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The effect of maternal attachment and internalization of culture on loss of self

Sheri Rae Curtis

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THE EFFECT OF MATERNAL ATTACHMENT AND INTERNALIZATION OF CULTURE ON LOSS OF SELF

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

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Psychology

by
Sheri Rae Curtis
June 1997
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ABSTRACT

The purpose of this study was to examine the relationship of attachment history and internalization of culture to loss of self in young women. It was hypothesized that maternal attachment security would be negatively related to loss of self, and that internalization of culture would be positively related to loss of self. Participants were 201 undergraduate women from a Southwestern college ranging in age from 18 - 23 years old (mean age = 20.9) who completed a questionnaire assessing loss of self utilizing the Silencing the Self Scale (Jack, 1991), the Objectified Body Consciousness Scale (McKinley & Hyde, 1996), and the Self Esteem Scale (Rosenberg, 1965), internalization of culture utilizing the Liberal Feminist Attitude and Ideology Scale (Morgan, 1996) and the Attitudes toward Women Scale (Spence & Helmreich, 1978), maternal attachment utilizing the maternal attachment scale from the Inventory of Parent and Peer Attachment (Armsden & Greenberg, 1987), the Maternal Attachment Security Scale (Shaver & Hazen, 1987), and a maternal warmth scale (Kamptner, personal communication). Using EQS, a structural equation model was estimated, and it was found that maternal attachment was significantly negatively related to loss of self. Internalization of culture, however, was not a significant predictor of loss of
self. Results provide support for the hypothesis that a secure attachment history may act as a protective mechanism against loss of self. The relationship of internalization of culture to loss of self needs further exploration, possibly from a more personal and less ideological perspective.
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Chapter One: Introduction

There is currently a growing interest in the negative experiences of female adolescents. Researchers (i.e., Brown & Gilligan, 1992) and clinicians (i.e., Pipher, 1994) have reported disturbing observations of adolescent girls' increasing inability to articulate their thoughts, feelings, and desires in addition to doubting their own knowledge and perceptions of reality as they move into the adolescent years. These experiences are referred to as "loss of self" and have been implicated in the increased incidence of depression (Jack, 1991), codependency (Cowan, Bommersbach, & Curtis, 1995), anorexia nervosa (Orbach, 1985), suicidal ideation, and self mutilation (Pipher, 1994). Although "loss of self" is becoming a prevalent concept in different areas of research, there has been no direct investigation of the concept nor of its developmental antecedents. The purpose of this study is to examine the antecedents of loss of self.

Loss of Self

"Loss of self" is a concept that has emerged from a body of research investigating women's psychological development. Despite the ubiquitous presence of "loss of self" in different areas of research, the concept has yet to be clearly defined. Rather, "loss of self" has been
written about in terms of behaviors that serve to initiate and maintain it.

Four areas of research have contributed to the elucidation of this concept: the Stone Center's writings on women's sense of self-in-relation (e.g., Miller, J. B., 1991; Surrey, 1991), Carol Gilligan and her colleagues' research on women's psychological development (e.g., Gilligan, Ward, & Taylor, 1988; and Brown & Gilligan, 1992), clinical work with adolescent girls (e.g., Pipher, 1994), and Dana Jack's research on women's depression (Jack, 1991). It can be inferred from these writings that "loss of self" refers to a vacuum within an individual where entities such as thoughts, feelings, knowledge, desires, and a vitality for life should reside. These entities are replaced with a pervasive doubting of one's perceptions, knowledge, and experience, and a general belief that one does not know what one believes, thinks, or feels (Brown & Gilligan, 1992). Loss of self could be conceptualized as a break in one's sense of self-cohesion and continuity--hallmarks of self-development (Strauman & Higgins, 1993). Loss of self has been experienced as a dissolution or extinction of important aspects of oneself or a great emptiness (Jack, 1991), a dissociating from an authentic self to an inauthentic self (Brown & Gilligan, 1992), or splitting from
a true self to a false self (Miller, A., 1994; Pipher, 1994). Those exemplifying an inauthentic or false self would also tend to be confused about their own thoughts: for example, these individuals share openly what others (e.g., parents, culture, peers, religion) espouse in order to be accepted. A few well-defined behaviors have been implicated in "loss of self," including an increasing unwillingness and eventual inability to articulate thoughts, feelings, and desires; self-silencing (especially within relationships); and inattentiveness to one's own needs and desires (Brown & Gilligan, 1992; Jack, 1991; Miller, A., 1994; Miller, J. B., 1986). In contrast, individuals exemplifying an authentic or true self would "own" their thoughts, feelings, and desires, and they would tend to have the ability to voice them openly (Brown & Gilligan, 1992; Pipher, 1994).

Research and clinical work indicate that adolescence may be a critical time period for the onset of loss of self. Brown and Gilligan (1992) conducted a longitudinal study on approximately one hundred girls between the ages of seven and eighteen over a four year period. Brown and Gilligan found that girls, who at earlier ages spoke very clearly and openly about their knowledge and experiences, seemed to lose confidence in their own thoughts and perceptions as they grew into young women. Their interviews with adolescent
girls became riddled with the phrase "I don't know" as girls responded to questions about themselves, relationships, and life in general. This phrase signaled to these researchers a break in these girls' sense of self. From clinical interviews, Pipher (1994) observed adolescent girls—who at age ten were lively, energetic, and full of ideals—struggling with hating their bodies, disconnecting from "powerful feelings," "shutting down" cognitively, falling behind academically, and battling with threats to their self-esteem. According to Pipher (1994), as girls come up short in their plight of staying connected to and valuing their bodies, feelings, thoughts, and experiences, a false or inauthentic self takes root within the girl. Pipher's description of the "false self" corresponds to others' descriptions of "loss of self" (e.g., Brown & Gilligan, 1992; Jack, 1991). The false self is made up of "acceptable" feelings, thoughts, and perceptions—"acceptable" according to the social edict of nice, kind, and considerate behavior. As the false self is praised by others, the girl's true self withers.

Consequences of Loss of Self

As girls traverse their way through adolescence there is a theme of loss—loss of value in the world, loss of esteem, loss of relationship to themselves and with each
other as authentic relationships are replaced with idealized or artificial relationships. As girls struggle to glean what is real—their experiences versus the social construction of reality—they begin to fall silent and bury their own knowledge (e.g., Brown & Gilligan, 1992; Debold et al., 1993). As girls bury their own experiences, feelings, and voices, they become lost to themselves. Loss of self has serious consequences for it has been associated with depression (Jack, 1991), eating disorders (Goodsit, 1985), and codependency (Beattie, 1987; Cowan et al., 1995).

**Depression.** Jack (1991) found a theme of loss of self (i.e., "silencing the self") among depressed women. In interviews with clinically depressed women, Jack heard women speak of losing their voice, of conforming and accommodating to some standard that did not suit them, and of pleasing others to the neglect of themselves. Jack (1991) offers illustrative examples of women speaking of losing some piece of themselves—some vital or confident part of their being; of parts of them dying off. From these interviews, Jack developed the Silencing the Self Scale (i.e., STSS; see Jack & Dill, 1992). The STSS scale correlated highly with Beck's depression inventory in three different samples of women. Jack (1991) states that, "Women describe their depression as precipitated not by the loss of a relationship, but by the
recognition that they have lost themselves in trying to establish an intimacy that was never attained" (p. 27). She emphasizes that to understand this loss we must examine "gender, personality, society, and the particularities of individual experience" (p. 28).

Unfortunately, depression isn't just relegated to adult women; girls are also subject to depression. Seventeen magazine and the Ms. Foundation for Women recently completed a survey on "Teenagers Under Pressure"—largely due to the fact that Seventeen magazine was receiving so many letters and e-mail from girls who were depressed about their lives (in "The World," 1996). Among the findings in this study: boys felt more self-confident than girls; boys were more comfortable standing up for themselves; boys could handle criticism better and they were less likely to be overwhelmed by others' emotional needs. Pipher (1994) observes that most girls struggle as they leave childhood, and this struggle is often manifested as depression. The severity of the depression depends on the girl's internal coping strategies and external supports (e.g., family).

Eating disorders. Orbach (1985) describes the development of anorexia nervosa as arising from cultural and familial prescriptions for girls to not pay attention to their needs and desires and to rely on others for approval
One result of this training is an underdeveloped sense of self. Goodsit (1985) also notes that anorexia nervosa is often discussed in terms of a diminished sense of self or a disorganized self-system. He states that anorexics often define their needs in terms of what others need, and they completely ignore their own values and needs. Orbach points out that as girls move into adolescence, they have a need to fit in with peer groups and they rely more heavily on their friends and teen magazines for advice. Confronted with a media that idolizes thinness and prescribes dieting as the remedy for all social ills, girls, grappling with issues of selfhood, choose the path of least resistance: "The psychic insecurity is now addressed by the modern panacea--diet and control" (Orbach, 1985; p. 90). Orbach (1985) and Goodsit (1985) concur that treatment for the anorexic patient should focus on paying attention to internal feelings, desires, and goals, and working towards an "integrated sense of self."

For girls moving into adulthood, anorexia may have multiple meanings. On one hand, stringent control over their eating may give girls a sense of control when so many things in their lives seem out of control (e.g., physical maturation, diminished roles for women, etc.). On the other hand, controlling their appearance by not eating helps girls
fit the cultural edict for women to be thin and non-threatening (Pipher, 1994). On the surface it appears the hyper-vigilent position some women take regarding food intake is completely conscious, but, in fact, their actions may be a reaction to feelings of helplessness and hopelessness that may have developed in response to their growing awareness of society's marginalized and devalued roles for women. Pipher (1994) warns that the prevalence of bulimia, anorexia, and compulsive eating in young women are distress signals.

**Codependency.** Much of the literature on codependency addresses issues related to loss of self, identity disorganization, and a focus on others. Mendenhall (1989) states that codependency is an addiction of relationships "characterized by chronic neglect of the self in favor of someone else. [It] keeps people away from their own experience. It prevents them from knowing what they feel" (p. 14). His ideas of codependency echo Miller's (1994) ideas of false self; he states that codependency can first appear in childhood due to a lack of autonomy and unmet needs: "The child rejects his/her needs and autonomy because the parent is so important to their [sic] survival. Growing up then becomes learning not to have needs and to erect a block between the thinking and feelings domains."
The resulting message is—"it is unsafe to be you" (p. 8). Whitfield (1989) also asserts that most of us learn to be codependent from birth and that "Co-dependence is a disease of lost selfhood" (p. 19).

