a substance use disorder, those with a substance disorder reported lower levels of positive relationship quality. For negative relationship quality, I found two statistically significant associations. Specifically, negative relationship quality was associated with the presence of social phobia and any disorder. These results suggest that compared to African

American adolescents without social phobia or any disorder, African American adolescents with the corresponding disorders reported higher levels of negative relationship quality.

### **Discussion**

The present study was conducted to examine the hypotheses that (a) intimate relationship involvement would be associated with higher prevalence rates of psychiatric disorders; (b) positive relationship quality would be negatively associated with prevalence rates of psychiatric disorder; and, (c) negative relationship quality would be positively associated with prevalence rates of psychiatric disorders.

Regarding the first hypothesis, my results did not support my hypothesis that African American adolescents involved in intimate relationships would have higher prevalence rates of mental disorders compared to adolescents not involved in intimate relationships. Therefore, my results were not consistent with my hypothesis, nor were they consistent with the results obtained by Whisman et al. (2014). Whisman et al. (2014) found that intimate relationship involvement was associated with higher prevalence of mood, anxiety, and substance use disorder and the specific disorders of major depressive disorder, posttraumatic stress disorder, alcohol abuse, and drug abuse.

Regarding the second hypothesis, I had predicted that higher levels of positive relationship quality would be associated with lower prevalence of psychiatric disorders. My results indicated that higher reported levels of positive relationship quality were associated with lower prevalence of the broadband category of substance use disorders. Compared to adolescents who had a substance use disorder in the prior 12 months, those who do not have a substance use disorder reported higher levels of positive relationship quality. Other associations between positive relationship quality and prevalence of psychiatric disorders were not statistically

significant, which was not consistent with my hypothesis. These results are, however, consistent with the Whisman et al. (2014) study, which found no statistically significant associations between positive relationship quality and the prevalence of psychiatric disorders.

My third hypothesis was that higher reported levels of negative relationship quality would be associated with higher prevalence of mental disorders, which would be consistent with Whisman et al. (2014). I found associations between negative relationship quality and (a) social phobia, and (b) any disorder. My results were consistent with Whisman et al.'s (2014) results in that Whisman and colleagues also found associations between higher levels of negative relationship quality and social phobia and any disorder. However, my results were not consistent with other results obtained by Whisman and colleagues. Specifically, Whisman and colleagues found associations between higher reported levels of negative relationship quality and the broadband categories of mood, anxiety, and substance use disorders, and the specific diagnoses of major depressive disorder, bipolar I or II disorder, and drug abuse.

It may be that relative to Whites and members of other minority groups, intimate relationship involvement or intimate relationship quality may not be associated with psychiatric disorders in African American adolescents. Prior research has shown that the intimate relationships of African American adolescents differ in several ways from those of White adolescents (Carver et al., 2003). It may be that these or other differences contribute to differences between African American adolescents and other adolescents with respect to the associations between intimate relationships and mental health. In addition, it may be that other factors are more important for African Americans' mental health relative to their intimate relationships.

One possible methodological explanation for why many of my predictions regarding relationship involvement, relationship quality, and psychiatric disorders in African American adolescents was not supported has to do with my sample size and resulting statistical power. Statistical power refers to the ability to find a statistically significant difference when the null hypothesis is actually false (i.e., the ability to find a difference when a real difference exists in nature). All other things being equal, the larger the sample size, the greater the statistical power. Although the sample sizes for the relationship involvement ( $n = 1,165$ ) and relationship quality ( $n = 513$ ) analyses were relatively large and therefore adequately powered for testing the hypotheses in an absolute sense, the sample was much smaller than the sample used by Whisman et al. (2014). The relationship involvement analyses reported by Whisman et al. (2014) were based on 10,081 adolescents and the relationship quality analyses were based on 1,566 adolescents. Therefore, the failure to replicate the Whisman et al. (2014) findings in the current sample may have been partially due to the differences between the two studies with respect to sample sizes and, therefore, statistical power. In addition, the measure of positive and negative relationship quality differed slightly from the measure used by Whisman et al. (2014). Specifically, they used an 8-item measure whereas a 6-item measure was used in the NSAL-A. Differences between the two studies in results may therefore be due, at least in part, to differences between the two studies with respect to the assessment of relationship quality.

