A Trust-Based Psychotherapeutic Approach to Adlerian Psychology:
Using the Building Blocks of Commitment, Intimacy, and Attachment
to Construct Lasting Adult Relationships.

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ABSTRACT:
One of the most significant adult developmental tasks is establishing an affectional bond with a romantic partner. As a couple forms a bond, they bring into the relationship two different views regarding the expectation of trust based on previous experience. The trust needed to support a lasting adult relationship is developed through a balance of intimacy, communication, and attachment. These three factors create an spherical triangle where the congruent middle represents the measure of trust. Reduce any one of the three and the amount of trust is reduced accordingly and the relationship is out of balance.
CHAPTER ONE

Introduction of Trust Based Therapy

Many adults face difficulties in achieving life-satisfaction and emotional well-being due to the nature of their intimate relationships. Each year countless hours are spent with therapists assessing and guiding clients in their quest for relationship contentment. If simple desire to change was the solution then recognition and education regarding how one’s behavior affects others should be the key to happy bonding. However, most professionals agree that early-developed patterns of behavior profoundly influence trust, dependency, and decision making throughout life. The high-strung difficult infant does not typically morph into a carefree, gregarious adult; nor does the pleasant, adaptable child usually turn into an anxious, jealous partner. If personality, or at least temperament, is fairly set in stone by the early age of five or six, then is it possible to retool thinking to bring about a different view of life and thus change behavior?

An abundance of time in research has been spent examining the basis of attraction, which operates on many levels including a complex interplay of biology and behavior. Some consider harmony a baseline requirement for a happy home life, others enjoy the challenge of a competent sparring partner. Compatibility is not attributed to some common inventory of traits and indeed the definition of “the perfect mate” is as unique as is each person. Relationship contentment can best be observed through cohesive practices of a relationship such as how a couple communicates, their adult social
functioning, and the nature of their intimacy. Trust is at the core. Once a couple has established trust they feel a higher degree of safety in their communication and intimacy.

Work, friendship, and love were the three life tasks that Alfred Adler identified as the core of happiness (or distress) in human life. He defined the love task as the most intimate union between partners; the strongest and closest emotional relationship which can exist between two human beings. According to Adler, fulfillment of the love task takes the courage to fully and joyfully accept a partner and it is through this acceptance that desire is awakened. When two people completely desire and accept each other the task is achieved.

Recent studies identified five categories that keep a couple in a committed relationship, they are; personal factors, relationship factors, external factors, values, and family/children (Pryor & Roberts, 2005). A deeper examination of these categories reveals communication, intimacy, and trust as the core components, with personal expectations in each of these factors influencing the individual’s assessment of happiness.

A direct connection between trust, attachment, and interpersonal problems stem from the patterns established in childhood relationships and reenacted in adult relationships (Horowitz, Rosenberg, & Bartholomew, 1993). It stands to reason that this connection has caught the attention of many researchers because it provides a pattern to understand the evolution, maintenance, and dissolution of adult intimate relationships. It is not surprising to any professional involved with human development that current reports show 40 to 50% of adults who seek mental health services report relationship discontent (Schwartz & Olds, 2001).
A trust-based psychotherapy approach uses a triangular framework of attachment, communication, and intimacy to move toward emotional well-being and establish a lasting relationship between two individuals. The central idea of trust-based psychotherapy is to identify and heal poor attachment patterns established in childhood, while establishing new perspective and mastery in the communication and intimacy response. The result is a meaningful exchange of trust based on healthy regard for an individual’s partner and a deeper understanding of self.

Functions of early attachment influence the interaction between adult intimate partners. With beginnings in parent-child exchanges, working models of attachment are developed which guide movement in adulthood. Although individuals continue to grow emotionally as they enter new relationships, cognitive models developed in childhood continue to influence adult social functioning over the life span. Childhood attachment styles affect the differences in adult styles of relating, the view of self and of others, and most decisively the quality of adult love relationships (Collins & Feeney, 2004). Adult support seeking behavior, activated whenever trust is threatened is a manifestation of the attachment behavioral system. Well-being in adulthood, similar to the experience in childhood, depends upon having a reliable place of safety in times of stress (Collins & Feeney, 2000).

Adlerian psychology defines personality (or character) as different people responding differently to the same circumstances and influences. Social Interest is a fundamental Adlerian principal, which correlates to a sense of belonging – a commonality with others and a sense of being one of them (Dreikurs, 1989, p. 5). The
more successful one is in social functioning the more successful one is in fulfilling the tasks of life.

Long before attachment research connected a sense of belonging in childhood with the same in adulthood, Adlerians had drawn the same conclusion. According to Rudolf Dreikurs, “Man does not merely react. He adopts an individual attitude. The attitude adopted depends on the impressions that individual forms in early childhood…Therefore, the decisive factor for the development of character is not the influence of environment, but the attitude to environment, which the individual takes up. Man develops his characteristic behavior – his character – by opposition or support, negation or affirmation, acceptance or non-acceptance of the group into which he is born” (1989, p. 4).

Studies on attachment infer correlation in the development of personality, emotion regulation, and psychopathology. Conversely, the Adlerian perspective is holistic in nature acknowledging that humans are socially embedded and that there is a sociocultural origin to psychological development. However, it goes beyond this to include a teleological principal; that is, there is a difference between cause and purpose. Individual opinions, attitudes, and views override the facts and the standpoint one takes is decided by what is thought or felt. One of Adler’s most fundamental concepts was, “…whatever happens to us is of lesser importance that what we make out of it” (Oberst & Stewart, 2003, p. 11).

Individual interpersonal history affects expectations and behavior when considering both communication and intimacy. The attraction a couple feels and how they interact is influenced by the degree of trust they have for one other. The ability they
have to trust will guide how they construct their social world and interact with others, whom they will decide to care for, and what information they deem as significant (Collins & Feeney, 2004). In accordance with both Adlerian teaching and current research, individual expectations within an intimate relationship play a major role in the happiness and satisfaction of a couple, especially when those expectations pertain to acceptance and rejection. The expectations of acceptance and rejection can elicit behavior from others in what is often referred to as the self-fulfilling prophecy (Downey, Freitas, Michaelis, & Khouri, 1998).

In *The Fundamentals of Adlerian Psychology*, Dreikurs states, “…all the characteristics of the individual, and indeed his whole personality, are developed by the attitude he adopts to his environment in early childhood. Actually this is possible only if the human psyche is teleologically orientated. In other words, the goal, which the individual pursues in his actions, is the decisive factor. We must admit this if we believe that his attitude to his environment consistently determines all his actions, and the sum of his actions – his personality” (1989, p. 10).

Adler defined the purpose of the self-fulfilling prophecy using the teleological position. In a teleological orientation people’s present beliefs, emotions, and behaviors are guided by their goals and expectations for the future. That is, it is not the future itself that affects a person’s present mental events, but the anticipated future as it is constructed in the present. This both clarifies and parallels the position that Adler called “fictional reality” whereas both the present and future is subjectively created by each individual. (Oberst & Stewart, 1989, p. 15).
In Adlerian terms, any single peculiar circumstance exaggerated out of all proportion to the real condition illustrates an individual’s fictional reality. It also shows that an individual can only persist in their first belief by grossly misrepresenting facts encountered later. “We are forced to regard everything we see and all our experiences from a biased standpoint if we wish to preserve intact the mistaken ideas about life and ourselves which we formed as children. The private logic, which each person develops, appears to justify his mistaken behavior, and prevents him from seeing the logical consequences of mistakes in his life plan. We “make” our experiences according to our “biased apperception” and can learn by experiences only if no personal bias is involved,” Rudolf Dreikurs (1989, p. 45).

Communication has long been identified as a necessary component of a healthy intimate relationship and the best way to resolve conflict. A variety of behaviors demonstrate a couple’s ability to communicate. Studies suggest that these behaviors are not just reflective of relationship quality, but actively contribute to it (Collins, 1996). Despite skill, the degree of trust one feels influences the effectiveness of communication, especially via non-verbal cues. Underlying patterns are generated through beliefs and expectations, thus relationship partners are not passive recipients of their life circumstances, but rather participants in the construction of their own reality.

Individuals interpret intimate events in accordance with their personal beliefs. Variations in levels of trust affect the interpretation of their partner’s intent. Securely attached individuals characteristically feel comfort with closeness and intimacy, trust that they are loved, valued, and can count on others when needed. They are able to acknowledge emotional distress and are less likely to attribute their partner’s behavior to
something negative about themselves or about the relationship. They are unlikely to interpret their partner’s actions as having negative intentions.

Individuals in distressed relationships tend to infer and maximize their partner’s negative behavior while minimizing the recognition of positive behavior. Preoccupied individuals have a strong desire for intimacy but a low level of trust. They often doubt their partner’s reliability while worrying about rejection and abandonment. They tend to exaggerate levels of negative emotion, blame themselves for their partner’s negative behavior, and generally explain their partner’s actions in a way that demonstrates a lack of self-worth and self-reliance.

Avoidant personalities feel discomfort in close intimate relationships and in reliance on others; they tend to be unconcerned about acceptance or approval. They are likely to deny feelings of distress, explain events in a manner that depict negative motivation in their partner, and interpret their partner’s actions as detrimental to the security of their relationship.
CHAPTER TWO

The Role of Attachment in Lasting Relationships

Researcher John Bowlby introduced attachment theory to the world in a series of books written from 1969 to 1980. He proclaimed that attachment theory provides an explanation for the differences of personal adaptation across the lifespan (Collins, Cooper, Albino, & Allard, 2002). The work of John Bowlby revolutionized the view of the mother-child relationship. He developed the basic tenants of his theory taking concepts from ethology, cybernetics, and evolutionary theory as well as developmental and psychoanalytic psychology.

After extensive training in science and developmental psychology, Bowlby graduated from the University of Cambridge in 1928 with the goal of a career in child psychiatry. He continued his education at the British Psychoanalytic Institute. The institute followed two direct patterns of thought at that time; Freudian and Kleinian. Freud proposed children were attached to their caregivers (mother) because they provided nourishment and Klein maintained that children’s emotional problems are almost entirely due to fantasies generated from internal conflict between aggression and sexual instinct.

