



3 1293 02048 6316

LIBRARY
Michigan State
University

This is to certify that the

dissertation entitled

A COMPARISON STUDY OF THE NORMAL AND CLINICAL DIVORCE: STYLE
OF ATTACHMENT, LEVEL OF CONFLICT, AND PARENT-CHILD
RELATIONSHIP

presented by

Mary Bremer Barron

has been accepted towards fulfillment
of the requirements for

Ph.D. degree in Social Science

Rene D. Harold

Major professor

Date 8/17/00

PLACE IN RETURN BOX to remove this checkout from your record.
TO AVOID FINES return on or before date due.
MAY BE RECALLED with earlier due date if requested.

DATE DUE	DATE DUE	DATE DUE
DEC 30 2003		
DEC 30 2003 102404		

**A COMPARISON STUDY OF THE NORMAL AND CLINICAL DIVORCE: STYLE
OF ATTACHMENT, LEVEL OF CONFLICT, AND PARENT-CHILD
RELATIONSHIP**

By

Mary Bremer Barron

A DISSERTATION

**Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of**

DOCTOR OF PHILOSOPHY

Social Work

2000

ABSTRACT

A COMPARISON STUDY OF THE NORMAL AND CLINICAL DIVORCE: STYLE OF ATTACHMENT, LEVEL OF CONFLICT AND PARENT-CHILD RELATIONSHIP

By

Mary Bremer Barron

The major thrust of the study was to determine if there were significant group differences between a normal and a clinical sample of divorced or divorcing parents regarding their attachment style, level of conflict, and the amount of parenting time. For this study, "clinical" is defined as an enduring pattern of thinking, feeling, and behaving that interferes with relationships in two or more domains, e.g., cognition, affectivity, interpersonal functioning, and impulse control, while "normal" refers to an adaptive pattern of relating that does not interfere with interpersonal functioning in more than one area. Attachment theory was the theoretical basis for the research inquiry in an attempt to investigate the connection between early childhood experiences, adult attachment styles and the current relationships between ex-spouses.

The study used a combination of quantitative and qualitative methods in an effort to capture interpersonal differences between a normal sample of 63 and a clinical sample of 62. A questionnaire was developed and used with the total sample and an additional interview was completed with a small sub-sample of 10 persons, five drawn from each group. Participants came from two different

settings: persons attending a local divorce orientation program and persons mandated by the court into service with a local community mental health agency.

The results from the attachment instruments indicated a lack of difference between the two groups regarding security of attachment. However, the findings from the combined sub-scales from two attachment instruments suggest that the clinical sample had a more dismissing and avoiding reaction to the loss of the spouse while the normal group had a more preoccupied and fearful reaction. The face-to-face interviews supported the notion that these two small sub-groups differed in regard to their early childhood relationship with their parents. The clinical group had high levels of exposure to marital instability, more instances of family violence and more distant and rejecting experiences with parents when compared to the normal group. There were clear differences between the normal and clinical groups in level of conflict. The findings indicated differences in description of communication, frequency of communication, style of negotiation, resolution of custody and conflict in the prior year. The results from the study did not discern any differences in the amount of parenting time granted.

This investigation was a preliminary study completed without the use of a control group. As such, this study has limitations regarding the generalizability of the findings to populations beyond the county in which the study occurred. The results are limited to group differences between divorced couples previously married 2-19 years with at least one minor child. This study has implications for research regarding adult attachment styles, practice with couples in high conflict, and policy regarding the division of parenting time.

Copyright by
Mary Bremer Barron
2000

To my daughter Brianna, and step-children Chris, Robin, Becky, and Andy

ACKNOWLEDGMENTS

The completion of a dissertation doesn't occur without the support and encouragement of many people who supported this goal as a worthy journey deserving of time and energy.

I wish to thank Rena Harold, my dissertation chair for being my north star, whose availability was constant and whose continual guidance provided clarity and direction. Her words made every task seem feasible and her communication ability motivated me forward after months of restful inertia.

Committee members, Ellen Whipple, Alytia Levendosky, Tom Luster, and Jackie Lerner made the dissertation a reality. Each provided their unique part of the spatial map that added to my thinking about how to conceptualize research with families.

I wish to thank Genesee County Community Mental Health, Child and Adolescent Service for allowing me the privilege of working in a clinical environment that allowed me to be creative and experimental. Through collaboration with Genesee County Family Court and Friend of the Court I was allowed access to the interior emotional world of hundreds of families who experience divorce. Carol Osborn, Cathy Morrison, and Jeanne Sadler were co-workers who shared with me the exciting challenges of making a difference in the lives of families in transition. My gratitude for their dedication to the Children of Divorce Program is immeasurable. Special thanks to Marg Gay as support staff who made every change and demand seem effortless.

Special recognition goes to Elizabeth Rose, whose graduate studies

intersected with mine. Together we have weathered the storms and disruptions in life that have temporally taken us off the path of academic pursuits and as a result share a special bond. Peg Whalen, a fellow graduate student served as data consultant, and gave generously to the process of analysis and completion.

And most importantly, I wish to recognize my daughter Brianna, who readily accepted my decision to go to graduate school at a time in her life when she could have benefited from more parent involvement. To Richard I am indebted to his faith in my capabilities and for ensuring that our home is a place of sustenance and good food. Since his arrival in my life, his critical thinking, his valuable editing, and committed partnership has made for pleasant companionship on this academic adventure.

TABLE OF CONTENTS

List of Tables	xi
List of Figures	xii
 Chapter I	
INTRODUCTION	1
Background of the Study.....	6
Problem Statement	13
Research Question	14
Professional Significance of the Study.....	16
Overview of Methodology	20
Limitations.....	21
 Chapter II	
LITERATURE REVIEW	23
Attachment Theory.....	23
Bowlby.....	24
Ainsworth	27
Main	32
Security of Attachment in the Mother-Child and Father-Child Relationship History	34
Internal Models of Representation	35
Disordered Attachment in Infancy	42
Insecure Attachment and Child Behavior Problems	44
Early Insecure Attachment and the Development of Personality Disorders.....	46
Measurement of Adult Attachment.....	50
Attachment History and Partner Selection	60
Adult Attachment and Adjustment to Relationship Dissolution	63
Empirical Studies Regarding Divorce.....	65
Child Outcome and Parental Divorce	65
Quality of Parenting by Custodial Parent	71
High Conflict Interparental Relationships	72
Post-Divorce Father-Child Relationships	80
 Chapter III	
METHODOLOGY.....	85
Overview.....	85
Research Context	90
Sampling.....	93
Exclusionary Criteria.....	98

Instruments Used for All Participants	99
Procedures	107
 Chapter IV	
QUANTITATIVE RESULTS	112
Overall Results	112
Age, Gender, and Race	112
Education, Income and Occupation	113
Additional Family Characteristics	114
Comparison of the Normal and Clinical Samples.....	115
Overall Attachment Style	117
Attachment to Spouse.....	119
Level of Conflict	121
Parenting Time.....	125
Summary.....	127
 Chapter V	
QUALITATIVE RESULTS	129
Brief Vignettes	130
Context of Early Childhood Environment	139
Relationships to Parents.....	143
Childhood Losses and Traumas	148
Marital Partners	150
Reaction to Loss of Marital Partner.....	152
Co-Parental Relationship.....	155
Relationship to Children.....	156
Perceptions of Ongoing Conflict	160
Parenting Stress Index.....	161
Summary.....	163
 Chapter IV	
CONCLUSIONS AND IMPLICATIONS	166
Restatement of Problem and Methodology.....	166
Summary of the Study	167
Implications for Research	175
Implications for Practice.....	178
Implications for Policy	182
Synopsis	183
 APPENDICES	
A: Tables.....	185
B: Figures	192
C: Letter to Participate	197
D: Family Counseling Order.....	199
E: Divorce Orientation Questionnaire.....	201

F:	Family Relationship Interview	215
G:	University Committee on Research Involving Human Subjects.....	219
H:	Letter of Consent Normal Sample	221
I:	Letter of Consent Clinical Sample.....	223
J:	Consent to Audiotape.....	225
BIBLIOGRAPHY		227

LIST OF TABLES

Table 1: Gender, Age and Years Married	186
Table 2: Race, Income, and Education	187
Table 3: Distribution of Reasons Relationship Failed.....	188
Table 4: Custody Arrangement and Custody Satisfaction.....	189
Table 5: Communication and Level of Conflict by Sample.....	190
Table 6: Description of Sub-Sample Interviewed	191

LIST OF FIGURES

Figure 1: Model of the Effect of Childhood Attachment on Adult Attachment Style, Divorce Experience, and Current Parent-Child Relationship	193
Figure 2: Comparison of Respondents' Incomes	194
Figure 3: Parenting Stress Index Normal Sub-Sample	195
Figure 4: Parenting Stress Index Clinical Sub-Sample	196

Chapter 1

INTRODUCTION

Divorce is a life transition that requires adaptation from all family members. Divorce is not a single, brief event that occurs within one's development, but is a psychological, social, legal, and economic process that requires ongoing adaptation (Wallerstein & Kelly, 1980). Over time, many divorced parents are able to successfully reorganize and lessen their emotional tie to their former marital partner while maintaining and nurturing a relationship with their children (Ahrons & Miller, 1993; Maccoby & Mnookin, 1991). Other parents have difficulty either with psychologically letting go of their marital partner and/or with sustaining contact with their children post-divorce (Arendell, 1992; Grief, 1995; Hoffman, 1995). While most families are able to master the tasks of divorce, a significant percentage of families, as evidenced by protracted litigation, remain unadjusted or conflicted years after the divorce (Johnston, Kline & Tschann, 1989; Kline, Johnston, & Tschann, 1991; Maccoby & Mnookin, 1991; Tschann, Johnson, Kline, & Wallerstein, 1989)

Over the last twenty years, divorce research has refined the findings regarding divorce outcomes to produce a foundation of convergent results. For example, there is consensus that how children adapt to divorce is associated

with gender, with age or stage of development at the time of the marital rupture, and with whether or not a child has a regular ongoing relationship with the non-resident parent (Allison, 1989; Heatherington, 1989; Kelly, 1993). Other important factors in determining children's adjustment are found in studies that highlight variables such as (1) parental adjustment; (Maccoby, Buchanan, Mnookin, & Dornbush, 1993); (2) the relationship between the parents (Johnson, Kline & Tschann, 1989); (3) the frequency of access to the nonresidential parent, (Camera & Resnick, 1989; Hetherington, 1993); (4) interparental hostility (Amato & Rezac, 1994; Kelly, 1993); and (5) the effects of unresolved custody litigation (Kitzman & Emery, 1994). Divorce research, like other family studies, also recognizes the important role of the availability of social support (Garvin, Kalter & Hansell, 1993; Hoffman, 1995) and the effect of socioeconomic status (SES) (McLanahan, 1994; Morrison, 1995) on adjustment outcome.

Because so much of children's adjustment is dependent upon the adjustment of their parents, how the custodial parent responds and copes with divorce is central to child adjustment (Kalter, Kloner, Schreier, & Okla, 1989). Of particular interest are the internal processes by which both parents cope with issues of abandonment and rejection. Weiss (1975) was the first to study the incongruent feelings and behavior that exist between former marital partners. Through interviews with divorced individuals, Weiss (1975) used attachment theory to explain the persistence of negative attachment that continues for some individuals for years following divorce. Weiss (1975) used Bowlby's attachment theory, as a way to describe how the termination of marriage parallels some of

the protest, despair, and acceptance that infants display in response to long term parental separation.

Attachment behavior is thought to explain some adult responses to divorce. Recently, interest has developed in studying the link between adult attachment style and one's coping behavior when a romantic relationship is terminated (Bakermans-Kranenburg & van IJzendoorn, 1997; Bartholomew & Horowitz, 1991; Hazan and Shaver, 1987; Masheter, 1991). Researchers in a variety of fields are also looking at early attachment in retrospective studies as means of explaining adult psychopathology (Kessler, Davis, & Kendler, 1997; van IJzendoorn & Bakermans-Kranenburg, 1996) and the development of personality disorders (Patrick, Hobson, Castle, Howard, & Maughan, 1994).

This dissertation is a preliminary study designed to define areas of differences in adult adjustment between groups of individuals who are able to emotionally disengage from their partner, to arrive at a parenting plan, and to communicate on behalf of their children and those individuals who are not able to do so. Although the divorce process itself takes years rather than months to resolve, some adults are able to respond to their interpersonal crisis by moving forward emotionally while other adults remain emotionally stuck or negatively attached to their former spouse.

Clinicians providing outpatient treatment and mediators assigned to help the divorcing parents recognize the difference in dynamics found between the normal and abnormal or high conflict divorce. Gray and Shields (1992), working with adults in a clinical setting who did not initiate the divorce, described the

difficulty some persons have with divorce adjustment. They describe lack of divorce adjustment by the development of a defensive stance of 'moral superiority' and as having notable delay in the formation of a new identity up to four years post-divorce. Mediating disputes in high conflict divorces exposes mental health professions to "couples from hell" (Mathis, 1998) who make extreme demands on the professional to gain alignment with their perception of blame.

There are other descriptive differences that differentiate a normal divorce from a high conflict divorce. In a high conflict divorce, the adults are not able to tolerate positive interaction with their former spouse. They remain avoidant or engaged in a negative competitive battle with the other parent for years following the divorce and seem to have little conscious awareness of the effect of their behavior on their children. Frequently, one or both of such high conflict parents depend on the legal system to determine how custody or parenting time is to be shared and have the expectation that the court will afford them the "justice" that they deserve. One estimate from Johnson and Campbell's (1988) California study was that 15-30 percent of couples experiencing divorce met the criteria for a high conflict divorce. Support for 15% as an indication of the amount of intense conflict regarding unresolved custody and parenting time was also found in the Maccoby and Mnookin (1992) results.

For the purposes of this study, the clinical sample refers to the Diagnostic and Statistical Manual of Mental Disorders' (DSM IV) definition of personality disorders: adults who have an enduring pattern of thinking, feeling and behaving

that is relatively stable over time (APA, 1994). This is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture in two or more areas: 1) cognition; 2) affectivity; 3) interpersonal functioning; and 4) impulse control (APA, 1994). Brennan and Shaver (1998), quoting the APA, added that these enduring patterns were pervasive and inflexible, and had onset in adolescence or early adulthood and were stable over time and led to distress or impairment in relationships. Regardless of the kind of personality disorder, all were characterized by persistent difficulties with interpersonal relations.

In this study, level of interpersonal difficulty is differentiated by certain criteria for the clinical and the normal samples. Those classified as clinical have two or more clinical indicators in regard to interpersonal functioning. Those include: mandated treatment intervention by the family court judge, history of domestic violence by self-report or spousal report, history of substance abuse by self-report or spousal report, prior history of court mandated treatment, the presence of 4 or more psychosocial stressors on the DSM-IV, Axis IV, a high number of court appearances regarding the divorce, and other legal difficulties in addition to the divorce action, e.g. violations of PPO's (personal protection orders).

Those classified as normal will have an absence of markers in the above clinical areas. However, because of the divorce process it is expected that individuals may have at least one clinical indicator in regard to interpersonal functioning. The normal sample would not be court mandated into treatment

services. They would have fewer court appearances regarding the divorce action and report three or fewer psychosocial stressors on the DSM IV Axis IV and have no other legal difficulties in addition to the divorce.

Background of the Study

This first chapter of the dissertation is an initial presentation of the potential link between an individual's type of attachment relationship to their former spouse and that adult's subsequent divorce adjustment. It is also an introduction to the possibility that one's childhood attachment history, whether secure or insecure, affects partner selection through an existing style of attachment. An assumption of this study is that individuals bring to a marriage relationship a pre-existing style of relating that has been influenced by their childhood attachment experience with primary caregivers. Thus, a secure or insecure childhood attachment history can influence whether or not an individual chooses a partner with a similar or complementary attachment style. Whether one has a secure or insecure attachment history may also influence reaction to divorce and how well one copes with the loss of a partner.

In contemporary literature, the term *attachment* has been used to describe attachment behaviors, attachment bonds, attachment systems, and attachment relationships (Zeanah, Mammen, & Lieberman, 1993). According to Bowlby, *attachment* was defined as an enduring affectional tie or bond, enduring in its nature and specific in its focus (Lamb, 1976b). Ainsworth (1989) defined 'attachment' as a particular kind of affectional bond that was relatively long

lasting and in which the partner was important as a unique individual, who was not interchangeable or replaceable with another. According to Ainsworth (1989), affectional bonds are not synonymous with relationships. Affectional bonds include the characteristics of the individual and encompass the internal organization of the individual, rather than the characteristics or history of a dyadic relationship. In an affectional tie, there is the desire to maintain closeness to the partner and a need to maintain proximity upon distress, or pleasure, joy upon reunion, and grief at loss. West and Sheldon (1988) define three forms of attachment in the lives of most adults: residual attachment to parents, care-giving attachment to dependent children, and reciprocal attachment to a significant other. Borrowing from West and Sheldon, for the purposes of this study, an attachment figure is defined as a peer who is not a member of the family of origin, with whom there was a sexual relationship, and with whom there has been an exclusive relationship for longer than one year.

As a clinician working with the divorced and divorcing population over the course of many years, one poignant personal observation is that the divorce experience appears to be much worse for those adults who report a childhood history of abuse and neglect. Adults for whom divorce is one of a series of losses or traumas that involve abandonment or rejection and perhaps leave them feeling insecure have more difficulty adjusting to the loss of a marital partner. How insecure attachment to parental figures becomes associated with poor peer relationships and character formation in the adult personality will be addressed

later in the dissertation. This chapter concludes by noting the limitations of the study.

The divorce literature has begun to study adult attachment as a factor in post-divorce adjustment within the last decade. For example, there has been interest in determining whether romantic partners' style of attachment is associated with the partner selection process (Bartholomew & Horowitz, 1991; Collins & Read, 1991; Hazen & Shaver, 1987). These researchers used infant attachment concepts as a framework for examining how adult love relationships were related to earlier parent-child interactions. Studies of romantic relationships suggest that an adult's attachment style is predictive of the selection of a partner with a similar or a complementary style of attachment (Collins & Read, 1990). For example, adults with a secure attachment frequently chose a partner with a secure attachment style, and adults with an anxious attachment style tended to choose others who have an anxious or dismissing style (Hazen & Shaver, 1987)

Infant mental health studies based on attachment theory suggest an association between one's attachment history and behavior problems in childhood and later personality organization (Brennen & Shaver, 1998; Goodman & Brunley, 1990; Lyons-Ruth, Alpern & Repacholi, 1993; Toth & Cicchetti, 1996). An infant's primary attachment relationship is thought to influence the early aspects of personality organization (Sroufe, 1985) through reciprocal experiences between self and other. Attachment behaviors developed in childhood are thought to be carried forward as patterns of expectations and levels of trust. Attachment theorists suggest that there may be an association

between childhood attachment history and the kind of attachment expectations that get directed at partners and children later in life. Crittenden, Partridge and Clausen (1992) suggest that previously learned expectations and behaviors affect not only the selection of partners, but also affect the perception and organization of information about relationships.

