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Childhood maltreatment, adult attachment, and emotional adjustment

Cynthia Suzanne Nicholson

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CHILDHOOD MALTREATMENT, ADULT ATTACHMENT,
AND EMOTIONAL ADJUSTMENT

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
In
Psychology

by
Cynthia Suzanne Nicholson
December 1991
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Approved by:

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The purpose of this study was to examine the relationships between childhood maltreatment, adult attachment, and emotional adjustment as measured by anxiety and depression. The sample consisted of 102 university students who completed a questionnaire on the above constructs. Two of the hypothesized relationships were confirmed: a relationship was found between childhood maltreatment and adult attachment and between adult attachment and anxiety and depression. However, no relationship was found between childhood maltreatment and the anxiety and depression scales. The findings are discussed in terms of attachment theory and methodological difficulties in the field.
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INTRODUCTION

Having grown out of psychoanalytic tradition, the central tenet of attachment theory is consistent with that of psychodynamic theories: That early life experiences, especially those involving significant others, strongly influence later adult functioning and vulnerability to psychopathology. Empirical justification for psychodynamic theory has been thwarted by both an inherent difficulty in testing it's tenet and by the lack of a scientific, testable framework. With origins in ethology and evolutionary biology Bowlby's work has integrated and reconceptualized psychodynamic theory into a scientific theory of human nature and human development.

The purpose of the present study is to illuminate the connection between early experiences with attachment figures, adult interpersonal functioning, and emotional adjustment. The first section of the literature review will explore the theoretical underpinnings of attachment theory. The following section will provide a broad review of attachment research focusing of attachment in infancy and childhood. The final section will expand upon research relevant to attachment influences in adulthood which will be assessed in the present study.

Origins and Principles of Attachment Theory

Bowlby agreed with the Freudian tenet that early relationships were of primary importance and serve as a
basis for later relationships. However, he criticized psychoanalysts' emphasis on the fantasy life of a child in favor of real events in the child's life. Convinced of the importance of real life events, especially those involving early relationships with caregivers, Bowlby established a research unit which focused on the effects of early separation from the mother. This focus largely resulted from a request by the World Health Organization. In response to the outbreak of World War II the WHO asked Bowlby to prepare a report examining the fate of orphaned children.

The unit's most significant research was a prospective study undertaken by James Robertson (Bowlby, 1982). Robertson observed children in three institutional settings as they were undergoing separation from their parents. Where possible, his observations included the children interacting with their parents at home, both before the separation and after being reunited. The study found that children progress through a predictable set of behavioral responses to prolonged separation. The first reaction is protest and involves crying, active search, and the inability of the infant to be soothed by any individual other than the attachment figure. Despair is the second reaction and is characterized by obvious sadness, listlessness, and passivity. The third is detachment and manifests itself as a seemingly defensive
disregard of the caregiver when she eventually returns.

Bowlby found both psychoanalytic theory and social learning theory to be inadequate in explaining these children's responses. In an effort to understand these observations, he turned toward the field of ethology. Here he found that primate researchers have observed a remarkably similar sequence of behavioral responses in young non-human primates both in the laboratory and in the field.

These similarities between human and non-human primate infants led Bowlby to examine the evolutionary significance of the nature of infant-caretaker attachment. Bowlby sought to understand human nature by the same processes that ethologists come to understand animal behavior -- by examining the human in the context of his evolutionary environment. This endeavor culminated in the publication of the classic trilogy, attachment and loss (1982, 1973, 1980). Drawing heavily on ethological concepts, the first volume of the trilogy deals with how and why the infant-caregiver tie is formed. The second examines what maintains the relationship and how the dyad, especially the child, responds to separation and the threat of loss. The third volume deals with the consequences of loss itself.

The following three subsections of the theoretical review will explore the principles of attachment theory.
The first will examine the development and necessity of the attachment system in our species. Next, the development of attachment relationships and the internalization of those relationships will be explored.

Attachment in the Environment of Evolutionary Adaptedness

Ethologists agree that the young of our species are far more dependent on their caregivers and remain so for longer time than the young of most any other species. They come into the world completely dependent on their caregivers, with no innate skills for surviving on their own. According to attachment theory, what they do come into the world with is the innate ability to attract and attach to caregivers and to adapt to them, for it is only through their caregivers that their survival can be ensured.

Thus as with psychoanalytic theory, attachment theory holds that humans have an innate need for secure relatedness with their caregivers. Psychoanalysts and ethologists both held instinct or "drive" to be the force behind the mother-infant tie. However ethologists have found the concept of instinct to be an over-simplification of complex behavioral feedback systems which are responsive to environmental stimuli and which serve multiple goals. In the light of evolutionary and ethological principles Bowlby postulated that, rather than a drive, attachment is an independent behavior system, not
associated with food, sexuality or oral gratification, which has been built into primate biology through the process of evolution.

In his first volume Bowlby discusses ethological studies of attachment processes. The most notable is research with nonhuman primates conducted by Harlow (1961). Harlow's most famous study showed that infant macaques prefer the company of a non-lactating cloth covered surrogate mother to that of a lactating wire surrogate. These infants would cling to the cloth-covered surrogate when distressed or afraid, even when it was the surrogate herself who was causing the distress. These results demonstrate that infant monkeys are biologically prepared to become attached, independent of an association with food or oral gratification.

Bowlby discusses the ethological findings in relation to their adaptive significance. As stated earlier, primate infants, but most especially human infants, cannot survive without the continuous provision of care and protection from an adult. Bowlby proposes that it is the latter of these two, protection, that was the primary evolutionary pressure behind the attachment system. In our environment of evolutionary adaptedness "the danger of death from attack is fully as great as the danger of death from starvation" (Bowlby, 1982, pg. 226). Thus during human evolution if infants and their caregivers were not
predisposed to pursue and maintain proximity with each other the helpless and vulnerable human infant would perish. Thus our evolutionary history ensures that human infants and their caregivers are strongly predisposed to organize proximity-maintaining behaviors around each other. The attachment system has consequently been built into human biology to ensure survival and resulting in a hardwired need for secure relatedness.

Bowlby defines attachment behavior as any behavior that results in an individual attaining or retaining proximity to an attachment figure. These behaviors on the part of the infant include crying when the caregiver is not close, clinging to her, and smiling in response to a reestablishment of contact. The caregiver in turn responds to such signals with an attraction to the infant. Bowlby conceptualizes attachment as a behavioral control system analogous to physiological control systems that maintain physiological homeostasis, for example body temperature and blood pressure. The attachment system helps to maintain the child within certain limits of distance and accessibility to his attachment figure.

Bowlby discusses a competing behavioral system, the exploratory system. Exploratory behavior is necessary for the child to learn about and master his environment. This behavior competes with attachment behavior because it pulls the child away from his mother thus decreasing
proximity. Both behavioral systems are important to a child's development—attachment behaviors promote protection and security while exploratory behaviors allow for competence and mastery. An attachment figure who is available and responsive is said to provide a child with a secure base from which he can explore the world.