Culture has also been implicated in the development of codependency. Some feminists suspect that codependency is just another way to pathologize women's role in this society (see Brown, 1990). Cermak (1986), outlining diagnostic criteria for codependency, emphasized the inability to meet one's own needs, the constriction of emotions, denial, and depression. These criteria echo characteristics that have been identified in the past as stereotypical problems for women in relationships (Miller, 1986). The linking of codependency with women's role in this society is illustrated in codependent women's accounts of experiencing a reorganization of their identity as they adjusted to the constant caretaking role that comes with being married to an alcoholic (Asher & Brissett, 1988). Resonating with these women's personal experiences, Cowan and Warren (1994) conducted an empirical study and found that codependency was related to negative feminine traits that are devalued in both women and men. Codependency's characteristics of distancing self feelings, desires, and thoughts parallels conceptions of loss of self. Emphasizing this point is
research by Cowan et al. (1995) investigating codependency, silencing the self, and power; silencing the self was positively related to scores on two measures of codependency.

**Summary.** Depression, anorexia nervosa, and codependency are three separate examples of maladaptive behavior with the common theme of loss of self. Especially prolific in all three areas are behaviors such as not voicing or knowing one's own feelings and desires, and taking care of others to the extent that one's own needs are neglected. In addition to these three consequences, Pipher (1994) states that other consequences of developing a false self in adolescence can include suicidal ideation (that rose 75% among children who were 10 - 14 years old between 1979 and 1988), self mutilation, chemical dependency, and sexual promiscuity.

**Contributing Factors to Loss of Self**

While there has been no direct, empirical investigation of contributing factors to "loss of self," there has been much speculation. In the literature reporting loss of self, the role of culture is especially prevalent. Other factors implicated in "loss of self" are the importance of relationships in women's lives, developmental and social transitions during adolescence, and family.
Culture. Western civilization has a culture that is organized around patriarchy—a system that gives power and authority to males. The importance of men and their actions, and the trivial ways of women, are dominant themes in this culture. Jean Baker Miller (1986) writes that women in a patriarchal culture such as our own are groomed to not pay attention to their own needs and to define their needs through other people—especially men and male-sanctioned activities. Miller (1986) delineates women's experiences of growing up and living in a culture that devalues, ignores, and stigmatizes them. She describes two types of inequalities in our culture. The first is temporary inequality—where there is an inequality between people that is lessened and eventually abolished over time. The abolishment of this inequality is the goal of the relationship. Miller gives the example of teachers and students: teachers possess knowledge that students do not, teachers impart this knowledge to their students, and the inequality is therefore lessened. The second type of inequality is permanent inequality, which is an inequality based on ascription. That is, people are deemed unequal because they are born "other" (i.e., they are born a different race, gender, religion, class, physical disability, etc.). According to Miller (1986), the end of
this inequality is not a goal in relationships based on permanent inequality, at least not for those in the relationship with inherent power. The goal of the people in the powerful position is to deny the existence of such inequality and to preserve the status quo, and, therefore, preserve their authoritative status.

Those people holding a powerful position in a relationship are referred to as dominants (i.e., those having inherent power based on their birth), and those in a less powerful position are referred to as subordinates (i.e., those who have less power because they are not the same as the dominants; Miller, 1986). Subordinates are labeled as inferior, deficient, and without value. Miller notes that subordinates are usually described in "... terms of, and encouraged to develop, personal psychological characteristics that are pleasing to the dominant group. These characteristics form a certain familiar cluster: submissiveness, passivity, docility, dependency, lack of initiative, inability to act, to decide, to think, and the like. . . . If subordinates adopt these characteristics they are considered well-adjusted" (p. 7). In addition, subordinates are assigned functions and roles that serve the dominant, for example cook, maid, secretary, sexual partner. The possibility that a subordinate could fulfill roles
ascribed to dominants becomes unthinkable--eventually even to the subordinates themselves (p. 7).

The fulfillment of these dominant and subordinate roles—in this case gender roles—takes years of intense training (Debold et al., 1994; Kaschak, 1992). For example, from birth infants in our culture are handled and treated differently based on their gender. Parents often handle their daughters more gently than their sons; fathers interact more with their sons than with their daughters (Lamb, 1976); and fathers play differently with their sons and daughters—more actively with their sons and more socially with their daughters (Tauber, 1979). Expectations also differ for children based on the child’s gender. Girls are expected to be more social and less active; for boys the opposite is true. These expectations are reinforced in nursery rhymes and fairy tales where the girl is often depicted as helpless and in need of being saved by a man and the boy is depicted as the knowledgeable hero (Debold et al., 1993).

The importance of men and their actions and the trivial ways of women is reinforced by children’s experiences in school. A research group, The Women on Words and Images, conducted a 1975 study of 134 elementary readers and found that the ratio of boy-centered stories to girl-centered
stories was 5:2, and the ratio of male biographies to female biographies was 6:1 (in Sadker & Sadker, 1994). Girls and boys are thus exposed to the accomplishments and deeds of men in much higher proportions than the accomplishments and deeds of women, an experience that has a profound effect. Sadker and Sadker (1994) also asked a group of eighth graders about the advantages of being a girl. Girls offered a few answers based on shopping, clothes, and looks. One girl talked about bringing new life into the world. The boys in the class did not offer one advantage and when they were pressed to name something good about being a female, one boy responded "Nothin'... There's nothin' good at all" (p. 87-88). All of the children participated when asked to name the disadvantages of being a girl, and the list was quite prolific.

The intense focus on men, their accomplishments, and what they desire contrasts sharply with our culture's inattention to women's needs and desires (Debold et al., 1994; Kaschak, 1992). Because desire is often narrowly applied to one area of life—sexuality, and women desiring sexuality are viewed as "loose" or unscrupulous, women will frequently deny their desire. Women's innate desires become squelched and reframed to represent men's desires (Debold et al., 1994). This is one example of how women's experiences
are denied and devalued in this culture. Commenting on women's constricted reality, Kaschak (1992) implicates our patriarchal culture in women's loss of self:

As a result of the physical and psychological limits and restraints to which women are subjected in childhood and throughout life, an impending or actual sense of loss is contained within their psychological makeup. There is the loss of both self-control and self-definition. There is the potential and actual loss of one's own meaning and definition of what life is or can involve. Finally, there is the loss of the possible, the narrowing of choices and limits, missing the full range available in a particular time and society. (p. 182)

Growing up in our culture is not an easy task. There are physical and psychological challenges at every age. In addition to these challenges are the struggles associated with differential treatment that are a result of race, socio-economic class, sexual orientation, physical disabilities, and gender. Kaschak (1992), commenting on the many experiences that contribute to an individual's sense of self, observes that gender--being born male or female in this culture--is the most salient: "Yet all these experiences, I maintain, are organized by gender, so that each woman's story is also every woman's story" (p. 8). This differential treatment usually conveys a message of being worth less than something or someone else. In this culture, girls grow and develop in a milieu of misogynous messages; messages that bear the insidious lies that girls
are not as competent, agile, worthwhile—or valuable. It is these messages that put girls in perilous danger of losing touch with themselves as they grow older, an experience that boys do not share. (Although there are dangerous messages in our society regarding boys also, those messages differ in form and content and are beyond the scope of this investigation.)

Brown and Gilligan (1992) and Debold et al. (1994) also associate culture with contributing to girls' loss of self. They write about the "perfect girl" which is an image of our culture's prescriptions of femininity. These researchers tell us that as adolescents struggle with the invisible yet powerful image of the perfect girl, girls' true selves split into an authentic, private self and an inauthentic, socially acceptable self. The more girls identify with and reflect the perfect girl image, the more likely they are to lose touch with their own feelings, thoughts, and knowledge. Pipher (1994) also asserts that it is our culture that "causes girls to abandon their true selves and take up false selves" (p. 37).

At some level loss of self is a phenomenon that arises as girls come to realize their place in our culture—the marginalized, narrow place for them, their feelings, desires, knowledge, and experiences. It's a product of the
lesson about their place in our culture. Pipher (1994) notes, "America today is a girl-destroying place. Every where girls are encouraged to sacrifice their true selves. Their parents may fight to protect them, but their parents have limited power" (p. 44).

**Importance of relationships.** To understand "loss of self" in women, it is also essential to grasp the importance of relationships in women's lives. It is difficult to ascertain if relational importance in women's lives stems from some innate drive to maintain affiliations, or from our culture's mandate that women should make and maintain affiliations, or some combination of these factors. Regardless of its origin, the importance of relationships in women's lives seems to be a contributory factor in "loss of self."

From the time they are born, girls participate in relationships and are encouraged to initiate and maintain connections with others. Miller and her colleagues at The Stone Center--Judith V. Jordan, Alexandra G. Kaplan, Irene P. Stiver and Janet L. Surrey--interpret women's experiences through the lens of the "self-in-relation" theory: a developmental theory they have outlined to befit women's experiences (see Surrey, 1991). Contrary to classical developmental theory emphasizing the movement in adolescence
toward a separate and autonomous self (e.g., Erikson, 1969), the self-in-relation theory asserts the importance for females of being in relationship with and to other people throughout their lives (Miller, 1991). Surrey (1991) defines the self as "a construct useful in describing the organization of a person's experience and construction of reality that illuminates the purpose and directionality of her or his behavior" (p. 52), and outlines the following elements as the core components in women's sense of self:

1. an interest in and attention to the other person(s), which form the base for the emotional connection and the ability to empathize with the other(s); 
2. the expectation of a mutual empathic process where the sharing of experience leads to a heightened development of self and other; and 
3. the expectation of interaction and relationship as a process of mutual sensitivity and mutual responsibility that provides the stimulus for the growth of empowerment and self-knowledge. Thus the self develops in the context of relationships, rather than as an isolated or separated autonomous individual. (pp. 58-59)

For women and girls who have a sense of self rooted in the contexts of relationships, conflict within relationships can be perceived as threatening and alienating to their sense of self. Miller (1986) keenly notes the inextricable link between loss of self and the maintenance of relationships: "Indeed, women's sense of self becomes very much organized around being able to make and then to maintain affiliations and relationships. Eventually, for many women the threat of disruption of connections is
perceived not as just a loss of relationship but as something closer to a total loss of self" (p. 83). 