Internal mental representations of the self and other are thought to help explain how an attachment pattern in early life gets transferred onto other significant relationships during one's life. The infant mental health literature suggests that how infants and young children operationalize and mentally incorporate their view of their caregiver and their self becomes transferable through "internal mental representations" (Crittenden, 1990; Fish, 1993; Fonagy, Steele, Steele, Moran & Higgett, 1991; Main, Kaplan, & Cassidy, 1985; Stern, 1991; van IJzendoorn, Goldberg, Kroonenberg, & Frenkel, 1992). These memory and cognitive-affective processes remain constant or change in response to one's appraisal of the relationship to a primary attachment figure.

A parent's internal representation is believed to be the mechanism by which she/he is or is not in synchrony and sensitive to a child's verbal and non-verbal cues. In a 1996 study by van IJzendoorn and Bakermans-Kranenburg, parents of disturbed children were found to have had more insecure representations in their attachment experiences with their own parents. A parent with a secure style of attachment is more open, flexible, and responsive to a child's behavior. Parents with an insecure style of attachment are more closed, more rigid, and insensitive to cues from their child. As a result of the disparity

between caregiver and infant, the infant view of the self and view of others takes on a defensive strategy to maintain the tie to the caregiver. The relationship between a parent's internal representation from their childhood and current parent-child interactions is the focus of many recent studies (Cowan, Cohn, Cowan, and Pearson, 1996; Crandell, Fitzgerald, & Whipple, 1997; Patrick, Hobson, Peter, Castle, Howard & Maughan, 1994) which help explain the relationship dynamics observed in parent-child relationships during childhood. Less is understood about how internal representations change over time, and what kind of attachments beside primary attachments influence one's style of attachment throughout the life span.

During the last thirty years, research regarding divorce outcome for adults and children has primarily focused on white middle class families to control for confounding variables. However, the divorce population includes conditions of low socioeconomic status, mental illness, inadequate interpersonal skills and other variables which compound the effects of divorce on family members. Recognizing that these conditions co-exist with the divorce process adds complexity to the analysis of findings. Embedded within the research based upon large household surveys, it is highly probable that some of the negative deleterious effects of divorce on children are, in fact, attributable to other existing conditions within the family. In other words, it is expected that a proportion of adults has entered into the marriage with a prior history of disordered attachment and/or mental illness and that their divorce experience will not be similar to that of others without those conditions.

In a retrospective study, the difference between adequate and inadequate parent-child relationships was associated with insecure attachment between adult partners and the adults' attachment history during childhood (Crittenden, Partridge, & Claussen, 1991). Adults with a history of secure attachment were more likely to select a partner with a secure attachment, whereas insecure attachment history was more likely to result in the selection of an insecure partner (Collins & Read, 1990; Crittenden, et al., 1991). The studies that measure adult attachment style link marital relationship quality with child behavioral problems. Similarly adult attachment style is being studied in terms of adult divorce adjustment and the presence of ongoing conflict (Masheter, 1991)

Generally, normal adults have the emotional and psychological resources to make interpersonal adaptations and over time, psychologically disengage from their former partner. For the practitioner, there are marked clinical differences in the relational dynamics between couples who fall within the normal and those within clinical guidelines. The clinical adults are more likely to become developmentally stuck and behaviorally remain preoccupied, embittered, and conflicted in their relationship with their former spouse. The adult with clinical symptoms has more difficulty managing affect and tends to express rage and blame that does not dissipate with time. For the adult who meets clinical criteria, divorce is experienced as a more intense, emotionally humiliating experience with the source of that internal pain projected on to the action or conduct of the former partner. For a small percentage of adults, the divorce experience is so devastating, years following divorce they are at an emotional impasse, wishing to

regain access to the lost object, and can neither disengage nor resolve the relationship with their spouse (Gray & Shields. 1992; Rossiter, 1991).

An assumption that underlies this study is that childhood parent-child relationships that were secure support adult attachment styles that are also secure, whereas insecure attachment in childhood are predictive of insecure, avoidant, and ambivalent attachments in adulthood. Several longitudinal studies which followed infants, insecurely attached at age one, found that these same children developed severe behavior problems in childhood. These difficulties with socialization were later associated with adult personality disorder. Toth and Cicchetti (1996) found an association between early maltreatment and later development of personality disorder. In a study that focused on relational deficits in severely depressed and mentally ill parents of infants, Goodman and Brumley (1990) observed infants who displayed one of three behaviors: 1) withdrawal from social interactions; 2) actions evidencing deficiencies in the development of social skills; or 3) engaging in coercive exchanges in a persistent effort to elicit the desired parental response.

Johnson and Campbell (1988) found that nearly all the adults in the high conflict families they studied had experienced traumatic or ambivalent separations in childhood or during the marital rupture. In the Johnson and Campbell study, high conflict families were estimated to comprise about 10-15% of all families who divorce. Their study focused on a clinical population that used conflict to manage intolerable feelings of loss, humiliation, and helplessness. They found that divorcing families in high conflict are more likely to use excessive

litigation to resolve long-standing intrapsychic, interpersonal and other environmental issues as part of the divorce process. Such high conflict families who litigate excessively are well known to the court system. However, it was not clear in their study whether their high conflict families originated from the clinical population or if other factors determined the intensity or duration of litigation.

In summary, when couples with minor children divorce, how well children fare depends on many factors, not the least of which is the degree of hostility and conflict that continues to exist in the interparental relationship post-divorce. Within the past ten years, adult attachment style has been found to be a predictor of adults' adjustment following the loss of a romantic partner. This study involves the application of attachment theory and adult attachment style with parents who divorce to determine if adult attachment style is also associated with adult divorce adjustment and indirectly with patterns in post-divorce parent-child relationships.

Problem Statement

This study developed from the provision of clinical intervention to families in high conflict who were litigating custody or parenting time issues. The first aim of this exploratory study was to explain why some adults are unable to emotionally separate from their former spouses and have difficulty in relating with their children post-divorce. Using attachment theory as a theoretical background, this study compared two different samples, a normal sample with a clinical sample. In addition to the criteria listed previously, for the purposes of this study

a normal sample refers to adults who experience divorce with a history of few if any interpersonal problems in several psychosocial domains, who engage in low levels of litigation to resolve custody or parenting time, and have relatively low levels of conflict with their former spouse regarding access to minor children. A clinical sample refers to adults who experience divorce with a history of poor interpersonal relationships in several psychosocial domains, who engage in a high rate of litigation to resolve custody or parenting time, and who have high levels of conflict with their former spouse regarding access to minor children.

The second aim of this research was to determine if there was an association between three variables for each sample: the way a parent describes their style of attachment to the other parent, the level of conflict in the co-parental relationship, and parents' perceptions of the relational closeness between each parent and child. The third aim was to determine if there were descriptive differences in the childhood experiences of a sub-sample within the study that supported the notion that an adult's early child-parent history influences the style of attachment to the marital partner and that person's view of their parenting relationship to each child post-separation.

Research question

The premise of this dissertation is that there are notable mean differences between normal and clinical groups who divorce, as measured by current style of couple attachment, level of expressed conflict, and pattern of contact for minor children and the non-resident parent, post separation.

Hypothesis I

When compared to the normal sample, the clinical sample will demonstrate differences in attachment style as measured by pattern and description of adult relationships in general.

Hypothesis II

When compared to the normal sample, the clinical group will report a different pattern of coping in regard to loss of marital partner that will indicate a higher frequency of dismissing, preoccupied, or fearful attachment.

Hypothesis III

When compared to the normal sample, the clinical sample will demonstrate higher levels of conflict in the co-parental relationship as measured by style of negotiation, frequency of communication, level of disagreement regarding resolution of custody/parenting time.

Hypothesis IV

When compared to the normal sample, the non-resident parents within the clinical group will report less parenting time granted, will have more limited or restricted access to their minor children, and of the court-ordered parenting time granted, the non-resident parents will report a pattern of contact that will be less predictable and more infrequent.

Hypothesis V

In the qualitative interviews, the clinical sub-sample when compared to the normal sub-sample will report more difficulty with attachment to primary caregivers, as evidenced by disengaged, abusive, or highly controlled

relationships and will report a higher frequency of losses or traumatic events during their own childhood that suggest an insecure pattern of relating existed prior to the marital relationship.

The research question follows a model of inquiry that has been depicted in Figure 1. The model is an effort to describe an intergenerational pattern of secure and insecure attachment relationships over time. It demonstrates how the three major variables under consideration interact and the model also includes some factors that were not studied. The proposed model suggests that an individual's early childhood attachment experience with mother and father affects that adult's later style of attachment. One's established adult attachment style is thought to influence how an adult copes with the loss of a marital partner. Individuals who are more securely attached cope with the loss of the marital partner better than do individuals who are insecurely attached. Some of the factors in the co-parental relationship which include attachment style are thought to influence how the couples negotiate differences and ultimately whether they engage in a negotiation style of high or low conflict. High conflict in the co-parental relationship is viewed as interfering with the child's relationship with each parent and with the child's felt level of security with each of their parents.

Professional Significance of the Study

Within the social science community, there is a need for investigative studies that are inclusive of the clinical population because it has ramifications as to how divorce outcome is interpreted, and it has treatment implications for

clinicians providing intervention to divorced/divorcing families. Over twenty years ago Trafford (1982) attempted to describe some of the psychological and behavioral changes that occurred between normal divorcing couples. However there is an absence of investigative studies that address the relationship dynamics between couples who meet clinical criteria and divorce. Exceptions to this practice are studies that compare high conflict parental relationships in intact families with high conflict parental relationships that result in divorce (Amato, Loomis, & Booth, 1995; Hanson, 1999; Jekielek, 1997). Although there has been extensive research focused on family members' adjustment to divorce over the last thirty years, there has been little consideration of how the clinical sample resembles or is different from a normal sample. Certainly antecedent conditions such as prior attachment history influence divorce outcome, as does socioeconomic status, (McLanahan, 1994) and availability of social support (Garvin, et al., 1993; Ladd & Zvonkovic, 1995). The question becomes one of degree and in which areas.

Adults who meet clinical criteria and engage in high conflict divorce suggest more instability in the parental relationship and in the parent-child relationship post-divorce. However, what is not clear is whether this is a function of attachment history or other conditions such as lower SES. This exploratory study is an initial attempt to explain some of the differences in dynamics between couples who meet normal or clinical criteria by integrating concepts gleaned from attachment theory and infant mental health studies with concepts from divorce family research. It builds upon the work of other researchers who have found

level of conflict to be a critical variable in regard to child adjustment post-divorce, and seeks to explain why level of conflict is so prevalent in the sub-population of couples who divorce.

There has been an established association between mental disorders and instability of marital relations. In a national co-morbidity study in 1990-92, results indicated that men and women with an onset of mental illness prior to, or during the marriage, have a higher rate of divorce, 48.2 % compared to 35.9% who have no disorder (Kessler, Walter, & Forthofer, 1998). This study estimated that 5.9% of divorces by men and 10.3 % of divorces by women were attributable to psychiatric disorders. Absent from the divorce literature are studies that compare differences between adults who meet normal or clinical criteria and how they perceive and interpret family relationships during and following the process of divorce. Given that the clinical population is embedded within with general population, it appears highly likely that most national studies regarding negative divorce effects include adults who meet clinical criteria.

It is important to study the clinical population who divorce to learn whether relationship patterns between partners and children are the same or different from the normal samples. From the clinical perspective, adults with mental illness and/or personality disorders appear to have had experiences of abandonment and rejection embedded in their childhood history (Patrick, et al., 1994). However, these adults are usually unable to articulate any connection between their prior trauma and the current pain or vulnerability that accompanies the rejection regarding divorce. Adults with personality disorders are generally

non-responsive to traditional methods of outpatient treatment. However, the clinical population appears to be associated with the proportion of adults who have high conflict divorces. It is important to determine not only the source of the conflict but also to have clinical knowledge about how to intervene.

A comparison study of a normal and clinical sample is also important for gaining knowledge about the correlates between current adult interpersonal functioning and decisions regarding maintaining a relationship to the child. The divorce research suggests that five years post-divorce, between 30% to 50% of children lose the active participation of a non-resident parent (Furstenberg, Nord, Peterson, & Zill, 1983; Mott, 1990). This dramatic break in parent-child involvement has been associated with the level of conflict in the co-parental relationship (Ahrons & Miller, 1993; Amato, Spencer, & Booth, 1995; Camera & Resnick, 1989; Johnson, Kline, & Tschann, 1989), but it has not been addressed from the perspective of the parent's attachment history.

If a divorcing parent had an insecure attachment to their parents, and if they have had an insecure style of relating to their marital partner, then it seems probable that their children will also have difficulty developing a secure attachment with parents who have such disordered attachment styles. Studying parental attachment during the divorce process may help demonstrate a link between that parent's style of attachment and the quality of the post-divorce parent-child relationship.

Finding correlates between attachment theory and divorce is also important because it has implications as to how childhood experiences get

transformed into intergenerational patterns. Infant mental health and early childhood development studies suggest that attachment to one's early caregivers may form an internal method of processing experiences that serves as a guide to perception of later relationships through the use of internal working models.

Theoretically it seems plausible that children who experience divorce are at higher risk when their parents' have a pattern of insecure attachment and when the parents do not protect the child from serious problems in interpersonal functioning, e.g., mental illness, substance abuse, domestic violence, and/or excessive litigation. Although the divorce literature is increasingly descriptive about the normative developmental impact of divorce on the children, pre-school through young adults, there is an absence of knowledge regarding the causes of relationship breakdowns between children and their parents other than the cessation of involvement.

Overview of Methodology

This study consists of a combination of quantitative and qualitative methods of data collection without the use of a control group. The non-random samples of adults who were in process of divorce and who had children under the age of 18 were drawn from a large, primarily urban county in southeastern Michigan. The participants came from two different settings: divorcing parents who attended a county required two-hour divorce orientation and education program for all persons who divorce and those parents who were court mandated into specialized mental health services as a result of child custody or parenting

time litigation. How individuals were placed into the normal or clinical sample will be explained in more detail in Chapter III. This study looks at sample differences comparing how the parents manage relationship conflict, both in regard to intensity of conflict and how conflict is expressed, and whether or not the conflictual behavior between the parents is a factor in the kind of custodial arrangement and frequency of access that occurs.

This study obtained a majority of data from the participants through a self-report questionnaire, which included demographics, information about the marriage and divorce, the Conflict Tactics Scale, and two scales regarding attachment behaviors. From the larger sample of 62 clinical and 63 normal adults, a smaller sub-sample of 10 also participated in a semi-structured qualitative interview that focused on parent-child relationships during their own childhood, a description of their marital relationship, and current information about relationships to their children.

Limitations

This study is preliminary in nature and it does not include a control group. As a result it has limitations regarding its generalizability. Any conclusions reached are considered preliminary and limited to the samples under consideration.

The measurement of attachment in relationships is not a single construct and there is no general agreement about how to conceptualize it or how to measure it at different stages in one's lifespan. Within couple's research, adult

attachment is a construct that remains nebulous and difficult to define. Although there are many measurements of adult attachment, each instrument conceptualizes different aspects of adult attachment in different ways (Crowell & Treboux, 1995; Garbarino, 1996). Without agreement about how attachment behaviors are manifested and carried forward from childhood to adulthood, this study, like others, will not be able to conclude that its findings represent the total attachment relationship between divorced or divorcing parents. Nor will it be able to state what other relationships in addition to primary caregivers potentially influence the development of one's attachment style. What is an exact definition of attachment and how it is captured in an instrument remains beyond the scope of this study.

Because of the depth and breadth of research on attachment theory, the description of attachment theory offered in this study should be considered only a cursory summary of some of the assumptions and prominent features of this theoretical model.

Chapter 2

LITERATURE REVIEW

To determine if there are differences between different groups of adults who divorce, it is necessary to reveal both the theoretical framework from which the researcher is approaching the questions, and to provide the empirical context in which the study is lodged. The following review of the attachment literature provides the foundation for understanding the connection between early parent-child attachment relationships and the quality of family relationships post-divorce. Attachment theory is presented as the transmitter through which secure relationships evolve during an individual's life span and from one generation to the other. Traditionally, the infant mental health literature and the divorce literature have been approached as two distinct fields of study. However, this study applies attachment theory to divorce research as a means of explaining how adult attachment style is associated with adjustment to the loss of a partner, and with ongoing relationships with minor children post-divorce. The study examines differences between clinical divorcing adults who have a history of interpersonal difficulties with normal divorcing adults who do not have a history of interpersonal difficulty.

Attachment Theory

The first section of the literature review describes primary concepts related to attachment theory, emphasizing the major tenets and assumptions as

developed by the selected early contributors. Additional underpinnings of attachment theory are summarized under the following headings: parent-child history and the security of attachment in the mother-child and father-child relationship, internal models of representation and the transmission of attachment, disordered attachment in infancy, insecure attachment and childhood behavioral problems. The mid section of the literature review addresses how some researchers have conceptualized the measurement of adult attachment. Following the presentation of the factors that measure adult attachment, the concept of attachment style is applied both to the selection of romantic partners and to how adults react to the loss of a partner, such as during divorce. The final section addresses specific areas of divorce research that provides the basis for the selection of variables chosen in this study.

Any discussion of attachment theory begins with recognition of its founder, John Bowlby, who was the product of an ethnological-evolutionary perspective. Although there have been numerous contributions by many other significant researchers in the field of infant mental health and developmental psychology during the last twenty years, the following discussion will primarily highlight the work of Bowlby, Ainsworth, and Main.

Bowlby

Bowlby viewed an infant's attachment behavior directed at the caregiver as biologically driven and necessary for survival of the species. Basic to Bowlby's attachment theory was the assumption that infants are born with a

repertoire of behavioral tendencies that have survival value from the point of view of evolutionary adaptiveness (Campos, Barrett, Lamb, Goldsmith & Steinberg 1983). Attachment theory developed from the study of primates and includes recognition that a behavioral system develops between a primate infant and its caregiver (Kraemer, 1992). Attachment theory proposes that infants actively elicit and respond to their caregivers in instinctual ways and are active participants in the parent-child relationship.

Bowlby distinguished attachment relationships from attachment behaviors. Attachment behaviors referred to the signaling mechanisms that an infant or caregiver uses to mediate the formation and maintenance of attachment bonds (Bing-Hall & Stevenson-Hinde, 1991; Lamb, Thompson, Garden, Charhov & Estes., 1984). Attachment behaviors are the signaling mechanisms and the approach behaviors that motivate the caregiver to stay in close proximity to an infant. The behavioral pattern or signaling system that develops can be altered or improved by assisting the parent with a better interpretation of the infant's cues. Attachment behavior refers to any form of behavior that predictably results in a person attaining or maintaining proximity to or communication with some other preferred individual, ~~under conditions of stress~~ (Bing-Hall & Stevenson-Hinde 1991).