Among situations that activate attachment behavior are cues to an increased vulnerability to danger. This includes instances when the child is sick, tired, alone, afraid, or threatened. In addition, the very situation of being separated from a caregiver is in itself innately threatening and thus arouses anxiety and fear. In our environment of evolutionary adaptedness separation would leave the infant vulnerable to predation and would thus elicit attachment behavior. An emotional reaction in the face of separation or threat of separation will activate and motivate attachment behavior resulting in the safety of proximity to the attachment figure. Comfort and reassurance from the attachment figure then terminate attachment behavior. In essence, anxiety arousing situations activate the system while "security arousing" situations terminate it.

**Attachment in the Environment of Ontological Adaptedness**

This section of the theoretical review will deal with the influence the attachment system has on individual development. From our examination of human evolution
relevant to attachment theory, the maintenance of emotional ties with caregivers is seen as a primary developmental need biologically organized within human children. In Attachment (1982), Bowlby states that "the young child's hunger for his mother's love and presence is as great as his hunger for food" and that in consequence her absence inevitably generates 'a powerful sense of loss and anger'" (p.xiii). An important characteristic of attachment relationships is that they involve intense emotions. The disruption of an attachment elicits anger and anxiety; its loss gives rise to grief and sorrow; its renewal is a source of joy; its unthreatened maintenance provides the feeling of security.

Both emotional and interpersonal functioning are profoundly influenced by attachment relationships. Attachment relationships provide the child with a looking glass through which he forms an understanding of others and himself, and his place in the social world. According to attachment theory, towards the end of the first year the infant has begun to form "internal working models," or sets of expectations and beliefs about his caregiver and himself which are then said to form a heuristic basis for later relationships. From the child's experiences of day-to-day interactions with his caregiver he forms an internal working model of how she behaves towards him and how emotionally available and responsive she is. The model
he forms of his caregiver largely influences how he interacts with her. A child who is clingy and anxiously preoccupied with the accessibility of his caregiver most likely has a caregiver whose availability is inconsistent. A child who, when threatened, fails to seek his caregiver has probably experienced habitual rejection when needs were directed toward his caregiver. These working models of the caregiver are generalized to form assumptions about relationships with others (Bowlby, 1973). Furthermore, individuals tend to form other relationships which validate these concepts of self and others. Thus the first child described may grow up to be jealous and clingy in relationships. The second is likely to avoid turning to others when in need. In sum, attachment theory sees an individual's social expectations as "tolerably accurate reflections" of their actual history of social experiences.

In addition, a working model of the self is developed complimentary to the working model of others and is reflective of the ways in which his parents respond to him and communicate with him (Bowlby, 1988). For example, a child whose caregiver is available and responsive to him will become confident that he will be able to elicit such responsiveness from his caregivers and others in the future; his complementary perception of himself will be that he is worthy of such response. By contrast, a child
whose parent is rejecting will come to expect to elicit rejection from his caregivers and others in the future; complementary he will perceive himself as worthy only of rejection. Thus, not only does attachment influence the ways in which a child comes to perceive and interact with others, it also influences how he feels about himself.

According to object relations theory, the crucial premise around which a child's internal working model of self is developed is the perception of the caregiver as "good." This concept makes sense from both the evolutionary and the ontological perspectives. The child is completely dependent upon the "goodness" of the caregiver to survive, not the "goodness" of himself. Ontologically, the child adapts reciprocally to his attachment figure and thus helps to ensure that she will continue to care for him, even if that care be minimal.

Using Object Relations' terminology, the caregiver must be seen as "good" so anything "bad" must be attributed and internalized as part of the child. Thus the child "introjects the bad object." For example, if it is a particular aspect of the child, such as sadness or crying, that results in rejection or maltreatment than the child will see that part of himself as "bad." With the bad object as a part of the child he then has control over it. He may then repress or disown this part of himself.

In effect, this process of internalization allows the
child to "create order out of chaos." If the caregiver's treatment of the child is felt to be deserved then the child can perceive that his caregiver is "good." This affords him some limited degree of security for it is the "goodness" of his caregivers on which his life depends. He further feels able to have some control over his social environment since he may, like his caregiver, reject and disown the "bad" part of himself.

Review of Attachment Research

With this overview of attachment theory in mind we are now turning to the research on attachment. This review will examine research related to the basic tenets of attachment theory -- attachment as a basic human need; parental responsiveness as the basis around which the attachment relationship is formed; the influence of attachment on social and emotional development. The review will culminate with an examination of attachment influences in adulthood. This includes influences on later relationships and emotional adjustment which this study is designed to assess.

Failure to thrive

The basic tenet of attachment theory is that the human infant has a primary need to develop an ongoing relationship with a caregiver. The phenomenon of failure to thrive supports this contention. Researchers have found that infants who do not have a caregiver available
to form an attachment with, such as institutionalized children who did not receive individualized attention and children of grossly neglectful parents, suffer significant detrimental effects in many areas of their development. Tibbis-Kleber & Howell (1985) found that children lacking an available attachment object typically exhibit restricted physical growth, poor motor control, and delayed developmental milestones such as speech. They are lacking in social responsiveness—they typically do not maintain eye-contact, smile, or vocalize, and they tend to become rigid when picked up. These children are often lethargic and apathetic showing little curiosity or interest in their environment. They are generally weak and show a greater vulnerability to disease.

This phenomenon is so well established and well accepted that the DSMIII-R contains a diagnostic category, Reactive Attachment Disorder, which attributes the above cluster of symptoms to inadequate care. Failure to thrive research shows that early attachment relationships are not only important to a child's social and emotional development but to his physical development as well, thus indicating that such relationships are a primary need.

Attachment Patterns and Parental Responsiveness

There is impressive and mounting evidence that the caregiver's level of availability, care, and responsiveness profoundly influences the child's pattern
of attachment.

Three patterns of attachment have been identified by Ainsworth (1985): a securely attached pattern, and two types of anxiously attached patterns, i.e., anxious/ambivalent and anxious/avoidant. Ainsworth (1985), Main (Main, Kaplan, & Cassidy, 1985) and Sroufe (1983) found that caregivers who are readily available and responsive to their infants' or children's signals, and who interact with them in a caring and accepting manner, have children who tend to be securely attached. Children who are securely attached are able to use their caregivers as a secure base for exploration. Securely attached children can actively explore the environment, interact with it comfortably, and go to their caregivers for nurturance if distressed, especially after a separation from them. These children seem to be confident that their caregivers will be available, accepting, and responsive in the event they are distressed. With this confidence they are bold in their explorations of the world.

By contrast, caregivers of anxious/ambivalent children were found to be inconsistent in their responsiveness to their children's needs. For example, these caregivers may be physically or emotionally abusive or neglectful at times but at other times they may be lovingly responsive. These mothers are also likely to use threats of abandonment as a means to control their
children. Anxious/ambivalent children frequently exhibit behaviors found in what Bowlby called the protest phase of separation. These children tend to cling to their caregivers; they are preoccupied with their caregiver's whereabouts and appear resistant and anxious in exploring the world. These children's models of their attachment figures seem to be dominated by an uncertainty as to whether they will be available, accepting, or responsive in the event that they are needed.