During his service in WWII Bowlby worked on officer selection procedures developing a strong level of methodological and statistical expertise unusual for a psychiatrist or psychoanalyst. At the end of the war he was invited to become head of the Children’s Department at the Tavistock Clinic in London, which he renamed the Department for Children and Parents. He later reported that it was here he was able to achieve clinical breakthroughs by means of interviews regarding the childhood
experiences of parents with troubled children. He went on to develop his own research unit to study the emotional effects on children in context of mother-child separation.

Bowlby eventually developed attachment theory as he became increasingly dissatisfied with the commonly accepted psychoanalytical theories. He believed that attachment was an important factor of human emotional development from birth to death. Turning to evolutionary theory, Bowlby deduced a biological motivation for attachment. He concluded that humans developed and internalized attachment styles for protection and survival, with the primary goal of maintaining security (Shorey & Snyder, 2006).

Mary Ainsworth continued John Bowlby’s work through the study of infant separation from their mothers. Bowlby and Ainsworth worked independently of one another, but it was her innovative methodology that made it possible to test his ideas empirically and expand the theory. She identified three attachment styles: secure, anxious-ambivalent, and avoidant (Shorey & Snyder, 2006). Later, other researchers building on Ainsworth’s work identified one more attachment style: disorganized attachment.

The ideas that guide today’s research in Attachment Theory have a long developmental history and the current research is moving ahead at a dramatic pace. Today researchers are beyond working to substantiate the theory but have moved into exploring the practical applications. Investigation incorporates the psychological and representational aspects of attachment theory including the intergenerational extension of attachment patterns.

Prior to 1990 many of the beliefs on the continuance of attachment patterns over time and generations were purely theoretical. In the mid 1980’s an adult attachment
interview had been constructed to classify adults by their emotional state in regard to attachment (Ainsworth, 1989). Beginning in the early 1990’s attention was beginning to be paid to the theory as it applied to young adults and dating situations.

“Working models” are a term first used by Bowlby to describe the internal thoughts and views one holds about self and others (Collins & Feeney, 2004). The working model is developed in the first years of an individual’s life by the process of interaction with one’s primary caregivers as the individual attempts to gain security and comfort. Over time a person develops expectations and beliefs that grow to be the general view of trust for others. This process also has a substantial impact on the self-schema, or generalizations of repeated experiences. This process is the way the mind prepares itself for the future by responding to past experiences.

The Adlerian “style of life” is a broad term used to observe how people attempt to attain a sense of completion and belongingness while also carrying out the tasks of life (Dreikurs, 1989, p. 43). Synonymous with character, the term does not refer to any specific way of life, but how the aspects of personality function together. It is generally accepted that the style of life is developed in early childhood through a child’s experiences and the child’s creative answer to those experiences. It is formed in response to the family atmosphere, the role in the family-of-origin, and early developmental experiences. To know someone is to understand their lifestyle. The medical model is irrelevant in Adlerian psychotherapy as an individual is seen as a whole person; their lifestyle as a personal narrative and characteristic of how they deal with life. With a holistic emphasis, the Adlerian finds interest in the way individuals’ interconnectedness
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of symptoms is used in the service of their life goals – either on the useful or the useless side of life.

Based on the caregivers responsiveness to needs expressed in infancy and childhood, one generates an opinion of worthiness, trust, control, and dependability. Widely accepted in the field of psychology are the three primary infant-caregiver attachment patterns that correlate to differences in caregiver responsiveness and warmth; secure, avoidant, and anxious-ambivalent (Collins & Feeney, 2004). As an individual moves into adulthood, these working models also direct internal drives such as feelings, awareness, interpretation, and memory (Collins & Feeney, 2004).

Secure attachment style develops from supportive caregiving that is sensitive and responsive, therefore, the secure person reflects these same attributes. An avoidant attachment style develops in the presence of a caregiver that is unsupportive and rejecting, increasing an individual’s need for self-reliance and the suppression of vulnerability (Collins et al., 2002). The anxious-ambivalent model develops when the child fears abandonment, developing into an adult who is hypervigilant to clues of rejection or danger of losing their relationship (Shorey & Snyder, 2006). And, recently added, the fourth attachment style of disorganized attachment is developed when a caregiver’s behavior is overwhelming, frightening, and chaotic. (Shorey & Snyder, 2006). The child is ‘stuck’ because there is an impulse to seek comfort from the very source of the terror (known as fright without solution). As an adult the only possible response of the attachment system is to become disorganized and chaotic.

Although Bowlby identified a link between these early attachments and adult behavior, his continued research focused on the relationship between children and their
primary caregivers. It was not until the mid to late 1990’s that researchers began taking a stronger interest in the implications of attachment theory in adult romantic relationships.

Adult romantic love is primarily an adult attachment relationship which follows a similar process and function of childhood attachment. It is a misconception that adults try to replace their gender opposite parent. Rather, in both childhood and adulthood, the primary relationship serves as a secure base for times of stress and a safe foundation from which to explore the world. An individual’s confidence in the stability of this secure base defines the degree of trust (toleration for separation without anxiety). Stress and threatening events often prompt an individual to seek support and comfort from close relationships. Receiving support, or having the confidence that it is available when needed, is critical to effective coping and long term well-being (Collins & Feeney, 2000).

The Interactive Role of Attachment and Communication

A four-year study comprised of 172 newly wed couples was conducted to specifically look at the communication skills and affective tone of communication as it relates to problem solving skills in marriage (Johnson et al., 2005). The finding supported the premise that good communication and positive regard does indeed lead to marital satisfaction. Good communication was defined in the study in as the same traits evident in secure attachment; viewing the world as a positive place, trusting the motives of others, and openness in significant relationships. Intimate expressions of affection, humor, and interest had the power to reduce marital deterioration and positively change relationship satisfaction.

Early research on adult relationship attachment was primarily conducted by means of questionnaires and interviews with American college student volunteers. The
test subjects consisted predominantly of white participants ranging in age from 18 to 24. The researchers used established instruments measuring a variety of interpersonal skills such as communication and listening, confidence in social situations, self-assertiveness, self-esteem, and a general feeling of acceptance as satisfaction and levels of intimacy were measured. Researchers were also evaluating beliefs in regard to trust (altruism, human motives, and the dependability of others) and communication (self-view about personal dominance, competitiveness, expressiveness, nurturance and locus-of-control).

In a longitudinal study that evaluated trust (primarily on the measures of self-esteem, conflict, and the quest for felt security), 116 couples were followed for a period of 12 months (Murray et al., 2000). Initially, the couples rated the positive and negative qualities they saw in themselves and in their partners, additional information was gathered after four months and again at the end of the study. The research indicated that the perception of trust an individual has about his or her partner is a direct link to the health of the relationship; the evidence compellingly indicated that low self-esteem is detrimental to the well being of a relationship and high self-esteem is a benefit. When one has low self-esteem, they doubt the genuineness of their partner’s motives. Whereas, an individual with high self-esteem generates good thoughts about his or her partner and thus creates a happier, healthier relationship between the two.

In 2000, investigations looked at theoretical development in the search for trust; the safe haven of support seeking and care-giving in intimate relationships. (Collins & Feeney, 2000; Murray et al., 2000). Each study recruited close to 100 or more dating and married couples for their research. The assessment for care-giving and support-seeking took place as couples were videotaped during a variety of activities ranging from playing
games to conversation about recent personal concerns. The results revealed that individuals who sought support for issues that were deemed stressful elicited more effective caregiving responses from their partners. Characteristics in the findings were particularly significant in support that attachment and caregiving are mutually supportive (Collins & Feeney, 2000). The study showed when support seekers expect their caregivers to be nurturing the care they receive is more encouraging.

Just as communication is extremely important to a couple’s satisfaction, research identifies sexual satisfaction as playing a vital role in maintaining a happy relationship.
CHAPTER THREE

The Role of Intimacy in Lasting Relationships

Intimacy can be observed by the interpersonal behaviors of a couple such as spending time together, sharing experiences and remaining sexually exclusive. These relationship-specific practices act as signals of commitment to an intimate other. Shared time between partners is significant for creating the identity of a couple and is a clear signal of devotion to the partnership. Sexual intimacy with continuous sexual relations over a long period of time is also symbolic of a healthy relationship.

Research offers evidence that a romantic partner generally regards their loved one with more admiration than the person does of themselves (Murray, Holmes, & Griffin, 2000). Individual responses to trust within a relationship, such as dependency and vulnerability, differ between intimates with high or low self-esteem and persons with low self-esteem consistently report less satisfying and less secure marriages.

Fundamental to understanding Adlerian psychology is Private Logic: the often unconscious reasons for feeling, thinking, and behaving as one does (Oberst & Stewart, 2003, p. 25). Knowledge of the private logic may render meaningful the otherwise apparently meaningless behavior that an individual displays in a given situation and a deeper understanding of that individual’s fictional guiding lines of life. (The guiding lines, symbolic more of an individual’s view of the world and less of the world itself, develop as a compromise between external reality and a person’s wants, needs, and goals of the future). What is often revealed in therapy are the excuses an individual will use to explain his or her actions; the hidden aspect of this is called safeguarding. Safeguarding behaviors protect the individual from his or her own feelings of inferiority. Adler
identified a variety of safeguarding behaviors, which can be categorized into four areas; distancing complex, hesitating attitude, detouring around, and a narrowed path of approach (see page 36).

When sexuality is dysfunctional in a relationship it plays a powerful role, draining the relationship of intimacy and good feelings (Litzinger & Gordon, 2005). Researches have found that couples rate sexual satisfaction as one of the most important components of happiness and relationship contentment. Conversely, among the factors most highly related to sexual contentment, marital satisfaction is among the most important contributors. The lower the marital satisfaction, the greater the probability of sexual inactivity and separation, thus it is clear that the two are interrelated and worthy of as much attention as communication within a relationship.

As a couple forms a bond, they bring into the relationship two different expectations of intimacy. In difficult relationships, one individual’s actions influence the other eliciting complimentary reactions such as hostile-friendly or submissive-dominant. Non-complimentary reactions evoke tensions and one or both of the individuals must change to bring accord back to the relationship.

Roles of attachment supply a framework to understand the origins of rejection sensitivity and the safeguarding behaviors of the internal working models associated with complimentary reactions. Internal working models affect information processing as patterns of behavior become habitual and therefore less assessable to awareness.