### **Limitations**

There are several important limitations of the present study. One is the issue of temporal precedence, or temporal ordering, of the association between intimate relationship involvement and quality on one hand, and psychiatric disorders on the other hand. As discussed by Davila (2008), “The majority of research has been cross-sectional, which offers no insight into the

direction of effect” (p. 28). In other words, it is the classical dilemma of discerning what came first, the chicken or the egg. In this case, however, it is distinguishing direction of effect between intimate relationship involvement, intimate relationship quality, and psychopathology. For example, does negative relationship quality result in higher rates of psychopathology, or does the presence of mental disorders result in more negative relationship quality? Consequently, longitudinal research is needed to evaluate whether relationship involvement and relationship quality precede or follow the occurrence of psychiatric disorders.

Another limitation of the study has to do with when the data were collected. The data that I used for the current study were collected between February 2001 and June 2004. It may be that different results would be obtained if the data collection was more recent. That is to say, there have been many cultural changes in the United States over the past 15 years, which may contribute to different results. For example, the NSAL-A did not include any questions about social media. Social media had not taken off in the early 2000s, but it certainly has now. Social media is a huge part of adolescents’ lives and their peer relations today. Social media removes the physical, face-to-face aspect of human interaction and, while connecting with other people is now easier and more convenient than ever, social media removes us from real-world social interaction. With the popularity of websites like Facebook, social interaction is becoming more and more solitary activity. If the data were collected currently and included information about social media usage, there may be an increase in self-reported anxiety. By placing emphasis and focus on the individual, our culture could be encouraging greater anxiety in intimate relationships.

Furthermore, if the data were collected currently, there might also be an effect from the pervasive, fast-growing trend of hookup culture, which has been gaining both popularity and

prevalence on American college campuses. According to Owen, Rhoades, Stanley, and Fincham (2010), hooking up “refers to a range of physically intimate behavior (e.g., passionate kissing, oral sex, and intercourse) that occurs outside of a committed relationship” (p. 653). Similar to a one-night-stand, hooking up does not necessarily require further contact after the hookup itself and ideally, each partner enters into the hookup knowing this. If the present study were replicated using recent data, there may be an effect of gender on the levels of self-reported negative intimate relationship quality. In other words, I would hypothesize that more women would report experiencing higher levels of negative relationship quality than men because women might have a higher tendency to become more attached to a hookup and think of it more in relationship terms than men. Along those lines, I would also hypothesize that there might be an effect of gender on intimate relationship involvement, in that men engaging in hookup cultures report fewer intimate relationships. Paul, McManus, and Hayes (2000) did a study that looked at several demographic correlates of hookup culture, including ethnicity. They found that African American college students reported less anonymity in their casual sexual encounters; they also found that African American college students were more likely to have casual sex with an acquaintance than with a stranger. However, African American college students were more likely to view casual sex as a stepping stone on the way to an actual intimate relationship than as an isolated, discrete sexual encounter. Based on these findings, I would hypothesize that African Americans might report a higher prevalence of intimate relationship involvement when accounting also for hookup culture on college campuses. This same study found no gender differences in the likelihood of engaging in hookup behaviors, but males were more likely to report having a hookup in which sex was involved than were women. Based on this, women might associate a hookup with a date and would be more inclined to classify the hookup as the

start to an intimate relationship. A man might not even consider himself in a relationship, whereas a woman might believe that she is in a relationship and might therefore report higher levels of negative or positive relationship quality.

### **Implications and Future Research**

Adolescents are a particularly vulnerable population when it comes to mental health. The median age of onset for many psychiatric disorders occurs during adolescents (Kessler et al. 2005). That, and the fact that many people begin experimenting with dating during their middle and high school years, makes research on the association between adolescents' intimate relationship involvement and functioning and their mental health especially relevant. Results from the current study, for example, may help inform interventions and lead to more effective interventions. The current study included specific disorder diagnoses for several disorders that have not often been studied with respect to intimate relationships and mental health in adolescents. Although more research is emerging in recent years concerning the associations between adolescent intimate relationships and psychopathology, some disorders have been studied more frequently than have other disorders. Depression and depressive symptoms tend to be studied more often than other disorders, such as anxiety-related disorders and substance use disorders. The current study represents a step in the direction of trying to address the associations between intimate relationships and other disorders. Results from the current study suggest that although intimate relationship involvement does not appear to be associated with psychiatric disorders in African American adolescents, intimate relationship quality is associated with some disorders. As such, these results support continued investigation into the associations between intimate relationship quality and mental health outcomes for African American adolescents, particularly with respect to social phobia and substance use disorder.