Lastly, caregivers of anxious/avoidant children were found to be consistently unresponsive and unavailable to their children. These caregivers consistently reject their children's approaches for comfort or protection. Children categorized as anxious/avoidant exhibit behaviors similar to what Bowlby called the detachment phase of separation. These children actively avoid their caregivers and do not turn to them for comfort. They lack creativity and spontaneity in interacting with their environment. These children seem to hold the expectation that their caregiver will be unavailable to them, and rejecting of any request for attention or comfort.

Child Abuse and Neglect

Child Maltreatment and Attachment Patterns

Child abuse and neglect has been a topic of concern for both the general public and academicians. The detrimental impact of maltreatment on a child's development is well established. The literature shows
effects ranging from depression, dependency, scholastic underachievement, and interpersonal difficulties to delinquency and violent behavior (Steele, 1986). Child maltreatment is directly connected with parental availability and responsiveness —by definition a neglecting parent is unavailable and an abusive parent lacks responsiveness to the child's needs. In recent years attachment theory has been employed to help understand the process by which maltreatment has its insidious effects.

In a study correlating maltreatment with attachment status, Lamb, Gaensbauer, and Malkin (1985) compared 32 maltreated children with 32 non-maltreated children matched on age, sex, ethnic background, parental education, and parental occupation. The study found that infants maltreated by their mothers were considerably more likely than non-maltreated infants to be classified as insecurely attached, especially insecure/avoidant. These infants were also more likely to display an insecure attachment with subsequent foster mothers.

The Minnesota Mother-Child Interaction Project (Pianta, Egeland, Erikson, 1989) is a prospective, longitudinal study which has looked at the effects of four types of maltreatment on attachment status and overall development. Mothers of children from the following maltreatment groups were identified from among the
original high-risk sample of 267 mothers: physically abusive (N=24), hostile/verbally abusive (N=19), neglectful (N=24), and psychologically unavailable (N=24). A control group of non-maltreated children was also selected from the original high-risk sample. Mothers in the physically abusive group displayed behaviors ranging from frequent and intense spankings to violent and unprovoked outbursts resulting in serious injuries to the child. Mothers in the hostile/verbally abusive group chronically harassed and degraded their children. Mothers in the neglect group failed to provide them with necessary physical care or protection from possible dangers in the home. Mothers in the psychologically unavailable group provided for their child's physical needs, were not abusive or overtly rejecting. Instead these mothers seemed detached and passively rejecting of their children; they were unresponsive to their children's emotional needs, such as being unable to comfort their children during times of distress.

All of the maltreatment groups showed much greater frequencies of anxious attachment than the control group. The children in the physically abusive group and those in the hostile/verbally abusive group were particularly angry and non-compliant and they showed low levels of self-esteem. Children of neglectful mothers showed the least positive and most negative affect and they were
particularly dependent upon their teachers.

Although psychological unavailability is the least likely form of maltreatment to be brought to the attention of social service workers, children from this group presented the most dramatic results. Eighty-six percent of children in this group were classified as having an anxious/avoidant attachment pattern and none of the children could be classified as securely attached. These children appeared angry, extremely frustrated, and non-compliant. The developmental quotients from Bayley Scales of Infant Development declined markedly between 9 months and 24 months of age. In preschool these children displayed interpersonal difficulties with both peers and teachers. They also presented significantly more behavioral problems, particularly problems indicative of future psychopathology such as self-abusive behaviors.

This research suggests that not only is overt maltreatment detrimental to the development of secure attachments and socio-emotional development but that the lack of emotional responsiveness may be a critical factor in attachment and socio-emotional development.

Continuity of Early Attachment Patterns

The continuity of attachment patterns was found in a pioneering longitudinal study by Main (1985; Main & Cassidy, 1988). They found that the attachment pattern assessed at 12 months was highly predictive of patterns of
interaction with the caregiver at age six. Further support for the continuity of attachment patterns and also for the generalizability of patterns to other relationships is found in a prospective study by Sroufe (1983) comparing attachment pattern at 12 months and behavior in a nursery group at age four and a half. Children's patterns of attachment with their caregiver was very similar to their patterns of interaction with peers and staff. The observation that these children generalized their patterns to interactions with peers and staff supports the concept that children form an internal working model (i.e., expectations and beliefs) of others and themselves and then interact in accordance with this model.

Attachment Patterns and Other Childhood Characteristics

Attachment theory would predict that securely attached children, having positive internal working models of self and others, would be more confident and have more and harmonious relationships with others. Since the presence of a secure base allows for more active exploration of the environment, attachment theory would also predict secure attached children to be more competent than their insecurely attached counterparts.

Researchers have found differences among the attachment groups in the areas of social functioning, ego functioning, and competence in exploring their
environment. With a sample of preschool children, Sroufe (1983) found that children who had been securely attached as infants showed significantly higher levels of self-esteem and confidence, more positive affect, better social skills, more empathy and less dependency than either of the anxiously attached groups. The securely attached group was also found to be more positive in their interactions with others, and more flexible in their play. Of particular relevance to the current study was the finding that depressive symptoms were associated with anxious patterns of attachment, especially the anxious/avoidant type. In a follow-up study with 28 of the children at age 9, Sroufe (1986) found that teachers rated children who had been avoidant as infants to be more withdrawn, impulsive, hostile, and exhibitionistic than their secure counterparts. Ambivalent children were rated as helpless and having low ego control.

In a similar study, Lewis, Feiring, McGuffog, and Jaskir (1984) found that 6 year old boys classified as ambivalent at one year ranked higher on depression and social withdrawal than secure boys. Avoidant boys were found to be more schizoid as rated on the Child Behavior Profile. Both of these groups also showed more somatic complaints and uncommunicative behavior. However no group differences were found for girls.

With regard to sociability, several studies have
found that securely attached children interact more readily and in a more positive fashion with strangers (Main and Weston, 1981, Lutkenhaus, Grossmann, and Grossmann, 1985).

In sum, attachment has been found to have significant influences on various aspects of children's social-emotional functioning. In addition, attachment influences on relationships remain relatively stable throughout childhood and, as we will see in the following section, they continue on into adulthood as well.

**Attachment Influences in Adulthood**

Having reviewed the bulk of attachment literature which concerns itself with attachment in children we are now turning to the more recent research which is directly relevant to this study - the effects of attachment on interpersonal and emotional functioning beyond childhood.

**Attachment and Subsequent Romantic Relationships**

The research on attachment in adulthood that focuses on romantic relationships supports the notion of attachment and psychodynamic theory that early attachment relationships provide a heuristic basis for later relationships. Feeney and Noller (1990) found that attachment history was related in theoretically expected ways to attachment style and to beliefs about relationships. Securely attached subjects were more likely to report positive early family relationships and
they expressed more trusting attitudes towards others than the anxiously attached groups. Securely attached individuals also had higher levels of self-esteem and scored lower on the Self-Conscious Anxiety scale. In addition, anxious/ambivalent subjects had the highest scores on scales reflecting extreme approaches to love, such as Emotional Dependence, Obsessive Preoccupation, and Reliance on Partner. This is reminiscent of the clingyness seen in anxious/ambivalent children. Avoidant individuals were the most likely to report childhood separations from mother. They expressed more mistrust of others and scored higher on scales of avoidance of intimacy.