According to Kraemer (1992), Bowlby stated that the human infants, like other primates, are born with an innate mechanism for eliciting attachment from a caregiver. Human babies are thought to have a built in preference for looking at patterns, especially the human face, and with repeated exposure are able to

distinguish the familiar from the strange. With advancing development, infants are able to make alterations in their behavior based upon their internal and external experience. In other words, there exists within infants an internal appraisal system that processes external cues. This system of appraisal allows for the initiation of new behaviors based upon the reading of social cues from the primary caregiver.

There were two central hypotheses in Bowlby's work: (1) that the quality of any attachment relationship depends on the quality of care experienced with that partner, and (2) that the quality of the primary attachment relationship strongly influences early personality organization (Sroufe, 1986). Thus, infants become attached to individuals who consistently and appropriately respond to the infant's proximity-promoting signals and behaviors (Lamb et al., 1984). Two central assumptions of the first hypothesis are that an infant's attachment behavior (1) is based on each caregiver's responsiveness (Bridges, Connell, & Belsky 1988; Sroufe, 1985) and (2) is dependent upon that child's learned experience and stored memory of that experience (Stern, 1995). In Bowlby's view, the behavioral characteristics of the caregiver are more influential than are the characteristics of the infant in maintaining the attachment relationship. However, there has been recognition in recent years that some infant characteristics, such as temperament, affect the dynamics within the parent-child relationship (Izard, Haynes, Chrischold & Baak, 1991).

Bowlby emphasized that attachment figures served two interrelated functions for infants. One is the provision of a secure base for exploration in their

environment and the other is the assistance with the regulation of internal levels of stress (Campos et al., 1983). There is agreement among attachment theorists that there is a strong relationship between maternal sensitivity to the infant's signals and the quality of the infant-parent attachment. Parental behavior is considered central to the development of attachment behaviors in the infant because interactional patterns that develop between parent and infant determine the infant's expectations for reciprocity in communication. The pattern of attunement or lack of attunement affects physiological and emotional reactions in the infant (Schorre, 1994). Parents who are emotionally unavailable, insensitive to an infant's or toddler's cues, or who engage in incongruous or inappropriate behaviors, are thought to predispose the child to set unrealistic goals regarding relationships (Goodman & Brumley, 1990).

Ainsworth

Ainsworth has also influenced the field of developmental psychology. Ainsworth, a collaborator with Bowlby over many years, advanced attachment theory in two significant ways (Lamb, 1979). First, she pioneered the empirical study of individual differences by developing the hypothesis that variations in maternal sensitivity accounted for the development of individual differences in the quality or security of infant-mother attachment. Secondly, she developed a method, the Strange Situation, by which individual differences in mother-child relationships were assessed. Ainsworth's work was important because it standardized a paradigm for assessing infant-mother attachment and it resulted

in the development of a classification system that described the observed attachment behaviors. Ainsworth's work distinguishes between the precursor attachment behaviors and patterns of attachment (Lamb, 1974). The 13 patterns of attachment behavior which Ainsworth proposed as significant in maintaining contact with a caregiver were: (1) crying, (2) smiling, (3) vocalization, (4) visual-motor orientation, (5) crying when attachment figure leaves, (6) following, (7) scrambling, (8) burying face in lap, (9) exploration from a secure base, (10) clinging, (11) lifting arms in greeting, (12) clapping hands in greeting, and (13) approach through locomotion. Ainsworth and her colleagues recognized that these behavioral patterns did not appear to form consistent clusters in all infants (Lamb, 1974), but rather demonstrated that individual differences were based on the quality of the mother-infant interaction during the first year. Ainsworth was interested in establishing a measurement of the strength and quality of the infant's attachment (Lamb et al., 1984). Her work resulted in the development of criteria for a classification system that measured attachment behaviors.

The Strange Situation procedure was used to differentiate types of security of attachment between parent and child. Over the course of years, it has been administered to both mothers and fathers to measure infants' attachment behavior with each parent. Through the use of the Strange Situation, Ainsworth identified three types or qualities of attachment relationships: secure, anxious, and defended insecure (Crittenden, 1990). These three categories of attachment behavior included additional gradations in attachment for a total of eight possible subgroups whose main headings were labeled: (A) insecure avoidant, (B)

secure, and (C) insecure resistant. A fourth classification was added by Main and Solomon (1986), which was labeled (D) for disorganized. The Insecure-disorganized (D) classification was used for those infants who did not fall within the other three categories and in some clinical samples, described infants with behavioral characteristics of both avoidance and resistance. Infants with the disorganized (D) category lacked a coherent strategy for coping with tension or stress. According to van IJzendoorn, et al., (1992) this pattern occurred with high frequency with maltreated infants as well as infants of depressed mothers.

Infants classified as secure (B) in their attachment used the primary caregiver as a reference or secure base from which to explore. When a child's attachment relationship was secure, it reflected a pattern of strategies that the child developed to meet the conflicting goals or needs between security and exploration (Davidson, 1991). Infants with a secure classification compose about two-thirds of infants in normal samples (van IJzendoorn et al. 1992).

An insecure avoidant infant (A) explores with minimum reference to a caregiver, was minimally distressed with parental absence, and ignored or avoided a parent upon reunion. From a cross-cultural analysis of 32 studies in eight countries, 20-24% of babies exhibited this pattern (van IJzendoorn et al.). Infants classified as insecure-ambivalent/resistant (C) were described as restricted in exploration, as highly distressed by separation from the caregiver, and as difficult to comfort upon reunion. The insecure resistant classification of infants comprised approximately 14% of the total sample in the van IJzendoorn et al. (1996) study.

The Strange Situation as a measurement of attachment, did not come into use without controversy. Some criticism included temporal variability (Lamb et al., 1984) cross-cultural differences (van IJzendoorn & Kroonenberg, 1988) and individual variation within the same child-parent relationship (Crittenden, et al., 1992). Consequently some of these challenges to the measurement of attachment in infancy have resulted in a stronger conceptualization of the components of attachment. For example, Sroufe and Waters (1977) challenged the idea that infant attachment behaviors that determine level of security were stable over time. They asserted that it was the organization of behavior, the patterns of adaptation, and the quality of the affectional bonds that were stable, not the infant's expression of behavior. Sroufe (1985) argued that children securely attached to caregivers are behaviorally quite heterogeneous. It was Sroufe's (1985) position that individual difference in temperament may explain some differences in classification in the Strange Situation. He asserted that the critical factor in the development of attachment behaviors was the development of caregiver responsiveness. Taking this a step further, he suggested that the quality of attachment changes, depending upon the environmental conditions placed on the caregiver. This perspective took the position that an infant can have a secure attachment to one parent and an insecure attachment to the other parent.

Bridges, et al., (1988) sought to determine whether or not the measurement of attachment in the Strange Situation was relationally based or a characteristic of the infant. The Strange Situation procedure was given twice,

alternatively with mother or father at 12 and 13 months of age. For some infants the findings resulted in some similarity between an infant's reaction to separation from mother and father, and for other infants there were clear differences in reaction to each parent. Some of these infants were secure with one parent and insecure with the other. They concluded that the Strange Situation measured properties of a relationship rather than a stable characteristic of the infant (Bridges, et al., 1988).

In a later study, Bridges and Connell (1991) compared infants' responsiveness to mothers and fathers in the Strange Situation and during free play. With this sample of 59 infants, they found less variability between parents, and considered the possibility that attachment behaviors may develop into a stable characteristic by the age of one. However, this sample was comprised of families of middle to high SES, and it was not clear whether a high level of parental care contributed to less variability in this study

The use of the Strange Situation to measure attachment behavior appears to be most reliable for infants between 12 and 18 months of age (Waters & Deane, 1985). Toddlers, two and three years of age, have advanced cognitive functions that influence their reaction to separation from a caregiver. As toddlers begin to freely move about, they enter into a different kind of goal directed partnership and begin to consider new aspects of caregivers behavior such as, motivation and intention. Being left by a caregiver takes on a different meaning at later developmental stages than it does for an infant. As an alternative, Waters and Deane (1985) developed a Q-sort instrument for capturing

attachment in preschool children.

Main

Understanding how attachment patterns were transmitted from one generation to the other was the research aim of Main and her colleagues at Berkeley. Main, et al., (1985) expanded the field of attachment research by applying the theoretical concepts of object relations and internal models of representation to behavioral analysis with adults. Main and her associates developed a model to explain how an adult's style of relating was repeated and transferred to an adult's own children by developing a protocol to assess adult memories and perceptions about one's own childhood.

The protocol they developed was a semi-structured qualitative research tool called the Adult Attachment Interview (AAI). The AAI consists of an interview designed to probe for descriptions of early relationships with parents or early caregivers. Applying the attachment classifications identified by Ainsworth, Main and her associates developed a similar system for classifying adult patterns of attachment classifications. By administering the AAI to adults, and by administering the Strange Situation procedure to their respective infants, it became possible to compare parent and offspring type of security of attachment. Main's work established a correlation between infant attachment patterns and their mother's own childhood attachment patterns. Through the analysis of the narrative reports of parents' responses to questions, it was believed that aspects of the adult's internal working model were revealed. Main proposed that the actual events of childhood were less important than were the adults' memories

and feelings about their childhood experience. The AAI asks respondents to give information about relationships to both parents past and present, to provide five descriptive adjectives to describe each parent and to cite supportive evidence as to the degree of parental acceptance or rejection that they recalled during their childhood. They also ask the participant to analyze why their parents behaved as they did. Main et al. (1985) looked at the content as well as contradictions and inconsistencies in the linguistic responses. Through analysis of the AAI they found four kinds of attachment relationships. Adults with a secure attachment were found to value relationships; they also exhibited readiness of memory and ease of discussion. What became apparent with securely attached adults was the lack of idealization in the description of parents or description of childhood experience. Adults in the second pattern, had a dismissing pattern of insecure attachment, which was characterized by considering their parents as having little value, or influence on their adult personalities. In a third pattern of insecure adult attachment, some respondents remained preoccupied and dependent on their parents for approval and were still struggling to please them. A fourth group of insecure adults was unresolved in regard to parental attachment, and was labeled "disorganized" in their attachment pattern. van IJzendoorn et al. (1992) analyzed the work of Main and Goldwyn and found that in about 80% of the cases studied, infant-mother attachment could be predicted on the basis of the mother's internal working model of attachment, that resulted from her attachment history with her own mother and father.

Security of Attachment in the Mother-Child and Father-Child Relationship History

The contribution from Main and her colleagues has been the primary mechanism to extrapolate from childhood history the salient memories that depict the various patterns of interaction between parent and child. As stated in Chapter I the AAI qualitative interview has been widely used both for infant mental health research and for retrospective studies looking at the antecedents of adult psychopathology. The AAI has also influenced how other researchers have conceptualized the measurement of adult attachment in romantic relationships as will explained later in the chapter.

The second section of the literature review continues to build on the importance of the AAI as a qualitative narrative of whether an individual has experienced a secure or insecure relationship with a mother and father. Intrinsically linked to the AAI is the concept of internal models of representation, which is taken from both attachment theory and infant mental health research. After presenting how a secure parent-child attachment develops, this literature review will then look at the implications of disordered attachment in infancy as a precursor to childhood behavior problems and later difficulty in adult interpersonal relationships.

Initially the AAI was only given to mothers. However, in recent years, the AAI has been administered to fathers, and the findings have proven equally useful (Chornesky, 1992; Cohn, Silver, Cowan, Cowan & Pearson, 1992; Cowan et al., 1996; van IJzendoorn & Bakermans-Kranenburg, 1996). Similarly, fathers' internal representations were of equal importance to mothers' when

analyzing parent-child attachment. Some researchers (Chornesky, 1992; Stern, 1991; Trad, 1992) were interested in knowing whether fathers' internal representations of their infants were predictive of later father-child attachment as it was of mother-child attachment. Expectant fathers who are 'attuned' or 'out of touch' were found to have internal fantasies about their infants similar to mothers (Crittenden, 1990; Stern, 1991).

Chornesky's study (1992) focused on fathers of different ages and their relationships with their sons. This study, like others using the AAI, found a correlation between the father's security of attachment with his own parents and the father's current relationship to his male offspring. The outcome of father-son attachment was dependent on whether the father had updated or modified his view of his father as he reached adulthood. Without conscious self-awareness or clinical intervention the insecurely attached adult was more likely to have an obstruction in memory as evidence by the defensive exclusion of certain personal experience and information. Fathers, who were able to update their view of their primary attachment figures from childhood, were more likely to have the capacity to modify their own relationships with their sons. The findings indicate that intervention with these fathers changed not only their perceptions of their parents, but also changed the amount of awareness they directed at their own children (Chornesky, 1992).

Internal Models of Representation and the Transmission of Attachment

The intergenerational transmission of relational patterns was thought to be

modulated by the parents' internal working models, mental representations of themselves and their child, which get transmitted through interactions with infants. According to several researchers (Fonagy, et al., 1991; Levine, Tuber, Slade, & Ward, 1991; Stern, 1995), the parent's mental representation of his or her own parents may be the single best predictor of the pattern of attachment that parents will establish with their own infants at 12 months of age. The parental internal representational model reveals the amount and kind of distortion in a parent's image of the infant. Through analysis of the parent's representational model, a researcher can track the dominant themes regarding a parent's view of their infant and can discern the narrative coherence between parental childhood experience and evaluation of that experience (Stern, 1995). Much is to be learned about how these internal representations get acted out with the infant. However, personal expectations, cultural influences, external events, and infant characteristics are all believed to interact and form patterns of behavior.

In other words, the kind of attachment behavior developed in their own childhood is likely to be unconsciously repeated by an adult with the next generation by utilizing the same pattern of attachment behaviors with her/his own child (Minde & Hesse, 1996). Internal representation models are thought to be the mechanism through which patterns of attachment formulate a template for later relationships. Some attachment researchers like Sroufe and Waters (1977) disagree that early relationships form a template for later relationships. They view attachment, as fluid, as changing with time and circumstances, and as an

ongoing developmental process. For example, an insecure attachment experience with a primary caregiver does not always result in the replication of the same pattern of behavior with their children. When parents with insecure attachment histories had access to early memory, they also had more conscious awareness of the difficulties in the early parent-child relationship. As a result, they were highly motivated to parent differently with their own children and were less likely to repeat those same behaviors. What matters is how parents conceptualize and perceive the caregiving they received. It is the cognitive decisions about one's prior experience that guides interaction with children.

Intergenerational patterns appear to be repeated through selective memory and unconscious mental processes. The existence of an internal working model suggested that parents have both mental representations of themselves and their child, which may be consciously or unconsciously active during the initial process of attachment, as well as within the ongoing parent-child relationship (Ammanti, 1991). This concept suggests that an individual forms two representational models of each relationship: one of the self and one of the other person in the relationship (Crittenden, 1990).

Stern (1991) explained that the interpersonal world of the infant is remembered and translated from one generation to another through a highly selective interpretation of one's own selective memory. More specifically, a caregiver's view of a baby is not exclusively based upon external reality, but also consists of internal mental processes, which encompass idealized images, fantasies, and perceptions of the self and other. All parents are believed to have

some distortion about themselves and their infants. To clarify, a positively attached parent may inflate or exaggerate positive affirmations of their infant's capabilities whereas a negatively attached parent may perceive the infant's behavior as purposefully bad and characterize them with negative attributes. In this way, the positive or the negative view of the self gets projected on to the infant as a perception of the other in the relationship.

By the end of the first year, the infant begins to develop his or her own internal working models of self and other, based on his or her experience of the care received and a generalized expectation of the caregiver (Main et al., 1985; Sroufe, 1986). A child's working model of attachment develops out of the quality of the relationship between parent and child and the history over time of the child's adaptation to the caregiving environment. Attachment relationships are believed to modify over time with alterations in cognition due to the onset of new developmental stages.

Through interactions with parents and a construction of an internal working model of the self and of the other, young children begin to incorporate their parents' style of relating. Attachment literature suggests that the internal working model first emerges at about 12 months, (Schorer, 1994) the early practicing period. It is at this developmental stage when there is the simultaneous anatomical maturation of the orbital frontal cortex that allows for a developmental advance in memory and cognitive functions. More specifically, Schorer (1994) asserts that internal representations encode both the infant's own physiological affective responses but also tracks the emotionally expressive face

of the attachment figure. Internal working models are understood to enable an infant to form expectations and to evaluate the interactions that regulate his/her attachment system.

Schore's contribution to the conceptualization of the internal working model was demonstrated through an explanation of what happens in the autonomic physiological-affective processes, as infants use the emotional responsiveness of the caregiver to regulate themselves. For example, at about 12 months of age when parental demands for socialization increase, infants experience parental disapproval in tone of voice and facial expression. When being shamed or scolded, infants switch from a sympathetic state of high arousal and exploration to a parasympathetic state of low energy and decreased mobility. Through repeated experience with parental demands for socialization, socioemotional components of the infant-parent relationship influence changes in the infant's developing orbital frontal cortex (Schore, 1994).

Internal working models are large order memory structures that contain all of the processes involved in the individual's subjective experience of others in social relationships (Zeanah et. al, 1993). They include processes of attention and perception, of affect selection, of memory evocation, and of behavioral responses to others in important relationships (Zeanah, et al., 1993). Object constancy and the ability to have a representational model of the primary attachment figure are intrinsically linked. When an infant has the cognitive ability to know that an object exists continuously in time and space, an infant can guide his/her behavior by initiating certain behavior and inhibiting others, through

stored information, and through internalized representational memory (Schoré, 1994).

As patterns of interaction and affective responses are repeated in close relationships over time, infants build expectations about future interaction with parents that guide their interpretations and behaviors in new situations (Lyons-Ruth & Zeanah, 1993). According to this viewpoint, cognitive and affective constructs become incorporated into the personality structure of the individual and become relatively stable over time. Intergenerational transmission involves not only organized patterns of behavior, but organized ways of thinking and feeling in relationships that accompany these interactional patterns (Lyons-Ruth & Zeanah, 1993).

During the second year of infancy, Schoré (1994) asserted that working models are further organized into highly complex, symbolic, and enduring working models that contain auditory, as well as visual, tactile, and olfactory components. Schoré suggested that while the toddler was separating and individuating from his caregiver the toddler used the facial cues and affective regulating qualities of the caretaker to establish his/her system of internal regulation. When an infant or toddler was unable to re-establish psychobiological attunement, or reciprocity with the caregiver after periods of high tension or frustration, the young child developed an internal working model of the caregiver that was rejecting or unavailable and held a concordant view the self as unworthy of comfort.