## References

- Bronfenbrenner, U. (1979). Contexts of child rearing: Problems and prospects. *American Psychologist*, *34*, 844-850. doi: 10.1037/0003-066X.34.10.844
- Carver, K., Joyner, K., & Udry, J. R. (2003). National estimates of adolescent romantic relationships. In P. Florsheim (Ed.), *Adolescent romantic relations and sexual behavior: Theory, research, and practical implications* (pp. 23-56). Mahwah, NJ: Erlbaum.
- Connolly, J. & McIsaac, C. (2011). Romantic relationships in adolescence. In M. K. Underwood & L. H. Rosen (Eds.), *Social Development: Relationships in Infancy, Childhood, and Adolescence* (pp. 180-203). New York: The Guilford Press.
- Davila, J. (2008). Depressive symptoms and adolescent romance: Theory, research, and implications. *Child Development Perspectives*, *2*, 26-31. doi: 10.1111/j.1750-8606.2008.00037.x
- Davila, J., Steinberg, S. J., Kachadourian, L., Cobb, R., & Fincham, F. (2004). Romantic involvement and depressive symptoms in early and late adolescence: The role of a preoccupied relational style. *Personal Relationships*, *11*, 161-178. doi: 10.1111/j.1475-6811.2004.00076.x
- Florsheim, P., & Moore, D. R. (2008). Observing differences between healthy and unhealthy adolescent romantic relationships: Substance abuse and interpersonal process. *Journal of Adolescence*, *31*, 795-814. doi: 10.1016/j.adolescence.2007.09.005
- Joe, S., Baser, R. S., Neighbors, H. W., Caldwell, C. H., and Jackson, J. S. (2009). 12-month and lifetime prevalence of suicide attempts among black adolescents in the National Survey of American Life. *Journal of the American Academy of Child and Adolescent Psychiatry*, *48*, 271-282. doi: 10.1097/CHI.0b013e318195bccf

- Joyner, K., & Udry, J. R. (2000). You don't bring me anything but down: Adolescent romance and depression. *Journal of Health and Social Behavior, 41*, 369-391. doi: 10.2307/2676292
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*, 593-602. doi: 10.1001/archpsyc.62.6.593
- La Greca, A. M., & Harrison, H. M. (2005). Adolescent peer relations, friendships, and romantic relationships: Do they predict social anxiety and depression? *Journal of Clinical Child and Adolescent Psychology, 34*, 49-61. doi: 10.1207/s15374424jccp3401\_5
- Lopes, P. N., Brackett, M. A., Nezlek, J. B., Schütz, A., Sellin, I., & Salovey, P. (2004). Emotional intelligence and social interaction. *Personality and Social Psychology Bulletin, 30*, 1018-1034. doi: 10.1177/0146167204264762
- McCabe, K. & Barnett, D. (2000). First comes work, then comes marriage: Future orientation among African American young adolescents. *Family Relations, 49*, 63-70. doi: 10.1111/j.1741-3729.2000.00063.x
- McShall, J. R., & Johnson, M. D. (2015). The association between relationship distress and psychopathology is consistent across racial and ethnic groups. *Journal of Abnormal Psychology, 124*, 226-231. doi: 10.1037/a0038267
- Merikangas, K. R., Avenevoli, S., Costello, J., Koretz, D., & Kessler, R. C. (2009). The National Comorbidity Survey Adolescent Supplement (NCS-A): I. Background and measures. *Journal of American Academy of Child & Adolescent Psychiatry, 48*, 367-379. doi: 10.1097/CHI.0b013e31819996fl

- Natsuaki, M. N., Biehl, M. C., & Ge, X. (2009). Trajectories of depressed mood from early adolescence to young adulthood: The effects of pubertal timing and adolescent dating. *Journal of Research on Adolescence, 19*, 47-74. doi: 10.1111/j.1532-7795.2009.00581.x
- Owen, J. J., Rhoades, G. K., Stanley, S. M., & Fincham, F. D. (2010). "Hooking up" among college students: Demographic and psychosocial correlates. *Archives of Sexual Behavior, 39*, 653-663. doi: 10.1007/s10508-008-9414-1
- Paul, E. L., McManus, B., & Hayes, A. (2000). "Hookups": Characteristics and correlates of college students' spontaneous and anonymous sexual experiences. *Journal of Sex Research, 37*, 76-88. doi: 10.1080/00224490009552023
- Whisman, M. A. (2007). Marital distress and DSM-IV psychiatric disorders in a population-based national survey. *Journal of Abnormal Psychology, 116*, 638-643. doi: 10.1037/0021-843X.116.3.638
- Whisman, M. A., Johnson, D. P., Li, A., & Robustelli, B. L. (2014). Intimate relationship involvement, intimate relationship quality, and psychiatric disorders in adolescents. *Journal of Family Psychology, 28*, 908-914. doi: 10.1037/fam0000026