Simpson's (1990) results were in line with these findings. He found securely attached individuals to be more trusting, satisfied, and interdependent in their love relationships. Both insecurely attached groups (anxious/avoidant and anxious/ambivalent) were more likely to report jealousy as opposed to trust, less interdependence, and more frequent experiences of negative emotions within the relationship. In particular, the ambivalent group tended to be obsessive in their love relationships, and the avoidant group tended to fear intimacy.

**Attachment and Subsequent Parenting**

In addition to influencing adult interpersonal
relationships, early attachment relationships have profound effects on later parent-child relationships as well. Many researchers have studied the link between women's recollections of their relationships with their parents and the women's own parenting behavior. Central to this approach has been the concept of the intergenerational transmission of abuse. These researchers have consistently found that abusive mothers were very often themselves abused as children (Belsky, 1980; DeLozier, 1982; Pianta, Egeland, and Erikson, 1989).

At first glance simple modeling processes would seem to be a parsimonious explanation of these findings. However abuse is not transmitted as directly as modeling would suggest and modeling does not adequately address the complexities of the intergenerational cycle. For example a mother who was physically abused may, rather than being physically abusive, be verbally abusive or psychologically unavailable. Zeanah and Zeanah (1989) propose that it is not specific types of maltreatment that are transmitted across generations, but rather organizing themes of attachment relationships that are transmitted via the internalization of working models of self and others. This is supported by the frequent findings that mothers who were abused as children. In addition to being more likely to abuse their own children, they tend to have more difficulties with interpersonal relationships, are less
trusting of others, and have lower self-esteem and ego functioning (Pianta et al., 1989).

Support for this contention is provided by Main's study of the intergenerational transmission of attachment patterns using the adult attachment interview (Main & Goldwyn, 1984) which is a promising new inventory for the assessment of attachment in adulthood. Rather than a retrospective assessment of attachment patterns in infancy, Main suggests that the interview is assessing representational models of relationships - models which stem from representations of early attachment figures, but also effected by relationships in the intervening time. The inventory is a semi-structured interview which includes a retrospective examination of the individual's early attachment relationships and an examination of their current attitudes and beliefs about current relationships. Attachment categories are not derived solely on content. Instead, there is a focus on process - the individual's coherency in discussing and assessing relationships with parents and the ability to remember early childhood experiences which support and contradict those assessments. Three main attachment categorizations were found: autonomous, detached, and enmeshed.

Detached individuals "dismiss, devalue or are cut-off from attachment relationships and experiences." They can remember few childhood experiences with parents and have
difficulty associating feelings with those experiences they do remember. They often present an idealized picture of their parents even though they may recall quite rejecting experiences with them. They portray themselves as very independent people for whom relationships and closeness mean little. These parents tend to rear children who in turn show an anxious/avoidant pattern of attachment.

Securely attached children were found to have parents classified as autonomous. They value attachments and believe that attachment-related experiences were influential in their development. They were also comfortable and non-defensive in the interview and they assessed their parents in a realistic rather than idealistic manner. Main found what seemed to be two main routes leading individuals to this pattern. Either their childhood attachments were clearly positive or there was evidence that early insecure models were reworked with the result being a greater acceptance and understanding of them.

Parents categorized as enmeshed are preoccupied with attachments and early attachment figures whom they tend to idealize. They are confused and incoherent in regard to relationships and their influences. They also tend to appear either fearful or angry. These parents tend to have children categorized as anxious/ambivalent.
Some emotional aspects involved in later attachment relationships have been touched upon in the above sections. In the next section we will examine the literature more directly related to attachment and emotional adjustment in adults.

**Adult Attachment and Emotional Adjustment**

Some of the studies focusing on romantic relationships have included measures of self-esteem and have found self-esteem to be strongly related to secure attachment (Hazan & Shaver, 1987; Collins & Read, 1990). One study has examined adult attachment patterns in relation to such variables as social competence and self-esteem. Kobak and Sceery (1988) used the Adult Attachment Interview to categorize 53 first-year college students and compare them on a variety of different variables. They found that the secure group was rated by their peers as less anxious, less hostile and more ego-resilient. This group reported high levels of social support and little distress. The anxious/ambivalent or Preoccupied with Attachment group was view by peers as more anxious and less ego-resilient. They reported high levels of personal distress. The anxious/avoidant or dismissing of Attachment group was rated higher on hostility and low on ego-resilience. These individuals tended to report more distant relationships in terms of lower levels of social support and higher levels of loneliness.
There is evidence linking childhood maltreatment with a variety of psychological problems. These include depression (Holmes and Robins, 1988; Gotlib, Mount, Cordy, and Whiffen, 1988; Perris, Arrindell, Perris, Eisemann, Van Der Ende, and Von Knorring, 1986; Blatt, Wein, Chevron, and Quinlan, 1979) anxiety and anxiety disorders (Arrindell, Kwee, Methorst, Van der Ende, Pol, & Moritz, 1989; Parker, 1979b; Briere and Runtz, 1988) borderline personality disorder (Surrey, Swett, Michael, and Levin, 1990), and addictions (Kokkevi and Stefanis, 1988; Homes and Robins, 1988).

Perris et al. (1986) found that depressed patients rated their parents lower than controls on emotional warmth and consistency in childrearing attitudes. Parker found that the social phobics perceived their parents as less caring and more overprotective than non-phobics. In a study of psychological and physical maltreatment in college students, Briere and Runtz (1988) found that subjects maltreated as children differed significantly from their non-maltreated counterparts in all five forms of adult symptomatology assessed — interpersonal sensitivity, anxiety, depression, suicidal ideation, and dissociation).

In sum, the influence of attachment relationships does not disappear after childhood. Early attachment relationships provide a basis from which later attachments
are formed. Attachments also influence personality functioning and emotional adjustment throughout the life-span.

Rationale and Hypotheses

John Bowlby's classic trilogy - attachment, separation, and loss (1983, 1973, & 1980) - explores the primary nature of the relationship between the child and his/her primary attachment figure on the child's personality and social development. Bowlby (1988) emphasizes that "the capacity to make intimate emotional bonds with other individuals, sometimes in a careseeking role and sometimes in a caregiving one is regarded as a principal feature of effective personality functioning and mental health." Children who are maltreated by their parents will be lacking in this capacity since they were not able to depend upon them. This notion is important to clinicians and other psychologists who seek an understanding of the nature of psychological health and pathology.

Attachment theory has lead to a growing body of research most of which has been concerned with the effects of attachment on development in infancy and childhood. Child maltreatment has also become a growing concern among both academicians and the general public. Research has shown that childhood maltreatment has pervasive immediate and long term detrimental effects. Childhood maltreatment
provides a useful base upon which assumptions regarding early attachment relationships can be made. Attachment theory in turn provides the child maltreatment literature with clear and scientifically based model for understanding the impact of maltreatment on development. Emotional adjustment has been a concern of both attachment and maltreatment research. The respective literatures show evidence for a connection with emotional adjustment and attachment pattern and childhood maltreatment.