*The Interactive Roles of Intimacy and Attachment*

Secure adults view themselves as open in intimate relationships and have higher levels of self-worth and confidence in social situations; they rely on others and feel
confident, accepted, and lovable. Additionally, they view the social world as a positive place and trust that the motives of others are true and unselfish. They rate their experience in relationships as positive, secure, and rewarding (Collins & Feeney, 2004; Feeney & Kirkpatrick, 1996).

Those with an avoidant adult working model steer clear of depending on others and feel discomfort in close relationships; they are apathetic to acceptance or rejection by others. Although they are reportedly less confident in social situations they carry high opinions of themselves and their self-worth, but view the world with negativity believing that others are not dependable or honorable. They rate their relationships poor in regards to commitment, security, or pleasure (Collins & Feeney, 2004; Feeney & Kirkpatrick, 1996).

Preoccupied adults, which encompass both anxious-ambivalent and disorganized attachment, have an intense desire for closeness. Paradoxically, the preoccupied adult is chronically unsure about the trustworthiness of others, forever worrying about rejection and abandonment. Life is characterized by low self-worth, low self-confidence, and shyness; viewing people as complicated and not easy to understand. Life through this individual’s eyes is devoid of control for both self and others; one feels misunderstood and experiences high levels of jealousy, inconsistency, and pessimism (Collins & Feeney, 2004; Collins & Read, 1990; Feeney & Kirkpatrick, 1996).

Sexual satisfaction is a significant factor in the quality and stability of intimate relationships which assimilate the behaviors of attachment, caregiving, and sexual intercourse (Birnbaum, Reis, Mikulincer, Gillath, & Orpaz, 2006). Attachment orientations, as related to acceptance and closeness, positively correlate to sexual
motives, attitudes, behaviors, and relationship quality via the sexual experience. Predictably, the low-anxiety and low-avoidance characteristics of secure individuals allow for stable, rewarding relationships developed through trusting, supportive, and committed romantic relationships. For this individual intimate touch and the expression of affection is pleasurable.

On the opposite end the high-anxiety, high-avoidant individual avoids commitment in relationships and is less likely to fall in love. Low levels of emotional involvement reinforce the fear of intimacy. Individuals falling into this category are comparatively erotophobic and report low sexual drive or a preference for emotion-free sex. If they do become involved in sexual activities they avoid associated behaviors such as kissing, cuddling, or intimate touch.

Communication and intimacy with the anxious-ambivalent individual is confusing as this personality style desires a close relationship but often obsesses over their lover with clingingess and controlling behaviors. These actions often drive their partner to the point of rejecting them, which in turn reinforces their self-schema rooted in insecurity and low self-worth. The anxious-ambivalent individual often engages prematurely in sexual activity as a means to gain emotional intimacy and care-giving but the result is often a disappointing or dysfunctional sexual relationships (Birnbaum et al., 2006).

A study from Israel explored the differences in attachment orientation to sexual satisfaction and subsequent relationship quality (Birnbaum et al., 2006). This study encompassed the results from observing 1,500 participants for a period of 42 days.

The study produced empirical evidence that the sexual and attachment structures are reciprocal. When there is satisfaction in the intimate nature of the relationship there
is satisfaction in the attachment structure and likewise. This study went beyond reports of satisfying sexual intercourse, but looked at the rich intimate experience that include positive and negative emotions, thoughts of self and one’s partner, and the sexual response cycle. The study produced gender-neutral evidence that attachment anxiety-persons experienced ambivalence toward the sexual experience and attachment avoidant-persons experienced negative sexual thoughts and experience. Day to day fluctuations in sexual satisfaction were more strongly impacted when one had an anxiously attached partner and a low impact when one’s partner was attachment-avoidant. Both attachment types reported negative sexual experiences. The consideration for this outcome is that avoidant persons experience stress by the closeness of sexual experience heightening their fears of intimacy and closeness. Whereas the anxious person has a strong desire for closeness, but is so internally caught up in fears of not being loved and accepted that he or she fails to have a satisfying sexual experience (Birnbaum et al., 2006).
CHAPTER FOUR

The Role of Communication in Lasting Relationships

Communication problems are the most common obstacle to relationship happiness identified by couples (via survey) and the most frequent complaint of couples entering therapy (Burleson & Denton, 1997). Therefore, it stands to reason that improving skills should lead to couple satisfaction. But does it? The truth is many of the interventions that focus only on improving communication skills and reducing undesirable behaviors have proved much less effective than expected.

The role of communication in a relationship consists of both skill (i.e., “what you say”) and affect (i.e., “how you say it”). Expressions of humor, affection, interest and/or enthusiasm all have influential power to mitigate potential harm of poor communication skill or low positive affect (Johnson, M. D., Cohan, C. L., Davila, J., Lawrence, E., Rogge, R. D., Karney, B. R., et al, 2005). Compared with emotional expression, an individual has more control over verbal skills and distressed couples are 10 times more likely to express themselves using negative affect.

Good therapy should differentiate between communication behavior, skill, and the motivation behind communication (Burleson & Denton, 1997). Indeed, communication is a broad term that covers production, reception, and interpretation of a message. Accuracy is when the message conveyed by the sender is perceived by the receiver to have the same emotional meaning; motivation refers to an individual’s intended goal of the communication. Intention may be negative or positive with relationship to their partner; sometimes a person is motivated to communicate well, sometimes not. Skill refers to the capacity an individual has for communication. Skills can be acquired and
can be assessed by comparing the intention (or goal) with the result. Behavior refers to verbal and non-verbal communication that is observed by others and is a product of the motivation of the sender combined with the skill one has to convey his or her intention.

It is possible therefore that dysfunctional communication between partners could be motivated by frustrated desires, rather than poor communication skills. Misunderstandings and problematic claims can result when skill is confused with other constructs. Indeed, negative communication may result more from ill-will than from poor skill. The need to develop careful distinctions between communication skill and communication behavior is imperative to the therapeutic process.

Distressed couples express significantly more negative intentions toward one another than nondistressed couples (Burleson & Denton, 1997). However, significant association between skill and relationship satisfaction is observed only among pairs of non-distressed spouses. Differences in satisfaction are gender specific and research patterns consistently show that males seek and experience greater intimacy from good communication interaction with women, than women do with men. It is possible that communication problems may be better viewed as a symptom than a diagnosis of marital difficulties.

A German study published in 2006 observed 85 couples for five years in an attempt to predict marital distress and dissolution (Rogge, Bradbury, Hahlweg, Engl, & Thurmaier, 2006). The study reported findings that poor communication and lack of trust are precursors to marital dissolution. Researchers identified three possible correlative aspects. Poor communication leads to a lack of empathy or increased hostility. Lack of trust leads to poor impulse control and increased suspicion of untrustworthiness. And the
selection of partners by preoccupied personality types often are predisposed to poor communication skills and a propensity for hostility (Rogge et al., 2006).

When an individual does not experience an ideal caregiving childhood, adulthood becomes a place where insecurities manifest in feelings of inferiority or superiority. The notion of compensation – or overcompensation – becomes a foundational aspect of understanding behavior, skills, and motivation in regard to communication. Turn then to Adler’s fundamental question, ‘what is each person’s fictionate goal(s)?’

The term fictional goal conveys Adler’s fundamental epistemological position that people contact the world through their subjective perceptions and constructions of it (Oberst & Stewart, 2003, p.15). That is, people are more affected by their view of the world than by the world itself. From this perspective behavior, feelings, cognitions, and other psychological events do not stem from physical and objective causes but from artificial and subjective causes. The significance of the term “fiction” stems from the idea that it is a ‘bits and pieces’ collection of interpretation which constructs a manageable and workable representation of events. The final creation represents a compromise between external reality and the person’s wants, needs, and goals for the future. The creation and use of fictions largely occurs outside of consciousness and assembles the guiding fictions used together in particular situations of the private logic.
What distinguishes Adler’s model for origin, development, and expression in behavioral response is that the development of fictions is a way to not comply with the life tasks. “What is considered useful for the individual’s purposes is perceived and processed, and what is not, is neglected or distorted in the functioning of the fictionate goal” (Oberst and Stewart, pg 25).

The Interactive Roles of Communication and Intimacy

Research published in *The Journal of Sex and Marital Therapy*, revealed that the lower couples rate marital satisfaction, the greater they report sexual inactivity and separation (Litzinger & Gordon, 2005). When sexuality is dysfunctional or non-existent, it plays a tremendously influential role, exhausting the marriage of intimacy and good feelings. Results reveal that couples lacking the necessary skills to regulate their emotional expressiveness and successful communication tend to become defensive and withdraw from conflict situations. Distressed couples report less mutually constructive communication, more demand-withdrawal behavior, more avoidance of communication, and more distancing than non-distressed couples. Indeed studies show that individuals are more competent at problem solving with complete strangers than with their partners, demonstrating that individual beliefs of how relationships *should* work will moderate an individual’s interaction with their partner. Therefore, a strong relationship between communication and relationship satisfaction clearly exists, but is highly complex and affected by other factors within the relational context. Clearly communication is a factor, but not a sole determinant, of relationship satisfaction.

The results of the research reveal a strong correlation between sexual satisfaction and communication when determining a couple’s contentment. With no gender partiality,
if constructive communication was significantly lacking between a couple then marital satisfaction highly depended upon sexual satisfaction. However in a relationship with good communication, the sex-life has less impact on their success as a couple. Partners with strong communication skills and open channels achieve a critical level of intimacy beyond the bedroom. Whereas, a couple that focuses only on the sexual nature of their relationship may be distracted from addressing other needs.

Indeed, conflict is an opportunity for couples to increase emotional and sexual intimacy (Litzinger & Gordon, 2005). The act of conflict is a potential aphrodisiac because when favorable resolution comes about, partners feel special and understood. Therefore, constructive resolution facilitates emotional intimacy and healthy sexual functioning. Combining all of this research one would conclude that couple members experiencing sexual dysfunction might still be relatively satisfied despite lack of sexual satisfaction if they are able to communicate constructively.

Virginia Satir suggested that repeated emotional confusion takes place because senders and receivers often misunderstand one another. Regardless of if it is the sender or the receiver who is contributing to the error, if there is confusion in the communication there will be marital discourse.