In summary, when a caregiver controls their own affect, they are more

likely to have infants who also learn how to modulate their own feelings. This is accomplished through a complex interaction between neurological development and social-emotional experiences that impacts how the brain responds to environmental stressors (Schore, 1994). Infants who are able to satisfactorily internalize infantile experiences are able to develop a balanced mental representational world, which is experienced and borrowed from the experience with primary caregivers (Ammanti, 1991; Stern, 1995).

As a child matures, perceptions of the self and other are believed to change over time through the normal developmental stages and increasing cognitive abilities. Through remembered experiences, toddlers learn to expect certain responses from their parents. Preschool children begin to grasp the meaning behind parental behaviors and intention. Through improved language skills and internal strategies, the child begins to more directly influence parental behavior through alterations in their own behavior. (Ainsworth, 1989). Because of the inherent difficulty of measuring attachment relationships at different developmental stages, the theoretical constructs without supporting empirical evidence are insufficient to explain how attachment behaviors change and adapt with the emotionally, cognitively and socially developing school-age child. Nevertheless, it is agreed that by late adolescence or early adulthood, children are expected to be able to function autonomously from their caregivers and to begin to pair with others to form their own affectional bonds.

One argument is that although the early caregiving environment may influence attachment relationships, security of attachment is considered

amenable to change through clinical treatment, and/or a strong desire to transcend one's childhood experience. For this reason, however, attachment theory is considered an important theoretical bridge between early child development research and the development of clinical social work intervention (McMillen, 1992). According to McMillen, attachment theory's use of internal working models and patterns of attachment may serve to integrate developmental theory with both family therapy and cognitive approaches to clinical practice.

Disordered Attachment in Infancy

To understand the behavioral differences between secure and insecure infants and toddlers some researchers have studied the behavior of caregivers and the respective adaptation in the child over time. Goodman and Brumley (1990) were particularly interested discovering how disordered attachment develops during infancy. They found that mentally ill parents tend to provide overly harsh or punitive care and exhibit behavior that is difficult for an infant to interpret. Mentally ill mothers generally engage in more punishment and discipline and depressed mothers tend to avoid punishment and discipline and provide a lower quality physical environment than do mothers in the normal population. Mental illness or pervasive depression in the caregiver significantly negatively influence an infant's mental performance as evidenced by scores on the Bayley Scales of Infant Development or McCarthy Scales of Children's Abilities (Goodman & Brumley, 1990).

Other researchers were interested in the treatment of disordered attachment. When infants with depressed and socially disadvantaged mothers and caregivers receive home-visiting intervention services, there is improvement in the infant's cognitive development (Lyons-Ruth, Connell, Grunebaum & Botein, 1990). This was found to be true especially for infants with depressed mothers. When mother and infant receive services, there are improved infant scores on the Bayley when compared to nonserved infants. (Lyons-Ruth et al., 1990). High risk mothers use more controlling teaching strategies, use less physical distancing, and give fewer attributions of child competence than do low risk mothers (Diaz, Neal, & Vachio, 1991).

Attachment disorders are defined as diagnostic categories based on either the DSM-IV or the ICD-10 that describe persistent deficits in a child's ability to socially relate to others that begin before age 5 (Zeanah, et al., 1993). These authors identified two general kinds of attachment disorders with the onset in childhood. One type was labeled inhibited, and comprised ambivalent, inhibited or hypervigilant responses that were centered on more than one adult. The other type was labeled disinhibited, and encompassed indiscriminate oversociability, a failure to discriminate when seeking comfort, and poorly modulated social interactions. Disorders of attachment were thought to represent profound and pervasive disturbances in the child's feelings of safety and security, as a result of grossly inadequate or repeated changes in caretakers (Zeanah, et al., 1993).

Zeanah, et al.(1993) suggested when considering disordered attachment as a diagnostic category, several opposing areas of child behavior be evaluated.

These areas are lack of affection or promiscuous affection; absent, odd or ambivalent comfort-seeking from the caregiver; excessive dependence or failure to use the supportive presence of the caregiver when needed; noncompliance or over compliance; excessively inhibited exploratory behavior or exploration without checking back; over solicitous and inappropriate caregiving or the excessively bossy and punitive attempts by the child to control the parent's behavior; and failure to reestablish affective contact after brief separations including ignoring, angry, or unaffectionate responses. Using case examples, these researchers described five types of attachment disorders: nonattached, indiscriminate, inhibited, aggressive, and role-reversed. They proposed that attachment problems become psychiatric disorders when emotions and other behavior displayed in connection with the caregiver relationship are so disturbed that the infant is in persistent distress.

Insecure Attachment and Child Behavioral Problems

Infant mental health research findings offer support for the hypothesis that early attachment disorders contribute to poor social skills in young children. More specifically, insecure attachment in infancy is associated with hostile behavior in preschool children (Lyons-Ruth, et al., 1993). Secure attachment in infancy has been studied as a predictor of childhood social competence with peers, self-esteem, curiosity, coping with novelty, coping with failure, enthusiasm and persistence in problem solving, independence, and frequency of behavior problems among other things (Sroufe, 1985).

Aggressive behavior and poor social skills in childhood were associated with early harsh punitive care (Weiss & Dodge 1992). In a study of infants and their caregivers living under conditions of poverty, maternal depression, and caregiving inadequacy, 71% of children with unusually high levels of hostile behavior at age 5 had been disorganized in their attachment behavior in infancy. This compares to only 33% of children not exhibiting hostile behavior (Lyons-Ruth et al., 1993). Other longitudinal studies support the association between type of security of attachment in infancy and later problems with aggression (Lyons-Ruth, 1996). In a cross sectional study, risk factors predicting later aggression in children include: family adversity, parental hostility, parental depression, and child cognitive deficits (Lyons-Ruth, 1996).

The kind of attachment relationship that exists between child and parent has application for a broad range of children who have severely disturbed relationships with their primary caregivers (Zeanah, 1996) but especially for maltreated children. In a comparative study of maltreated and non maltreated children ages 8-12 years, Toth and Cicchetti (1996) studied the existence of depressive symptomatology and perceived competence in developing children. This study suggested that the experience of abuse and neglect during childhood may lead to the development of a negative representational model of primary attachment figures, a negative view of the self, as well as a negative expectation in relationship to others. Maltreated, insecurely attached young children are likely to have a rigid pattern of relating and are closed to adapting to new ways of relating (Crittenden, 1990). They are likely to exhibit severe behavior patterns

and to tolerate punishment, without recognizing the need for an internal adjustment to external demands from their caregivers. Toth and Cicchetti (1996) concluded that within their study of maltreated children, children who had experienced sexual abuse have a higher incidence of depressive symptomology and of impaired behavioral conduct than do children who are maltreated but are not sexually abused.

Not all researchers agree that early childhood problems of aggression are the result of early attachment difficulties. Fagot and Kavanaugh (1990) caution researchers who infer that clinical observations and early attachment problems are directly associated. However, Fagot and Kavanaugh (1990) do agree that in infancy some child behavioral signals are thought to be indicative of distress in the mother-infant relationship. Specifically, three disorganized attachment indicators that are directed toward the caregiver are fear or dysphoria, irresolvable conflict between approach and avoidant behavior, and elevated cortisol levels after separation (Lyons-Ruth 1996). All types of symptoms of disorganization suggest distress in the infant-caregiver relationship.

Early Insecure Attachment and the Development of Personality Disorders

Additional support for disordered attachment affecting the formation of personality disorders also comes from retrospective studies of the adult psychiatric population. Attachment research is currently one of the most promising avenues for understanding the psychological antecedents of disordered behavior in adults (Jones, 1996). Fonagy, et al., (1996) applied Main

and Goldwyn's revised classification of the AAI, to a psychiatric sample to determine if early childhood history was correlated with psychiatric status. According to Fonagy et al., (1996) the new Main and Goldwyn system provided for four slightly different major classifications of attachment: (F) free-autonomous, coherent valuing of attachment; (D) dismissive idealizing, derogatory, and cut off from attachment experiences; and (E) preoccupied passive, angry, and entangled by past relationships. A fourth category (CC) was used for unable to classify.

In the Fonagy 1996 study the psychiatric sample was recruited from an inpatient facility and included patients who had a chronic or failed history of treatment with an average hospital treatment stay of 9.4 months with a high proportion (45%) having an Axis I diagnosis of substance abuse. The control group, matched on demographics, was recruited from an outpatient department of a university teaching hospital. This study found overwhelming support for an association between psychiatric disorder and unresolved difficult relationships in early childhood. In this particular study, the psychiatric sample was weighted toward the more extreme end of the continuum of the severe chronically mentally ill where childhood difficulty would not be an unexpected finding. A more interesting aspect of the study was the attempt to connect a specific type of attachment difficulty, and history of abuse, with a certain diagnostic category, i.e., Borderline Personality Disorder.

In an effort to prove that insecure attachment and later personality disorder have common antecedents, Brennan and Shaver (1998), studied a large

nonclinical sample of young adults. The researchers used a self-report measure developed by Bartholomew and Horowitz (1991) to measure attachment style and a scale to measure perceived quality of treatment by mother and father during childhood, along with the Personality Diagnostic Questionnaire (PDQ-R). Their results suggested that their sample of college age adults met their criteria for having at least one personality disorder. The rate of prevalence was 75%, which was unusually high for a non-clinical population. The authors admit that their definition of personality disorder did not meet criteria for clinical diagnosis. Using a second more rigorous scoring method in this research, the prevalence rate fell to 14% which was closer to the 16.6 % rate found in the clustering of individuals who have several different kinds of psychiatric disorders in the United States (Kessler, 1994).

Within the Brennan and Shaver (1998) study, the attachment style rating fell into the following ranges: 47.9% were secure, 21% were fearful, 15.2 were preoccupied, and 15.9% were dismissing. This finding generally compares with the breakdown in attachment classification for infants (van IJzendoorn et al., 1992). Childhood relationship to parents was measured by self-report and covered three domains: level of acceptance or rejection, degree of independence versus over protectiveness, and defensive idealization of parental figures.

From their 1998 findings, Brennen and Shaver ordered personality disorders into three categories: (1) General Pathology (schizotypal, paranoid, avoidant, obsessive-compulsive, self-defeating, and borderline) was depicted by low sociability, distrust, low self-esteem, and disordered thinking; (2) Excessive

self-reliance or dependence characterized counter-dependence (schizoid, hystrionic, and dependent); and (3) Interpersonal aggression and callousness illustrated psychopathology (anti-social, sadistic, passive-aggressive and narcissistic). Thinking about personality disorders with this kind of typology amplifies how different attachment experiences may influence the defensive style or personality characteristics of an individual, particularly for those with an early history of harsh, inconsistent, or punitive care from one or more caregivers.

Despite the strong conceptual arguments in this study and the interesting manner in which personality disorders were organized, one weakness of the Brennan and Shaver findings was that all of the results were determined by self-report without any secondary sources or observations for validation. They admit the instrument used to depict personality disorder was not a sufficient match with a clinical diagnosis of personality disorder. What their research did provide was a replication of the Bartholomew and Horowitz's finding and thus adds credence to the description of the defensive style an individual may use to relate to an adult partner.

In their instrument, West and Sheldon (1988) organized pathological attachment patterns, based on clinical experience and relevant clinical literature, according to behavioral difficulty with an adult attachment figure. According to their instrument which was tested on a college-aged sample, there were four factors or descriptions of attachment difficulty: (1) compulsive self-reliance; avoidance of the caregiver for help, avoidance of affection or closeness, and uncomfortable with the partner's need for him/her; (2) compulsive caregiving;

consistently placing high priority on the needs of the other, feelings of self-sacrifice and martyrdom, and provision of care whether or not it was requested; (3) compulsive care seeking; the definition of life according to problems with which one needs assistance, the definition of attachment relationship in terms of receiving care, and the expectation that partner will assume major responsibility in all areas of life; and (4) angry withdrawal; negative reaction to perceived unavailability of other, negative view of perceived lack of responsiveness in partner, and generalized anger directed toward the attachment figure (West & Sheldon, 1988). This study was an attempt to measure some of the anxiety, anger and ambivalence in attachment behaviors as first described by Bowlby. Results indicated that the internal reliability for compulsive self-reliance, compulsive care-giving, and angry withdrawal were acceptable whereas compulsive care giving did not meet expectations. They conceptualized that attachment behaviors were on a continuum from distant and detached patterns to close and enmeshed patterns.

Measurement of Adult Attachment

The following section of the literature review emphasizes the contributions of some researchers whose work has been focused on developing instruments to capture the adult attachment style in romantic relationships. As part of the presentation and initiation of new measures of adult attachment, each researcher shares his or her ideas about important variables within the adult relationships. This second section of the literature review will summarize five measurements of

adult attachment by reviewing the work of: (1) Hazan and Shaver, (2) Collins and Read, (3) Simpson, (4) Bartholomew and Horowitz, and (5) Griffin and Bartholomew.

Hazan and Shaver.

In 1987, Hazan and Shaver developed a three-category measure to capture adult attachment styles that involve romantic relationships. In accordance with Ainsworth's infant classification system from the Strange Situation, Hazan and Shaver, classified adult attachment into one of three types; secure, anxious-ambivalent and avoidant. Adults with secure attachment found it easy to get close to others and to be comfortable in depending on others. Secure adults were not worried about being abandoned, nor were they worried about someone getting too close. An anxious-ambivalent style of attachment was typified by relationships where others were reluctant to get as close as the individual would like, and by worry whether the partner would stay and worry whether the partner really loved them. An avoidant style of attachment was described as uncomfortable being close to others, difficulty in trusting, and difficulty in allowing themselves to be dependent on others. The avoidant adult was uncomfortable with too much closeness or intimacy in a relationship.

The Hazan and Shaver (1987) study offered a new way to look at adults in love relationships. Although it was initially tested on a college age sample, it has been widely used on other adult populations, and has been widely used as a research instrument, with other researchers making modifications (Bartholomew

& Horowitz, 1991; Collins & Read, 1990; Simpson, 1990). Hazan and Shaver (1987) proposed that adults with different attachment styles, hold different beliefs about romantic love. Secure adults were most likely to view their partner as a trustworthy friend. Anxious-ambivalent adults were most likely to fall in love, and then long for the partners' reciprocation. Avoidant adults were least likely to accept their partners' faults and were highly defended regarding their own dependency on others.

Collins and Read

Collins and Read (1990) developed an 18-item scale, Adult Attachment Scale, that was normed on a college age sample and was based upon Hazan and Shaver's measurement of attachment style. Factor analysis of their scale revealed three dimensions of attachment: comfort with closeness, ability to depend on others, and anxious or fearful about being abandoned or unloved. Whereas the original Hazan and Shaver measure asked respondents to read a description of attachment behaviors and pick the one description most like themselves, the Collins and Read measure was a self-administered instrument. Collins and Read added questions to indicate whether or not the attachment figure was available and responsive and also how the person coped with separations from the romantic partner.

In summary, Collins and Read's definitions of attachment style were: a) depend, the extent to which subjects could trust others and depend on them to be available; b) anxious, the degree of anxiety in the relationship, e.g., the fear of

being abandoned; and c) close, the extent to which the subject felt comfortable with closeness and intimacy. Because Collins and Read's factor 1 (depend) and factor 3 (close), included both secure and avoidant descriptions, and factor 2 (anxiety) included items from anxious and secure descriptions, the scales did not correspond with Hazan and Shaver's three styles of attachment: secure, anxious and avoidant. What their scales did depict were the characteristics that underlie the three styles.

When analyzing subjects who took both the Hazan and Shaver instrument and the Collins and Read scale, their scale correctly classified about 73% of the subjects into similar styles of attachment. In doing so, they found that most of the adults who scored secure on one measure, also scored secure on the other. They had more difficulty with reconciling anxious and avoidant on the two measures. However after additional cluster analyses, they found a better degree of match with Hazan and Shaver. A secure style was indicated by a high score on close and depend and a low score on anxiety. Anxious styles were implied by high scores on anxiety and with moderate scores on dimensions of close and depend. The avoidant style was associated with low scores on the close, depend and anxiety categories.

Simpson

Simpson (1990) followed 144 young adult, dating couples longitudinally to study differences among secure, anxious, and avoidant pairs along with the kinds of emotions expressed and the level of distress following dissolution of the

relationship. Simpson extrapolated questions from the original Hazan and Shaver (1987) attachment vignettes and developed 13 questions on a Likert scale and administered other instruments to measure interdependence, trust, commitment, range of emotions, and satisfaction with the relationship. Six months later, measures were repeated by telephone interview. Thirty-four members of the sample were no longer dating. Couples, who scored higher on the security of attachment index, also scored higher on level of interdependence, displayed greater commitment, greater trust and greater satisfaction with the dating relationship. Men and women with an avoidant attachment index were found to be in dating relationships with lesser amounts of interdependence, commitment, trust and satisfaction. Men and women with an anxious attachment index were involved in dating relationships with less trust and satisfaction. Commitment and interdependence were not reliable indices for this last category of attachment.

Emotional reaction to relationship dissolution did not yield any strong results in this Simpson (1990) study. There are several reasons why the measurement of affect following the termination of the relationship was negligible. The results were based on a small sub-sample of 46 couples, or 36% of the total, which may have resulted in insufficient power for division into four categories of discrete responses by gender and by attachment style. Additionally, given the mean age, 19 years, and life stage of college-age students, it follows that some of the couples who ended their relationship were likely to be in dating relationships that were transitory or experimental. Couples

actively involved in the process of partner selection and in relationships of relatively short duration would be expected to have differences in emotional reaction to relationship termination compared to the couples who chose to marry or who have spent years together.

Bartholomew and Horowitz

Bartholomew and Horowitz (1991) approached the determination of attachment style from a different conceptualization of how to define security within relationships. Their sample consisted of well-functioning, college-aged adults from two-parent upper-middle class families. Their four-category model included positive and negative valances of the adults' view of other and view of the self, which coincided nicely with how internal models of representation get operationalized. From this abstraction they developed a model of attachment style that weighed degree of dependence with degree of avoidance in adult relationships. Their typology of attachment style coincides with similar definitions of attachment behavior found in the infant mental health and developmental psychology literature. Individuals with a secure style were comfortable with intimacy and autonomy, and had a positive view of the self and other. Adults with a preoccupied style were preoccupied with relationships and a positive view of the other and a negative view of the self. Those with a dismissing style were counter-dependent and had a negative view of the other and positive view of the self. Those with a fearful-avoidant style of attachment had difficulty with intimacy, and were socially avoidant, and the view of the self and the view of the

other were both negative.