Underscoring this idea of relational importance, the girls in Brown and Gilligan's (1992) research revealed that it is often difficult to speak of their true feelings within relationships because of the potential to hurt and alienate others. One girl in this study, Neeti, struggled with trying to like someone she did not. Caught between not wanting to be the girl's friend and not wanting to hurt the girl, Neeti "describes a false and "suffocating" closeness that feels like "being married" to someone she does not love" (p. 39). Brown and Gilligan witnessed an increasing confusion, self-silencing and an unwillingness to share feelings (especially within relationships) as girls grew older. Corresponding with Brown and Gilligan's findings are Jack's (1991) observations of similar behaviors among depressed women. Jack (1991) found that these women used the words "loss of self" as they described their behaviors of self-silencing and inattentiveness to their own needs and desires. Jack noted, "as the women present it, the loss of self coincides with a loss of voice in relationship. Voice is an indicator of self. Speaking one's feelings, and thoughts is part of creating, maintaining, and recreating one's authentic self. As these women fail to hear
themselves speak to their partners, they are unable to sustain the convictions and feelings of "I" and slip, instead, into self-doubt about the legitimacy of their privately held experience" (p. 32).

**Developmental and social transitions.** Development is also inextricably linked with culture (see Bronfenbrenner, 1986). Steinberg (1993) identified three primary areas of change for the adolescent: cognitive, physical, and social. For girls, changes in these areas are in part a result of internalizing misogynous messages from our culture. The outcome of internalizing these deleterious messages may be the experience of a loss of self or the development of an inauthentic self.

It is during adolescence that boys' and girls' cognitive capacities may begin to become more sophisticated; they may, for example, acquire the capacity to think more abstractly and participate in hypothetical role playing (Piaget, 1940; 1967; Steinberg, 1993). This shift in thinking doesn't take place all at once (Piaget, 1940; 1967).

It may be in the transitional time between concrete operations and formal operations that "loss of self" takes root. Young adolescents lack the perspective that age and experience can offer. Pipher (1994) comments that
adolescent girls tend to organize their world in "black and white" or "all or nothing" extremes. They over-generalize situations and their thinking (i.e., one bad grade means that they are stupid), and they are developing a social consciousness that contributes to their desire to "fit in" and their belief that they are being observed by everyone (Pipher, 1994). This polarized way of thinking can leave girls feeling isolated. Gilligan et al. (1988) have also suggested that this extreme way of thinking contributes to a crisis of connection in adolescent girls: "In adolescence the renegotiation of attachment centers on the inclusion of sexuality and inclusion of perspective in relationships—each introducing a new level of complication and depth to human connection. Conflicts of attachment that arise at this time are exemplified by the problems that girls describe when they perceive the inclusion of themselves (their views and their wishes) as hurting their parents, whereas including their parents implies excluding themselves" (Gilligan, Ward, & Taylor, 1988; p. 148). Staying connected despite differences within relationships seems to be problematic for adolescent girls (Gilligan, Lyons, & Hanmer, 1989). For many young girls, the act of bringing their views, thoughts, and desires into a relationship leaves them vulnerable to feeling the threat of
disconnection and alienation. Gilligan et al. (1988) observed that "teenage girls and adult women often seemed to get caught on the horns of a dilemma: was it better to respond to others and abandon themselves or to respond to themselves and abandon others? The hopelessness of this question marked an impasse in female development, a point where the desire for relationship was sacrificed for the sake of goodness, or for survival" (p. 9)

Cognitive advances during adolescence may also enable adolescents to think about the impact and personal consequences of gender training. Formal thought may bring an increased awareness of the subtleties and nuances of language, advertising, and gender stereotyping. For example, adolescents may now be able to grasp hidden sexual and trivializing messages that are all around them in the media, literature, politics, and school. This knowledge may have an empowering effect on males, for they are often portrayed in the role of appraiser or judge, but it has a crippling effect on females (Debold et al., 1994). Brown and Gilligan (1992) observed that it is at this time that girls come up against "the wall." Debold et al. (1994) define "the wall" as "our patriarchal culture that values women less than men, that sees women largely in sexual or reproductive terms" (p. 12). In describing "the problem"
that was impeding self-actualization, a girl told Gilligan that it was like a wall—a huge cube of ice standing in front of her (Gilligan et al., 1988). For boys, developmental changes coupled with our patriarchal norms can be a potent experience. For girls, developmental changes coupled with society's misogynous messages take on a negative and threatening meaning.

In addition, Brown and Gilligan (1992) found that girls struggle with hanging onto their own knowledge at this time. As girls learn about the social construction of reality—the shoulds, oughts, and don'ts of the culture—they begin to doubt their own perceptions of reality. As girls in the study grew older over the five year period of their study, Brown and Gilligan began to hear the phrase "I don't know" routinely in their interviews. The researchers observed as the girls began to grow silent, as if the girls had begun to understand that their knowledge and perceptions were not valued in the world. The silence was reinforced because often the result of them sharing their knowledge was to be called wrong, to be ridiculed, or to be ignored (Brown & Gilligan, 1992). Brown and Gilligan write, "Witnessing this active process of not knowing swirl into confusion in the back and forth of our interview conversations between girls and women, we began to trace in
the moment and to trace in the transcriptions of interview sessions how girls struggle to stay in connection with themselves and with others, to voice their feelings and thoughts and experiences in relationships--to show what Annie Rogers has called "ordinary courage," the ability to speak one's mind by telling all one's heart. And we saw this struggle affect their feelings about themselves, their relationships with others, and their ability to act in the world" (p. 4). Brown and Gilligan write of the girls taking their knowledge and feelings "underground"--a political underground where feelings and thoughts are secretly shared, or into a psychological underground where feelings become "nothing that anyone can see" and thoughts become private and protected. Brown (1991) gives the example of one girl, Jesse, who is struggling with staying with what she knows. Despite cognitive development to a more sophisticated level, Jesse is more cautious, "more aware of what it means to know what she knows, more willing to silence herself rather than to risk loss of relationships and public disagreement" (p. 81). Voicing what they know and staying with what they know in the face of pressure not to know is an act of resistance--resistance to cultural ideals of femininity in particular and resistance to patriarchy in general (Brown, 1991; p. 84).
Girls' cognitive capabilities are also undermined by their experiences in schools and classrooms. Myra and David Sadker have been researching gender-bias in schools for more than twenty years. They state that even though boys and girls attend the same schools, sit in the same classrooms, and have the same teachers, their education is very different—from grade school to graduate school. "Teachers interact with males more frequently, ask them better questions, and give them more precise and helpful feedback. Over the course of years the uneven distribution of teacher time, energy, attention, and talent, with boy's getting the lion's share, takes its toll on girls. Since gender bias is not a noisy problem, most people are unaware of the secret sexist lessons and the quiet losses they engender" (p. 1). For girls on the cusp of womanhood, being passed over in class is just one more lesson about their status in the world: unimportant and trivial. Sadker and Sadker feel that loss of self-esteem, decline in achievement, and elimination of career options are at the heart of the educational process for girls. The messages are subtle yet insidious, and these researchers also see girls' vulnerability to losing themselves:

Poised on the edge of adolescence, girls struggle to keep their balance, retain their authenticity and vitality, and move on to emerge as secure and capable adults. But now so many pitfalls surround them: physical vulnerability, the closing of
options, the emphasis on thin, pretty, and popular, the ascendancy of social success over academic achievement, the silencing of their honest feelings, the message that math and science are male domains, the short-circuiting of ability that renders them helpless, the subtle insinuations that boys are really the smart ones (they just don't try). Girls who succumb to these messages are at emotional and academic risk, in danger of losing not only their confidence and their achievement but the very essence of themselves. (p. 98)

In addition to cognitive changes, there are also many physical changes that occur as children move into adolescence. The most obvious and relevant to this investigation are 1) the growth spurt—on average, girls are now smaller in stature than their male peers leaving them more vulnerable to assault; 2) the further development of the gonads—girls and boys become able to reproduce leaving girls vulnerable to becoming pregnant if they choose to be sexually active or if they are raped. Rape occurs four times more often in women between the ages of 16 and 24 than in any other age group (Warshaw, 1988); and 3) the development of secondary sexual characteristics—physical signs of development that are difficult to hide from the world. These changes often bring about harassment in schools. The American Association of University Women's survey on sexual harassment in schools found that "Harassment is rampant in schools across America, with 81 percent of girls and 76 percent of boys reporting they have
been subjected to some form of unwanted sexual behavior. . . Sixty five percent of girls and 42 percent of boys say they have been grabbed, touched, or pinched in a sexual way" (Sadker & Sadker, 1994).

These physical changes have psychological consequences. For boys, these changes physically align them with men—the dominant sex in western civilization. They are often taller, stronger, and faster than females. Physical maturity in girls aligns them with women—the subordinate sex in this culture. Girls begin to take in the fact that they are valued primarily for their appearance, objectified and idealized but also trivialized and denigrated. Kaschak (1992) observes that "Every aspect of the female body is considered to say something about a woman's value as a person and as a woman. She is her body and her face. But it is her appearance that is judged, not her strength, health, or ability to act effectively, not her body's speed or agility but its size and shape, its pleasingness and conformity to masculine standards of the feminine. If her appearance is deemed desirable, then so is she and she is treated accordingly. If not, then she is worthless" (p. 96). Advertisers capitalize on women's appearance to sell products (Kaschak, 1992). Movies, television, magazines, and billboards display women or parts of women as
commodities. Women and girls are pummeled with images of fragmented women—breasts, buttocks, stomach, hair, lips. It is not surprising that Kaschak (1992) finds that girls' sense of self, which was once rich and complex in preadolescence, becomes narrowed and limited to outward appearances. As girls come to identify with cultural images of what it means to be a woman, their sense of self is constricted: unacceptable parts begin to wither and die.

There are also many social changes that take place in adolescence—e.g., moving into high schools, extra-curricular activities, outside employment, and driving. Two areas that are particularly relevant in illustrating loss in girls' lives are dating and changes in interpersonal relationships.

Dating exposes girls, if not for the first time then on a more frequent basis, to the hazards of date or acquaintance rape. In 1982, Ms. Magazine conducted a national survey on date rape on 32 college campuses with 6100 respondents. They found 1 in 4 of those who had responded were victims of rape or attempted rape; 84% knew their attacker; 57% of those rapes happened on dates; and 38% of women who had been raped were 14, 15, 16, or 17 years old at the time of the assault (Warshaw, 1988). A 1975 study by Suzanne Ageton on adolescent vulnerability to
sexual assault found that 56% of her subjects had been raped by a date, 30% were raped by a friend, and 11% were raped by a boyfriend (in Warshaw, 1988). Combining the facts of girls' relatively smaller size than boys, the linking of sexuality and violence in the media, and the sense of entitlement that boys inherit in a patriarchal society, it is easy to conclude that girls are vulnerable—and they experience that vulnerability—in a date situation.