However, for the most part, attachment research and maltreatment research have remained separate. Currently in the literature there is only indirect evidence linking early maltreatment with attachment security in adulthood. While there does exist a body of research showing a connection between childhood maltreatment and emotional adjustment in adulthood, there is a lack in the literature relating adult attachment security and emotional adjustment. This study seeks to integrate research areas of attachment and maltreatment in an effort to illuminate the effects of childhood maltreatment on adult interpersonal and emotional functioning from an attachment theory perspective.

Toward this end a parental behavior scale was used to assess childhood maltreatment. The Adult Attachment Scale was used to assess current relationship patterns. Beck's
depression Inventory and Spielberger's Trait Anxiety Inventory were used as measurements of the subjects' emotional adjustment.

On the basis of the literature on attachment, the following hypotheses were made:

Hypothesis 1. Subjects who experience more maltreatment from parents in childhood will show less attachment security in their current relationships. Thus there will be a negative correlation between parental maltreatment and attachment security.

Hypothesis 2. Subjects who are less secure in their current attachments will be more likely to show signs of anxiety and depression. Thus there will be a negative correlation between attachment security and anxiety and depression.

Hypothesis 3. Subjects who have experienced more parental maltreatment in childhood will be more likely to show signs of anxiety and depression. Thus there will be a positive correlation between parental maltreatment and anxiety and depression.
METHODS

Subjects
The analyses reported here are based on 102 undergraduate and graduate students from California State University at San Bernardino and University of California at Riverside. Seventy-six of the subjects were female and 26 were male. Subjects ranged in age from 17 to 49 with the median and modal age being both being 21. The ethnicity of the subjects were as follows: 70 Caucasians, 15 Asians, 7 Hispanics, 5 Blacks, and 5 categorized themselves as other.

Subjects were recruited from psychology classes at UCR and CSUSB. Subjects signed an informed consent form and were asked to complete a questionnaire which included the scales described below. They were also given a debriefing form which included the phone numbers of their school's counseling center and other local mental health resources.

Measures

Parental Maltreatment Scale. This scale consists of three subscales corresponding to three types of maltreatment. A seven-item psychological maltreatment scale, a four item emotional maltreatment scale, and a five item physical maltreatment scale. The psychological maltreatment subscale and physical maltreatment subscale were developed by Briere and Runtz (1988). Four
additional items forming the emotional maltreatment subscale were added. Subjects rated both mother and father on a 0 to 6 scale as to how often each of the negative parental behaviors occurred in the average year. The three scales were combined to give an overall parental maltreatment score. Using a similar sample of college students, Briere and Runtz (1988) found the verbal scale and physical scale to have acceptable internal consistency. Verbal maltreatment by mother and by father each achieved alphas of .87. Physical maltreatment by mother and father had alphas of .78 and .75 respectively.

Adult Attachment Scale. Collins and Read (1990) developed the Adult Attachment Scale from Hazan and Shaver's Attachment Style Measure (1987). Hazan and Shaver's measure was a discrete measure of three self-categorized items created by translating children's attachment behaviors into terms appropriate for adult attachments -- a) "I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't often worry about being abandoned or about someone getting to close to me" (Secure); b) "I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to merge completely with another person, and this desire sometimes scares people away" (Anxious/Ambivalent); c) "I am somewhat
uncomfortable being close to others. I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close and often, love partners want me to be more intimate than I feel comfortable being" (Anxious/avoidant).

Statistical analysis resulted in three factors: 1) The first factor, DEPEND, includes items concerning the degree to which subjects could trust others and depend on them to be available when needed. 2) ANXIETY consists of items reflecting indicative of anxiety in relationships such as the fear of abandonment. 3) CLOSE includes items concerning the extent to which subject are comfortable with intimacy and closeness.

The resulting Adult Attachment Scale which was used in this study consists of 18 items. Subjects rated each item as to the degree to which each statement was characteristic of them on a 5 point scale. A single score of attachment security was calculated using the three factors.

Collins and Read (1990) found that the Cronbach's alphas for the three factors, depend, anxiety, and close, were all reasonable (.75, .72, and .69). Test-retest reliability at a two month interval showed that the factors were fairly stable (.68, .71, and .52 respectively).

**Beck Depression Inventory.** The BDI (Beck, 1970) is a
21-item self-report measure of the intensity or depth of depression. The final BDI score represents a combination of the number of symptoms endorsed by the subject and the severity of each symptom. The BDI has a high internal consistency and discriminate validity (Beck, 1970). It has been used both in student and psychiatric samples to have high convergent validity with the psychiatric ratings of the severity of depression (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). The BDI is considered to be a sensitive screening device for current symptomology.

**Trait Anxiety Inventory.** This scale was developed by Speilberger Gorsuch, and Lushene (1970) as a self-report measure of trait anxiety in normal individuals as well as those with anxiety disorders. It is a 20-item scale in which subjects rate statements indicating how they generally feel on a 4-point scale ranging from almost never to almost always. Speilberger's scale is one of the most frequently used self-report measures in the assessment of subjective anxiety is reported to have good internal consistency (a=.90) and test-retest reliability (r=.65 to .86).
RESULTS

Two multiple regression analyses and a correlation matrix were used to determine the strengths of relationships between the following variables: parental maltreatment, adult attachment, depression, and anxiety. Table 1 shows the means and standard deviations for all four scales. The depression scale shows the least amount of variance around the mean (sd=7.30). In general, the first hypothesized relationship between parental maltreatment and adult attachment, and the second hypothesized relationship between adult attachment and anxiety and depression were supported. Results of the specific hypotheses are discussed below:

Hypothesis One

The first hypothesis predicted a negative correlation between parental maltreatment and adult attachment security. To test this a Person correlation and a regression were preformed on these variables. As shown in Table 2 individual correlations show attachment security to have a moderately strong correlation with parental maltreatment (r=-.433). The results of the regression using adult attachment as the dependant variable can be seen in Table 3. Parental maltreatment was found to predict attachment at p<.001.
Table 1

Means and Standard Deviations for Study Measures.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Means</th>
<th>Standard Deviations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Maltreatment</td>
<td>31.56</td>
<td>26.65</td>
</tr>
<tr>
<td>Adult Attachment</td>
<td>60.75</td>
<td>12.18</td>
</tr>
<tr>
<td>Anxiety</td>
<td>41.30</td>
<td>11.23</td>
</tr>
<tr>
<td>Depression</td>
<td>28.12</td>
<td>7.30</td>
</tr>
</tbody>
</table>
Table 2

Matrix of Correlations Between the Four Study Variables.

<table>
<thead>
<tr>
<th>Parental Maltreatment</th>
<th>Adult Attachment</th>
<th>Anxiety</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Maltreatment</td>
<td>-</td>
<td>-0.433</td>
<td>0.192</td>
</tr>
<tr>
<td>Adult Attachment</td>
<td>-</td>
<td>-0.555</td>
<td>-0.417</td>
</tr>
<tr>
<td>Anxiety</td>
<td>-</td>
<td></td>
<td>0.706</td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3

Results of the Regression Equation with Adult Attachment as the Dependent Variable.