Bartholomew and Horowitz's measurement of attachment occurred through the use of a semi-structured interview as well as self-report and friend report. Three independent raters evaluated each subject's tape-recorded responses and placed them on four 9-point scales. A secure prototype was characterized by valuing friendships, the capacity to maintain close friendships without losing personal autonomy, and coherence and thoughtfulness in discussing relationships. A dismissing prototype was characterized by the devaluing of the importance of close relationships, restricted emotionality, and a emphasis on independence and self-reliance and lack of credibility or clarity in discussing relationships. The preoccupied prototype is characterized by over involvement in close relationships, dependence on others for self-validation, and a tendency to idealize others, and incoherence and exaggerated emotionality when discussing relationships. The fearful prototype is characterized by an avoidance of close relationships because of a fear of rejection, a sense of personal insecurity, and distrust of others. In the Bartholomew and Horowitz (1991) study, 47% were considered secure, 18% were dismissing, 14% were preoccupied, and 21% as fearful.

In a second study with the same sample, Bartholomew and Horowitz (1991) looked at subjects' family of origin and peer relationships as it related to interpersonal problems related to warmth and dominance. Questions were asked about their family backgrounds, the quality of their relationships with each parent, their reactions to parental separation, feelings about parental rejection,

and parental comfort during childhood distress. They found that corresponding family ratings and peer relationships were significantly correlated with each other as well as with the presence of personal problems. The preoccupied (anxious) and the fearful (avoidant) had the highest levels of interpersonal distress. However, Bartholomew and Horowitz could not conclude from their hierarchical regression analysis that family relationships were the dominant feature in determining individual differences regarding attachment style. Peer relationships were more correlated than were family relationships. They concluded that their model of attachment style was not reducible to early childhood experiences. They also stated that none of the subjects clearly fit into one attachment prototype, as subjects had different attachment outcomes across time and relationships. In sum Bartholomew and Horowitz's major contribution was the creation of a four-category model of attachment, that has been accepted by other attachment researchers including Brennan and Shaver (1998).

Brennan and Shaver

In 1995, Brennan and Shaver, sought to improve upon Hazan and Shaver's (1987; 1990) categorical rating of the measurement of attachment style and sought to extend Collins and Read's work by correlating it with 7 factor based scales. The seven scales included questions about frustration with partners, proximity seeking, self-reliance, ambivalence, trust/confidence in others, jealousy/fear of abandonment, and anxious clinging to partners. From these 7 scales, they were able to describe in more details some of the

characteristics of different attachment styles. Both anxious-ambivalent and avoidant adults were considered to be insecure types. Brennan and Shaver (1995) reported that both anxious-ambivalent and avoidant individuals are more frustrated with previous partners than are secure individuals. Avoidant people were found to differ from secure adults in the areas of proximity seeking and self-reliance. Unlike secure individuals, anxious-ambivalent individuals were more jealous and 'clingy'.

In discussing their results with other researchers of adult attachment findings, they concluded that an anxious/ambivalent attachment style was marked by simultaneous fear of abandonment, and anger at partners who seem insufficiently available. The anxious/ambivalent individual remains preoccupied with potential loss, expressing anger and fear about being abandoned. An avoidant style involves denial of need for the relationship, and distraction through work, failure to focus on feelings, and an inability to self-disclose. Those with a secure attachment style were described as the opposite behaviors of the avoidant and preoccupied styles and as having the capacity to trust and share with partners appropriately.

Griffin and Bartholomew

Griffin and Bartholomew (1994) sought to validate the two dimensions that underlies the Bartholomew and Horowitz's (1991) four category model of adult attachment through reanalysis of the original data. In study 1, they found convergent validity by the moderately high correlation within each attachment

dimension (self and other) and across instruments, they found discriminate validity within the three reports. They reported that the two-dimensional structure, self and other, was a significantly better fit.

In a third study, Griffin and Bartholomew (1994) used the two dimensional model with committed couples to determine if gender was related to attachment style. They were interested in how variations of Hazan and Shaver's three attachment patterns, Simpson's two attachment sub-scales, and Collins and Read's three attachment sub-scales compared with their own attachment measure. They expected that Collins and Read's sub-scales, anxiety, comfort with closeness and comfort with depending on others and Simpson's sub-scales of anxiety and avoidance would correspond with their self and other two dimensional attachment. For inclusion in the study, couples had to be in a relationship for at least two years, have no children and be under the age of 35. Of the 78 heterosexual couples in the study, 28% were married, 44% were co-habiting, and 25% were living separately. They found that for both men and women, the Collins and Read and Simpson measures were structurally similar to their two dimensional attachment variables when compared to qualities of self and other. They were surprised to find that the Hazan and Shaver model also had a goodness of fit. Griffin and Bartholomew concluded that their own measure captures the dynamics between self and other as first described by Bowlby. They asserted that the other attachment measures developed by Hazan and Shaver, and Bartholomew and Horowitz, and Simpson, were more descriptive of the strategies for maintaining felt security as first identified by

Ainsworth.

Attachment History and Partner Selection

Although there has been extensive sociological research on marriage, much is still unknown about the attachment dynamics involved mate selection. Attachment research has primarily focused on the formative years with some recognition by researchers and clinicians that early attachment relationships are connected to adult adaptation throughout the lifespan. Ainsworth (1989) viewed infant attachment behaviors as life enduring because they are rooted in neurophysiological processes of the individual which are influenced by genetic and environmental factors. In comparison to parent-child attachment, she viewed sexual pair bonds as not necessarily symmetrical or reciprocal, but more complementary in nature. However, other researchers, doing retrospective studies with adults, connect childhood experience with current adult relationship difficulty and clinical psychopathology (Karen, 1994). For some adults, marital partners can become primary attachments, for which one experiences persistent longing, not unlike an infant's attachment to a primary caregiver (Weiss ,1975).

From the infancy studies, it was inferred that adult expectations of how we get our emotional needs met, are associated with earlier childhood expectations formed in relationship to our caregivers. Adults with a secure history of attachment are more open to trusting and depending on others, whereas adults with an insecure history develop anxious or avoidant strategies to maintain relationships. Historically, security of attachment seems to influence both how

one interprets the intention behind others' behavior and how one unconsciously replicates the security experience from early childhood. Although a direct association between childhood attachment history and adult attachment to a significant partner has not been made, there does seem to be some theoretical and empirical support for the notion that whether an adult has experienced a secure or insecure attachment pattern will, to some extent, determine partner selection and reaction to loss when that relationship dissolves.

The following studies address in more detail how attachment style is associated with partner selection and reaction to loss under circumstances of divorce. In a 1994 study, Hill, Young and Nord, recruited 20 adult men and 20 adult women whose parents had participated in a larger research study. They administered several measures: The Home Environment Interview to assess the nurturing behavior of parents during early life; the Hazan and Shaver Adult Attachment Questionnaire to determine style of attachment; and a Social Adjustment scale to measure individual levels of functioning in a variety of areas. Their findings suggested that attachment security is affected by early childhood conditions, especially whether a parent was invested in child rearing and whether the parent was or was not nurturing. Non-secure adults reported more difficulty in their own mother-child relationship, and held the perception that one parent was "particularly hard on me". Secure adults differed from the non-secure in the number of multiple risks present in early childhood, and they were less likely to have grown up with perceived poverty.

In this Hill et al. (1994) study there were differences in the onset, duration and success of maintaining a co-habiting or marital relationships according to attachment pattern of the adults. Secure adults were more likely to be in existing relationships and to score high on personal adjustment. The non-secure adults, who did have current adult relationships, began those relationships at an earlier age and after a briefer courtship when compared to the secure adults. This study was interesting because it included environmental early childhood risk factors, such as SES, and abusive punishment, and intervals between sibling birth as possible factors that affect parent-child attachment beyond the relationship itself.

Collins and Read (1990), in another study, examined whether there was a correlation between a young adults' style of attachment and the attachment dimensions of the subjects' partner. They were interested in adult relationship quality. They hypothesized that relationships with parents would influence expectations about our partners and beliefs about oneself as a love object. They expected that those with secure attachment style would select partners with a similar secure attachment pattern. Their findings indicated that for young adults who were comfortable with closeness, they usually had a partner who also enjoyed closeness. There was less matching on the dimension of the ability to depend on others. There was also less matching between couples who scored high on avoidance and anxiety. An anxious subject sometimes paired with an avoidant partner and vice a versa.

One of the stronger associations found in this study was that women with a history of a warm and responsive father and men with a warm and responsive

mother were more likely to be dating partners with a secure attachment style. Whereas men who described their mother as cold, distant, or inconsistent, and women who described their father as cold, distant or inconsistent tended to have partners who were anxious. Both men's and women's styles of attachment were related to their partners' satisfaction with the relationship. A female subject who had a partner who scored high on closeness was more likely to give the relationship high marks. The strongest predictor for male subjects' dissatisfaction was having an anxious female partner fearful of abandonment.

Adult Attachment and Adjustment to Relationship Dissolution

Bakermans-Kranenburg and van IJzendoorn (1997), as part of a larger study in the Netherlands were interested in determining if there was an association between an adults' classification on the Adult Attachment Interview (AAI) and how they perceived the termination of a romantic relationship. Following the administration of the AAI, the adults were placed into one of three categories: autonomous, preoccupied, or dismissing. The sample consisted of 46 autonomous, 17 preoccupied subjects and 20 dismissing subjects. Of those who had experienced the ending of a relationship with an adult partner, 24 were considered autonomous, 6 were considered preoccupied, and 8 were considered dismissing. Once classified into an attachment type, the women were given a score as to degree of being resolved or unresolved regarding the romantic relationship. The findings in the study revealed a high proportion of autonomous women reported being unresolved which was contrary to the anticipated results.

Because this study of young women asked about all ended romantic relationships, it was not clear if the frequency or kind of losses confounded results. Additionally, the study did not specify how many were marriages, how many were living together, or how many were brief romantic liaisons.

Masheter (1991) studied the attachment relationships between previously married couples. She considered the post-divorce relationships of 265 men and women to determine the role of attachment in interpersonal conflict. Contact frequency for couples without children was 63% and those with children was 86% for couples having occasional contact 2 –2 and ½ years following divorce. Her questionnaire measured friendly verses hostile feelings toward the ex-spouse, and determined that 43% were in the friendly range, 36% were in the neutral range, and 21% were in the hostile range. Significantly larger proportions of men (45%) were preoccupied and 60% had friendly feelings toward their spouse, whereas women were slightly less preoccupied (34%) and less friendly (46%). Masheter concluded that there were some gender differences in regard to coping with loss of a partner with women having less difficulty. Those adults who had remarried had lower preoccupation with the former spouse when compared to those who remained single. Divorced partners with weekly contact were more preoccupied than were those who reported no contact. Adult well-being was not related to kind of affect directed at the former partner; however, frequent verbal argument and preoccupation were associated with poorer well being.

Empirical studies regarding divorce

To differentiate between high conflict and low conflict divorce relationship and the accompanying effect on parent-child relationships post-divorce, it is important to understand some of the expected reactions to divorce by children in a variety of stages of development. The following section of the literature review is an attempt to highlight some of the general findings representative of the larger body of divorce literature. It is also an introduction to the impact of high conflict on children's well being in intact and divorced families. The first purpose of discussing both of these areas is to bridge how early attachment history, adult attachment style and post-divorce parent-child relationships are being viewed within the context of this study. The second reason for including these particular findings is to provide the foundation for the selection of the variables used in this study.

Child Outcome and Parental Divorce

Studies of the consequences of divorce on children have resulted in inconsistent findings. To examine the effects by age and gender, Allison and Furstenberg (1989) used a large sample from a National Survey of Children to reexamine divorce effects by comparing children from intact families with children from divorced families. Data were collected from the custodial parent, the child's teacher and the child. Face-to-face interviews were conducted initially and follow-up interviews were held by telephone. In summary, Allison and Furstenberg reported an overall reduced well-being for children that experienced marital disruption in regard to problem behavior, psychological distress, and

academic performance. However, children living in stepfamilies fared no better than children did living with a single parent. The Allison and Furstenberg study (1989) found no support of the hypothesis that divorce has a greater impact on males than females. They did find support that preschool children were more negatively affected by divorce than were adolescents. However, this finding has limitations, as age at time of divorce was not closely controlled for in this comparison.

A Johnston, et al., (1989) study looked at child adjustment according to type of custody arrangement. Secondly, they explored some of the process variables that occurred when parents contested custody. They hypothesized that parents who had frequent contact with each other would learn to communicate and problem solve on behalf of their children. The sample used were litigating parents with unresolved custody and parenting time disputes who were referred for counseling or mediation services by the Family Court. This study included a high percentage of minorities, which was representative of the California county community from which the sample was drawn. Families were considered low SES at \$10,000-18,000 per year per couple. Parents filled out questionnaires regarding custody as well as information about the number of weekly transitions between households and amount of parenting time by days per month. The measure used to assess child adjustment was the Child Behavior Checklist (CBCL) which was used to place children into normal and clinical groups. Parents' level of conflict was measured by the Conflict Tactics Scale (Strauss, 1979). Families were seen at base line or point of referral and again at 29

months later when parents had been separated for a mean of 4.5 years.

Of the 100 children in the Johnson et al. (1989) study, both parents rated 16% of their children as meeting clinical criteria. These clinicians found an association between the clinical rating of the child's behavior and the parents' level of verbal and physical aggression with each other. The clinical group of children was discovered to have parents who were more verbally and physical aggressive with each other and the children were found to make more frequent transitions between both homes. This study was important because it focused on divorcing parents who were known to be in conflict. What was not established was whether the children with the behavioral difficulty also had a family background of high conflict that preceded the divorce or whether there were pre-existing behavior problems. Children from the clinical group may have been reacting to the parents' style of conflict and not to the frequency of contact. The implication from this research was that court mandated joint custody was contraindicated when the parents were in high conflict and the children were exposed to ongoing unresolved conflict post-divorce.

The Stanford Custody Project begun by Maccoby and Mnookin (1992) was a longitudinal study undertaken to examine several aspects of divorce. Study I objectives were: 1) to determine the impact of joint and sole custody arrangements on children and their respective relationships to parents; 2) to discern how much conflict occurred between parents in reaching a custody decision; 3) to understand more about the co-parental relationship when children have frequent access to each parent; and 4) to identify what factors maintain

cooperative, conflictual or disengaged styles of parenting in the co-parental relationship. This study involved an initial collection of data during the process of separation and follow-up one year later and 3 years later.

The Stanford project was a large study of approximately 1,000 families, approximately 50% of whom rated themselves as having little difficulty in coming to agreement regarding physical custody with 25% of the families as having substantial legal conflict. Increased parental conflict was considered to be the result of three factors: an indication of unresolved hostility in the parental relationship, differences in perception as to how much each parent had contributed to previous child care during the marriage, and concern about the child when in the care of an incompetent parent or lack of parenting skill. In the Stanford study physical custody awards resulted in mothers' receiving custody 66% of the time with fathers receiving custody 9% of the time and joint custody occurring 20% of the time.

Over time there was considerable movement in the custody arrangements, although the percentage of mother custody, father custody, and joint custody arrangements were fairly stable. The area of most movement involved joint custody. The study by Maccoby et al., (1993) found that after 4.5 years after separation, only a small percentage (13%) of children had not seen their non-resident parent in the prior year. These researchers believed that the high rate of paternal participation was related to factors related to motivation to participate in the study. However, this study found only a marginal correlation between amount of parental conflict and whether or not parent-child contact was

maintained, increased or diminished. (Maccoby et al., 1993).

Although parent child contact was maintained, communication in the coparental relationship appeared to diminish over time. The Stanford study classified parents into three different coparenting styles: cooperative, conflicted and disengaged. Cooperative parents were able to talk with each other frequently and rarely argued. The conflictual parents maintained contact, but argued frequently regarding child access issues. With the disengaged style of relating co-parents rarely communicated and made decisions independently of the other. They found that one parent in half of the sample would refuse to communicate with the other parent. The cooperative coparenting style occurred most frequently when neither parent had begun a relationship with a new partner. In this sample the disengaged pattern of relating became the norm, but they noticed that some parents, after a period of conflict, became more cooperative, and other parents who began with a cooperative style became more disengaged. Some of the factors that influenced the style of coparenting in the Stanford study were age of child, family size, unresolved interparental hostility, the presence of legal conflict, discrepant perceptions regarding pre-separation parenting roles, concern about child well-being in the other household, and parent's new adult relationship.

The Stanford longitudinal research with a large sample of families was noteworthy because of their delineation of three kinds of coparenting styles, cooperative, conflicted, disengaged and mixed, which conceptually coincides with attachment research regarding the three attachments style secure,

preoccupied and dismissing (Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987; Simpson, 1990). Other studies, which will be described later in this section, refer to differences in post-divorce interparental hostility. One of the underlying hypotheses of this study is that parental adjustment following divorce, of which high conflict is a marker, is associated with early attachment relationships, and their adult attachment style. Those persons with a prior history of insecure attachment history or insecure attachment style will exhibit more conflict than will persons with a secure attachment style.

Study 2 of the Stanford project focused on adolescent outcome at the last post-measure. Maccoby et al. (1993) found an interaction between how close an adolescent (ages 10-18 years) felt towards their parents and the corresponding level of hostility and discordant parenting between the two households: the more conflicted the parents, the more likely the adolescents felt 'caught in the middle', and the lower was the child's overall divorce adjustment. However, their findings also infer that the parenting ability of custodial parents to a large degree contributes to the child's post-divorce resiliency. Children's long term adjustment was positively associated with (a) having a close relationship with the residential parent (b) monitoring by the resident parent (c) joint-decision making between parents (d) low conflict with the resident parent and (e) the organization of the resident parent's household (Maccoby, et al., 1993). This study in addition to describing the different styles of post-divorce coparental relationships also lends support to other studies that indicate that a child relationship with the custodial parent is a resiliency factor, especially when that parent has a warm consistent

approach to parenting.

Quality of Parenting by the Custodial Parent

How well children cope following divorce is moderated by the quality of parenting in the custodial home. Custodial parents who are authoritative, characterized by high levels of warmth, support, monitoring, communication, and firm consistent control and low levels of punishment and coherence, support improved adjustment outcome for children (Bray & Hetherington, 1993; Hetherington & Stanley-Hagen, 1997). In the Virginia Longitudinal Study the cluster of children from single parent and stepfamilies who fared the worst, and had the most severe behavior problems, came from homes with overt conflict and unsatisfactory conflict resolution styles. These children had parents whose parenting style was not authoritative and they did not have a close relationship with an adult inside or outside the home (Hetherington, 1993). Kalter, et al., (1989) used a small Michigan sample to test six different hypotheses as to which factors are most predictive of child adjustment post-divorce. Data were collected on 56 white, well-educated custodial mothers and their school-aged children with fairly low income. Adjustment measures were administered to mothers and children. The strongest predictor of child adjustment in this sample was the custodial parent's adjustment. Father absence, interparental hostility, and demand of multiple life stress did not receive support as a factor in child adjustment. What surfaced in this study was the predictors for male child adjustment did not match predictors for female child adjustment. Upon closer examination it was noticed that the research sample included custodial remarried

mothers along with divorced single mothers in this sample. Given that this was a small sample and 19 of 56 mothers had remarried, it appears that the transition to an another marital status might have different effects on the adjustment of male and female children. Child outcomes depend upon factors such as the age and sex of the child, length of time in a single-parent family, family economic resources, and parental conflict before and after divorce. (Barber & Eccles, 1992). The Barber and Eccles review of the literature addressed and highlighted some of the economic and single parenting factors that contribute to adolescent resilience following divorce. They conclude that having an employed single mother, may support some normal adolescent strivings, particularly in regard to the values connected to work, during this developmental stage, which positively contribute to adolescent outcome post divorce.