While the importance of relationships in women's lives was covered previously, girls' relationships in general undergo a qualitative change during late childhood and early adolescence. Somewhere between middle and late childhood, many girls become acquainted with the "perfect girl." There is often a pressure among girls to conform to this image, leaving girls no place to voice their anger, frustration, and feelings of conflict. In our culture, good girls don't have these emotions (see Brown & Gilligan, 1992; Debold et al., 1993). To use the example of Jesse again from Brown and Gilligan's (1992) research: at age 8 she spoke without hesitation of her strong feelings, at age 9 she was more cautious of voicing them and by age 11, Jesse had real trepidation about speaking her feelings. Brown and Gilligan note, "The source of this new fear is the "perfect girl." In white middle-class America she is the girl who has no bad
thoughts or feelings, the kind of person everyone wants to be with, the girl who, in her perfection, is worthy of praise and attention, worthy of inclusion and love . . . The girl who speaks quietly, calmly, who is always nice and kind, never mean or bossy. The girl, Jesse implies she wished she could say she hates" (p. 58 - 59).

The idea of conforming to this image of the perfect girl is complicated because this conformity usually takes place within relationships. Not conforming to this "perfect girl" image threatens to upset what is of the utmost importance to girls, but conforming moves girls from a state of authenticity to inauthenticity. Relationships shift from being places of authentic dialogue to idealized interactions where everybody gets along and conflict is taboo. Girls run the risk of losing whichever path they choose: i.e., they lose if they stay true to themselves and their friends by speaking frankly about their feelings and thoughts because some people will ostracize them for not conforming to the social prescriptions on how to behave within relationships, and they also lose if they choose to conform to the nice and kind rules of the perfect girl because they lose the safe places to voice their feelings and thoughts--their place to express who they are and to see how it is received. Brown and Gilligan (1992) argue that the move from authentic to
idealized relationships is the hallmark of loss of voice and relationship (i.e., authentic connection; p. 5). Indeed, in preliminary interviews for this current project, one young woman shared that she felt herself "fading away" when she was caught up in relationships emphasizing the standards of nice and kind.

**Families.** In addition to the cultural influences on loss of self, the literature also points to families as a contributing factor to loss of self. Alice Miller (1994), for example, clearly implicates parental influences in the creation of a "false self." Miller claims, "We are all prisoners of our childhood, whether we know it, suspect it, deny it, or have never even heard about the possibility" (p. 25). She views the adoption of a false self as a survival mechanism for children with psychologically unhealthy parents. She writes that every individual, from the time of birth on, has a need to be valued and respected for their individual self--including acceptable and unacceptable feelings and behaviors. According to Miller (1994), parents whose own childhood experiences were characterized by a lack of recognition and respect of their needs and feelings will not be able to recognize and attend their own child's needs. Miller asserts that many of these parents will unconsciously (through the defense mechanisms of denial and
repression) use their children to try to meet their own past, unattended needs, and consequently then their children's needs will go unmet:

Accommodation to parental needs often (but not always) leads to the "as-if-personality." This person develops in such a way that he reveals only what is expected of him and fuses so completely with what he reveals that one could scarcely guess how much more there is to him behind this false self. He cannot develop and differentiate his true self, because he is unable to live it. Understandably, this person will complain of a sense of emptiness, futility, or homelessness, for the emptiness is real. A process of emptying, impoverishment, and crippling of his potential actually took place. The integrity of the child was injured when all that was alive and spontaneous in him was cut off. (p. 37)

It is a process that devalues and denies the individual child. The process of the child's accommodating to parental needs separates the child from his or her own feelings and thoughts, and this process has dire consequences. Indeed, Miller asserts that "The repression of injuries endured during childhood is the root cause of psychic disorders and criminality" (p. 5). Miller's description of the false self closely parallels literature describing loss of self. In fact, Miller states that the only way to do away with the false self is by recognizing one's true feelings and needs—no matter how painful. Similarly, Brown and Gilligan (1992) indicate that in order to avoid a loss of self, girls need to stay in touch with their feelings, thoughts, and experiences by voicing them.
The way parents convey messages of acceptance or intolerance is through their parenting styles. Pipher (1994), while making it clear that culture is the main contributor to a false self, acknowledges the importance of parenting styles and their affect on girls' abilities to navigate the adolescent years. She concedes that not every girl having trouble is from a troubled family; indeed, many of the families she writes about seem interested in their daughter's well-being and are willing to help them. A combination of high levels of acceptance and moderate levels of control in parenting styles (the authoritative parenting style; see Baumrind, 1967) appear to produce the healthiest appearing girls (i.e., independent, socially responsible, and confident; Pipher, 1994). All of the families in Pipher's book were high on the dimension of acceptance, but they varied on levels of control. Conversely, girls from homes with a high level of control appeared quite healthy to outsiders, but too much control can limit girls' options, perhaps thwarting their growth. Too little control left girls to make decisions regarding their lives that they were neither mature enough nor responsible enough to make. Girls in environments with a high level of acceptance and a moderate amount of control still struggled with decisions
but had their parents/families to guide them through especially stressful or difficult times.

**Attachment Theory and Loss of Self**

Developmental research would suggest a critical link between loss of self and early attachment experience. Miller's (1994) analysis of problematic parent-child relations resonates with the literature on early parent-child attachment, parenting styles, and developmental outcomes for children.

Attachment refers to the "strong, affectional tie we feel for special people in our lives that leads us to feel pleasure and joy when we interact with them and to be comforted by their nearness during times of stress" (Berk, 1993; p. 256). The security of the attachment relationship is thought to depend on the degree to which the caregiver is sensitive, warm, and responsive to the child during the first three years of life (Bowlby, 1969). If attachment is impeded and if children are not respected and valued for their individual selves, then those children will experience difficulty--both socially and emotionally.

Three patterns of attachment have been observed among babies and their caregivers in an experimental paradigm called the Strange Situation (Karen, 1990). Based on infants' responses to separation experiences from their
mother and their ability to use their mother as a secure base, infants were classified as either secure, insecure-ambivalent, or insecure-avoidant. Connections were made between the mothers' responsiveness and the babies' attachment styles:

Mothers of securely attached children were found to be more responsive to the feeding signals and the crying of their infants, and to readily return the infants' smiles. Mothers of anxiously attached children were inconsistent, unresponsive, or rejecting. The three patterns seen in laboratory observation proved directly related to the way the babies were being raised. (Karen, 1990; p. 36)

Indeed, the quality of the attachment bond in infancy seems to be a significant predictor of later social, cognitive, and emotional development (Berk, 1993). Kobak and Sceery (1988), for example, assessed attachment, representations of self, affect, and interpersonal relationships in first-year college students. They found that securely attached adolescents showed better ego-resiliency and coping skills, less anxiety and hostility, more social support systems, and were better able to turn negative feelings into problem solving skills. Lapsley, Rice and FitzGerald (1990) found that attachment to parents significantly predicted social and personal identity in their sample of college students. Armsden and Greenberg (1987) also found that secure attachment to parents was related to higher levels of self-identity, self-esteem, and
a greater sense of well-being in college students. The securely attached group's outcome measures paint a picture of psychological health and well-adjusted behavior that resonates with Brown and Gilligan's (1992) descriptions of preadolescent girls—girls who had not yet experienced a loss of self. These outcomes also parallel Pipher's (1994) description of a young girl who had stayed with her true self.

Compared to the securely attached group, the ambivalent and avoidant groups showed greater difficulty in later development. In Kobak and Sceery's (1988) research, the Dismissing group (related to the avoidant attachment pattern; Karen, 1990) showed low ego-resiliency, low levels of social support, more distance in relationships, and higher levels of anxiety and hostility. The Preoccupied group (related to the ambivalent attachment pattern; Karen, 1990) showed low levels of ego-resiliency, high levels of personal distress, anxiety, and hostility (Kobak & Sceery, 1988). Nada Raja, McGee, and Stanton (1992) found that insecurely attached adolescents showed greater conduct and inattention problems. In addition, these adolescents were more vulnerable to peer pressure, antisocial activity, and depression. Gold and Yanof (1985) found that insecurely attached adolescents were more likely to be influenced by
their peers in the choices they make. The research findings for the ambivalent and avoidant groups indicate that these individuals shared common characteristics with those who have been described as having a loss of self (e.g., problematic relationships, low self-esteem, vulnerability to peer pressure, etc.).

Karen (1992) traces damaging early experiences, experiences in which a child's needs are not met and their feelings are not adequately mirrored (i.e., insecure attachment history), to feelings of shame and a belief that one is worthless and defective. These deep-seated feelings lead to self-contempt. The child, and later the adult, seeks acceptance in any form, so they become very compliant and pleasing. Their personalities are deferring, submissive, and bland. In short, they lose the very essence of themselves, or, perhaps, were never allowed to develop their own sense of self. To express individual parts of a unique self would risk being different, risk alienation, risk disapproval—a risk too great for those burdened with an impoverished attachment history.

Summary and Purpose of Study

Loss of self is a phenomenon that consists of behaviors that separate individuals from their own feelings, desires, thoughts, and knowledge. This process has been described in
several ways: 1) a splitting of one's personality into two entities—one authentic and one inauthentic (or false); 2) a collision with a wall of patriarchal standards that limit and devalue women, and the only way to penetrate the wall is to give over or give up authentic pieces of oneself; and 3) a process of dissociating from one's "real" experience (feelings, thoughts, etc.) in order to take on what others say is real (such as interpretations from parents, peers, society). Loss of self has been proposed to originate from either cultural forces (e.g., Brown & Gilligan, 1992; Jack, 1991; Pipher, 1994; J. B. Miller, 1994) or from the family milieu (e.g., A. Miller, 1994). Whatever the source of origination, devaluation of the individual appears to be the impetus for the onset of loss of self. Because loss of self is becoming a more prevalent observation among those working with adolescent girls and because it is seen in a number of psychological disorders, it warrants further investigation.

The purpose of this study was, in general, to explore loss of self and its etiology in late adolescent females. Pipher (1994) identifies that somewhere between the ages of 9 and 16 years girls begin to experience the tumultuous changes that often precede loss of self. When girls are in the midst of all these changes, their thoughts and feelings are difficult to articulate (Pipher, 1994). Pipher admits
that what she knows of junior-high school girls and girls experiencing these troubling changes comes from "slightly older girls" who have some perspective on their experiences and are able to articulate them. In addition, late adolescent/young adult females are more likely than young adolescent girls to be able to answer questions about their lives honestly and authentically, outside the artificial norms of the "perfect girl."