In 1998, the results from a six year study using 57 couples as participants were published (Johnson, M. D., Cohan, C. L., Davila, J., Lawrence, E., Rogge, R. D., Karney, B. R., et al, 2005). The results provided evidence that higher levels of anger and contempt and lower levels of humor differentiated distressed and non-distressed couple and high rates of positive affect predicted high rates of mutual satisfaction. However, relationships
with relatively high rates of negative communication, but also high levels of affection, showed little negative affect on couple satisfaction.

Additional studies based on physiological responses to stress found that the attachment style of individuals accurately predicted the method individuals use to communicate support and affection (Feeney & Kirkpatrick, 1996). Support is offered in the same manner and intensity that it is desired.
CHAPTER FIVE
Overview of Current Research

One of the most fundamental themes of attachment is felt security; specifically, the relationship between infant and caregiver built on expectations that the caregiver can be trusted and will be available in times of stress and need. Early studies with adults identified four distinctive social styles recognized as secure, dismissing, preoccupied, and fearful which correspond to the four working models of childhood attachment (Bartholomew & Horowitz, 1991; Collins & Read, 1990).

Moving toward the mid 1990’s researchers turned their attention to the issues of maladaptive attachment and defense mechanisms, specifically evaluating intimacy between two committed people (Horowitz et al., 1993). These study participants were older and in the process of seeking therapy. Although patients did not always initially identify their issues as relationship based, over 75% were recognized as interpersonal by their therapists. Needing an easy method of self-report the IIP (Inventory of Interpersonal Problems) was developed. Using the IIP the test results were charted on a matrix describing behavior along two axis: dominant-submissive and hate-love. The premise of the study was to show that behavior and reaction is complimentary, which support the Adlerian postulations that the self-fulfilling prophecy and fictional reality affect both expectations and actions. A circumplex model was produced using the results to break down the four attachment styles into sub-styles for each category (Horowitz et al., 1993). These sub-styles can be used to identify dysfunctional interpersonal patterns making it easier to address these problems during psychotherapy with couples.
Moving into the second half of the decade, two studies were conducted to explain the function of romantic attachment using over 600 female college students as the primary participants (Collins & Feeney, 2004; Cyranowski & Andersen, 1998). Assuming that old patterns of thought and action guide selective attention and communication in new situations, studies were constructed using hypothetical events. Participants were asked to imagine themselves with a fictional dating partner and to compare their sexuality to the sexuality of other women. Researchers appraised sexual behaviors and sexual responsiveness with romantic attachment measures of passionate love, romantic attachment, and relationship satisfaction. Results supported the claim that individuals with secure self-views believe that attachment figures can be trusted and can be relied upon for nurturing and support. They maintain a belief that relationships can be secure, positive, and rewarding and expressed feelings of approachability within intimate settings. Comparatively, those on the anxious end of the spectrum experienced self-doubt about worthiness and potential embarrassment in intimate settings (sexual and romantic situations). The avoidant personality expressed doubt in their ability to establish and maintain rewarding, lasting relationships.

An additional study was performed with some of the same participants who in reality were involved in a romantic relationship (Collins & Feeney, 2004). In this study, both the students and their partners participated communicating individual views on relationship events and attributes. Participants ranged in ages from 17 to 30 and had been involved with their partners for a minimum of 4 months, 85% reported that they were dating their partner exclusively.
Comparison of the two studies showed that attachment style predicted opinions independent of dating status or quality (Collins & Feeney, 2004). These studies held up another basic premise of attachment; that working models shape the process of social functioning over the life-span and are based in memory. This was proven by the spontaneous referral to attachment themes in reference to attachment-relevant events. Over 50% of the participants in Study 1 and over 30% of the participants in Study 2 spontaneously articulated attachment themes in free-response answers. In comparison, participant responses to attachment-irrelevant events were explained as stereotypical or common behavior.

A longitudinal study was conducted to assess the validity of the self-fulfilling prophesy through an evaluation process of rejection sensitivity (Downey et al., 1998). This research followed the naturally occurring relationship conflicts of 108 couples who had been in committed relationships for a minimum of six months. The couples provided background information and were asked to fill out daily diaries, consisting of seven identical questions for four weeks, sending the weekly diary back after it was completed each week. A follow up with the couples was attempted one year after the research. Conclusions supported the hypothesis that relationship sensitivity did play a role in predicting breakup, as well as rejection expectancies that led to partner rejecting responses. Internalized dissatisfaction and thoughts of ending the relationship contributed to the eventual dissolution of the bond.

These findings beg the question … are persons with low self-esteem more prone to break-up or divorce? No, not necessarily so. A study printed in the *Journal of Family Psychology* considered just that question in an article titled: *What role does attachment*
insecurity play among couples who do and do not divorce (Murray et al., 2000). The participants in this five-year study were 172 newly married couples contacted every six months throughout the five years.

The researchers conducting this study made use of established instruments of measure that have been shown to produce high validity in results. This group evaluated adult romantic attachment using the Revised Adult Attachment Scale to assess closeness, dependence, and anxiety. They looked at depression as a variable using the Beck Depression Inventory and attitudes about divorce using an assessment tool by the same name. To rate neuroticism, the degree each participant experiences tension, anxiety, and sadness, the Eysenck Personality Questionnaire was given. And finally, to establish the factor of self-esteem the Rosenberg Self-Esteem Scale was used to monitor feelings of significance. Using the acknowledged assessment tool for evaluating distress in marriage, (MAT) the Marital Adjustment Test, participants ended up in one of three categorized groups.

The groups represented the marital outcome of divorced, happily married, and unhappily married. Of the 172 initial couples, 22 had divorced by the end of the study. Findings concluded attachment insecurity, the fear of being abandoned because of low self-esteem, did indeed keep individuals in their marriages. The greater the insecurity, the longer the individual will stay married. In addition, persons ranking high in anxiety and low in self-esteem were identifiable at the onset of the study. This finding supports the belief that the self-view does not vary over time and in reaction to the state of the marriage, but that an individual comes into the relationship with their beliefs. The findings also uncovered that poor communication skills were associated with adult
attachment anxiety (Murray et al., 2000). While factors such as religious beliefs, financial issues, or children may keep some families intact, what appears to be the strongest aspect is attachment insecurities and a lack of intimacy (Davila & Bradbury, 2001).

Are these early working models of life really that static throughout the lifespan? A study printed in 2002 started looking at the relationship functioning in adolescence and into adulthood to evaluate the consistency of attachment style and partner choice (Collins et al., 2002). This study was unique as it proposed to forecast the nature of intimate relationships before the relationships were formed. The test group in this research was over 2,000 randomly selected, white and black adolescents. The group was chosen over a period of one and one-half years throughout 1989-1990. Initially they were grouped into two categories; those who reportedly had been in a serious romantic relationship and those who had not. A baseline was established by asking questions that self-evaluated the participants on the three attachment categories of secure, anxious-ambivalent, and avoidant. Participants who had not been in a relationship were asked to imagine the experience. Three distinct areas were measured throughout the study; relationship quality, relationship behavior, and partner personality dimensions. Partner personality dimensions were broken down into four dimensions of personality; the attachment style, competence, intimacy, and communication.

Results of this study provided the strongest verification thus far that working models of attachment developed in childhood continue to influence adult social functioning into adulthood. Through the identification of the style of attachment at adolescence the profile for the adult relationship could be forecast with high probability. The results were particularly strong in the category of avoidant attachment and within
this category, males over females. The study concluded that avoidant males and females experience a high level of interpersonal difficulties, which include becoming involved with more dysfunctional partners. And, as would be expected, they were perceived as critical by their partners and ranked lowest in intimacy, communication, and trust.

Surprisingly, fewer correlations were made between overall relationship satisfaction and the anxious-ambivalent style. In fact, this personality style appeared to favor males, although it posed problems for female partners as anxious-ambivalent men were prone to withdraw from communication and were low in meeting the intimate demands of their partners (Collins et al., 2002). On a continuum, women who chose an anxious-ambivalent partner were in more successful relationships than women who chose avoidant partners, but experienced less happy relationships than those who had chosen secure male partners. Although anxious-ambivalent men frequently participated in pro-relationship activities, the overall findings were weak.

The results were gender neutral with secure attachment style, and interestingly enough, secure attachment did not predict pro-relationship behavior (Collins et al., 2002). On the contrary, insecure attachment proved to have an unusually high outcome for relationship satisfaction. Partners reported that low-secure men ranked higher in communication and had fewer problems with jealousy. This model appeared to elicit nurturing from their female partners and overall their relationship fared better than average. Over all the findings supported the prediction that secure attachment style in adolescence indeed led to substantially happier adult relationships, more than other attachment styles.
Scientific Support of Psychotherapy

Adlerian theory can be used to gain a deeper perspective of the attachment function. As Adler stressed, all movement (all behavior) is goal driven. Because people have goal driven behavior each person will respond differently in similar situations, as is explained in the Adlerian concept of finality (Dreikurs, 1989, p. 15). Human beings have free will and will therefore select from a great many ways and means to obtain their goals, these goals serve as guidelines in all action. It is impossible for therapists to understand behavior or action without first understanding the goal. “All actions, emotions, qualities and characteristics serve the same purpose.”

The fictionate goal may not (and usually is not) readily known to an individual. When an individual acts in a certain way, it is only natural to ask why he or she does so. Certainly, individuals will ask themselves, ‘why do I act this way’ or may feel conflicted in their desires and in therapy, it is not uncommon to observe individuals stating they want one thing and acting in another way.

The Adlerian view of social interest is best explained as having commonality with others, not in the context of belonging to one group or another, but the expression of the capacity for give and take while mastering the circumstances of life. Striving for superiority and safeguarding behaviors manifest when an individual is evading these life long responsibilities. However, this is seldom a conscious act; rather, hidden anticipation of failure (inferiority) in some area triggers the need to guard one-self.