High Conflict Interparental Relationships

Conflict between divorced parents has been associated with increased behavioral problems with children and poorer adjustment. The central aspect of parental conflict is the degree to which the child has been exposed or caught in the middle of parental differences. One of the difficulties in determining the effect of divorce on child adjustment is separating out the negative effects of parental relationships in high conflict from unresolved attachments of the marital relationship. Many divorce studies have been cross-sectional in design and result in outcomes that suggest children who experience divorce consistently have poorer outcomes than children raised in intact families. However, cross-sectional designs do not explain the causal direction of the variables nor do they

explain developmental effects on children. The following longitudinal studies were reviewed to sort out some of the differences between exposure to parental conflict from the effects of parental divorce.

Whether the post-divorce parental relationship affected the pattern of contact between fathers and children was the research question in Ahrons and Miller's (1993) study. They followed 64 non-clinical cooperative couples in a Midwest community, who were primarily white, educated, employed and whose visitation patterns were stable at the time of divorce. They followed these couples at three and five year intervals post divorce. Split custody and father custody situations were excluded because the focus of the study was in the maintenance of paternal involvement. Data were collected from both mothers and fathers with a semi-structured interview lasting 1 ½ hours or more. Paternal involvement was measured in terms of frequency and duration of visitations, and paternal participation in parenting activities. The relationship with the former spouse was measured by ten questions that addressed areas of conflict and cooperation.

Seventy-five percent of fathers in the Ahrons and Miller (1993) study maintained moderate contact twice per month with their children at the five-year mark. Although there was conflict in the parental relationship at the time of the divorce, the initial pattern of conflict did not seem to dissuade fathers from maintaining contact with children. Mothers and fathers held different perceptions about how the quality of their relationship affected father's involvement, but basically contact between children and fathers stabilized following divorce. The

age and gender of the child, remarriage, father's education and geographic proximity did not affect level of paternal involvement. The existence of such a high level of paternal involvement has not been replicated in other studies, and the criterion used to select the sample appeared to be biased toward couples who had some basic agreement about custody and parenting time from the onset. The study did not specify what differentiated high conflict parents from low conflict parents in the communication instrument used.

In a 1994 study, Amato and Rezac, looked at child contact with the non-resident parent as a factor in child adjustment. Using a sub-sample of the National Survey of Households, they looked at child behavior problems in two groups of children, middle childhood and adolescence. Their hypothesis was that child behavior problems post-divorce were the result of an interaction between the non-resident's parent-child level of contact and the amount of conflict between the divorced parents. Their hypothesis was supported for male children but not female children. One explanation for the gender difference in this study was that information was gathered only from the custodial parent who may have had more difficulty with male children. Additionally the definition of behavioral problems was weighted heavily on cognitive and social adjustment in the school environment and on externalizing behaviors, which is more descriptive of male socialization difficulty than it is of female difficulty.

When parental conflict was low, boys who had contact with the nonresident parent had fewer behavior problems, but when parental conflict was high, regular contact with the nonresident parent resulted in more behavioral

problems. Findings from this study indicate that frequent contact under conditions of high conflict increases behavioral problems for some children. Other findings from Amato and Rezac (1994) infer that higher SES was a factor in the maintenance of parent-child contact post divorce. Contact frequency with the non-resident parent was positively associated with parental education, age, and household income. However, as other studies have indicted, visitation rates generally drop to a lower level overtime.

Healy, Malley & Stewart (1990) followed the divorce adjustment of 121 young children (age 5-12 yr.) in mother custody homes. This study utilized a non-clinical sample with a range of custodial parent SES that was recruited from court records. They specifically focused on child adjustment by age and gender, and first took measurements during the marital separation, then repeated measures about 12 months later when the divorce was final. Information was primarily gathered from the mothers, and children, regarding the frequency and duration of parenting time and closeness within the father-child relationship. Additionally, legal conflict was considered both a predictor and moderator variable. Legal conflict was defined as dispute over major aspects of the divorce, such as custody/parenting time as evidenced by number of petitions filed in court.

The Healy et al., (1990) study found support for an association between legal conflict and behavior problems in children. However, their findings were overly general, and do not clarify how many filings of petitions during the process of divorce would be standard and ordinary, and or what number of legal

complaints separates high conflict from low conflict in the spousal relationship. It did not specify how the legal dispute affected the interaction between the parents or if it resulted in the denial of access to the children. Results from the Healy et al. (1990) study give an indication that child high self-esteem was more likely to occur when legal conflict was low, and that child low self-esteem was more likely to occur under conditions of high conflict. Regular and frequent contact was associated with in the fewest behavior problems. More behavior problems were apparent when parents were in legal conflict and when the father contact was not frequent or regular.

One weakness of the study was that the time I and time II comparisons both occurred early in the divorce process when family members' individual adjustment was not likely to have stabilized. As a result of the time of the post measure, it is difficult to know whether the children's behavioral difficulties were a response to the marital rupture, or an indication of divorce adjustment. Other studies suggest that two years post-divorce was a more predicable time to measure behavioral differences in children.

Amato, Loomis and Booth (1995) utilized a 12-year longitudinal study to sort out the impact of parental marital conflict and divorce on offspring well being. Adult child well being was measured by presence of psychological distress and satisfaction with family relationships. This study was begun in 1980 and the median age at follow-up was 23.5 years. In this telephone study, the sample size of children who experienced divorce was quite small (42) and only contained children who were age 10 or above. Their findings suggested those children in

high conflict families whose parents divorce do better than children in high conflict families when the parents do not divorce. However, children from low conflict families whose parents divorce do worse than do children from low conflict families who remain together. One explanation was that in a majority of low conflict divorces disengagement, boredom, and dissatisfaction typified the spousal relationship and as a result the child was surprised by the divorce. With these low conflict stable households the child benefited from access to both parents. The finding in this study was important because it lent support to the notion that exposure to intense, chronic and unresolved parental conflict is more detrimental to child well being whether in an intact or divorced family. Additionally despite losses associated with divorce, some children do better when they are removed from high conflict. This study also gave credence to the idea that some of the long-term negative consequence of divorce was associated with level of conflict prior to the separation.

Amato's et al. (1995) findings have been replicated by Jekielek (1997) and Hanson (1999). Using the National Longitudinal Survey of Youth, Jekielek was interested in examining if children were better off if they remained in a high conflict intact family or if their parents divorced. Jekielek followed 1,640 children 6-14 years in 1992, of whom 241 experienced parental divorce or separation since 1988. She was particularly interested in measuring child-well being using internalizing behaviors, anxiety and depression/withdrawal rather than overt behavioral problems. The findings indicate that children who are being raised in an intact family have lower levels of anxiety and depression than do children who

experience divorce. However, for children whose prior home environment included a high level of conflict, the condition of divorce lessened a child's internalizing behaviors especially for those who were 2 or more years post-divorce. The Jekielek study found no gender difference in children coping with high conflict.

Hanson (1999) used data from the National Survey of Families and Households to examine whether parental conflict prior to divorce could explain why children with divorced parents exhibit more academic and adjustment difficulties than children with parents who stay together. Hanson was particularly interested in sorting out the effects of exposure to parents in high conflict from the effects of marital separation, on children's outcome. Child well being was measured by (1) school performance and behavior, (2) delinquency, (3) health and health behavior, and (4) psychological well being. Parental conflict was measured by responses from both wives and husbands, frequency of disagreement and method of resolving disagreements, including physical altercations. Interestingly, the Hanson study notes that high conflict does not necessarily predict divorce. At the five year follow-up about half (48.1%) of parents who divorced came from the high tier of conflict 4-6 years earlier, but about 78.3% of the couples identified as having the highest level of conflict were still married. Clearly, in this study the report of high conflict does not necessary lead to divorce. Hanson (1999) did find a slight rise in level of conflict as couples move toward divorce, but he did not find a direct association between the divorce process and conflict for the majority of couples who divorce.

Similar to Amato and Jekielek, Hanson, (1999) concluded that conflict and divorce have independent effects on children's well-being. Children exposed to long term high conflict appeared to show some improvement in overall well-being when parents divorced, whereas children from low-conflict families had a decline in overall adjustment when parents divorce. The results in the Hanson (1999) study were helpful in identifying and measuring parental conflict 4-6 years prior to marital separation and in offering an explanation of how conflict and divorce interact but do not necessarily effect child outcome in the same way. Exposure to high conflict in Hanson's view accounts for about 11% of the effects of divorce on child well being. The study consisted of a large sample (1,907) and included approximately 293 focal children or 15% who experienced divorce between the Time I and Time II waves. However, what was missing was a demographic description of the sample that indicates to whom the results could apply.

Although the above research tells us about family conflict prior to divorce, it does not tell us about the nature of parental conflict following divorce, or how issues between parents change with marital status. In the parental survey, child well-being encompassed a variety of areas in the questionnaire but the study does not give us information about current quality of parent-child relationships. For example, it was reported that children did better when high conflict parents divorced, but this does not tell us anything about causation. Children exposed to high conflict might do better because one parent became disengaged and dropped out of their life, or they might be doing better because they reached a different developmental stage and have more resources to deal with parental

difference.

The Virginia Longitudinal Study of Divorce and Remarriage (Hetherington, 1989) also focused on the adolescent adjustment. This research compared the adjustment of parents and children under conditions of non-divorce, divorce, and remarriage. Multifactors that were thought to strongly influence divorce outcome were included: income, single parenting stress, child gender, and level of conflict in the parental relationship. The year following divorce for both male and female children showed more anxious, demanding, noncompliance, and aggressive and dependent behavior with peers and adults. When these preschool children were studied at adolescence, there was no clear gender difference in child adjustment. Early adolescence was a developmental period in which all three family types experienced an increase in child behavior problems, but the increase was more prevalent for children with remarried and divorced parents. Mothers, fathers and stepparents rated adolescent children on the Child Behavior checklist. According to maternal reports, 10% of adolescents from intact families, 28% of males and 16% of females in remarried families, and 26% of males and 34% of females in divorced families scored in the clinical range. Paternal reports did not result in gender differences, however, 7% of adolescents in intact families, 37% in remarried families and 30% in divorced families were described as meeting clinical criteria.

Post-Divorce Father-Child Relationships.

Neither the quality nor the frequency of contact between the nonresident father and the child could be predicted from the pre-divorce parent-child

relationship. Over time non-resident fathers tended to become more permissive and disengaged following divorce. Some previously active fathers became less involved and some inactive fathers became more involved. This kind of pattern variation was previously documented in the Wallerstein and Kelly (1980) findings. Similar to other studies, this Virginia study noticed a significant drop in parental involvement, less than 25% had weekly contact, at the two-year post-divorce follow-up. After 11 years, 50% of fathers had no direct contact with their adolescent children in the preceding year.

The findings from this study found inconsistent results regarding child adjustment associated with nonresident parent contact. This study found no main effect for frequency of visitation. Contact with the nonresident parent was modified by the quality of the relationship between the divorced parents and by the attributes and behavior of the non-custodial parent. When conflict was high and the visiting father was incompetent or antisocial, children were more likely to have an increase in behavior problems, a decrease in academic achievement, and lower self-esteem. Low conflict and cooperation between the parents and frequent visitation resulted in fewer behavior problems, higher academic achievement, and higher self-esteem, especially for male children. Only about 20% of divorced parents were considered to be cooperative. It was more frequent for parents to parent independently of the other, and to have low levels of communication.

In contrast to the parents who are very disinterested in contact there are some couples who continue to be engaged in high conflict years following

divorce. Johnson and Campbell's (1993) work regarding divorce and violence utilized two separate samples of post-divorce couples to clinically describe the typologies of physical altercation that are associated with violence that accompanies relationship breakup. The first sample consisted of couples entrenched in parenting time and custody disputes two years after divorce/breakup, 30% of whom were involved in post-decree litigation. This sample primarily encapsulated families of low-middle income, with 36% of the participants included in racial groups other than Caucasian.

The second sample also primarily involved divorced couples, with 20% minority representation and of diverse socioeconomic status. In the second sample the rate of post-divorce litigation was 50%. The family court for counseling and mediation referred both groups, with each family receiving up to 20-30 hours of clinical intervention per family. Johnson and Campbell (1993) clearly stated that their conclusions were based on clinical inference and not on statistical inference. They used documentation in case notes regarding the first sample and the administration of the Conflict Tactic Scales in the second sample by two clinicians to classify the primary aggressor into four major types of violent behavior. The theoretical classification included information about whether the violent behavior accompanied separation trauma or not. The four typologies were 1) ongoing or episodic male battering; 2) female initiated violence; 3) male-controlled interactive violence; and 4) separation and post-divorce violence. Separation and post-divorce violence involved behaviors that were not evidenced during the marriage but that appear triggered by emotional trauma connected to

humiliation, helplessness and abandonment.

This framework for looking at high conflict families by Johnson and Campbell is unique because it comes close to describing some behavioral differences in the divorced population who appear to have underlying psychological adjustment difficulty at the intra-psychic, interactional and external factors, that gets expressed in the ongoing relationship with the other parent. Because of the limitations in the study, the authors were not able to state to what degree these typologies were representative of the physical aggression that occurs before and after highly stressed relationships terminate.

In summary, Chapter II has covered three areas: attachment theory, measurement of attachment, and child adjustment to parental divorce. The literature review began with a description of the major tenets and assumptions of attachment theory by highlighting the work of Bowlby, Ainsworth and Main. A discussion of an infant's early attachment relationship to the primary caregiver served as the basis for the explanation of differences between securely and insecurely attached children. Internal models of representation were highlighted as the mechanism through which attachment relationships get transmitted from parent to child and through which an individual's style of relating gets repeated in other significant relationships.

The second area of the literature review addressed some of the self-report instruments used to measure adult attachment. Five researchers' ideas on adult attachment measurement were compared. During the process of comparison both conceptual differences and similarities as to what constitutes a

secure or an insecure attachment style were discussed. Included in this chapter was an examination of the AAI, a qualitative instrument. The AAI has been widely used in infant studies to explain the parental role in determining security of attachment, and it has been more recently used in adult retrospective studies to explain the antecedents of personality disorder.

The third portion of this chapter has focused on divorce research with special emphasis on longitudinal studies. The chosen studies looked at children's adjustment to divorce under conditions of both low and high conflict. Children are seen to do better when parental divorce results in a resolution of conflict, and children fare worse when such divorce results in the continuation of parental hostility in which the child is in the middle. The co-parental relationship was, therefore, recognized as a critical variable in a child's divorce adjustment.

The review of the literature was an attempt to link attachment theory with the divorce literature. This comparison study of two groups of adults who divorce it is an attempt to link an adult's style of attachment to their current relationship with their former marital partner and the emotional reaction to the loss of that marital partner. To address differences in security of attachment, a normal sample is compared with a clinical sample. The question to be answered in this study is this: there are group differences between a normal sample and a clinical sample of adults who divorce regarding attachment style, level of conflict, and the non-resident-parents' access to minor children.

Chapter 3

METHODOLOGY

Overview

This study utilized a combination of quantitative and qualitative methods for the purposes of data collection. Measurement of group differences was obtained primarily through self-report instruments. Some of the areas of inquiry within the quantitative survey were based upon other researchers' approach to the measurement of adult attachment as well as other researcher's use of variables borrowed from the divorce literature. The chosen concepts were extrapolated from the literature to support the explanation of clinical phenomena between groups of individuals who divorce.

A survey design is commonly used for social science research. It is typically used to study demographics and/or the characteristics of a large group of people (Cherry, 2000). Self-report surveys are particularly useful for exploratory research that is seeking to determine if there is a relationship between two or more variables. The researcher collects the data from a group of people in order to describe some aspect or characteristic of the population of which that group is a part (Fraenkel & Wallen, 1996). The self-report instrument, by asking the same question from every respondent, has the advantage of indicating numerical differences between groups of persons. Numerical differences help determine whether each hypothesis under consideration is statistically supported. However, one limitation of quantitative research is that

r

t

(

e

(

u

t

2

S

s

p

fr

A

be

(C

pr

oc

he

to

req

results do not describe individual differences or contextual variation that is unique to each individual or family.

In contrast, according to Cherry (2000), qualitative methods are used to gain knowledge regarding the meaning of behavior, understanding social process or human interaction, and identification of patterns or themes over time. Qualitative research is a process where systematic analysis of human behavior is used to identify underlying meanings and patterns of relationships. Grounded theory is one of four main approaches used in qualitative research (Cherry, 2000).

Grounded theory was originally developed by sociologists Glaser and Strauss (Strauss & Corbin, 1990). The purpose of grounded theory is to systematically observe a behavior or social process and identify trends and patterns that suggest a tentative theory. Because the tentative theory is derived from the data, the theory is said to be grounded in the data (Cherry, 2000). Analysis of the data continues until there are no new insights about the behavioral patterns. Grounded theory meets the criteria for “good” science (Corbin & Strauss, 1990) if rigorous procedures are followed. The analytic process includes: 1) data collection; 2) categorization; 3) memoing (the ideas that occur to the researcher); 4) movement toward parsimony; and 5) writing a theory.

The qualitative interview looks to the participants as primary sources to help explain how he or she makes sense out of their lives, and their relationship to others. According to Corbin and Strauss (1990), a grounded theory approach requires a strong reliance on the review of the literature, and the use of concepts.

The concepts represent statements of relationship, which are organized according to themes. Selections of cases are chosen for their degree of similarity or difference from other previous cases. With grounded theory research the purpose is to discover relevant categories and relationships among variables rather than testing relationships among variables (Straus & Corbin, 1990). The data analysis is used to explain or expand a theoretical model in a new or creative way. The data analysis can be used as supplementary validation of other findings pointing out similarities and differences. The participants are chosen because they offer a unique contribution to the development of theory. Each case is compared to the next, allowing the researcher to creatively decide why case to case differences occur. This process is achieved through inductive reasoning where one uses his or her observations to propose generalizations to the whole.