Existing research suggests two sources of origination of loss of self: culture and family relations. The goal of this study was to determine the degree of contribution of each to loss of self. Specifically, it was hypothesized: 1) that maternal attachment security would be negatively related with loss of self, and 2) that internalization of culture would be positively related to loss of self. See Figure 1 for the hypothesized relationship between these factors. Circles represent latent variables and squares represent measured variables. Lines with one arrow radiating towards a variable indicates a hypothesized relationship; absence of a line between variables indicates no hypothesized relationship. The residual or error in the model is noted with an E (for the measured variables) and a D (for the latent variables). It is further hypothesized that loss of self will predict levels of silencing the self,
objectified body consciousness, and self-esteem; internalization of culture will predict levels of liberal feminist attitudes and ideologies and attitudes toward women; and maternal attachment will predict levels of secure maternal attachment and maternal warmth.

Chapter Two: Method

Participants

Two hundred and one female college students, ranging in age from 18 - 23 years old (M = 20.9), completed the questionnaire. An additional 27 questionnaires were completed but excluded from the analysis because the participants' ages did not meet the requirements of the study. The sample had a diverse ethnic background: 50.7% were Caucasians, 26.9% were Hispanic/Latinos, 10% were African Americans, 4.5% were Asians, 1.5% were Native Americans, and 6% categorized themselves as "other." The majority of the participants' parents had some college education (59%) and 29% of the participants' fathers had college degrees. The sample was predominantly single (81%). Participants were solicited from undergraduate classes at a mid-sized Southwestern university, and they were offered "extra-credit" for their participation.
Invent or y
□ f
Parent &
Peer
Attachment

Maternal
Security
Scale

Maternal
Warmth
Scale

Liberal
Feminist
Attitude &
Ideology
Scale

Attitudes
toward
Women
Scale

FIGURE 1: HYPOTHESIZED SEM MODEL
Measures

Loss of self. Loss of self is thought to originate from a basic devaluing of an individual; if people feel unacceptable, they will work to become acceptable by taking on a false self and/or letting those parts of themselves that are deemed unvaluable atrophy. Loss of self was measured by assessing females' thoughts, feelings, behaviors, and experiences in regards to how they feel valued and of importance to themselves and to others.

Three measures of loss of self were used. The first was the Silencing the Self Scale (STSS; Jack, 1991; Jack & Dill, 1992). Although the 31-item scale was created to tap cognitive schemas in depressed women, the items on the scale reflect behaviors described in the literature on loss of self (and, in fact, many of the women Jack interviewed described experiencing a loss of self). The scale is made up of four factors: 1) externalized self-perception (judging the self by external standards; e.g., "I tend to judge myself by how I think other people see me"); 2) care as self-sacrifice (securing attachments by putting the needs of others before the self; e.g., "Caring means putting the other person's needs in front of my own"); 3) silencing the self (inhibiting one's self-expression and action to avoid conflict and possible loss of relationship; e.g., "I don't
speak my feelings in an intimate relationship when I know they will cause disagreement"; and 4) the divided self (the experience of presenting an outer compliant self to live up to feminine role imperatives while the inner self grows angry and hostile; e.g., "Often I look happy on the outside, but inwardly I feel angry and rebellious"). The scale is scored on a Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Reliability and validity data were gathered from three sources: undergraduates, shelters, and a group of new mothers participating in a drug study. Internal consistency alphas for the entire scale ranged from .86 to .94 across the three samples, and for this sample alpha = .90 The STSS also correlated significantly with women's level of depression as measured by the Beck Depression Inventory (BDI; Beck, 1961; Appendix A).

The second measure of loss of self used was the Objectified Body Consciousness Scale (OBC; McKinley & Hyde, 1996) which was developed to measure behaviors and attitudes that have been argued to contribute to women's negative body experience. Objectified body consciousness is the experience of and the beliefs that support the experience of having your body treated like an object (McKinley & Hyde, 1996). The OBC was used as a measure of loss of self, for
if women can identify with being viewed and treated as an object then they can arguably identify with an authentic and inauthentic self. Their authentic self consists of all aspects that they know to represent their true "self"—acceptable and unacceptable parts of themselves—and their inauthentic self would consist of some standard to aspire to.

The OBC has three factors: 1) body surveillance, 2) body shame scale, and 3) control beliefs scale. Higher scores on the Body Surveillance Scale indicate that a woman watches her body frequently and thinks of her body in terms of how it looks rather than how it feels. Examples of items from this scale are "During the day, I think about how I look many times" and "I often worry about whether the clothes I am wearing make me look good." Higher scores on the Body Shame Scale indicate that a woman will feel bad if she does not conform to cultural expectations of body-type. Examples of items from the Body Shame scale are "I would be ashamed for people to know what I really weigh" and "When I'm not exercising enough, I question whether I am a good enough person." Higher scores on the Control Beliefs Scale indicate that a woman believes she can control her weight and her appearance through her own efforts (and, presumably, if she fails to meet standard criteria, then she is just not
trying hard enough). Items from the Control Beliefs Scale include "I think a person can look pretty much how they want to if they are willing to work at it." Each factor has 8 items and they are scored on a Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree). The scales have demonstrated adequate reliabilities and validity. Internal consistencies ranged from .68 to .84 in two groups of women, and test-retest reliabilities ranged from .73 to .79. Reliability analysis for the present study was also adequate with alpha = .80. All three factors were related to public body consciousness and all three were not related to private body consciousness (being aware of internal thoughts or processes; Appendix B).

The third indicator of loss of self used was Rosenberg's Self-Esteem Scale (SES; Rosenberg, 1965) which was used to assess participants' global self-worth. The 10-item scale represents how participants value, respect, and like themselves (e.g., "I feel that I have a number of good qualities"). Because self acceptance and high self-esteem are related to healthy adjustment (Saccuzzo & Ingram, 1993), the SES was used as a second measure of loss of self. Higher scores reflect high self-esteem. All items are scored on a four point Likert-type scale ranging from 1 (strongly disagree) to 4 (strongly agree).
Reliabilities ranged from .77 to .88 in two separate studies, and test-retest correlations ranged from .82 to .85. In the present study, the reliability coefficient was .83. The SES has been shown to have excellent convergent validity with other self-esteem related constructs (e.g., the SES correlated .72 with the Lerner Self-Esteem scale; Appendix C).

**Measures of culture.** Internalization of culture is defined as how much one identifies and agrees with this culture's standards of femininity. Culture was measured by assessing participants' agreement or disagreement with feminist or egalitarian ideology. By agreeing with feminist or egalitarian attitudes, participants would show a resistance to and questioning of cultural standards. Resisting cultural standards of femininity would be analogous to social-consciousness raising which has been thought to help protect girls from experiencing a loss of self (see Pipher, 1994). Therefore, a lack of resistance to and an acceptance of this culture's standards of femininity (i.e., an internalization of culture) could make a girl more susceptible to experiencing a loss of self. Culture was measured by employing two questionnaires relating to feminist or egalitarian ideology.
The Liberal Feminist Attitude and Ideology Scale (LFAIS) was originally developed "to assess the extent to which respondents embrace feminist ideology and attitudes" (Morgan, 1996; pg. 381), and was used in this study as a measure of resistance to cultural mores. A short form of the LFAIS was used in the present study to assess anti-cultural beliefs or how much one disagreed with standard practices and/or beliefs of this culture. The short-form 11-item LFAIS had a Cronbach's alpha of .81 compared to .84 for the longer (60-item) LFAIS scale. The reliability coefficient for the present study was .82. The short-form was designed to predict overt feminist behaviors and items were drawn primarily from the "feminist goals" and "feminist ideology" domains of the scale. Examples of items include "Men should respect women more than they currently do" and "Women in the U.S. are treated as second-class citizens." Items are scored on a Likert-type scale ranging from 1 (strongly disagree) to 6 (strongly agree). Higher scores on the LFAIS indicate strong feminist attitudes (Appendix D).

The 15-item short version of the Attitudes toward Women Scale (AWS) was used as another measure of culture because the AWS ' items describe "the rights, roles, and privileges women ought to have or be permitted" (Spence & Helmreich,
Participants are asked to indicate their level of agreement with each statement. Items were scored using a Likert-type scale ranging from 1 (agree strongly) to 4 (disagree strongly), with higher scores indicating a profeminist or egalitarian attitude. The short-form AWS correlated .91 with the original 55-item scale and had a Cronbach's alpha of .89 in a sample of college students (Spence & Helmreich, 1978). Reliability analysis for the present study was somewhat lower but still within an acceptable range (alpha = .80; Appendix E).

**Attachment relationships.** Maternal attachment security was measured by assessing the quality of the mother-child relationship. Factors such as mutual trust, quality of communication, extent of anger and alienation, and maternal warmth and responsiveness were used to assess attachment security. Relationships characterized by a secure-maternal attachment would convey a message of love and respect to the daughter which could arguably help protect her from experiencing a loss of self.

Three measures of maternal attachment were used. The first was the Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987), a scale based on Bowlby's (see Karen, 1990) theory of attachment relationships. The IPPA taps three relational areas: 1) the degree of mutual trust;
2) the quality of communication; and 3) the extent of anger and alienation. Only the mother attachment scale was used. This 25-item scale includes such items as, "My mother accepts me as I am" and "When we discuss things, my mother cares about my point of view." Each item is scored on a 5-point Likert-scale ranging from 1 (almost never or never true) to 5 (almost always or always true). The parent attachment scales had a test-retest reliability of .93 over a three-week period, and they were related to other scales assessing family relationships, conflict, and communication patterns. Internal reliability for the present study was .96 (Appendix F).

Shaver and Hazen's (1987) Maternal Attachment Security Scale (SECURE) was used as the second measure of attachment. This scale assesses participants' attachment history with their primary caregiver. The participants are given three descriptions of child-mother interactions. The descriptions represent the three different attachment patterns (i.e., secure, ambivalent, and avoidant). The participants are then asked to self-classify themselves by choosing the scenario which best describes their relationship to their mother while growing up. The participants in this study were asked to use their mother or substitute their primary caregiver for the word "mother" in the questionnaire. Because the
majority of the population is securely attached (Karen, 1990), it was expected that this scale would be heavily skewed towards secure attachment for this sample. This expectation was confirmed, with 71% of the sample reporting a secure attachment style and 29% reporting an insecure attachment style. In order to analyze this non-normal data, the three item scale was re-coded to reflect whether or not participants were securely attached or not securely attached (Appendix G).