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>Beta</th>
<th>T</th>
<th>Sig T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Maltreatment</td>
<td>-.16406</td>
<td>.03855</td>
<td>-.34426</td>
<td>-4.255</td>
<td>.0001</td>
</tr>
<tr>
<td>Depression</td>
<td>-.13850</td>
<td>.20094</td>
<td>-.07961</td>
<td>-.689</td>
<td>.4924</td>
</tr>
<tr>
<td>Anxiety</td>
<td>-.48512</td>
<td>.13208</td>
<td>-.42691</td>
<td>-3.673</td>
<td>.0000</td>
</tr>
</tbody>
</table>
Hypothesis Two

The second hypothesis predicted adult attachment security would be negatively correlated with anxiety and depression. Again, Table 2 shows moderately strong negative correlations between attachment and both depression ($r=-.417$) and anxiety ($r=-.555$). Table 3 shows anxiety to be the stronger predictor of Adult Attachment with a significant $T$ of .0001.

Hypothesis Three

Hypothesis three predicted that there would be a positive correlation between parental maltreatment and anxiety and depression. Hypothesis three was not supported: parental maltreatment had only weak positive correlations with anxiety ($r=.192$) and depression ($r=.149$). Table 4 shows the regression equation with abuse as the dependent variable. This table indicates that neither depression nor anxiety were significant predictors of past parental maltreatment.

Given the correlations between attachment and anxiety and depression and the results of the regression equation, the variance which attachment shares with abuse is different from that shared with anxiety and depression.
Table 4

Results of the Regression Equation with Parental Maltreatment as the Dependent Variable

Multiple R  .43660  
R Square  .19062  
F (3,98)  7.69348  
Signif F  .0001

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>Beta</th>
<th>T</th>
<th>Sig T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Attachment</td>
<td>-1.02625</td>
<td>.23815</td>
<td>-.47137</td>
<td>-4.309</td>
<td>.0000</td>
</tr>
<tr>
<td>Depression</td>
<td>.01028</td>
<td>.46954</td>
<td>2.8097</td>
<td>.022</td>
<td>.9826</td>
</tr>
<tr>
<td>Anxiety</td>
<td>-.17007</td>
<td>.33291</td>
<td>-.07169</td>
<td>-.511</td>
<td>.6106</td>
</tr>
</tbody>
</table>

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DISCUSSION

On the basis of attachment theory and research, three hypotheses concerning the relationships between parental maltreatment, adult attachment, and emotional adjustment were examined.

Findings
In line with hypothesis 1, subjects who had a history of childhood maltreatment from their parents were less likely to be secure in their current attachments. They were less trusting of others and more likely to fear abandonment. They also tended to feel nervous being close to others and uncomfortable depending on them.

This finding supports the premise that individuals form internal working models of early attachment relationships. Children who are maltreated by their attachment figures will come to expect such behavior from them and thus will not trust them to be caring, dependable, and available. The child internalizes these relationships and generalizes them to other relationships by constructing internal working models of others and himself. Furthermore, these maltreated individuals tend to go on to form relationships which validate their perceptions of others and themselves. Research on intergenerational transmission of abuse shows that mothers who were maltreated as children are not only more likely to abuse their own children but also they have
difficulties in other interpersonal relationships as well (Pianta et al. 1989). They tend to be skeptical of interpersonal relationships and have difficulty forming social supports. This finding is also consistent with research on romantic relationships. Feeney and Noller (1990) found that individuals who reported more positive early family relationships also expressed more trusting attitudes towards people in general.

Hypothesis two was also supported: individuals who were less secure in their attachments were also more likely to report feelings and symptoms of anxiety and depression. This finding supports Bowlby's notion that "the capacity to make intimate emotional bonds with other individuals, sometimes in a careseeking role and sometimes in a caregiving one is regarded as a principal feature of effective personality functioning and mental health (1988, pg.121)." Without the feeling that others can be depended upon and trusted, the insecurely attached individual is living in a world which feels unsafe and unpredictable, thus feelings of anxiety would result. Complimentary to their working models of others as unavailable and untrustworthy they will perceive themselves as unworthy of others' care --thus resulting in feelings of depression.

Other studies have found attachment to be related to emotional adjustment, both in adults and children. Insecurely attached children have been found to be more
likely to show signs of emotional maladjustment such as depression and social withdrawal (Lewis, Feiring, McGuffog, and Jaskir, 1984) and negative affect (Sroufe et al., 1983). Insecurely attached adults have been found to experience more distress and anxiety (Kobak and Sceery, 1988).

Surprisingly however, hypothesis three was not supported by the findings. While parental maltreatment had a fairly strong relationship to attachment security and attachment security was in turn related to depression and anxiety, no significant relationship was found between parental maltreatment and these two scales. This finding is inconsistent with studies of adults who have been maltreated in childhood. Many studies have found a connection between childhood maltreatment and depression (Holmes and Robin, 1988; Blatt et al. 1979; Perris et al. 1986) and anxiety (Parker, 1979b; Briere and Runtz, 1988). However, these studies have primarily used samples of Caucasian females whereas this study includes both male and female subjects from different cultural backgrounds. There is evidence suggesting that socialization differences among these different groups may effect the way in which symptoms become exhibited (Briere, 1989). Thus the effects of maltreatment on anxiety and depression may have been diluted since males and individuals from different cultural backgrounds may by expressing
symptomologies other than anxiety and depression.

An additional speculation on this finding is that some subjects may have been unable to remember or report the maltreatment experiences that they may have had for a variety of reasons. Some subject may be in denial of their traumatic childhood experiences with parents and may have thus repressed them. Individuals who idealize their parents may be less likely to report negative experiences with them. Family systems theory has shown us that family rules against disclosing anything unfavorable about family interactions could prevent subjects from accurately responding to the maltreatment scale. Family myths around the harmony of interactions and the unquestionability of parents could also result in inaccurate responses regarding their parents' behaviors. For an individual with whom one or more of these dynamics is occurring, reporting parents as maltreating would require him to forego both loyalty to them and his perception of them as good objects which would likely result in a flood of anxiety.

Another possibility in accounting for the weak connection between maltreatment and emotional adjustment is that attachment may be mediating the connection between them. Subjects maltreated as children may have had other positive and trusting relationships with others in childhood and adulthood which led to a modification of
their internal working models and attachment security then resulting in better emotional adjustment.

This possibility has important implications for therapists and those concerned with intervening in the negative effects of child maltreatment. If therapists provide their clients with an interpersonal relationship which challenges their internal working models of themselves and others, those models may be reworked and reformed resulting in better interpersonal and emotional functioning. Support for this implication comes from the Mother-Child Interaction Research Project (Pianta et al. 1989) which found that maltreating mothers who received therapy characterized by an interpersonal relationship which was emotionally secure were more likely to end their maltreating behavior.

Criticisms and Directions for Future Research

A criticism of the present study is that its results were based upon a sample restricted to college students and thus cannot be generalized to the entire population. Future studies should examine a broader sample of the population that can be more readily generalized to the population at large. In addition future studies should include a broader assessment of emotional adjustment such as substance abuse, coping abilities, and self-esteem. This broader assessment would also allow for an examination of the different symptomologies which males
and individuals from other cultural backgrounds may be expressing.