Safeguarding techniques are behaviors created to protect an individual’s sense of self-worth and self-esteem from a perceived threat and the ensuing feelings of inferiority. Safeguarding tendencies are often accompanied by heightened striving for success to
overcome perceived shortcomings or failures. Safeguarding techniques may appear in at least four ways, which bear strong resemblance to the working models of attachment. These four tendencies are (1) distancing oneself from or avoiding life challenges or the obstacles that pose a threat (avoidant), (2) hesitation or ambivalent attitudes towards life activities (anxious-ambivalent), (3) detouring or circumventing an encounter with important life challenges (avoidant), and (4) the narrowed path of approach in which the person applies himself only partially in solving a problem or challenge, leaving significant parts largely ignored (disorganized).

So again the question; if personality is fairly set in stone by the early age of five or six, then is it possible to retool thinking to bring about a different view of life? There is evidence to support the answer of yes, there is evidence that in some circumstances accommodation and assimilation do occur. Some estimates report up to 30% change in individuals due to significant interpersonal events (Davila, Karney, & Bradbury, 1999). This brings up a more pressing question: Why do some people change attachment styles, who is likely to change and in what circumstances?

Three models of attachment change have been identified; contextual, social-cognitive, and individual-difference (Davila et al., 1999). The contextual model identifies long-term changes in working model traits that occur with the addition of new information and varied interpersonal circumstances. During this 4-year study, communication and trust became strong factors in implementing change over a 2-year period. Contextual factors, such as a partner’s ability to trust, predicted changes in the spouses’ state of mind about marriage satisfaction, which in turn caused a change in the spouses’ working model of attachment.
The social-cognitive perspective of change is identified with individuals who have one primary working model, but also different attachment models that can be triggered by different situations. In this model, fluctuations in an individual’s perception of intimacy for the current relationship caused changes in their attachment style within that relationship. However, the individual’s primary working model did not change over time.

The individual-difference model is connected to individuals with early personal and family instability making them more prone to attachment fluctuations related to trust and security. In this model improved, stable relationships transitioned individuals to adopt a healthier, secure style. But it is believed that the insecure working model may reappear if the conditions again change to a less secure environment. To summarize, numerous reciprocal processes are evident in adult relationships. Therefore, beliefs about marriage and trust can create change in one’s spouse, suggesting that people’s experiences of their spouse and themselves are linked.

Adler taught that a paradox arises out of misguided parent-child relationships. As an example, spoiling or suppressing a child often produces the same effect, that of anxious-avoidance attachment. An indulged child will always feel unkindness more deeply. A child that has been trained to get attention will continue to demand it, and if it is not readily available will feel betrayed or less valued. Suppression and neglect in childhood arouse resistance, even if the resistance takes the form of deep submissiveness.

When a childhood fiction is recognized and challenged during therapy, there is an opportunity for the client to accept a different reality. What is often referred to as ‘soft determinism’ is an individual’s creative force - an opinion of the world with respect to
one’s own fictions. Feelings of inferiority come from faulty self-evaluation and may exist only in the mind of the individual who possesses them. An individual will also give fictional inflated values to those whom he is comparing himself, overestimating another’s abilities.

Bowlby’s work popularized the belief of causal effects due to attachment. But, attachment alone is only part of the puzzle. Individuals are too complex to simply respond to causality. Adler agreed that it is beneficial to look at genetics and environment as both of these factors contribute to an individual’s fiction. But he emphasized finality (the final cause) and the importance of understanding the goal. It is the knowing of these fictions that will allow a therapist to approximately predict an individual’s behavior.

Recent studies indicate that neural plasticity, the change in neural connectivity that is brought about by experience, may be the basic way in which psychotherapy reworks the brain (Siegel, 2007, p. 31). That is, where attention goes, neural firing occurs and where neural firing occurs, new connections are made. Thus, helping a client to see the world from a new perspective – to get outside of their fictionate reality – can result in profound improvements to the private domain of their lives. Adler had no way to know this, but what he did realize was when an individual comprehended that chance had played a much less important part in shaping life than imagined, that person was more likely to take control of his or her thoughts and actions (Dreikurs, 1989, p. 87). The task of therapy is to encourage a client to give up striving for self-protection, to build self-confidence, and build courage in the discouraged patient to fulfill his or her life-task. The task is never the difficulty, but rather, the fear of failure (or anxiety) regarding ones placement on the vertical plain is where the internal challenge ultimately takes place.
The next question is, how so many of these early views became determining factors of adult life. The answer, again, is in current research on the brain (Bauer, 1996). Memory is the way the brain responds to experience and creates new connections. Memory and the experience brought about by memory, is that which defines who we are, (the style of life). In essence, memory could be described as the mind altering the events of the past.

Implicit memory, present at birth, creates mental models (generalizations of repeated experiences) and is responsible for generating emotions, behaviors, and perceptions. When something is retrieved from implicit memory, there is no awareness that it comes from an internal experience from the past. We encode this information without conscious attention, that is, without knowing that we are doing so.

Explicit memory, which develops during the second year of life and beyond, is factual and autobiographical; conscious attention is needed for this type of memory to become encoded. Working memory takes place in the brain’s prefrontal cortex, which begins maturation around two-years-of-age. The development of this area appears to be profoundly influenced by interpersonal experiences, which is why early caregivers have such a significant impact on an individual’s early life.

The right hemisphere of the brain develops first after birth and continues to dominate development for the first two to three years (Chiron, Jambaque, Nabbot, Lounes, Syrota, & Dulac, 1997). Following is pattern of growth that favors one side then the other for approximately nine months at a time throughout childhood (Thatcher, Walker, & Guidice, 1987). The importance of this is in how the hemispheres of the brain process. The right side processes information through a wide spectrum of meaning; it is
holistic (gestalt, things are observed as a whole), visuospatial (remembers in pictures not in meaning), and non-verbal (eye-contact, facial expression, tone of voice, posture, gestures, timing and intensity of response) (Siegel, 2007, p. 44-47). Its primary functions include the stress response, spontaneous emotion, autobiographical memory, and non-verbal aspects of empathy. The right brain has no problem with ambiguity. The left brain processes information linearly, logically, and literally. It is responsible for linguistics and looks for cause-effect relationships. The left brain interprets the world through patterns of thinking such as on-off, right-wrong, yes-no.

Understanding the development of the brain helps to explain how fictionate goals are formed. As growth continues though the first five years of life, autobiographical memory is at work creating thematic patterns. With the right brain dominant these themes are abstract and less available to one’s self in story form. This may explain why conscious awareness preempts movement in therapy; with assistance, memories and feelings that intrude on life can be brought into focus. Awareness of erroneous thinking allows an individual to make choices to continue making life decision based upon these deep thoughts and emotions, or to develop new patterns of thought. Conversely, when unresolved issues go on without awareness, one continues autobiographically recording, and looking for support of the facts as we understand them (self-fulfilling prophesy). That is, based on the misperceptions of life (fictionate goals).

Of course, as we mature, the ability for reflection begins to develop. With this awareness comes an understanding of social constructs and how our behavioral responses help develop who we are and with whom we connect. We realize that we need the companionship of others to feel in balance and content, and with adulthood the desire to
pair becomes strong. The question again is why do we hang on to mistaken beliefs if they do not serve a purpose of well-being? For answers, we again look to science and the mid-nineteen nineties discovery of mirror neurons.

The discovery of mirror neurons took place when research conducted with monkeys revealed that the intentional state of others creates an internal representation (imitation) in preparation of that same action (Gallese, 2003). Early studies in monkeys revealed that if a monkey sees someone pick up an object, his own motor system will become primed to imitate that same action. Emerging studies show the human mirror neuron system explains the creation of empathy and social behavior, as well as the experiences that promote a state of well-being. By perceiving the expression of others, the mind is able to create its own mental state to resonate with that person on a one-to-one basis. One-to-one attuned communication results in a sense of coherence with resonating internal states, as has been observed in the context of larger groups such as families that exhibit a shared sense of internal functioning (Siegel, 2007, p. 169).
CHAPTER SIX

Recommendations for Assessment and Treatment

Good therapy always incorporates good tools for assessment. Much research in attachment has been done at the Adult Attachment Lab at U.C. Davis. One of the primary assessment tools is the Experiences in Close Relationships-Revised (ERC-R) Adult Attachment Questionnaire. The ECR-R can be used free of charge and does not require permission when used for research purposes. The ECR-R can be modified or shortened if applicable. The ECR-R is available at:

http://www.psych.uiuc.edu/~rcfraley/measures/ecrritems.htm and a copy of the tool with directions on scoring is attached in the appendix.

Also available from the Adult Attachment Lab are the Relationship Questionnaire (RQ) and the History of Attachment Interview (HAI). The RQ is a short measure used as a quick self-report method of identifying a client’s self-view of his or her relationship style. The HAI is an intense attachment interview. I found this similar (and complimentary) to the Adlerian Lifestyle Assessment by Bob Bartholow, Robert Willhite, and Susan Pye Brokaw. A copy of each assessment tool is attached.

Evaluating communication and intimacy is a little more subjective. Each therapist has his or her own personal evaluation styles. And again, the Adlerian Lifestyle Assessment gives insight into these beliefs. Attached are a couple of assessment tools from the website http://www.atkinson.yorku.ca/~psycetest/ . This is a website assessment tools for students that may be used without explicit permission. The assessments are short one or two page assessments, scoring is included. The Trust Scale, The Differential Loneliness Scale for Non-Student Population, The Current Thoughts Scale, and The
Multidimensional Scale of Perceived Social Support. Other valuable questionnaires and scales are available on various websites for purchase such as the Communication Patterns Questionnaire (CPQ) found in the *Journal of Marriage and the Family*, Vol. 58, No. 3 (Aug., 1996).
SUMMARY

Currently, attachment theory research is moving ahead along several major routes. A blend of complimentary perspectives has inspired books and popular relationship therapies such as Emotionally Focused Couples Therapy (EFT) through the work of Susan Johnson and the entire John Gottman line including the Gottman Institute which is devoted to researching and restoring relationships. Indeed, Dr. Gottman claims that by using many of the premises of attachment he is able to predict marital success or failure.

Years of research has produced empirical evidence that secure attachment developed in childhood transcends the life-span giving one the tools needed to fulfill the developmental task of love - establishing an affectionate and accepting bond with a romantic partner. This knowledge gives the therapist tools for assessing attachment styles and a framework to help the client correct mistaken beliefs developed in childhood.