Finally, a 6-item Maternal Warmth Scale was used which specifically measures maternal warmth and responsiveness (Kamptner, personal communication). Participants are asked to indicate their level of agreement with each item based on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). An example of an item from this scale is, "My mother showed a lot of interest and attention toward me." Internal reliability for this sample was .92 (Appendix H).

Demographics. Participants were asked to report on background information including sex, age, parents' marital status, and ethnicity (Appendix I).

Procedure

Questionnaires were administered to volunteers in undergraduate classes, completed individually, and returned
at the next class meeting. The questionnaire took approximately 45 to 60 minutes to complete.

Analysis

Structural equation modeling (SEM) was used to analyze the data in the present study (Bentler, 1995). SEM allowed the investigation between the two latent independent variables, maternal attachment security and internalization of culture, and the latent dependent variable, loss of self. Maternal attachment security, internalization of culture, and loss of self are all factors that are not directly measured (i.e., latent variables) but are assessed through other measurable variables (e.g., the factor of internalization of culture will be assessed by measuring participants' scores on the LFAIS and the AWS). As mentioned above, Figure 1 illustrates the hypothesized relationships between these variables. Circles represent the latent variables and squares represent the measured variables. Lines with one arrow radiating towards a variable indicates a hypothesized relationship; absence of a line between variables indicates no hypothesized relationship. The residual or error in the model is noted with an E (for the measured variables) and a D (for the latent variables).
Chapter Three: Results

Sample. As mentioned above, 228 questionnaires were completed of which 27 were excluded from the analysis because they did not meet the age requirements of the study (18 - 23 years). Mahalanobis' Distance scores were calculated and standardized (using SPSS for Windows 6.1) to screen the remaining 201 cases for multivariate outliers. Using a conservative cut score of $z > 4$ ($p < .0001$), two multivariate outliers were detected and deleted (corresponding z-scores were 9.33 and 7.15, respectively). No variable was missing data in excess of 5.5%, therefore mean imputation was performed (see Table 1 for percentages of missing data). While mean insertion preserves the sample mean, it reduces the variance of a variable, but this reduction was tolerable because of the small percentage of missing data (Tabachnick & Fidell, 1996). See Table 2 for means and standard deviations before and after mean insertion. Two additional cases were deleted from the analysis due to the fact that they were missing data from a categorical scale and there was no acceptable alternative to estimate the missing data. The final analysis was conducted on 197 cases. Scale reliabilities for this sample were acceptable with unstandardized alphas ranging from .80 to
Table 1: Percentage of Missing Data

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>MISSING DATA (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AWS</td>
<td>5.5</td>
</tr>
<tr>
<td>SES</td>
<td>0.5</td>
</tr>
<tr>
<td>IPPA</td>
<td>1.5</td>
</tr>
<tr>
<td>LFAIS</td>
<td>3.5</td>
</tr>
<tr>
<td>OBC</td>
<td>1.0</td>
</tr>
<tr>
<td>STSS</td>
<td>0.5</td>
</tr>
<tr>
<td>MATERNAL WARMTH</td>
<td>0.0</td>
</tr>
<tr>
<td>SECURE</td>
<td>1.0</td>
</tr>
<tr>
<td>VARIABLE</td>
<td>BEFORE MEAN</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>MEAN</td>
</tr>
<tr>
<td>AWS</td>
<td>39.54</td>
</tr>
<tr>
<td>SES</td>
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</tr>
<tr>
<td>IPPA</td>
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<td>LFAIS</td>
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<tr>
<td>OBC</td>
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</tr>
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<td>23.18</td>
</tr>
<tr>
<td>SECURE</td>
<td>00.71</td>
</tr>
</tbody>
</table>
.96 (refer to Method section for each scale's alpha level). See Table 3 for intercorrelations between scales.

**Assumptions.** EQS (Bentler, 1995) was used to estimate the hypothesized model (as noted above, in Figure 1). The assumption of multivariate normality was evaluated using Mardia's coefficient, 12.39, and the normalized estimate, 6.87 $p < .001$, which indicated that multivariate normality was violated. Due to the non-normality, the model was estimated using maximum likelihood estimation with the Satorra-Bentler scaled chi-square ($S-B \chi^2$) and adjusting the standard errors to the extent of the nonnormality (Ullman, 1996; see Bentler & Dijkstra, 1985 and Satorra & Bentler, 1988).

**Model Estimation.** The independence model chi-square tests the hypothesis that the variables are not related. This hypothesis was rejected, $\chi^2_{\text{indep}}(28, N = 197) = 336.61$, $p < .005$. Next, the hypothesized model was tested and supported by the $S-B \chi^2$ test statistic and the robust comparative fit index (RCFI), $S-B \chi^2(18, N = 197) = 37.49$, $p < .05$, RCFI = .93. The $S-B \chi^2$ test statistic ideally should have been non-significant, however it is only slightly more than two times the model degrees of freedom which indicates support for the theoretical model (Ullman,
### TABLE 3: Intercorrelations Between Scales

**SCALE CORRELATION COEFFICIENTS**

<table>
<thead>
<tr>
<th>Maternal Attachment</th>
<th>Culture</th>
<th>Loss of Self</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPPA</td>
<td>MATWRM</td>
<td>SECURE</td>
</tr>
<tr>
<td>IPPA</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>MATWRM</td>
<td>.58</td>
<td>1.00</td>
</tr>
<tr>
<td>SECURE</td>
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<td>.75</td>
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<tr>
<td>LFAIS</td>
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<td>-.01</td>
</tr>
<tr>
<td>AWS</td>
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<td>.09</td>
</tr>
<tr>
<td>STSS</td>
<td>-.04</td>
<td>-.23</td>
</tr>
<tr>
<td>OBC</td>
<td>.14</td>
<td>-.06</td>
</tr>
<tr>
<td>SES</td>
<td>.17</td>
<td>-.07</td>
</tr>
</tbody>
</table>

56
1996). This fact combined with the RCFI suggests that the hypothesized model is a good-fitting model. See Figure 2 for the estimated hypothesized model with standardized and unstandardized coefficients. Significant unstandardized coefficients are indicated by an asterisk (e.g., *).

Post-hoc Model Modification. Using the Wald test and theoretical relevance, post-hoc model modifications were performed in an attempt to develop a better fitting, more parsimonious model. In the second model, the Attitudes toward Women Scale (AWS) was dropped from the analysis. Factors with only one indicator are simple measured variables, and deleting the AWS variable left the culture factor with only one indicator (the Liberal Feminist Attitude and Ideology Scale; LFAIS). Therefore, the latent variable, culture was also eliminated from the analysis and the LFAIS was left as a direct predictor of loss of self. The independence model chi-square was again significant, \( \chi^2_{\text{indep}}(21, N = 197) = 329.56, p < .005 \). The S-B \( \chi^2 \) test statistic and the robust comparative fit index (RCFI) supported the second model, S-B \( \chi^2(13, N = 197) = 31.18, p < .05, \text{RCFI} = .94. \)

A chi-square difference test between the two models is not appropriate because the two models are not nested. In
FIGURE 2: HYPOTHESIZED SEM MODEL WITH STANDARDIZED AND (UNSTANDARDIZED) COEFFICIENTS. * = p < .05
examining other fit indices, it is difficult to determine which model is the better fitting, parsimonious model. The first hypothesized model has a model AIC = 6.38 and the second hypothesized model increases to a model AIC = 10.16. With this information alone, it appears that the first model is more parsimonious than the second model because low numbers indicate greater parsimony. However, when examining the model CAIC the first hypothesized model has a CAIC = -70.72 and the second hypothesized model has a CAIC = -45.52. This unusual change in the AIC and CAIC from model to model provides no clear answer. Due to the fact that Factor 2 and the AWS were non-significant predictors of loss of self in the first hypothesized model, it seems logical to conclude that the second model, with Factor 2 and the AWS deleted, would be the more parsimonious model. Therefore, the second estimated model is deemed the better fitting and more parsimonious model. The final model with coefficients presented in (unstandardized) and standardized form is presented in Figure 3. The path coefficients for first SEM and the second SEM remain virtually the same, indicating that although the model was modified, there was no substantive change.

Maternal Attachment was predictive of Loss of Self (standardized coefficient = -3.34). Eleven percent of the
FIGURE 3: FINAL MODEL WITH STANDARDIZED AND (UNSTANDARDIZED) COEFFICIENTS. * = p < .05
variance in the Loss of Self construct is accounted for by Maternal Attachment. Culture, represented by the LFAIS in the second model, did not significantly predict Loss of Self (and, as a factor, it was also non-significant in the first model).

Chapter Four: Discussion

It was hypothesized that maternal attachment security would be negatively related to loss of self, and also that internalization of culture would be positively related to loss of self. This hypothesis was only partially supported. Maternal attachment, assessed by the mother attachment scale of the Inventory of Parent and Peer Attachment (Armsden & Greenberg, 1987), the Maternal Attachment Security Scale (Shaver & Hazen, 1987), and a maternal warmth scale (Kamptner, personal communication), was negatively related to loss of self, assessed by the Silencing the Self Scale (Jack, 1991), the Objectified Body Consciousness Scale (McKinley & Hyde, 1996), and the Self-Esteem Scale (Rosenberg, 1965), and it accounted for 11% of the variance of loss of self. However, internalization of culture, assessed by the Liberal Feminist Attitude and Ideology Scale (Morgan, 1996) and the Attitudes toward Women Scale (Spence & Helmreich, 1978), was not predictive of loss of self in
the estimated hypothesized model nor in the second, more parsimonious model.

These findings are consistent with Miller's (1994) assertion that it is the child's early experiences at home that lead to the development of the "false self," i.e., a sense of loss of self. If children are valued for their uniqueness, if they are loved in spite of, and because of, their "flaws," if their individual needs are respected and consistently met then there will be no need for these children to seek protection by developing a false, inauthentic self. Based on their early childhood experiences that somehow instill an internal sense of self-worth, these children are able to present their authentic selves to the world and are not shamed when they do not meet some ideal image (see Karen, 1992).

These findings are also consistent with attachment theory and studies linking securely attached children with positive social, cognitive, and developmental outcomes (i.e., Armsden & Greenberg, 1987; Kobak & Sceery, 1988; and Lapsley et al., 1990). Securely attached individuals have had primary caregivers who have been responsive to the child's physical and emotional needs and who have adequately and consistently met those needs (Karen, 1994). From these early experiences, these individuals learn that their world
is a safe and trustworthy place. Because they are treated and respected as individuals by the important people in their lives, they develop an internal sense of self-worth; they are of value because they are themselves. The accurate identification of physical and emotional needs by their caregiver allows these individuals to become aware of their own needs and wants; they are able to define themselves within the security of a safe relationship. As these individuals mature, they are able to extend these early experiences of trust and self-value to the larger world. They develop a prototype or working model of how they expect the world to be based on their early attachment experiences (see Kobak & Sceery, 1988). They hold an intrinsic belief that their needs will be met, that they will successfully interact with others, that they are of value and are inherently worth being loved and cared for by others.