One of the major criticisms of this project emphasizes the methodological difficulties in the study of early attachment relationships and life-span development. The measurement of childhood maltreatment was based upon retrospective reports of parental behavior with no way of determining the accuracy of these reports. Ideally, future research examining the influence of early attachment on later emotional and interpersonal functioning would include longitudinal designs which would follow individuals from infancy to adulthood. However such projects would be costly and timely.

Aside from the use of a longitudinal design researchers in this area must rely on retrospective accounts of early attachment relationships such as the one used in this study. Accounts which, as we have discussed, can be influenced by a variety of dynamics and may thus be inaccurate accounts of their experiences.

Mary Main's Adult Attachment Interview is a promising inventory which seems to circumvent many of the problems inherent in retrospective measures since it includes an examination of dynamics such as idealization and repression as part of the assessment of attachment status. Currently, this inventory is used primarily in studies of intergenerational transmission of attachment patterns.
Future research should employ this interview in studying early attachment influences and the processes of internal working models.

Summary

As stated earlier, attachment research and maltreatment research have remained relatively separate with the literature providing only indirect evidence connecting early maltreatment with attachment security in adulthood. While there does exist a body of research showing a link between childhood maltreatment and emotional adjustment in adulthood, there is a lack in the literature relating adult attachment security with anxiety and depression. This study has sought to integrate early maltreatment with current attachment in an effort to link the constructs of childhood maltreatment, adult interpersonal functioning, and anxiety and depression.

This study has found that maltreatment in childhood had an adverse effect on adult attachment security. Adult attachment security was, in turn, negatively correlated with anxiety and depression. But perhaps the most interesting contribution of this study was that, contrary to what was hypothesized, child maltreatment was unrelated to anxiety and depression in adulthood. Speculations on this finding were discussed, one of which was the possibility that the negative effects of
maltreatment are not inevitable and may be countered by later interpersonal experiences.
INFORMED CONSENT FORM

I am a graduate student at CSUSB and am currently conducting research in an effort to fulfill the thesis requirement for an M.S. degree in counseling psychology. I am interested in understanding the relationship between childhood disciplinary experiences, and relationship styles in adulthood and psychological adjustment. You will be asked to complete a paper and pencil questionnaire which will include questions about how often you experienced different types of punishments, how you felt about them at the time, and how you feel about them now. You will be asked about what you are like in interpersonal relationships. Lastly you will be asked a series of questions regarding how you feel about yourself and your life. The survey should take about 15 to 20 minutes to complete.

Your name will NOT be included on the survey itself and your ANONYMITY WILL BE MAINTAINED AT ALL TIMES. Your participation in this study is voluntary and you are free to discontinue your participation at any time without penalty or prejudice.

If you have any questions, comments, or concerns about this study you may contact Dr. Ed Teyber, my thesis advisor, at 880-5592. If you have any questions comments or concerns about the informed consent process or the study you may also contact the CSUSB Human Subjects Institutional Review Board through the Office of the Dean of Graduate Studies. AD 126.

If you have read the above information and agree to participate in this study, please sign below.

Subject Signature

Subject Name (printed)

Date
ATTACHMENT: B
Verbal punishment and arguments can range from quiet disagreements to yelling, insulting, and more severe behaviors. When you were grammar school age (ie. six to twelve) and younger how often did the following happen to you? Answer for your mother or mother figure and for your father or father figure. Please use the following codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>never</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>less than 5 times a year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>every other month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>once a month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>every other week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>every week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>daily</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. yell at you 0 1 2 3 4 5 6 0 1 2 3 4 5 6
2. insult you 0 1 2 3 4 5 6 0 1 2 3 4 5 6
3. criticize you 0 1 2 3 4 5 6 0 1 2 3 4 5 6
4. Try to make you feel guilty 0 1 2 3 4 5 6 0 1 2 3 4 5 6
5. Ridicule or humiliate you 0 1 2 3 4 5 6 0 1 2 3 4 5 6
6. Embarrass you in front of others 0 1 2 3 4 5 6 0 1 2 3 4 5 6
7. Try to make you feel like you were a bad person 0 1 2 3 4 5 6 0 1 2 3 4 5 6
8. Threaten to leave you or send you to live elsewhere 0 1 2 3 4 5 6 0 1 2 3 4 5 6
9. Threaten to hit, slap, or beat you 0 1 2 3 4 5 6 0 1 2 3 4 5 6

Sometimes punishments can be more subtle. When you were grammar school age (ie. six to twelve) and younger how often did the following happen to you? Answer for your mother or mother figure and for your father or father figure. Please use the following codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>never</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>less than 5 times a year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>every other month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>once a month</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>every other week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>every week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>daily</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. look at you with shame or disgust 0 1 2 3 4 5 6 0 1 2 3 4 5 6
12. act rejecting toward you 0 1 2 3 4 5 6 0 1 2 3 4 5 6
13. withdraw or withhold love from you 0 1 2 3 4 5 6 0 1 2 3 4 5 6
14. ignore you

Everyone gets into conflicts with other people, sometimes these lead to physical blows or violent behavior. When you were grammar school age (i.e. six to twelve) and younger how often did the following happen to you? Answer for your mother or mother figure, and for your father or father figure. Please use the following codes:

0 = never 4 = every other week
1 = less than 5 times a year 5 = every week
2 = every other month 6 = daily
3 = once a month

**Mother** | **Father**
---|---
15. Slap you | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6
16. Hit you really hard | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6
17. Beat you | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6
18. Punch you | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6
19. Kick you | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6

Below are a series of statements regarding interpersonal relationships. Please indicate how characteristic each statement is of you using the following scale:

not at all | somewhat | very
characteristic | characteristic | characteristic
---|---|---
1- | 2- | 3- | 4- | 5-

26. I find it relatively easy to get close to others. 1----2----3----4----5
27. I find it difficult to trust others completely. 1----2----3----4----5
28. In intimate relationships I often worry that my partner does not really love me. 1----2----3----4----5
29. I do not often worry about someone getting too close to me. 1----2----3----4----5
30. I find others are reluctant to get as close as I would like. 1----2----3----4----5
31. I know that others will be there when I need them. 1----2----3----4----5

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32. I am comfortable having others depend on me. 1———2———3———4———5
33. I find it difficult to allow myself to depend on others. 1———2———3———4———5
34. I want to merge completely with another person. 1———2———3———4———5
35. My desire to merge sometimes scares people away. 1———2———3———4———5
36. I am somewhat uncomfortable being close to others. 1———2———3———4———5
37. I am not sure that I can always depend on others to be there when I need them. 1———2———3———4———5
38. Often, love partners want me to be more intimate than I feel comfortable being. 1———2———3———4———5
39. I do not often worry about being abandoned. 1———2———3———4———5
40. People are never there when you need them. 1———2———3———4———5
41. I am comfortable depending on others. 1———2———3———4———5
42. In intimate relationships, I often worry my partner will not want to stay with me. 1———2———3———4———5
43. I am nervous when anyone gets too close. 1———2———3———4———5

A number of statements which people have used to describe themselves are given below. Read each statement and then, using the scale below, circle the number that best indicates how you generally feel.