It seems reasonable that we have accepted a theory of attachment as a path for understanding the development of the affectional bond established in romantic partnerships. This review has presented the conception and evolution of the theory. Bowlby hypothesized that the same emotional and behavioral characteristics that drive human connectedness in childhood were the same emotional and behavioral characteristics that would drive connectedness in adulthood. Research has narrowed its scope since his original trilogy was published, but the majority of the research has received considerable empirical support. Adult relationships do indeed copy the child-caregiver relationship. Intimates typically do feel safer and more secure when their loved one is close-by, especially when faced with stressful situations such as illness or threat. The more security they perceive in their relationship, the more confidence they feel in
moving about their environment and in taking on new endeavors. Indeed it is even common for couples to have their own personal language to convey personal meanings and shared experiences, just as children do with their caregivers.

Attachment theory is strengthened by the fact that romantic love is also defined within an ethological framework. Bowlby’s turn toward natural selection to explain attachment served him well. In childhood the quest for survival makes attachment an important motive. The lack of language to let a caregiver know when one is in distress is replaced with the drive to express oneself with crying, fussing, and returning to the safe haven. If safety is not available to the child, self-reliance is developed. In adulthood, evolution of the behavior contributes to survival and reproduction. The mere need for attachment is a survival technique and can readily be observed in adults through the bereavement process when one loses or separates from their partner.

What is not explained through attachment theory, Adlerian psychology clarifies. A close look at the fictional goal behind behavior reveals the relative development of feelings of inferiority, which cause an individual to resist the rules of culture and adopt a hostile attitude toward it. As an adult, this behavior plays out in intimate relationships often without the awareness of what he or she is doing. One cannot develop a sense of belonging at the same time as feeling inferior or looked down upon. Trust becomes more elusive. The natural social interest of every person reaches its limit when feelings of inferiority arise.

Regulation is at the center of healthy emotion, helping others to regulate their emotional views of self is central to regulating communication and intimacy responses. Awareness of private logic and the courage to accept one’s imperfections are
fundamental in the Adlerian therapeutic process. These goals promote emotional regulation and help clients to strive on the useful side of life.

Current research can be used to support important Adlerian principals and answer the age old conundrum of nature versus nurture: in reality, nature needs nurture. Although genes are vastly important in development, we now know that experience shapes neural connections as well (Huttenlocher, 2002). Today, neurobiology explains mental well-being as the reciprocal relationship of an empathic mind and a logical mind. Mental health can be thought of as the healthy flow of both empathy and logic, with rigidity on one side and chaos on the other (Siegel, 2007, p. 29). Indeed, the roots of self-awareness are within the central regulatory systems of the brain (Beitman & Nair, 2004). Healthy integration of empathy and reason increases the ability to self-regulate, which in turn governs emotion, improves the stress response, and enhances communication, intimacy, and ultimately trust.

Although there is still much work to be done in Attachment Theory research, it currently supports a strong framework for understanding human development and helping individuals in therapeutic settings. Humans are resilient and the research has revealed that although individuals retain their attachment working models throughout their lifetime, it also has proven that they can be changed. The premise of trust-based Adlerian psychotherapy is when one develops the trust that he or she has support that can be used to fall back on in times of stress; expectations change, interpersonal communication and intimacy develops, and healthier adult relationships are established.

Knowledge of brain development and the discovery of mirror neurons on psychotherapy is enormous. The process of sharing states of emotion with a therapist
may prove to be the most essential component of the therapeutic process. This firmly supports the Adlerian concept of encouragement; empathy with clients may be much more than something that helps them to feel better – it may create a whole new state of neural activation. In the therapeutic setting, couples can be taught how to feel connected and resonate in an intentional and healthier state and individuals can learn a skill-set that before was beyond their capability.

Social interest takes on a whole new meaning. Adler once stressed the importance of taking the focus off oneself and putting it on others in his famous directive of “making a cup of tea for another” as a therapeutic assignment. His emphasis on empathy of others to make one feel better about themselves appears to have been revolutionarily ahead of its time.
REFERENCES


APPENDIX A

The Experiences in Close Relationships-Revised (ECR-R) Questionnaire

Fraley, Waller, and Brennan (2000)

Scoring Information: The first 18 items listed below comprise the attachment-related anxiety scale. Items 19 – 36 comprise the attachment-related avoidance scale. In real research, the order in which these items are presented should be randomized. Each item is rated on a 7-point scale where 1 = strongly disagree and 7 = strongly agree. To obtain a score for attachment-related anxiety, please average a person’s responses to items 1 – 18. However, because items 9 and 11 are “reverse keyed” (i.e., high numbers represent low anxiety rather than high anxiety), you’ll need to reverse the answers to those questions before averaging the responses. (If someone answers with a “6” to item 9, you’ll need to re-key it as a 2 before averaging.) To obtain a score for attachment-related avoidance, please average a person’s responses to items 19 – 36. Items 20, 22, 26, 27, 28, 29, 30, 31, 33, 34, 35, and 36 will need to be reverse keyed before you compute this average.

Generic Instructions: The statements below concern how you feel in emotionally intimate relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by circling a number to indicate how much you agree or disagree with the statement.

Special notes: You may wish to randomize the order of the items when presenting them to research participants. The ordering below is simply a convenient one for illustrating which items belong to which scale. Also, some people have modified the items to refer to “others” rather than “romantic partners.” This seems sensible to us, and in our own research we commonly alter the wording to refer to different individuals. For example, sometimes we reword the items to refer to “others” or “this person” and alter the instructions to say something like “The statements below concern how you generally feel in your relationship with your mother” or “The statements below concern how you generally feel in your relationship with your romantic partner (i.e., a girlfriend, boyfriend, or spouse).”
1. I'm afraid that I will lose my partner's love.
2. I often worry that my partner will not want to stay with me.
3. I often worry that my partner doesn't really love me.
4. I worry that romantic partners won't care about me as much as I care about them.
5. I often wish that my partner's feelings for me were as strong as my feelings for him or her.
6. I worry a lot about my relationships.
7. When my partner is out of sight, I worry that he or she might become interested in someone else.
8. When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.
9. I rarely worry about my partner leaving me.
10. My romantic partner makes me doubt myself.
11. I do not often worry about being abandoned.
12. I find that my partner(s) don't want to get as close as I would like.
13. Sometimes romantic partners change their feelings about me for no apparent reason.
14. My desire to be very close sometimes scares people away.
15. I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.
16. It makes me mad that I don't get the affection and support I need from my partner.
17. I worry that I won't measure up to other people.
18. My partner only seems to notice me when I'm angry.
19. I prefer not to show a partner how I feel deep down.
20. I feel comfortable sharing my private thoughts and feelings with my partner.
21. I find it difficult to allow myself to depend on romantic partners.
22. I am very comfortable being close to romantic partners.
23. I don't feel comfortable opening up to romantic partners.
24. I prefer not to be too close to romantic partners.
25. I get uncomfortable when a romantic partner wants to be very close.
26. I find it relatively easy to get close to my partner.
27. It's not difficult for me to get close to my partner.
28. I usually discuss my problems and concerns with my partner.
29. It helps to turn to my romantic partner in times of need.
30. I tell my partner just about everything.
31. I talk things over with my partner.
32. I am nervous when partners get too close to me.
33. I feel comfortable depending on romantic partners.
34. I find it easy to depend on romantic partners.
35. It's easy for me to be affectionate with my partner.
36. My partner really understands me and my needs.
APPENDIX B

HISTORY OF ATTACHMENTS INTERVIEW (HAI)

How old are you?
What do you do for a living?
Are you married?  (If no) - Are you currently involved in a romantic or dating relationship?  (If necessary) - Do you consider this an ongoing relationship?
Do you have any children?  How many?

FAMILY RELATIONSHIPS

Family Background

Please describe your family background. The kinds of things I'm interested in are: where you lived, how often you moved, what your parents did for a living, siblings, that sort of thing

If necessary: Did you parents separate or divorce?

Who lived in the household?

Were any other adults central in your upbringing?

Briefly describe what your parents' marital relationship was like when you were young. Was there much conflict?

Were they physically affectionate with one another in front of you?

Briefly describe what kind of a young child you were.

Relationship with Parents

I'd like you to describe your relationship with your parents as a child, going back as far as you can.

Which parent were you closest with? Why?

Was each of your parents affectionate? Describe how.

Could you give me some adjectives describing your mother.
Could you give some adjectives describing your father.

Specific memories or incidents to illustrate the adjectives for your mother.

Specific memories or incidents to illustrate the adjectives for your father.

**Upsets**

If you were unhappy or upset as a child, what would you do? Example. How did your parents respond?

When you were ill or physically hurt?

When you were emotionally hurt? (teasing, conflicts with teachers or siblings)

**Separations**

Do you remember the first time you were separated from your parents for any length of time? (e.g. camp, parents' holiday, hospitalization) Explore.

*If necessary:* How about going to school for the first time?

Or going to college?

As a child, did you ever get lost? How did you react (feelings)? How did your parents react?

Did you ever run away from home? Why? How did your parents react?

**Rejection**

Did you ever feel rejected by your parents as a child? Describe. How did it feel? What did you do?

If not, did they ever hurt your feelings?

Did your parent realize she/he was rejecting you?

Did you ever feel that you'd disappointed your parents? How did they show their disappointment?

For instance, with regard to grades at school?

Were your parents ever threatening - either jokingly or for discipline?
What did they do for discipline?

What are your feelings now about the discipline you received as a child?

*If necessary:* As a child, were you ever afraid of either parent?

And what about the opposite? Did you feel loved? Were they proud of you? How was that shown?

Did you feel that they understood you?

**Current Relationship with Parents**

What is your relationship with your parents like now?

If different, what brought about the change?

How often do you talk to them? Do you talk about personal concerns?

Are there things that it would be hard to talk to them about?

Do you feel that they understand you?

**Effects**

How do you think your experiences growing up with your family have influenced your relationships with people outside of the family?

**Changes**

How would you have liked your parents to be different?

How do you think that your parents would have liked you to be different?

**PEER RELATIONSHIPS**

Now I'd like to move on and talk about your peer relationships but I'd first like to start with some general questions about how you see yourself in relation to other people.

**Personal Information**

Compared to other people you know, how emotional would you say you are? Why do you say that? Expression of emotions?
If you do feel unhappy or upset about something, what are you likely to do?