A secure attachment history may act as a protective mechanism against loss of self. Self-worth, self-definition, and trust are traits that are observed in securely attached individuals and are incongruent with characteristics of loss of self such as a pervasive doubting of one's knowledge, perceptions, and experiences. Securely attached children are less vulnerable to peer pressure and depression than their insecurely attached peers (Nada Raja,
et al., 1992). These children also have better coping skills (Kobak & Sceery, 1988), higher levels of self-esteem, and a sense of well being (Armsden & Greenberg, 1987). These characteristics may thus enable securely attached children to resist developing a false or lost sense of self.

Insecurely attached individuals do not have a prototype or model of the world that reflects safety and trust. These individuals have had primary caregivers that were unpredictable or emotionally unavailable (Karen, 1994). Their needs were not consistently and, perhaps, adequately met while they were growing up. Individuals with an insecure attachment history grow up feeling not valued and sensing that they are not worth being cared about. As these individuals extend their relational prototypes to the larger world, they are quite possibly expecting to be devalued, unheard, and overlooked. Without an inherent sense of self-worth (that should have, ideally, been internalized from a caring and responsive primary caregiver), these individuals lack an internal protective mechanism that leaves them vulnerable to attacks on their self-esteem and their very sense of themselves. By the time they reach adolescence these individuals seem to develop a deep-seated sense of unworthiness. They have more negative beliefs about themselves and others, have lower levels of self-confidence,
and less ability to trust. They are also more prone to depression, peer pressure, antisocial activity, teen pregnancy, and suicidal attempts (e.g., Armsden & Greenberg, 1987; Gold & Yanoff, 1985; Kobak & Sceery, 1988; Lapsley et al., 1990; and Nada Raja et al., 1992). These traits are more congruent with behaviors that are characteristic of loss of self.

It is perhaps the insecurely attached individual's struggle with feelings of worthlessness and insecurity that makes him or her susceptible to loss of self. Experiencing a loss of self involves the giving up of authentic parts of oneself for an idealized, contrived, and inauthentic self, and this process is done in an attempt to establish and/or preserve relationships. For individuals with an impoverished attachment history, the process may appear very appealing; they give up parts of themselves, selves that have been thwarted and truncated and are of little value, in their minds, to anyone, in exchange for being in a mutual relationship replete with harmony and acceptance. The problem is that no authentic relationship is replete with harmony and acceptance, so the individuals are again faced with a decision to give up more of themselves for the sake of the relationship. And, surprisingly, many do, and they continue to do so until their selves have been eroded and
replaced with a perfect person, certain of nothing except the desperate longing of being accepted and valued. It may be that for insecurely attached individuals, their lack of self-worth creates a vacuum that they incessantly try to fill by being valued by others, and this desire for feeling valued is so great that in order to obtain it, they sacrifice their very selves.

The quality of early maternal attachment is probably only one piece of the loss of self puzzle. Clearly it is an important predictor of loss of self, but more investigation needs to done to gain a clearer picture of what clinicians and researchers are witnessing. Pipher (1994) talks with girls in a clinical setting and is consistently seeing girls struggle with issues of loss of self. The group of girls she sees is probably not representative of girls in the general population, but, it is clear that Pipher does not consider them all to have impoverished attachment histories. Brown and Gilligan (1992) did not interview girls from a clinical setting but from a private girls' school, and the majority of their sample dealt with issues of loss of self. Because the majority of the population is considered to be securely attached (Karen, 1990), it is likely that many of the girls in Brown and Gilligan's study were securely attached. These clinical and empirical observations suggest
that a secure attachment history is not enough to protect girls from experiencing a loss of self.

Pipher (1994), Brown and Gilligan (1992), and others working in this area (e.g., Debold, et al., 1994; Jack, 1991; Rogers, 1993) have separately but unanimously implicated our patriarchal culture in contributing to girls' loss of self. It has been suggested that as girls come of age and begin to understand cultural limitations on women and the lack of power women have in this society, they begin to shut down their unique sense of self and take on culturally prescribed norms to define their sense of self. The present study tried to capture the degree to which women have internalized these cultural norms, but it failed to find internalization of culture to be a significant predictor of loss of self in late adolescent and early adult women.

However, there are at least two issues regarding this study that need to be considered before disregarding culture as a contributing factor to loss of self. The first issue is the sample that was used in this study. The women who made up the current sample were older than the girls that Pipher (1994) and Brown and Gilligan (1992) observed. This was justified because of Pipher's observation that girls need to be a little older to gain perspective on their
experiences, but perhaps the age range for this sample (18 - 23 years) was too far removed from the tumultuous experiences of adolescence. Debold et al. (1994) indicated that once women pass through this stage of development, which requires girls to give over authentic parts of themselves and ascribe to the cultural norms of femininity, they may not have the ability to look back and recognize the loss that took place. Another possibility concerning this sample of college women is that they may not be representative of women in general. Young college women are often in the throes of defining themselves—deciding what to major in, who to date, what they will be doing in the future, etc. They are, in a sense, overcoming cultural limitations by becoming more educated and gaining more control over their future. This process may negate views on cultural limitations.

A second issue to consider concerns the assessment of culture. The items on the AWS (Spence & Helmreich, 1978) and on the LFAIS (Morgan, 1996) may have been too ideological and may not have been representative of what Pipher (1994) and Brown and Gilligan (1992) and others (e.g., Debold et al., 1994) have referred to as culture. In retrospect, loss of self should have been operationalized to capture a personal experience of loss. It may have been too
much of an assumption to expect women to connect what they believe in general about how women should be treated by men, etc. to what they felt about a specific and personal loss that was somehow justified by this culture. The latter example would be more representative of the type of loss incurred when losing one's self; it is a deeply personal loss. The AWS and the LFAIS were employed in this study because they were established scales concerning our patriarchal culture, but the items on these scales did not seem to capture what Pipher (1994), Brown and Gilligan (1992), and Debold et al. (1994) were delineating as culture. Beliefs about feminist ideology and traditional roles are very different than the beliefs and expectations women hold about themselves. When these authors and researchers describe "girls coming up against our patriarchal culture" they are referring to the devaluation that is experienced when girls realize that they don't measure up to some social standard of idealized femininity. It is a feeling of personal loss, of some core deficiency, and it wounds the self. Similar to the insecurely attached individual's continuous search to be valued and accepted, girls experiencing this type of wound may frantically seek to be valued and accepted in this culture and their quest
may bring them in perilous danger of losing their sense of self.

Future research should investigate the positive relationship between insecure attachment styles and loss of self. It was not possible to directly assess this relationship with this sample. Clinical research and those working with adolescent females should also be concerned with establishing some corrective therapeutic experiences for those clients with insecure attachment histories, and also looking at the long-term consequences of those interventions through longitudinal studies (e.g., did the corrective experience protect those individuals from a loss of self?).

Future research should also address culture and its impact on loss of self from a more personal point of view. It is now apparent that a scale needs to be developed containing items that reflect personal experiences of devaluation attributable, at least in part, to the patriarchal culture. Another aspect to consider in the assessment of internalization of culture is that it may be a factor affected by social desirability and, therefore, difficult to assess using any type of self-report scale. Participants may have responded to questions regarding their feminist ideology based on how they thought they "should"
answer rather than how they believe the world to be. Pipher (1994) and Brown and Gilligan (1992) may have been able to overcome the bias of social desirability because they used an interview format and had established somewhat of a rapport with their clients/participants. It may be necessary to employ an interview format to fully understand girls' and women's experiences of being devalued by this culture. It is clear that only when culture can be assessed at a more personal level can we begin to understand its relationship to loss of self.

This study has clear implications for parenting practices. Warm, responsive, and consistent primary caregivers who are tuned into their infants physical and emotional needs will provide their children with the protective mechanism of an internal sense of self-worth.

"Whether you trust others or not, whether you anticipate love or rejection, whether you feel good about yourself as a person—are these things inherited? No, Ainsworth says. These are not inherited traits, they are learned; and although subject to change, they are initially determined by the sensitivity and reliability of the care you received in your first years . . . There is something simple and life-affirming in the attachment message—that the only thing your child needs in order to thrive emotionally is your emotional availability and responsiveness" (in Karen, 1990).

This study has provided an initial investigation into the etiology of loss of self. This study has gleaned that a secure attachment history may act as a protective mechanism
to loss of self and that culture, as measured by an
ascription to feminist ideology, is not related to loss of
self. In addition, this study adds to the growing body of
developmental literature attesting to the importance of
secure attachment relationships between children and their
primary caregiver.
APPENDIX A: Silencing the Self Scale (STSS)

A. Please read each statement carefully and choose the response below that best describes how you feel about each of the statements. Write the number representing your answer choice on the line next to each statement.

Strongly Disagree Somewhat Disagree Neither Agree Somewhat Agree Strongly Agree
1 2 3 4 5

1. I think it is best to put myself first in a relationship because no one else will look out for me.

2. I don't speak my feelings in an intimate relationship when I know they will cause disagreement.

3. Caring means putting the other person's needs in front of my own.

4. Considering my needs to be as important as those of the people I love is selfish.

5. I find it is harder to be myself when I am in a close relationship than when I am on my own.

6. I tend to judge myself by how I think other people see me.

7. I feel dissatisfied with myself because I should be able to do all the things people are supposed to be able to do these days.

8. When my partner's needs and feelings conflict with my own, I always state mine clearly.

9. In a close relationship, my responsibility is to make the other person happy.

10. Caring means choosing to do what the other person wants, even when I want to do something different.
<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Neither Agree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

11. In order to feel good about myself, I need to feel independent and self-sufficient.
12. One of the worst things I can do is to be selfish.
13. I feel I have to act in a certain way to please my partner.
14. Instead of risking confrontations in close relationships, I would rather not rock the boat.
15. I speak my feelings with my partner, even when it leads to problems or disagreements.
16. Often I look happy enough on the outside, but inwardly I feel angry and rebellious.
17. In order for my partner to love me, I cannot reveal certain things about myself to him/her.
18. When my partner's needs or opinions conflict with mine, rather than asserting my own point of view I usually end up agreeing with him/her.
19. When I am in a close relationship I lose my sense of who I am.
20. When it looks as though certain needs of mine can't be met in a relationship, I usually feel that my needs weren't very important anyway.
21. My partner loves and appreciates me for who I am.
22. Doing things just for myself is selfish.
23. When I make decisions, other people's thoughts and opinions influence me more than my own thoughts and opinions.
24. I rarely express my anger at those close to me.
<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Neither Agree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
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</table>

25. I feel that my partner does not know my real self.

26. I think it's better to keep my feelings to myself when they conflict with my partner's.

27. I often feel responsible for other people's feelings.

28. I find it hard to know what I think and feel because I spend a lot of time thinking about how other people are feeling.