<table>
<thead>
<tr>
<th>almost never</th>
<th>sometimes</th>
<th>often</th>
<th>almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-------------</td>
<td>2----------</td>
<td>3-------</td>
<td>4---------------</td>
</tr>
</tbody>
</table>

44. I feel pleasant. 1———2———3———4
45. I tire quickly. 1———2———3———4
46. I feel like crying.  
47. I wish I could be as happy as others seem to be.  
48. I am losing out on things because I can't make up my mind soon enough.  
49. I feel rested.  
50. I am "calm, cool, and collected."  
51. I feel that difficulties are piling up so that I cannot overcome them.  
52. I worry too much over something that really doesn't matter.  
53. I am happy.  
54. I am inclined to take things hard.  
55. I lack self-confidence.  
56. I feel secure.  
57. I try to avoid facing a crisis or difficulty.  
58. I feel blue.  
59. I am content.  
60. Some unimportant thought runs through my mind and bothers me.  
61. I take disappointments so keenly that I can't put them out of my mind.  
62. I am a steady person.  
63. I get in a state of tension or turmoil as I think over my recent concerns and interests.

Below are groups of statements. Please read the entire group of statements in each category then pick out the one statement in the group which best describes that way you currently feel.

64. a. I do not feel sad.  
   b. I feel blue or sad.  
   c. I am blue or sad all the time and I can't seem to snap out of it.  
   d. I am so sad or unhappy that it is quite painful.  
   e. I am so sad or unhappy that I can't stand it.

65. a. I am not particularly pessimistic or discouraged about the future.  
   b. I feel discouraged about the future.  
   c. I feel I have nothing to look forward to.  
   d. I feel that I won't ever get over my troubles.  
   e. I feel that the future is hopeless and that things cannot improve.
66. a. I do not feel like a failure.  
b. I feel I have failed more that the average person.  
c. I feel I have accomplished very little that is worthwhile or that means anything.  
d. As I look back on my life all I can see is a lot of failures.  
e. I feel i am a complete failure as a person (parent, spouse).

67. a. I am not particularly dissatisfied.  
b. I feel bored most of the time.  
c. I don't enjoy things the way I used to.  
d. I don't get satisfaction out of anything any more.  
e. I am dissatisfied with everything.

68. a. I don't feel particularly guilty.  
b. I feel bad or unworthy a good part of the time.  
c. I feel quite guilty.  
d. I feel bad or unworthy practically all the time now.

69. a. I don't feel I am being punished.  
b. I have a feeling that something bad may happen to me.  
c. I feel I am being punished or will be punished.  
d. I feel I deserve to be punished.  
e. I want to be punished.

70. a. I don't feel disappointed in myself.  
b. I am disappointed in myself.  
c. I don't like myself.  
d. I am disgusted with myself.  
e. I hate myself.

71. a. I don't feel I am worse than anybody else.  
b. I am critical of myself for my weaknesses or mistakes.  
c. I blame myself for my faults.  
d. I blame myself for everything bad that happens.

72. a. I don't have any thoughts of harming myself.  
b. I have thoughts of harming myself but I would not carry them out.  
c. I feel I would be better off dead.  
d. I feel my family would be better off if I were dead.  
e. I have definite plans about committing suicide.  
f. I would kill myself if I could.

73. a. I don't cry any more than usual.  
b. I cry more than I used to.  
c. I cry all the time now. I can't stop it.  
d. I used to be able to cry but now I can't cry at all even though I want to.
74. a. I am no more irritated now than I ever am.
    b. I get annoyed or irritated more easily than I used to.
    c. I feel irritated all the time.
    d. I don't get irritated at all at things that used to irritate me.

75. a. I have not lost interest in other people.
    b. I am less interested in other people now than I used to be.
    c. I have lost most of my interest in other people and have little feeling for them.
    d. I have lost all my interest in other people and don't care about them at all.

76. a. I make decisions about as well as ever.
    b. I try to put off making decisions.
    c. I have great difficulty in making decisions.
    d. I can't make any decisions at all any more.

77. a. I don't feel I look any worse than I used to.
    b. I am worried that I am looking old or unattractive.
    c. I feel that there are permanent changes in my appearance and they make me look unattractive.
    d. I feel that I am ugly or repulsive looking.

78. a. I can work as well as before.
    b. It takes extra effort to get started doing something.
    c. I don't work as well as I used to.
    d. I have to push myself very hard to do something.
    e. I can't do any work at all.

79. a. I can sleep as well as usual.
    b. I wake up more tired in the morning than I used to.
    c. I wake up 1 - 2 hours earlier than usual and find it hard to get back to sleep.
    d. I wake up earlier every day and can't get more than 5 hours sleep.

80. a. I don't get any more tired than usual.
    b. I get tired more easily than I used to.
    c. I get tired from doing anything.
    d. I get too tired to do anything.

81. a. My appetite is no worse than usual.
    b. My appetite is not as good as it used to be.
    c. My appetite is much worse now.
    d. I have no appetite at all any more.

82. a. I haven't lost much weight, if any, lately.
    b. I have lost more than 5 pounds.
    c. I have lost more than 10 pounds.
    d. I have lost more than 15 pounds.
83. a. I am no more concerned about my health that usual.
   b. I am concerned about aches and pains or upset stomach or constipation.
   c. I am so concerned with how I feel or what I feel that it's hard to think of much else.
   d. I am completely absorbed in what I feel.

84. a. I have not noticed any recent change in my interest in sex.
   b. I am less interested in sex than I used to be.
   c. I am much less interested in sex now.
   d. I have lost interest in sex completely.

Please answer the following demographic questions.

85. sex:  a. female   b. male     86. age: ______

               d. Afro-American   e. other

Please use the remaining space to comment on anything you wish to:
ATTACHMENT: C
DEBRIEFING

Thank you for participating in this study. As indicated in the informed consent form, the purpose of the study is to examine the relationship between childhood disciplinary experiences, and relationship styles in adulthood and psychological adjustment. It is hoped that the results of this study will help us gain an increased understanding of the relationship between these variables.

If you have concerns about your experiences in childhood, your psychological adjustment, or difficulties in relationships and would like to talk to a counselor or join a support group, there are several local resources available. The CSUSB Counseling Center provides free therapy to students and they may be reached at 880-5040. They are housed on the second floor of the Physical Sciences Building. In addition to individual counseling, they sponsor several support groups such as Adult Children of Alcoholics, Adults Molested As Children, and so forth. Information about support groups in the community may also be obtained from the California Self-Help Center, Toll free (800) 222-link. In addition, the local mental health department provides counseling on a sliding scale so that individuals who have little or no income would pay little or nothing. The number for San Bernardino's Department of Mental health is 387-7171 and for Riverside's Department of Mental Health is 358-4500.

If you have any questions about this research project or would like to find out what the results are when completed, please contact:

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REFERENCES