With qualitative interviewing, assumptions, motives, reasons, goals, and values are likely to be the focus of the researcher's questions (Fraenkel & Wallen, 1996). Structured questions are used to obtain information that can be compared and contrasted, whereas prompts are helpful in understanding the thinking behind the response. When constructing the questions for the face to face interviews in this study, the researcher was aware of the importance of the narrative stories. To capture some aspects of the individual's life story, questions regarding the context of the early family environment and the marital relationship were designed to be shared in narrative form.

When more than one method of data collection is used, there is a benefit

when findings point to similar interactions between variables. Under this circumstance, the research results have more credibility and utility. In other words, combining quantitative and qualitative methods allows for the simultaneous data collection of information about the subject of the study and the context in which they are embedded (Reinhartz, 1992). The use of two or more methods of data collection to measure similar variables is referred to as triangulation (Cherry, 2000; Reinhartz, 1992). For this reason, both qualitative and quantitative methods were employed in this study.

A small sub-sample of respondents who completed the divorce questionnaire from each of the two groups, “normal” and “clinical” divorcing persons, was recruited to complete a qualitative interview that was based, in part, upon the Adult Attachment Interview. The instrument the researcher developed was called the Family Attachment Interview. It was designed to enrich and enliven the results of the self-report instruments through description of relationships to parents, spouses and children. One aspect of the qualitative interview was to determine whether there were similarities or differences in the kinds of relationships these adults had with their own primary caregivers. It was also a means of testing whether an insecure or secure attachment history was carried forward into spousal selection and into the relationship with their children. In reporting data from these face to face interviews, themes and concepts derived from the analysis are illustrated in summary form as well as by quotations and paraphrases.

Attachment theory was the foundation from which the hypotheses in this

study were developed. Based upon the researcher's clinical background and review of the literature, three aspects of the divorce process were selected: relationship style, level of conflict, and parent-child contact. The process of conceptualization began by studying each of the above variables in reverse order by moving backward through the divorce process. Inspection of the factors in the divorce literature that influenced whether or not a nonresident parent stayed involved with children led to a strong association between the quality of the coparental relationship and amount and frequency of contact. Studying the level of conflict in the co-parental relationship yielded information about the possible role that conflict played in the co-parental relationship as a means of maintaining an ambivalent attachment to a former spouse. Finally, the degree of felt security with the spouse was associated with other significant attachment experiences during childhood. Thus, qualitative interviews with the sub-sample were an attempt to describe in more detail how a secure or insecure attachment history in childhood affects divorce adjustment as evidenced by the quality of co-parental relationship, post-separation, and the parent's relationship with minor children.

As previously stated, to compare group differences between normal and clinical couples who divorce, this study examined three clusters of variables: style of attachment, level of conflict, and degree of non-resident parent-child contact. The normal sample was recruited from a countywide two-hour divorce orientation program and the clinical sample was recruited from a local community mental health specialized treatment program for clients who are mandated for care. As stated in Chapter I, the normal sample represents adults who

experienced divorce with a fairly positive interpersonal history as indicated by having no more than one problem indicator in three major domains of functioning. The assignment of clinical status referred to adults who were court mandated into mental health services and who experienced divorce with a poor interpersonal history in two or more problem indicators in three domains of functioning. For the purpose of this study, when a parent was engaged in domestic violence, had prior involvement with protective service, had a history of substance abuse dependence, or had an active personal protection order then both spouses were considered to be part of the clinical sample. Further explanation about the sorting into normal and clinical sample groups will be addressed later in the procedure section of this chapter.

Research Context

This study took place in a large, mostly urban county in lower southeastern Michigan. Each year, approximately 1300 couples with minor children file for divorce in this county. The recruitment for the two nonrandom samples was drawn from two pools of divorcing and divorced couples who have minor children. One pool consisted of a countywide divorce orientation program. On any given month, between 50-80 individuals attend this evening divorce orientation program. Each parent receives a letter from a family court judge mandating him or her to attend this meeting approximately 60 days after the petition for divorce has been filed. The letter essentially serves as an invitation to participate, as there are no sanctions for not attending (see Appendix C). Some divorcing couples who attend this brief educational program have already been

separated for several months, whereas some are still residing in the marital household.

The divorce orientation program consists of three different presenters and a short video. First, a family court judge states his or her philosophy of the divorce process from the bench. Second, the county Friend of the Court provides information about how to access services within that agency. Third, a social worker from the local community mental health (CMH) agency talks about family members' emotional reaction to divorce with emphasis on the developmental needs of children. The social worker encourages parents to be reasonable and cooperative on behalf of their children and highlights the skills necessary to be successful co-parents. A short video entitled "Listen to the Children" highlights the thoughts and feelings of a group of children who have experienced marital rupture. In the film the children discuss their parent's behavior during the process of divorce as well as their respective feelings. The program includes a written curriculum regarding divorce for parents to keep with references to local community resources and services. At the end of the evening participants are encouraged to direct questions to any of the three presenters.

The second recruitment pool consisted of families who had been court ordered to participate in a specialized clinical intervention program associated with the local community mental health. Parents are typically referred for unresolved custody and parenting time conflicts by way of a Family Counseling Order. Referrals include couples in process of divorce as well as couples who have obtained a divorce, but have post-divorce litigation. Often, disputing

families come to the attention of the court because of serious allegations of substance abuse, domestic violence, child endangerment due to neglect or abuse, or lack of parental access to a child. Intervention services include an assessment and evaluation, mediation, or family counseling (See Appendix D). Unlike the mandated participation to the Divorce Orientation program, the family counseling order has potential repercussions for nonparticipation. Refusal to participate could result in the postponement of a hearing, the dismissal of a petition, the judge refusing to make alterations in the custody or parenting time, or a contempt of court citation.

Most frequently, parents have opposing perceptions about the origin of difficulties and have opposing goals for service delivery. The parents referred to the program tend to be in high conflict, and have rather ingrained patterns of relating to the other parent. Frequently one parent views the goal of service as changing some aspect of the other parent rather than any condition regarding them. It is not unusual for one or both spouses to openly exert pressure on the therapist to align with his or her view of the desired outcome of service.

In the clinical intervention program, a medical record is opened for each parent and each parent meets alone with the therapist for the initial assessment. Length of service varies, but typically, lasts 8-10 sessions. Children are seen with each parent for at least one session. Additionally each parent is asked to invite other important collateral contacts, e.g. new spouses, live-together partners, or grandparents to the treatment process. To establish new ground rules for behavior, facilitate communication, and address allegations, it is often

necessary to hold conjoint sessions with the parents. Depending on the court order, one session is used for administering the MMPI 2 (Minnesota Multiphasic Personality Inventory). Other sessions are scheduled as determined by the therapist or by consumer request. Following completion of service or at a legal impasse, the treating professional is expected to submit a lengthy written report to the court with his or her findings and recommendations.

This unique specialized treatment program was begun as a Michigan mental health prevention project in 1983. Following the completion of the research grant, the project resulted in a collaborative delivery of services between the local community mental health and the family court. Funding for the program comes from the CMH budget, a contract with the court, third party insurance, and family's ability to pay. The mental health professionals providing the interventions are masters degree trained social workers, with 18, 15, 10, and 8 years of experience, respectively, working with families in conflict regarding the care and custody of minor children. The professional staff has a strong background in the diagnosis and treatment of both adults and children. They have received additional credentials and training in family and divorce mediation. As a result of working exclusively with a population of families in conflict, the therapists have become quite proficient in a variety of skills, which include mediation, clinical treatment, collaboration with legal professionals, and innovative ways to support parent-child relationships.

Sampling

From survey information collected prior to data collection for this study,

demographic information on the couples participating in the divorce orientation program for the months of June, July, and August, 1999, indicated that attendees consisted of 42% males and 58% females. The number of children of the marriage was as follows: 26% had one child, 51% had two children, 16% had three children and remaining 7% had four or more children. Number of years married ranged from less than 1 yr. to 30 years, with a mean of 10 years. A majority was early in the divorce process with nearly all petitions for divorce having been filed in the last 6 months. The annual income ranged from less than \$5,000 per year, to over \$55,000 with fairly equal distribution for each \$10,000 category. However, overall, the mean and median income were quite modest, falling between \$25,000-\$35,000 annual income. When income is compared with US Census (1995), for the county, it is somewhat less than the \$38,905 median household income estimate. This lower reporting of income makes sense as when couples separate they no longer report joint household income.

The preliminary surveys collected on the divorce orientation attendees were designed to measure client satisfaction and did not include demographics regarding race. In a pre-instrument trial in September and October of 1999, information on race was collected. This two month sampling indicated 53.3% were European-American, 6.7% African-American, 2.2% Hispanic, 15.6% listed other and 22% failed to specify. The 1990 US Bureau of Census indicates county distribution by race as: 78.2% White, 19.5% Black, 1.9 % Hispanic origin, .07% American Indian, .07% Asian or Pacific Islander, and .09% as other. It is not known whether the racial composition for the county has shifted significantly

within the last ten years; however, this is the most recent comparison available.

The primary clinical sample was known to consist of a high proportion of those with an Axis II diagnosis of personality disorder, and an undiagnosed history of mental illness, substance abuse, and long term interpersonal relationship difficulty. In a review of case records from the previous year, it was noted that there were usually three or more areas on the DSM IV Axis IV, e.g., financial problems, underemployment, or health problems as well as contested litigation regarding child custody or parenting time that indicated difficulty with overall interpersonal adjustment. Because the clinical sample included parents with post-divorce litigation, it was expected that this group would be different from the normal sample in regard to average time since the marital rupture. The majority of families continue to reside in the county where the divorce case was filed. However, residency was not a factor that was considered in this study.

Based on annual demographic information prepared for the 1998-99 CMH annual report, the clinical sample was expected to consist of almost equal numbers of men and women (56% female, 44% male) with an approximate age of 35 years with a range of 20-50 year. Racial composition for clients served for fiscal year 1998-99 consisted of 86.2 % White; 10.7% Black; 1.2% Hispanic; .004% American Indian, and 2% other. Tracking racial composition of individuals for nine months of fiscal year 1999-2000 indicates a similar pattern of 84.4% White, 11.9 Black, 0% Hispanic, 0% Native American and .005 % other. The US Bureau of Census (1990) describes the county household income as ranging from less than \$5,000 to over \$100,000. There was no reliable data available

prior to the study that illustrated range of income for persons who received clinical services, but from a cursory review of financial information from active cases, it was predicted that income would be quite modest and close to that of the normal sample.

Recruitment for the normal respondents was collected in the following manner. During five monthly divorce orientation meetings individuals in attendance were asked to participate in the study. Data was used only from those individuals who volunteered to participate. There was no requirement that only one or both spouses take part in the study. Those who refused consent and those with extensive missing data were removed from the potential sample. Approximately 104 surveys were returned, granting consent to participate in the study. However, 19 surveys were removed from the pool of respondents because did not meet the criteria for number of years married in this study. Next, the predetermined clinical criterion was applied to each batch of the normal sample, creating two sub-groups, "normal normals" and "clinical normals". Because 21 "clinical normals" met criteria for the clinical sample they were added to the clinical group which left a pool of 66 respondents. Lastly, birthdays and family descriptions were compared in each sample to insure that each sample consisted of an unduplicated count. There were three individuals that agreed to participate at the divorce orientation program that later appeared for service at CMH. Because of this duplication the final number for the normal sample was 63 respondents.

After final sorting the clinical sample was comprised of 18 respondents

from the divorce orientation program that met clinical criteria and 44 respondents that were mandated into care by the court. To determine if these two sub-samples were different according to demographics the Mann Whitney U test and the Chi-square analysis was done. The combined results of this cross-tabulation revealed no significant difference regarding age, gender, race, number of years married, age relationship began with the spouse, who filed for divorce or employment status. There was one area of significance in that the normal clinicals had a higher number of children ($m=2.56$) when compared to the mandated clinical group (mean=1.59) $t=2.34$, $p<.05$, two tailed. Another minor difference involved whether or not the divorce was final and whether or not child support was ordered. This within sample difference was anticipated because the divorce orientation sample primarily consisted of couples recently separated whereas more of the couples mandated into care had divorce decrees. By virtue of meeting clinical criteria and by having very similar demographics the two sub-samples that comprised the clinical sample were not significantly different, except for number of children.

Recruitment for the clinical sample occurred over a period of five months. As individuals presented for their intake appointment, they were asked to participate in a study by a secretary. Data was used only from those individuals who agreed to participate. There was a potential for a higher number of couples in the clinical as each was mandated to participate, however in this study there was no attempt to match the responses of spouses. Of approximately 66 potential respondents 10 refused to participate. Another 10 respondents were

removed from the sample because they had never been married to the other parent, and 2 surveys were not used because of extensive missing information. The 18 subjects from the normal clinicals were added to the 44 respondents for a total of 62.

Sampling for the face-to-face interview occurred by reviewing completed questionnaires from each respective sample and determining if they expressed interest in being contacted. Of 104 normal respondents 26 indicated willingness to be contacted and of the 44 clinical respondents 26 indicated willingness to be contacted for an interview. Prior to the contact, the researcher scanned each survey to insure that the respondent met criteria of the study. There was no tracking of failed attempts to make contact, although participants were most responsive to agreeing when they were at home to take a call. Once a subject agreed, there was an attempt to continue with that person and reschedule appointments if necessary. However, one subject from each sample did not come in to be interviewed despite outreach efforts.

Exclusionary Criteria

Couples, mandated to the divorce orientation program and mandated to the mental health intervention service, were not all married. In view of possible attachment differences between couples who marry and couples who do not marry, it was decided to study only those couples who had married and who had at least one minor child in common. The study also excluded couples who were married one year or less and those who were married for 20 years or more. The rationale for eliminating newly formed couples was that these individuals may not

emotionally react to the loss of a marital partner with similar dynamics when compared to couples who have struggled together for a number of years. Conversely, those who have been together 20 or more years may have a strong emotional investment in the marital relationship, and therefore have more difficulty mastering the tasks of loss and grief associated with divorce. Twenty years was selected as the division point to include more families with minor children, and to focus on couples parenting young and latency age children. Divorcing couples with adolescent or adult children also have additional custody issues to consider, as older adolescents are more likely to exert influence regarding their custody preference.

Instruments Used for All Participants

The Divorce Questionnaire (see Appendix E) is a self-report survey that was developed by the researcher. In its original form, it was designed as a pre-service instrument as a means of providing information to therapists who were intervening with outpatient clinical families. It was adapted and refined for the purposes of this study. The divorce questionnaire was designed to collect six clusters of descriptive data: demographic background, current household members, relationship dynamics within the separated or divorced family, attachment behaviors, level of conflict, and adult interpersonal functioning. Embedded within the questionnaire are modifications of two attachment surveys developed by other researchers (Simpson, 1990; Bartholomew & Horowitz, 1992), the Conflict Tactic Scale (Strauss, 1979), and a measurement of interpersonal functioning borrowed from the DSM IV (American Psychiatric

Association, 1994), Axis IV scales. Additional information regarding the selection and utility of these instruments will be addressed later in this chapter. All respondents who participated in the divorce orientation program and who were referred for clinical intervention were asked to complete the same questionnaire. Basic demographic information included the number of children of the marriage, which spouse petitioned for divorce, number of years married, age relationship began, and perception of each parents' shared responsibility for child care in the year prior to the marital rupture. Other demographic information was collected specific to each parent e.g., zip code, birth date, gender, race, employment, income, household composition, amount of child support, type of custody/parenting time arrangement.

The current household constellation was gathered through a grid asking respondents to list themselves, household members and minor children affected by the pending court action. Across each grid are labels to identify, first name, relationship, date of birth, gender, education, and custody. Asking for a description of the current household was an attempt to allow for a creative way to recognize the confluence of a variety of relationships impacted by divorce which might include grandparents, live-together-partners, step-children, children from prior relationships, or friends.

To discern the relationship dynamics in the co-parental relationship and in the parent-child relationship, information was collected regarding the kind of custody arrangement, the frequency and regularity of parenting time, and communication patterns between the parents. Additionally, each parent was

asked to rate the relationship between themselves and each child, and to also rate the other parent's relationship to each child. A definition of close, friendly, neutral and distant was provided as a key for answering this question. Another area that used a grid-like response was having each parent rate how childcare tasks were shared between parents when the family resided together. Father and mother participation was divided into the following categories: physical care, supervision of children, discipline, medical, education, leisure/play/recreation, on a graduated scale from 100% to 0%. This area of inquiry was added to see if there was any association between parent participation with children care and the kind of custody arrangement that was established. However this was not considered a major question for this study.

Overall Measurement of Attachment

After reviewing the attachment literature and understanding that different adult attachment instruments measure different aspects of adult relationships, two instruments were selected for modification. The first was based upon Simpson's (1990) self-report instrument that was developed to measure overall attachment patterns: secure, avoidant or anxious/ambivalent. Simpson's 13 original questions were used. However the Likert scale format was decreased from seven to five choices, strongly agree, agree, not sure, disagree and strongly disagree. This instrument focuses on measurement of comfortableness with closeness and dependence as well as worry about intimacy and abandonment. Simpson (1990) revised Hazan & Shaver (1987) attachment vignettes into a scale to measure overall attachment style. Simpson's measure was used to

assess adult attachment style not specific to the marital partner, but rather attachment in general.

A secure Attachment Style Index was found by aggregating items a through e. Higher scores reflect greater security. The Avoidant Attachment Style Index was developed by aggregating items f through i. Higher scores indicate greater avoidance. The Anxious Attachment Style Index was created by aggregating items j through m. Higher scores reflect greater anxiousness. Despite the low alphas on two of the three scales, this measure was selected for two reasons. One, there is an absence of a more reliable instrument that captures the complexity of adult attachment, and two Simpson's concepts were most adaptable to a self-report instrument.

As part of this study instrument reliability was performed on each attachment measure. The reliability of the sub-scales of secure, avoidant and anxious/avoidant on the first instrument were as follows: 1) There was limited reliability revealed on the Chronbach's $\alpha = .58$ for the sub-scale of secure. By dropping one item (I rarely worry about being abandoned by others) the alpha increased to an acceptable level, $\alpha = .60$. 2) The sub-scale avoidant had an acceptable level of reliability, $\alpha = .83$. 3) The sub-score for anxious/avoidant was found to have limited reliability, Cronbach's $\alpha = .27$. By removing one item (I rarely worry about my partner(s) leaving me) the reliability was increased to $\alpha = .49$.

Attachment to Spouse

The second attachment instrument, based on Bartholomew and

Horowitz's four-category model, looked at dimensions of dependency and of closeness in the self and in the other was modified. It was modified into a forced choice, true-false option, to measure coping behavior regarding loss of marital partner. It has four sub-scales that indicate secure, preoccupied, dismissing and fearful styles of attachment. It was selected because of its theoretical compatibility with internal models of representation, and because it recognized attachment relationships as having both components of the self and of the other.