29. In a close relationship I don't usually care what we do, as long as the other person is happy.

30. I try to bury my feelings when I think they will cause trouble in my close relationship(s).

31. I never seem to measure up to the standards I set for myself.

If you answered the last question with a 4 or 5, please list up to three of the standards you feel you don't measure up to.

1. 
2. 
3. 

75
APPENDIX B: The Objectified Body Consciousness Scale (OBC)

B. Read the following statements and select the number that best describes how you feel. Write the number representing your level of agreement or disagreement on the line next to each statement.

Strongly Disagree Disagree Neither Agree Agree Strongly Disagree Slightly Agree Slightly Agree nor Disagree

1 2 3 4 5 6 7

_____ 32. I rarely think about how I look.
_____ 33. I think it is more important that my clothes are comfortable than whether they look good on me.
_____ 34. I think more about how my body feels than how my body looks.
_____ 35. I rarely compare how I look with how other people look.
_____ 36. During the day, I think about how I look many times.
_____ 37. I often worry about whether the clothes I am wearing make me look good.
_____ 38. I rarely worry about how I look to other people.
_____ 39. I am more concerned with what my body can do than how it looks.
_____ 40. When I can't control my weight, I feel like something must be wrong with me.
_____ 41. I feel ashamed of myself when I haven't made the effort to look my best.
_____ 42. I feel like I must be a bad person when I don't look as good as I could.
<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree Slightly</th>
<th>Disagree</th>
<th>Neither Agree</th>
<th>Agree Slightly</th>
<th>Agree nor Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

43. I would be ashamed for people to know what I really weigh.

44. I never worry that something is wrong with me when I am not exercising as much as I should.

45. When I'm not exercising enough, I question whether I am a good enough person.

46. Even when I can't control my weight, I think I'm an okay person.

47. When I'm not the size I think I should be, I feel ashamed.

48. I think a person is pretty much stuck with the looks they are born with.

49. A large part of being in shape is having that kind of body in the first place.

50. I think a person can look pretty much how they want to if they are willing to work at it.

51. I really don't think I have much control over how my body looks.

52. I think a person's weight is mostly determined by the genes they are born with.

53. It doesn't matter how hard I try to change my weight, it's probably always going to be about the same.

54. I can weigh what I'm supposed to when I try hard enough.

55. The shape you are in depends mostly on your genes.
APPENDIX C: The Self-Esteem Scale (SES)

C. Please read the following statements and choose the level of agreement that best describes you. Write the number that represents your response on the line next to each statement.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

_____ 56. I feel that I am a person of worth, at least on equal basis with others.
_____ 57. I feel that I have a number of good qualities.
_____ 58. All in all, I am inclined to feel that I am a failure.
_____ 59. I am able to do things as well as most other people.
_____ 60. I feel I do not have much to be proud of.
_____ 61. I take a positive attitude toward myself.
_____ 62. On the whole, I am satisfied with myself.
_____ 63. I wish I could have more respect for myself.
_____ 64. I certainly feel useless at times.
_____ 65. At times I think I am no good at all.
APPENDIX D: The Liberal Feminist Attitude and Ideology Scale (LFAIS)

D. Please read the following statements and write the number that best describes how you feel about each issue.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

66. Women should be considered as seriously as men as candidates for the Presidency of the United States.

67. Although women can be good leaders, men make better leaders.

68. A woman should have the same job opportunities as a man.

69. Men should respect women more than they currently do.

70. Many women in the work force are taking jobs away from men who need the jobs more.

71. Doctors need to take women's health concerns more seriously.

72. America should pass the Equal Rights Amendment

73. Women have been treated unfairly on the basis of their gender throughout most of human history.

74. Women are already given equal opportunities with men in all important sectors of their lives.

75. Women in the U.S. are treated as second-class citizens.

76. Women can best overcome discrimination by doing the best that they can at their jobs, not wasting time with political activity.
APPENDIX E: The Attitudes toward Women Scale (AWS)

E. The statements below describe attitudes toward the roles of women in society which different people have. You are asked to express your feeling about each statement by indicating whether you agree strongly, agree mildly, disagree mildly, or disagree strongly. There are no right or wrong answers, only opinions.

<table>
<thead>
<tr>
<th>Agree Strongly</th>
<th>Agree Mildly</th>
<th>Disagree Mildly</th>
<th>Disagree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

77. Swearing and obscenity are more repulsive in the speech of a woman than a man.

78. Under modern economic conditions with women being active outside the home, men should share in household tasks such as washing dishes and doing the laundry.

79. It is insulting to women to have the "obey" clause remain in the marriage service.

80. A woman should be as free as a man to propose marriage.

81. Women should worry less about their rights and more about becoming good wives and mothers.

82. Women should assume their rightful place in business and all the professions along with men.

83. A woman should not expect to go to exactly the same places or to have quite the same freedom of action as a man.

84. It is ridiculous for a woman to run a locomotive and for a man to darn socks.

85. The intellectual leadership of a community should be largely in the hands of men.

86. Women should be given equal opportunity with men for apprenticeship in the various trades.
<table>
<thead>
<tr>
<th>Agree Strongly</th>
<th>Agree Mildly</th>
<th>Disagree Mildly</th>
<th>Disagree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

87. Women earning as much as their dates should bear equally the expense when they go out together.

88. Sons in a family should be given more encouragement to go to college than daughters.

89. In general, the father should have greater authority than the mother in the bringing up of children.

90. Economic and social freedom is worth far more to women than acceptance of the ideal of femininity which has been set up by men.

91. There are many jobs in which men should be given preference over women in being hired or promoted.
APPENDIX F: The Inventory of Parent and Peer Attachment (IPPA)

F. Each of the following statements asks about your feelings about your MOTHER, or the person who has acted as your mother. Please select the response which best characterizes your relationship with your mother.

<table>
<thead>
<tr>
<th>Almost Never or Never</th>
<th>Not Very Often</th>
<th>Sometimes True</th>
<th>Often True</th>
<th>Almost Always True</th>
</tr>
</thead>
<tbody>
<tr>
<td>True 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. My mother respects my feelings.
2. I feel my mother does a good job as a mother.
3. I wish I had a different mother.
4. My mother accepts me as I am.
5. I like to get my mother's point of view on things I'm concerned about.
6. I feel it's no use letting my feelings show around my mother.
7. My mother can tell when I'm upset about something.
8. Talking over my problems with my mother makes me feel ashamed or foolish.
9. My mother expects too much from me.
10. I get upset easily around my mother.
11. I get upset a lot more than my mother knows about.
12. When we discuss things, my mother cares about my point of view.
13. My mother trusts my judgment.
105. My mother has her own problems, so I don't bother her with mine.

106. My mother helps me to understand myself better.

107. I tell my mother about my problems and troubles.

108. I feel angry with my mother.

109. I don't get much attention from my mother.

110. My mother helps me to talk about my difficulties.

111. My mother understands me.

112. When I am angry about something, my mother tries to be understanding.

113. I trust my mother.

114. My mother doesn't understand what I'm going through these days.

115. I can count on my mother when I need to get something off my chest.

116. If my mother knows something is bothering me, she asks me about it.
APPENDIX G: The Maternal Attachment Security Scale (SECURE)

G. Which of the following best describes your MOTHER (or the person who filled that role in your life) while you were growing up?

117. Please place an "X" by ONLY ONE.

________ She was fairly cold, distant, or rejecting, not very responsive: I wasn't her highest priority, her concerns were often elsewhere; it's possible that she would just as soon not have had me.

________ She was noticeably inconsistent in her reactions to me, sometimes warm and sometimes not; She had her own needs and agendas which sometimes got in the way of her receptiveness and responsiveness to my needs; She definitely loved me but didn't always show it in the best way.

________ She was generally warm and responsive; She was good at knowing when to be supportive and when to let me operate on my own; Our relationship was almost always comfortable, and I have no major reservations or complaints.
APPENDIX H: Maternal Warmth Scale

H. Please select the response which best characterizes your relationship with your mother (or the person who filled that role for you) WHILE YOU WERE GROWING UP:

<table>
<thead>
<tr>
<th>Strongly</th>
<th>Slightly</th>
<th>Neither</th>
<th>Agree</th>
<th>Slightly</th>
<th>Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>Disagree</td>
<td>nor Disagree</td>
<td>Agree</td>
<td>Agree</td>
<td>Agree</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

______ 118. My mother was democratic (i.e., fair, listened to my point of view) in her parenting style.

______ 119. My mother was warm and loving toward me (i.e., was affectionate, praised me gave me lots of attention).

______ 120. I felt very secure in my relationship with my mother.

______ 121. I had a close relationship with my mother.

______ 122. My mother showed a lot of interest and attention toward me.

______ 123. I could talk to my mother about anything.
APPENDIX I: Demographic Questionnaire

I. Background Information:

1. Your age: _______

2. Your sex (circle one): male female

3. Your current marital status (check one):
   ______ single
   ______ married
   ______ separated/divorced
   ______ widowed
   ______ other (__________)

4. What is your ethnic background? (Check one)
   ______ African American
   ______ Asian
   ______ Caucasian
   ______ Hispanic/Latino
   ______ Native American
   ______ Other (__________)

5. If your parents were separated/divorced or widowed, how old were you when this occurred?
   ______

6. Which parent(s), if any, do you live with now?
   ________________________________
7. Your parents' current marital status (circle one for each):

MOTHER:  married  separated/divorced  widowed
          other  (______________)

FATHER:  married  separated/divorced  widowed
          other  (______________)

8. What was the highest grade in school (or level of education) your mother completed?

____________

9. What was the highest grade in school (or level of education) your father completed?

____________

10. When answering the above questionnaire, to whom were you referring to when answering the questions pertaining to your primary caregiver?

      _______ Mother
      _______ Step-Mother
      _______ Other (please specify:_______________________)
References


