Sample APA Papers: Literature Review

This section offers a sample literature review, written by an undergraduate psychology student at Purdue University. Since it's a real paper written by a real student, we haven't corrected the student's errors, but have instead included comments that point them out. If you have a comment you'd like to add to the paper, send us an e-mail at link@owl.english.purdue.edu and we'd be glad to add it.

We've marked up the paper with sample comments from various psychology teachers that comment on the paper's format, content, and use of APA style.

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**Adolescent Depression 1**

**Running Head: ADOLESCENT DEPRESSION**

Running head (a shortened version of the title) is defined on the title page and used in the heading of your paper.

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**Adolescent Depression and Attachment**

**Title of the paper**

**Ina G. Student**

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Author's name(s) Institutional affiliation (your college, university, or institution).

Title, name, and affiliation are centered. Heading is right justified. Running head is left justified.

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**Adolescent Depression 2**

Depression affects over 20% of adolescents. It is a
disorder that disturbs their mood, causes a loss of interest or pleasure in activities they should enjoy, and makes them irritable. Several things are thought to be correlated with depression in adolescents. Some examples include, a failure to individuate, insecure attachments, negative parental representations, etc (Hilre & Lancaster, 2001; Olesson, Nordstrom, Arinell, & Knorning, 1999). In the present paper, the role attachment plays in adolescent depression is investigated. It is hypothesized that insecurely attached adolescents, (ambivalent or avoidant), will display higher levels of depression related symptoms and behaviors than securely attached adolescents. The following five literature reviews attempt to demonstrate and support the hypothesis.

Adolescent Depression 3

In a research article by Salzman (1996), two specific questions were addressed for guiding the study. First, would the age group (18-21) being investigated correspond in frequency and quality to attachment patterns reported by other researchers? Second, would personality characteristics of secure adolescent attachments correlate with personality characteristics of infant and child studies? The focus of the investigation was on late adolescent female attachment pattern, specifically maternal, using a semi structured interview. It is hypothesized that securely attached females will have a strong positive identification with their mother, higher self-esteem ratings, and lower depression scores, while ambivalent and avoidant females will have a more negative identification with their mother, lower self-esteem ratings, and higher depressions scores. The sample consisted originally of 101 random psychology students at a college, but through screening procedures and the importance to have approximately equal numbers in all categories of attachment, it was reduced to 20 who were used in the
Adolescent Depression 4

The results in this study supported the hypothesis that relative percentages of the attachments (secure, ambivalent, avoidant) would correspond to those reported by infant researchers. The current study percentages were: 73% had a secure attachment, 16% had an ambivalent attachment, and 10% had an avoidant attachment. This has significance when looking at what infant researchers report, which is 70% secure, 20% ambivalent, and 10% avoidant (Salzmann, 1996). The results also indicated that there was a significant difference in personality characteristics between the secure and ambivalent groups. Ambivalently attached females were significantly more depressed and reported significantly lower rates of self-esteem than securely attached female adolescents. The avoidant attachment group was in the middle of the secure and ambivalent groups in relation to depression and self-esteem, but wasn’t significantly different from either group. It is also reported that securely attached female adolescents have a significantly more positive maternal identification than ambivalently attached adolescents and avoidant female adolescents fall in the middle. Notice that the author focuses on the main findings that related to the hypotheses stated earlier.

Adolescent Depression 5

All of these results combined confirm the hypothesis that personality characteristics like positive affect, interpersonal skills, and self-esteem, of securely attached adolescents correlates to infant child personality characteristics of secure attachments (Salzmann, 1996). One limitation to the study is that it is not longitudinal. It rests on the here and now rather than beginning at childhood and following the females as they were developing. Another limitation to the study is the sample consisted of all females. The correlations may have been significantly different had adolescent boys been
Significantly different had adolescent boys been involved. Author points out relevant methodological issues that may have affected findings.

Adolescent Depression 6

There isn’t much transition between descriptions of the different studies (here and throughout the paper). It would be better to show the connections between the ideas of the different studies. This would make the organization of the paper clearer to the reader and would stress the similarities and differences between the studies.

Next, the topic of attachment in relation to adolescent depression is addressed according to social networks. In a research article by Nisson et al. (1999), two questions were addressed. First, do depressed adolescents have a more limited and insufficient social network? Second, do depressed adolescents view the emotional conditions of their family as more negative? The focus of the study is to investigate the social networks of depressed adolescents, with and without conduct disorder comorbidity, and compare the results with the social networks of the control group (non-depressed adolescents). A sample of 177 pairs, ages 16-17, female and male were used in the study. Five subgroups were created out of these 177 pairs through initial screening processes.

Adolescent Depression 7

The results indicate that an adolescent with an episode of major depression does not differ significantly from the controls. They do not have deficiencies in social interactions, attachment, or family climate. This finding is not easily
of family climate. This finding is not easily explained other than these individuals are less affected by the depressive thinking. On the other hand, adolescents with double depression or dysthymia feel their primary caregiver is available but more inadequate than controls. Also, they view their family condition as more negative than controls. These results confirm the hypothesis that depressed adolescents have an insufficient, limited social network and that they view their family conditions as more negative (Olson, et al., 1999). One limitation to this study is the information is from the adolescents themselves. Parents had no involvement. Another limitation is that the controls were chosen from the whole group after screening by having a score below moderate depression. The controls themselves may not be absolutely free from depression.