If necessary, are you more likely to go to other people or do you tend to deal with on your own?

How often do you cry? (If prompting, "once a day, every few days...") What about? More often alone or with others? When cry, with whom?

**Friendships**

About how many friends do you have? Of those, how many do you consider close friends?

What kinds of things do you do with your friends that have brought you to be close?

*If necessary: How often?*

Do you discuss personal matters with your close friends? Are there things you wouldn't talk about or that would be difficult to talk about? Example. Why?

In general who tends to organize your get togethers? How do you feel about that?

With your friendships as a whole do you have a sense of who is more involved or invested?

Have you ever had conflicts with your close friends? How do you handle it? What do you do?  
*If necessary: Have you ever had your feelings hurt by a close friend? Example*

Have there been times when you and F haven't talked to each other?

Have you ever felt torn between your friends and your romantic relationships?

What changes would you like to see in your friendships over time?

When you meet new people do you think they will like you?

How confident are you about making new friends?

Would you consider yourself a generally shy person?

What impression do you think you make on other people?

What impression would you like to make?
Romantic Relationships

Now I'd like to spend some time talking about your romantic relationships.

First, what is your sexual orientation or preference? Heterosexual? Gay? Bisexual?

Relationship History

You said you were/were not (refer back to beginning of interview) currently in a romantic relationship

If currently in romantic relationship: How long have you been (married/involved with your current partner?)

Were there any previous serious romantic relationships?

I'd like to first talk briefly about those. Perhaps you could give me brief history of those romantic/sexual involvement's. The kinds of things I am interested in are how long you were together, how serious it was, what were the positives and the negatives of the relationship, what caused you to break up, what was that like, how long were you alone before the next relationship.

If not currently in romantic relationship: Have you been involved in a romantic relationship in the past?

If yes, talk about those (same as above)

If no, move on to Single Questions.

Do you see any patterns across your relationships?

Was there any physical conflict in any of these relationships?

If yes, explore.

Current Relationship

How long have you been together? How long have you been married? dating?

What was your first impression of your husband? partner? dating partner?

Have there been any separations or other involvements since you've been together? Explore.
Briefly describe your relationship in terms of how serious it is, amount of time spent together, whether or not you are sexually involved and whether or not you've considered future plans.

Can you tell me a little about what your relationship is like, what your partner is like?

*If necessary:* What do you like about your relationship or your partner? What don't you like?

What do you think your partner likes most about you? And least?

*If necessary:* What would they say? How do you know?

*If appropriate:* How does your current relationship compare with past ones?

**Communication & Support**

How comfortable are you discussing personal matters with your partner?

What are some of the topics of conversation you avoid with your partner- because they're awkward to talk about or they lead to disagreements?

How does your partner respond when you would like help or support?

How does your partner respond when you're hurt or sick?

What about emotionally upset? What would you like your partner to do? Example.

*If necessary:* Do you ever feel your partner is not responsive enough or too responsive?

*If necessary:* Do you feel comfortable crying in front of your partner? If not, why? How does partner respond?

Can you predict that your partner is going to be there when you need him or her?

How well does your partner understand you?

**Love-worthiness & Trust**

Have you ever felt rejected by your partner? Describe.

*If necessary:* Have you ever had your feelings hurt by your partner?

Have you ever doubted that your partner loves or cares about you? How does P show it?
Have you ever felt neglected by your partner?

Do you say "I love you" to each other? How often?
One more often than the other? Explore as necessary.

**Conflict Resolution**

How often do you have disagreements or arguments? What about? What happens? Does it get resolved? How?

*As necessary:* Do you ever have differences of opinion? Movies? Music?

Do you ever wonder if your partner disagrees with you, but doesn't say anything?

How long do you stay angry? Who initiates the arguments and the resolution?

Could you give me an example of a typical conflict and describe how it tends to go.

How does this compare with past relationships?

Have you ever felt afraid of your partner?

How often are you and your partner mean to each other or critical?

*If necessary:* Have the two of you had any issues about the amount of time you spend together?

*If necessary:* How do the two of you go about making decisions? Is it mutual?

Sometimes even when couples get along, there are times when they get frustrated and angry and may become physical with one another as they try to settle their differences - things like shoving or pushing the other person, or breaking things, or threatening or hitting the other person. Has this ever happened in your relationship?

*If yes, explore.*

**Physical Relationship**

How affectionate are the two of you within the relationship? Is one of you more so than the other? Ever an issue, in private or public?

Do you ever feel that your partner is not warm or affectionate enough?

How do feel about the sexual aspect of your relationship
How do think your partner feels about it?

Is it more important for you or your partner? Explore.

Has that changed over time?

What do you do when your partner initiates sex and you don't feel like it? Vice versa? How often does this happen?

*If necessary:* Was your partner aware that you didn't feel like having sex?

Have you ever felt pressured by your partner into having sex or engaging in a sexual activity that you didn't feel comfortable with?

Can you give me an example? Explore.

*If necessary:* What changes would you like to see in your sexual relationship? (to make it more satisfying for you? your partner?)

**Separations**

Have you and your partner ever been apart for any length of time? (e.g., holidays, business trips). Explore.

*If not,* how would you feel if it did happen?

**Mutuality**

People in relationships commonly report that one partner seems more invested or committed to the relationship? Has this ever been the case in your relationship? If so, describe.

Some people feel concerned about becoming too dependent in a relationship. Is this a concern for you? For your partner?

How jealous or possessive is your partner?

If your partner is jealous, how does it make you feel?

How about you? How jealous or possessive are you?

Explore

**Regrets, Break-up**
Have you ever thought about separating? When? Why?

If yes, tell me your thoughts about it?

How difficult would it be for you to end this relationship?

*If necessary:* Have you ever had regrets or doubts about having become involved with (married to) your partner?

*If appropriate:* How much faith do you have that your relationship will last in the long term?

If it did break up, who do you think would be most likely to initiate a break up? Why?

*If necessary:* If you and your partner ever did break up, how difficult do you think it would be for you? And for your partner?

**General Evaluation**

How would you like to see your relationship change over time?

*If necessary:* Any changes in the way you relate to your partner? or how your partner relates to you?

If you could have the ideal relationship, how would it differ from your present relationship?

**RELATIONSHIPS IN GENERAL**

Now I'd like to ask you a few final questions concerning all your relationships (family, friend, peer).

What kinds of changes would you like to see in the way you relate to others?

*If necessary:* What kinds of changes would you like to see in the way others relate to you?

Is there anything else about your social relationships that we haven't hit upon that seems important?

How did you feel about talking about the kinds of issues we've been talking about in this interview? Are these things that you've talked about with other people?
Single Questions

Note about single questions.

If person is not in a romantic relationship or dating, and would clearly like to be, ease off on a lot of the "why not" questions.

Also any questions from the regular interview can be framed in a hypothetical way. For e.g.: if you were involved in a romantic relationship..... Again, be cautious about not making the person feel badly about not being involved.

Dating Status

Have you been dating anyone recently? Or have you dated anyone in the past

IF YES:

I'd like to first talk briefly about that. Perhaps you could give me brief history of your dating history. The kinds of things I am interested in are how a typical dating relationship progresses. How long you were together, how serious it was, what were the positives and the negatives, what caused you to break up, what was that like for you, how long were you alone before you started dating again.

Would you prefer to see several people or would you rather have a steady relationship with one person?

How long do you see the same person before you consider yourself a couple?

What do you like about dating? What don’t you like about dating?

Was there any physical conflict in any of these relationships? Explore.

Do you see any patterns across your dating relationship.

IF NO:

Have you ever dated? And how do you feel about that? Can you tell me more about that?

Are there any particular reasons why you haven't dated much up to now (or lately)?

Do you ever meet people that seem interesting to you? What happens?

Do you ever have crushes on people? Explore. What happens?
Are you doing anything to pursue romantic relationships now? Explore.

What do you do? How does the other person respond?

*If not interested in dating*

What about dating makes it uninteresting to you now?

Do you expect that to change in the future?

---

**Feelings about being single**

Do you ever feel envious of your friends' romantic relationships? Do you ever feel left out? Explore.

Do you think they are ever envious of you? Explore

Do you experience any pressure to be in a romantic relationship? (from friends, parents)

Do you see any advantages to being single over being in a relationship?

How much time do you spend alone? Right amount? If appropriate: Would you consider living alone?

How often do you feel lonely? Explore

**Sex**

*If dating:*

How important a part does sex play in your dating relationships?

If appropriate: How quickly do you become sexually involved with a dating partner? of sex in dating relationships?

*If not dating:*

How important a part do you think sex should play in dating relationships

**Conflict**
See Conflict Resolution section from peer portion of interview.

If any indication of abuse, explore.

**Future**

Are you interested in finding a steady relationship in the near future?

How often do you think about it?

If appropriate: Are you doing anything to pursue romantic relationships now? Explore. What? Why not?

If you did meet someone, do you feel that you'd be ready to make a serious commitment?

In general, how important is it to you to be in a romantic relationship?

In the long term, how important would it be to you to be in a romantic relationship?

Do you ever worry about not finding someone to be with? What about that worries you? How realistic do you think that is?

What do you think you would miss by not being in a relationship?

What do you think you would gain?

What are your ideals for a romantic relationship? Kind of relationship, kind of person, etc.

Are there things you know you wouldn't want?
APPENDIX C

The Relationship Questionnaire (RQ)

Following are four general relationship styles that people often report. Place a checkmark next to the letter corresponding to the style that best describes you or is closest to the way you are.

_____ A. It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don’t worry about being alone or having others not accept me.

_____ B. I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.

_____ C. I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don’t value me as much as I value them.

_____ D. I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.
Now please rate each of the relationship styles above to indicate how well or poorly each description corresponds to your general relationship style.

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APPENDIX D

Trust Scale
(Rempel, Holmes & Zanna, 1985)

Trust within close interpersonal relationships

Instructions:
Using the 7 point scale shown below, indicate the extent to which you agree or disagree with
the following statements as they relate to someone with whom you have a close interpersonal
relationship. Place your rating in the box to the right of the statement.