Table 1

*Prevalence of Disorders and Their Association With Relationship Involvement for All Adolescents*

| Psychiatric Disorder                     | Prevalence | <i>B</i> | <i>SE</i> | <i>OR</i> | 95% <i>CI</i> |
|------------------------------------------|------------|----------|-----------|-----------|---------------|
| Mood disorder                            | 4.9        | -.03     | .25       | 0.97      | 0.58, 1.61    |
| Major depressive disorder or dysthymia   | 4.3        | -.14     | .24       | 0.87      | 0.54, 1.41    |
| Bipolar I or II disorder                 | 0.8        |          |           |           |               |
| Anxiety disorder                         | 13.5       | .21      | .22       | 1.24      | 0.79, 1.93    |
| Agoraphobia                              | 2.5        | .09      | .39       | 1.09      | 0.49, 2.41    |
| Generalized anxiety disorder             | 0.7        |          |           |           |               |
| Social phobia                            | 11.2       | .22      | .26       | 1.24      | 0.74, 2.10    |
| Posttraumatic stress disorder            | 1.1        |          |           |           |               |
| Substance use disorder                   | 2.7        | -.19     | .52       | 0.83      | 0.29, 2.38    |
| Alcohol abuse with or without dependence | 1.2        |          |           |           |               |
| Drug abuse with or without dependence    | 1.9        |          |           |           |               |
| Any disorder                             | 18.3       | .07      | .18       | 1.07      | 0.74, 1.55    |

*Note.* Analyses adjust for gender and age.\*  $p < .05$ .

Table 2

*Prevalence of Disorders and Their Association With Relationship Quality for Adolescents in Relationships*

| Psychiatric Disorder                     | Prevalence | Positive Relationship Quality |           |      |            | Negative Relationship Quality |           |      |            |
|------------------------------------------|------------|-------------------------------|-----------|------|------------|-------------------------------|-----------|------|------------|
|                                          |            | <i>B</i>                      | <i>SE</i> | OR   | 95% CI     | <i>B</i>                      | <i>SE</i> | OR   | 95% CI     |
| Mood disorder                            | 5.1        | -.30                          | .36       | 0.74 | 0.36, 1.52 | .11                           | .32       | 1.11 | 0.58, 2.15 |
| Major depressive disorder or dysthymia   | 4.4        | -.18                          | .42       | 0.83 | 0.36, 1.95 | .26                           | .31       | 1.29 | 0.69, 2.40 |
| Bipolar I or II disorder                 | 1.3        |                               |           |      |            |                               |           |      |            |
| Anxiety disorder                         | 15.2       | .41                           | .27       | 1.51 | 0.87, 2.63 | .46                           | .26       | 1.58 | 0.94, 2.65 |
| Agoraphobia                              | 2.6        | -.05                          | .73       | 0.95 | 0.22, 4.19 | .17                           | .47       | 1.18 | 0.46, 3.07 |
| Generalized anxiety disorder             | 1.1        |                               |           |      |            |                               |           |      |            |
| Social phobia                            | 12.7       | .26                           | .27       | 1.30 | 0.76, 2.24 | .58*                          | .25       | 1.78 | 1.07, 2.96 |
| Posttraumatic stress disorder            | 1.4        |                               |           |      |            |                               |           |      |            |
| Substance use disorder                   | 2.9        | -.75*                         | .33       | 0.47 | 0.24, 0.92 | .44                           | .28       | 1.56 | 0.89, 2.74 |
| Alcohol abuse with or without dependence | 1.4        |                               |           |      |            |                               |           |      |            |
| Drug abuse with or without dependence    | 1.9        |                               |           |      |            |                               |           |      |            |
| Any disorder                             | 19.7       | .02                           | .23       | 1.02 | 0.65, 1.61 | .58*                          | .21       | 1.79 | 1.16, 2.75 |

*Note.* Analyses adjust for gender and age.

\*  $p < .05$ .