Next, the topic of attachment in relation to adolescent depression is addressed using a hypothetical model. In the research article by Milne and Lancaster (2001), they investigate the processes that are related to depression. The main focus was to create a model that included parental representations, parent attachment, peer attachment, separation-individuation, interpersonal concerns, and self-critical concerns and demonstrate how, when combined, they can predict symptoms of depression in adolescents. The sample consisted of 59 females, ages 14-15, from secondary schools. It is predicted that past parenting will be related to attachment felt to parent currently, that maternal control and care will be related to attachment and the process of separation-individuation, that adolescent attachment to parents will be related to separation-individuation and symptoms of depression, and that peer attachments will be directly related to parent attachment.
The results indicate that female adolescent symptoms of depression are explained by interpersonal concerns, self-critical concerns, parent and peer attachment, perceived parenting, and separation-individuation. The results indicate that female adolescents are more vulnerable to depressive symptoms if they have low levels of maternal care, experience feelings of guilt, dependency, and self-criticism, and have poor parent and peer attachments. Both maternal care and control predicted parent attachment. In regards to this finding, too much maternal care predicts high levels of depression. This is contrary to what is hypothesized and believed to be true because there is a point where too much maternal care can have negative effects (Milne & Lancaster, 2001). One limitation of the study is that shorter versions of some of the measure had to be used due to the time constraints mandated by the school. Another limitation to the study is that the focus is on females and the relationship they have with their mothers.

Next, the topic of attachment in relation to adolescent depression is addressed by testing factors related to attachment. In the research article by Muris, Meesters, Helick, and Swimbag (2001), it is hypothesized that adolescents who considered themselves securely attached on the initial measures would have higher scores of trust and communication and lower scores of alienation than ambivalent or avoidant attached adolescents. Also, it is predicted that adolescents who identify themselves as insecurely attached will display higher levels of depressive symptoms and anxiety disorders than securely attached adolescents. Furthermore, trust and
communication would be negatively correlated with depression and anxiety and positively correlated with alienation. The sample consisted of 155, female and male, 12-14 years olds. The tests were administered during class time with a teacher or research assistant always present.

The percentages yielded of the attachments (secure, ambivalent, avoidant) are consistent with infant child studies, but also with Saltman's (1996) research. The current study's percentages were: 72.9% secure 16.8% ambivalent, and 10.3% avoidant. The results support both predictions made by the authors, with the exception that communication was only correlated with adolescent depression scores (Muris, et al., 2001). One limitation to the study is that it is assumed that attachment later in life is a direct result of early attachment. Another limitation to the study is whether or not a categorical test like the attachment questionnaire for children is as precise as a dimensional measure might be. With this measure, the extent to which the adolescent displays an attachment can be measured.

Finally, the topic of attachment in relation to adolescent depression is addressed using a longitudinal study. In a research article by Allen, Hauser, and Borman-Spurrell (1996), a longitudinal study investigates the effects of adolescent psychopathology on future attachment patterns.
patterns. Two questions that were addressed in this study are relevant to the main topic of this paper. First, does adolescent psychopathology that results in hospitalization predict future insecure attachments in young adulthood? Second, are young adults’ attachment styles reflective of their current state of mind and does this link have a direct effect from adolescent psychopathology? The sample consisted of 142, upper middle class females and males, ages 14–17. Seventy-six of the adolescents were recruited from a public high school; the other 66 were adolescents who had been admitted to a psychiatric hospital for severe psychopathology. Eleven years after the adolescents were initially interviewed and tested, they were reevaluated and data was compared. At the initial assessment, parents were integrated into the process.

Adolescent Depression 13

The results indicate a significant difference between the high school and previously hospitalized young adults’ attachment style. Almost 50% of the high school adolescents in young adulthood had a secure attachment style, compared to only approximately 8% of the previously hospitalized young adults. Also, previously hospitalized young adults showed a lack of resolution of previous trauma and were not able to explain attachment experiences clearly or consistently. These results give conclusions to the important questions in the study (Allen, et al., 1996). One limitation to the study is the question of reliability of the trauma information reported by the adolescents. Another limitation to the study is the fact that all the individuals involved were from the same socio-economic status.
Taken together, the results indicate that attachment plays an important role in adolescent depression, specifically ambivalent or avoidant (Allen, et al., 1996; Milne & Lancaster, 2001; Muris, et al.; Olsson, et al.; Salzman, 1996). Adolescents that are securely attached to their primary care giver tend to have lower rates of depression related symptoms and behaviors. It can be assumed from these five literature reviews that infant attachment styles influence future attachments, behaviors, and psychological well-being. More longitudinal studies should be done. It is important to understand the actual thought process over several years of individuals who have different attachment styles. Also, parents and other individuals who play a major role in the individuals’ lives who are involved in the study should be included more. This would help with testimony reliability and better assessment of the severity of the disorder.

Conclusion sums up the main findings of the lit review, and gives suggestions as to what future research should focus on.

References