Strongly Disagree Neutral/ Mixed Strongly Agree
-3 -2 -1 0 1 2 3

1. My partner has proven to be trustworthy and I am willing to let him/her
   engage in activities which other partners find too threatening. D

2. Even when I don’t know how my partner will react, I feel comfortable
telling him/her anything about myself, even those things of which I am
ashamed. F

3. Though times may change and the future is uncertain, I know my partner
will always be ready and willing to offer me strength and support. F

4. I am never certain that my partner won’t do something that I dislike or
will embarrass me. P

5. My partner is very unpredictable. I never know how he/she is going to act
from one day to the next. P
6. I feel very uncomfortable when my partner has to make decisions which will affect me personally.  
7. I have found that my partner is unusually dependable, especially when it comes to things which are important to me.  
8. My partner behaves in a very consistent manner.  
9. Whenever we have to make an important decision in a situation we have never encountered before, I know my partner will be concerned about my welfare.  
10. Even if I have no reason to expect my partner to share things with me, I still feel certain that he/she will.  
11. I can rely on my partner to react in a positive way when I expose my weaknesses to him/her.  
12. When I share my problems with my partner, I know he/she will respond in a loving way even before I say anything.  
13. I am certain that my partner would not cheat on me, even if the opportunity arose and there was no chance that he/she would get caught.  
14. I sometimes avoid my partner because he/she is unpredictable and I fear saying or doing something that might create conflict.  
15. I can rely on my partner to keep the promises he/she makes to me.  
16. When I am with my partner, I feel secure in facing unknown new situations.  
17. Even when my partner makes excuses which sound rather unlikely, I am confident that he or she is telling the truth.

Scoring  
The scale consists of 3 subscales. Predictability (P) that emphasizes the consistency and stability of a partner’s specific behaviors based on past experience, Dependability (D) that concentrates on the dispositional qualities of the partner which warrant confidence in the face of risk and potential hurt, and Faith (F) that centers on feelings of confidence in the relationship and the responsiveness and caring expected from the partner in the face of an uncertain future. The total Trust measure is the sum of the 3 subscale totals.

Reference  
APPENDIX E

Differential Loneliness Scale for Non-student Populations
(Schmidt & Sermat, 1983)

Instructions: For each statement, decide whether it describes you or your situation or not. If it does seem to describe you or your situation, mark it TRUE (T). If not, mark it FALSE (F). If an item is not applicable to you because you are currently not involved in the situation it depicts, e.g., a current romantic or marital relationship, then mark it FALSE (F).

1.* I find it easy to express feelings of affection toward members of my family.  
   T  F  Fam

2. Most everyone around me is a stranger.  
   T  F  Gr

3. I usually wait for a friend to call me up and invite me out before making plans to go anywhere.  
   T  F  Fr

   T  F  Fr

5. At this time, I do not have a romantic relationship that means a lot to me.  
   T  F  R/S

6. I don’t get along very well with my family.  
   T  F  Fam

7.* I have at least one good friend of the same sex.  
   T  F  Fr

8. I can’t depend on getting moral or financial support from any group or organization in a time of trouble.  
   T  F  Gr

9. * I am now involved in a romantic or marital relationship where both of us make a genuine effort at cooperation.  
   T  F  R/S

10. I often become shy and retiring in the company of relatives.  
    T  F  Fam

11.* Some of my friends will stand by me in almost any difficulty.  
    T  F  Fr
12. People in my community aren’t really interested in what I think or feel.  
13. My trying to have friends and to be liked seldom succeeds the way I would like it to. 
14.* I spend time talking individually with each member of my family.  
15. I find it difficult to tell anyone that I love him or her.  
16. I don’t have many friends in the city where I live. 
17.* I work well with others in a group. 
18.* I am an important part of the emotional and physical well-being of my lover or spouse. 
19. I don’t feel that I can turn to my friends living around me for help when I need it. 
20. I don’t think that anyone in my family really understands me. 
21.* I have a lover or spouse who fulfils many of my emotional needs. 
22.* My friends are generally interested in what I am doing, although not to the point of being nosy. 
23.* Members of my family enjoy meeting my friends. 
24.* I allow myself to become close to my friends. 
25. My relatives are generally too busy with their concerns to bother about my problems. 
26. Few of my friends understand me the way I want to be understood. 
27. No one in the community where I live cares much about me. 
28. Right now, I don’t have true compatibility in a romantic or marital relationship. 
29.* Members of my family give me the kind of support that I need. 
30. A lot of my friendships ultimately turn out to be pretty disappointing. 
31.* My romantic or marital partner gives me much support and encouragement. 
32. I am not very open with members of my family. 
33. I often feel resentful about certain actions of my friends. 
34. I am embarrassed about the way my family behaves. 
35. People who say they are in love with me are usually only trying to rationalize using me for their own purposes. 
36.* I have a good relationship with most members of my family. 
37.* In my relationships, I am generally able to express both positive and negative feelings. 
38. I don’t get much satisfaction from the groups I attend.
39.* I get plenty of help and support from friends. T F Fr
40. I seem to have little to say to members of my family. T F Fam
41. I don’t have any one special love relationship in which I feel really understood. T F R/S
42.* I really feel that I belong to a family. T F Fam
43. I have few friends with whom I can talk openly. T F Fr
44. My family is quite critical of me. T F Fam
45.* I have an active love life. T F R/S
46. I have few friends that I can depend on to fulfill their end of mutual commitments. T F Fr
47.* Generally I feel that members of my family acknowledge my strengths and positive qualities. T F Fam
48.* I have at least one real friend. T F Fr
49. I don’t have any neighbors who would help me out in a time of need. T F Gr
50.* Members of my family are relaxed and easy-going with each other. T F Fam
51. I have moved around so much that I find it difficult to maintain lasting friendships. T F Fr
52.* I tend to get along well with partners in romantic relationships. T F R/S
53. I find it difficult to invite a friend to do something with me. T F Fr
54. I have little contact with members of my family. T F Fam
55. My friends don’t seem to stay interested in me for long. T F Fr
56.* There are people in my community who understand my views and beliefs. T F Gr
57. As much as possible, I avoid members of my family. T F Fam
58. I seldom get the emotional security I need from a romantic or sexual relationship. T F R/S
59.* My family usually values my opinion when a family decision is to be made. T F Fam
60.* Most of my friends are genuinely concerned about my welfare. T F Fr

Note: Scoring on the scale is determined in the following way: For items with no asterisk next to the item number, each marking of T (TRUE) is given one point. For items with an asterisk, each marking of F (FALSE) is given one point. The scale measures loneliness in four types of relationships, namely romantic/sexual relationships (R/S), friendships (Fr), relationships with family (Fam), and relationships with larger groups (Gr).

References
APPENDIX F

Current Thoughts Scale
(Heatherton & Polivy, 1991)

A measure of stated self-esteem.

This is a questionnaire designed to measure what you are thinking at this moment. There is, of course, no right answer for any statement. The best answer is what you feel is true of yourself at this moment. Be sure to answer all of the items, even if you are not certain of the best answer. Again, answer these questions as they are true for you RIGHT NOW. Using the following scale, place a number in the box to the right of the statement that indicates what is true for you at this moment:

1 = not at all
2 = a little bit
3 = somewhat
4 = very much
5 = extremely

1. I feel confident about my abilities. P
2.* I am worried about whether I am regarded as a success or failure. S
3. I feel satisfied with the way my body looks right now. A
4.* I feel frustrated or rattled about my performance.  
5.* I feel that I am having trouble understanding things that I read.  
6. I feel that others respect and admire me.  
7.* I am dissatisfied with my weight.  
8.* I feel self-conscious.  
9. I feel as smart as others.  
10.* I feel displeased with myself.  
11. I feel good about myself.  
12. I am pleased with my appearance right now.  
13.* I am worried about what other people think of me.  
15.* I feel inferior to others at this moment.  
16.* I feel unattractive.  
17.* I feel concerned about the impression I am making.  
18.* I feel that I have less scholastic ability right now than others.  
19.* I feel like I'm not doing well.  
20.* I am worried about looking foolish.

Note: The statements with an asterisk are reversed-keyed items. The letter in the last column indicates the primary factor on which that item loaded in a factor analysis. The three factors were labeled performance self-esteem (P), social self-esteem (S) and appearance self-esteem (A).

References
APPENDIX G

Multidimensional Scale of Perceived Social Support
(Zimet, Dahlem, Zimet & Farley, 1988)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the “1” if you **Very Strongly Disagree**
Circle the “2” if you **Strongly Disagree**
Circle the “3” if you **Mildly Disagree**
Circle the “4” if you are **Neutral**
Circle the “5” if you **Mildly Agree**
Circle the “6” if you **Strongly Agree**
Circle the “7” if you **Very Strongly Agree**
<table>
<thead>
<tr>
<th>Item</th>
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<tbody>
<tr>
<td>1. There is a special person who is around when I am in need.</td>
<td>1 2 3 4 5 6 7 SO</td>
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<tr>
<td>2. There is a special person with whom I can share my joys and sorrows.</td>
<td>1 2 3 4 5 6 7 SO</td>
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<tr>
<td>3. My family really tries to help me.</td>
<td>1 2 3 4 5 6 7 Fam</td>
</tr>
<tr>
<td>4. I get the emotional help and support I need from my family.</td>
<td>1 2 3 4 5 6 7 Fam</td>
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<tr>
<td>5. I have a special person who is a real source of comfort to me.</td>
<td>1 2 3 4 5 6 7 SO</td>
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<tr>
<td>6. My friends really try to help me.</td>
<td>1 2 3 4 5 6 7 Fri</td>
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<td>7. I can count on my friends when things go wrong.</td>
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<tr>
<td>8. I can talk about my problems with my family.</td>
<td>1 2 3 4 5 6 7 Fam</td>
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<tr>
<td>9. I have friends with whom I can share my joys and sorrows.</td>
<td>1 2 3 4 5 6 7 Fri</td>
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<tr>
<td>10. There is a special person in my life who cares about my feelings.</td>
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<tr>
<td>11. My family is willing to help me make decisions.</td>
<td>1 2 3 4 5 6 7 Fam</td>
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<tr>
<td>12. I can talk about my problems with my friends.</td>
<td>1 2 3 4 5 6 7 Fri</td>
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The items tended to divide into factor groups relating to the source of the social support, namely family (Fam), friends (Fri) or significant other (SO).

References