The reliability was calculated for each of the four sub-scales on the instrument with the following results: 1) The sub-scale for secure did not reach an acceptable level of reliability. After dropping one item from the sub-scale the alpha was still inadequate; 2) The sub-scale for dismissing did not meet an acceptable level of reliability, however by removing one item (Being alone hasn't been that bad, I am surprised how easily I have adjusted), reliability reached an acceptable level, $\alpha = .63$; 3) The sub-scale for preoccupied did not meet an acceptable level of reliability. By removing one item (I find myself driving by my former partner's residence or calling and just hanging up) reliability reached an acceptable level, $\alpha = .68$; and 4) The sub-scale fearful met criteria for reliability, $\alpha = .73$.

Conflict Tactics Scales

To establish the overall variable of level of conflict, several items within the Divorce Questionnaire were combined, including the sub-scores for the Conflict Tactics Scale (Straus, 1978; 1990a). More specifically, level of conflict was determined by the scoring of eight questions: degree of difficulty resolving

custody, frequency of court appearances, dissatisfaction with custody arrangement, communication pattern, communication frequency, decision making style, and a current rating of verbal conflict. The original Conflict Tactics Scales (Straus 1978, 1990a) was used to measure whether partners in a dating, cohabiting or marital relationship engage in psychological and/or physical attacks on each other during the past year. It measures the respondent and the partner's behavior in regard to three scales: reasoning, verbal aggression, and physical assault. The CTS has been broadly used to discern physical violence between couples and has evolved into revised CTS2 and a parent-child version, (PCCTS). The theoretical basis for the CTS is conflict theory. The CTS was a widely used instrument with strong evidence of validity and reliability (Barling et al., 1987; Straus, 1990a). The coefficient of reliability for the Conflict Tactics Scales, form n (n=2143) for couples score, was .76 for sub-scale reasoning, .88 for sub-scale verbal aggression, and .88 for sub-scale violence (Straus & Gelles, 1990).

However, the CTS has been criticized for not accounting for the context in which the conflict occurs and for a lack of construct validity in one of its sub-scales. It was originally intended to be used in conjunction with other measures and during a face-to-face interview rather than as self-administered questionnaire. Despite the criticism of the CTS, for the purposes of this study the original version was chosen because of its brevity, 38 items versus 78, and because the theoretical basis and mode of operation were fundamentally the same. Following some of the recommended improvements in the formatting for

the CTS, layout changes were made in the organization of CST so that it could be used as self-report measure and for ease in scoring (The CST Manual is available from the Family Research Laboratory, University of New Hampshire, Durham, NH 03824).

Instruments Used for the Sub-Sample

The qualitative interview, named Family Relationship Interview, (See Appendix F) was developed for this study by the researcher and was based upon some general concepts extracted from Main's Adult Attachment Interview (Main, et al., 1985), e.g., what adjectives would you use to describe your mother, and your father. Unfortunately, access for training in administration and interpretation of the AAI is not widely available. Therefore it was necessary to develop a qualitative instrument based upon this researcher's clinical knowledge, and familiarity with the attachment literature. Bartholomew and Horowitz (1991) created their own attachment interview. Their attachment interview consisted of historical questions about an individual's relationship to mother and father from earliest memory to present as well as a comparison of those attachment patterns with additional questions regarding style of attachment to romantic partners. In their study, they used tape-recorded interviews to classify adults into one of four attachment styles: secure, dismissing, preoccupied and fearful.

The questions chosen for the Family Relationship Interview covered three distinct areas: relationship to parents, relationship to spouse and relationship to children. As stated previously, this area of inquiry was grounded in attachment theory and the research was begun with the idea of finding connections between

childhood history and low and high conflict divorce. This investigator approached the interview with theoretical awareness of the subtleties and meaning of the data (Strauss & Corbin, 1990). Although the research followed a predetermined schedule of questions for comparison of responses, the researcher allowed for considerable flexibility in regard to the respondent decisions about how best to answer. Occasionally it was necessary to clarify a response, but otherwise the researcher did not attempt to interfere with the flow of speech once a subject began to talk.

Parenting Stress Index

A second instrument was given to the small sub-sample of parents who participated in the qualitative interviews. This instrument was not administered to the entire sample due to resource limitations. The Parenting Stress Index was given to provide an indication of the relationship dynamics between parents and children. The Parenting Stress Index (PSI) was developed by Abidin (1995) to assist in the assessment of parent-child relationships under stress (The PSI is available from Psychological Assessment Resources, Inc).

This instrument was normed on 2,633 mothers and 600 fathers with children ages 1-12 years. This instrument includes characteristics of the parent and characteristics of the child as two separate domains. The PSI has been used to detect temperament or behavioral problems in children and stress in the parenting role for a number of different environmental conditions, e.g., chronic illness, child abuse and neglect. It has been used to screen for parental

attachment difficulties and families at risk. From derivatives of the original version of 120 questions, a 36 question PSI-Short Form was developed. It has five sub-scales that measure: a) total stress; b) parental distress; c) parent-child dysfunctional interaction; d) difficult child, and e) defended responding. At the present time, the PSI-Short Form does not possess a body of independent research that supports its validity. However, correlation between the full length PSI and the short version sub-scales are as follows: $r=.94$ total stress; $r=.92$ parent distress, $r=.73$ parent-child dysfunctional interaction; $r=.87$ difficult child; $r=.73$ child domain and $r=.50$ parent domain on the parent-child dysfunctional interaction.

Procedures

Prior to data collection, the researcher obtained written permission from Michigan State University, University Committee on Research Involving Human Subjects (UCRHIS) (See Appendix G). Additional permission was obtained from the executive director of the community mental health center from which the majority of the clinical sample was drawn. The local Friend of the Court director also gave approval for the collection of data at the divorce orientation program.

Data collection began with the monthly divorce orientation program. Parents were asked to participate in a study regarding low and high conflict divorce by the researcher, who was one of presenters. The Divorce Questionnaire was included in the packet of information distributed to each adult in attendance. Information was shared about the voluntary nature of participation, confidentiality,

and anonymity. A consent form (See Appendix H) became the first page of the questionnaire, and only information from those who signed the consent was used. Several individuals completed the questionnaire but did not sign the consent. The questionnaire took most participants about 20 minutes to complete. At the completion of the questionnaire, respondents were asked if they would be willing to participate in an additional 1-hr interview. If selected, they were told that they would be compensated for their time. Willingness to be contacted was indicated by completing a request for their name and address. This process was repeated for the months of March and April of 2000. During the month of January, the Family Court coordinator of the program inadvertently omitted the questionnaire from the packet, and February's surveys were considered invalid because of a copying error.

Similarly, individuals who were receiving clinical service were asked to participate in the study when they arrived for their intake appointment. A secretary approached individuals while they were signing other permission forms regarding their willingness to participate. The letters of consent (See Appendix I) promised confidentiality and anonymity in reported results and also mentioned that the information disclosed in the study would not become part of their medical record or assist them with legal proceedings. As was done with the other subjects, respondents were asked if they would be interested in participating in an additional interview.

For the sub-sample, 5 respondents from the clinical group and 5 respondents from the normal group who had children between 5 and 12 years

were selected to provide additional qualitative and quantitative data. In selecting this sub-sample, the researcher began by sorting 47 from the normal sample and 26 from the clinical sample who were willing to be interviewed. From that group, she tried to recruit equal numbers of men and women with at least one child from that marriage between the ages of 5 and 12. The primary reason for this selection was to highlight parents with children who were old enough to display an emotional and behavioral reaction to divorce, and yet not old enough to participate in custody and parenting time decisions. A secondary reason was to select a group of parents who have a high rate of divorce, and who are likely to have parenting differences. Other factors in case selection were race, occupation, and kind of custody arrangement. Most participants were contacted by telephone and some were contacted by letter. When a contact was made, further details of the face-to-face interview were shared. They were informed that the interview would be audiotaped and they were told they would receive a \$40 gift certificate to a local mall for their time. Prospective interviewees were told that the content of the interview consisted of questions about the family they grew up in, their relationship to the marital partner and their current relationship to their children.

All interviews were conducted in a professional office at the community mental health clinic where the researcher was employed. None of the clinical sub-sample had a treatment relationship with the researcher, as the sample was drawn from the caseloads of other therapists. Because the clinical sub-sample was familiar with coming to the clinic, persons from this sub-sample were quite

cooperative about being seen, and seemed highly motivated to “tell their family story”. Care was taken to make appointments at convenient times, and when the clinic was open. As might be expected, it was slightly more difficult to recruit persons from the normal group, who were less familiar with the clinic. When personal contact was made, agreement to participate was good. However, when contact was by voice mail or answering machine, it was rare for a potential interviewee to make contact. Among this group there was also a more frequent rate of “no shows” or a need to reschedule appointments. However, those who did come seemed genuinely interested in taking part.

A second consent form regarding permission to audiotape (See Appendix J) was reviewed and signed when subjects arrived at the researcher’s office. Prior to the interview, the researcher disclosed that she was a graduate student as well as a therapist. The tape recorder was turned on at the point all preliminary information was clarified. Either prior to, or following the semi-structured interview, the parents also completed the Parenting Stress Index, on the child of the marriage. When there was more than one child, the researcher selected the child in closest age range to other focal children for closer developmental similarity. The face-to-face interviews generally lasted about 1 hour and 15 minutes. One question was added to the interview schedule after the first two interviews. The question was whether or not the subject thought they were in a high or low conflict divorce, and related to that question was their explanation about why some couples had difficulty adjusting to divorce. As happens with qualitative interviewing, the researcher became aware that the

subject's own thoughts and ideas about the question under study were an important consideration. Because of the interactive nature of qualitative research, the format was adjusted to include subjects' ideas about low and high conflict divorces.

During the interview process, the researcher attempted not to respond to the disclosed information as a therapist for two reasons. First, it was important not to interfere with the current treatment relationship and clinical direction of the case and secondly, it was important to stay focused on the process of the interview from the perspective of a family researcher. At the completion of the interview, some of the sub-sample asked for advice, and this was handled by the telling of a metaphorical story, by recognizing their individual strengths and efforts in making their future life better, or by referring back to their therapist when appropriate. None of the normal sample asked for a referral to treatment or other community resources. However, two parents had questions about their children's adjustment and used a few minutes at the end of the interview to express their concern. The interviewees were thanked for coming and given the gift certificate.

This concludes the explanation of the methods used in the study. Chapter IV is focused on the quantitative results and Chapter V is devoted to the qualitative results.

Chapter 4

QUANTITATIVE RESULTS

The divorced or divorcing respondents in this study through the completion of the questionnaire revealed a detailed picture of themselves and their relationships to their former spouses and children. Much was learned about their areas of conflict and agreement and what kinds of spousal dynamics accompany the process of divorce. The first section of the results highlights the descriptive statistics of the overall sample as well as a comparison of the normal and clinical sample. The second section of the chapter addresses the quantitative results of the first four hypotheses. The results of the qualitative interview with the sub-sample will be discussed in Chapter V.

Descriptive Statistics

Age, Gender, and Race

The 125 respondents who agreed to participate and who met criteria for the study ranged in age from 22 to 47 years with mean age of 33.8 years. This study comprised almost equal numbers of men, 59, (47.2%) and women, 66, (52.8%). Number of years married ranged from 1.5 to 18 years with a mean of 7.9 years (See Table 1). Because of the criteria for participation in the study all had minor children with an average of 1.7 children with a range of 1 to 6 children. About 80% of the parents had two or fewer children from the marriage. The racial composition of the respondents approximated the county census with 71%

European-American, 6.4% African-American, 4.8% Native American, 4% Hispanic, .08%, Asian American, and 1.6% other. About 11% of the respondents failed to provide any information regarding race. There were a small number of paired couples who had been married to each other in the normal sample and the clinical sample, however the major interest of the study was to look at group differences.

Education, Income and Occupation

For the overall sample the mean years of education was 13.24 years (s.d.= 1.97) or approximately one year beyond high school. Level of education ranged from a low of 8th grade to a high of master's degree (18 yr. of education). Correspondingly, median income for the total sample fell between categories of \$15,000 and \$25,000 with a low of less than \$5,000 to a high range of over \$100,000 (See Table 2). The large majority of respondents, 81.6%, indicated full-time employment and part-time employment, was specified by 11.2%. Following a US Census pattern of grouping occupations, the overall sample included: 16.8% professional, managerial, and specialty occupations; 21.6% precision labor, craft and repair; 25.6% technical, sales, administrative support, 5.6% service occupations, and 26% operators, fabricators and general labor. 2.4% were not in the labor market and this group included students and retired persons.

Additional Family Characteristics.

The age of the respondent when the relationship began with the spouse varied from under the age of 18 to over age 35. The proportions were as follows: 24.8% under 18 yr., 36.8% age 19-24 yr., 27.2% age 25-30, 8.8% age 30-35, and 1.6% over 35 yr. Custody of the minor children included a variety of arrangements. Forty-six percent were in the mother's physical custody, 3.2% were in the father's physical custody, 21.6% involved shared joint physical custody, 4.8% had children divided between two households, 8.8% were still residing in the same household with physical custody undetermined, and another 8% described some other custody plan. The amount of parenting time awarded the non-resident parent was 21.6% for joint custody, 23.2% liberal access or several days per month, 16% with every other weekend and a mid-week contact, and 23.25% had no established court order. Only 2.4% of the respondents listed parenting time as limited or restricted to supervised contact of less than 2 days per month. The nonresidents' pattern of contact with minor children was listed as listed as 31.2% predictable, 24% regular, 9.6% unpredictable and 15.2% no pattern of contact. Another 12.8% were unable to provide an answer, as there was no pattern of contact established.

The respondents listed a variety of living arrangements: 9.6% were still in the same household, 10.9% were living alone, 46.4% were living with minor children, 11.2% were living with relatives, .08% were living with friends, 16% were in a new live-together relationship, and 4.8% were remarried. The overall

sample was geographically distributed throughout the county with the largest proportion, 52%, coming from the urban area in the center of the county.

Comparison of Normal and Clinical Samples

The comparison of the two samples revealed a high degree of homogeneity in demographics. There was a significant differences in age between the normal sample ($\bar{m} = 32.7$ yr., $\underline{s.d.} = 6.26$) and the clinical sample ($\bar{m} = 34.9$ yr., $\underline{s.d.} = 5.67$). This slight difference in age makes sense when it is considered with time since the marital separation. More of the clinical sample is divorced whereas the majority of the normal sample is recently separated. There were no significant differences in gender. The normal sample consisted of 30 males (47.6%) and 33 females (52.4%) and the clinical sample consisted of $n = 29$ males (46%) and $n = 34$ (54%), Chi-sq. (1,63) = .925, $p > .05$ two-tailed. No significant differences were reported for race. It should be noted that the overall size of minorities was so small that proportionate differences did not emerge as statistical difference (See Table 2).

Ordinal level variables, such as income, communication patterns, plans to change custody, and parenting time were analyzed using the nonparametric Mann Whitney U test statistic and the Chi-square test for proportionate differences. This test choice for statistical comparison was based on the analysis decision model offered by Sprinthall (1987, p 399-402). There were no significant differences in education between the normal sample, ($\bar{m} = 13.1$ yr., $\underline{s.d.} = 1.89$) and the clinical sample, ($\bar{m} = 13.4$ yr., $\underline{s.d.} = 2.03$). There was no

significant difference in how the normal and clinical samples ranked in income. The normal sample indicated ($n=61$, mean rank = 66.83) and the clinical sample ($n=62$, mean rank = 57.25), $U= 1596.50$, $p> .05$ two tailed. However, by reviewing a graph on income (Figure 2) it is evident that a certain proportion of the clinical sample earned less than \$15,000 per year. Correspondingly, there was no significant difference in occupational ranking in the normal sample and clinical sample, Chi-sq. (4, $n=121$) = .299, $p> .05$).

A t-test revealed that there were no significant differences in the mean number of years married between the normal sample, ($\underline{m}=7.8$ yr., $\underline{s.d.} = 4.37$) and in the clinical sample, ($\underline{m}=7.9$ yr., $\underline{s.d.} = 4.00$). Likewise, the t-test revealed no significant difference in the mean number of children from the marriage, for the normal sample ($\underline{m}= 1.7$ children $\underline{s.d.}= .71$) and for the clinical sample ($\underline{m}= 1.84$, $\underline{s.d.}=1.31$) (See Table 1).

There was no significant difference between the normal and clinical group in regards to who initiated the divorce petition. Chi-square analysis revealed 37 (54.4%) of the normal sample and 31 (45.6%) of the clinical sample filed. As expected there was significant sample difference in regard to whether or not the divorce was final. More clinical respondents, $n=22$ (36.1%), were divorced compared to normal respondents, $n=3$ (4.8%) Chi-sq. (1, $n=124$)=18.867, $p < .05$, two tailed). Time since the marital separation also determined whether or not there was an order for child support. There was significant difference between normal respondents and clinical respondents in regard to the establishment of child support. More clinical subjects, $n=45$ (73%) compared to normal subjects

n=29 (46%) had an order for child support $\chi^2(1, n=124) = 9.11, p < .05$ two tailed.

All respondents were asked to list the top three reasons that the marriage relationship failed (see Table 3). Because of the opportunity to select several reasons for the divorce, the percentages exceed 100%. After visual inspection of the percentage differences, specific reasons were analyzed for possible group difference. There was significant difference in regard to involvement in another relationship between the two samples of respondents. A Chi square analysis revealed significantly more normal respondents n=28 (75.7%) compared to clinical respondents n=30 (44.6%) listed involvement in another relationship as contributing to the decision to divorce. $\chi^2(1, n=91) = 3.846, p < .05$, two tailed. A second area of difference involved domestic violence. The Chi square analysis indicated that there were significant areas of difference for the clinical subjects n=20 (41.7%) compared to the normal subjects n=5 (17.2%) in listing domestic violence as a reason for the decision to divorce $\chi^2(1, n=77) = 4.919, p < .05$, two tailed.

Normal and Clinical Differences

Overall Attachment Style

Hypothesis 1 stated when compared to the normal sample, the clinical sample will demonstrate differences in attachment style as measured by the pattern and description of adult relationships in general.

The first attachment scale was administered to gain information about an adult's overall attachment pattern. As was noted in Chapter III, an item was dropped from both the secure and anxious scales to improve this instrument's reliability. The analysis of the sub-scales on this attachment instrument did not result in a confirmation of the hypothesis regarding group differences for overall attachment style. Only one of the three sub-scores supported the hypothesis as stated, which was that the clinical sample indicated more avoidant responses to attachment.

A t-test was used to determine sample differences for the sub-scale, Secure. There was no significant difference between the normal sample ($\bar{m}=3.35$, $\underline{s.d.} = .656$) and the clinical sample ($\bar{m}= 3.42$, $\underline{s.d.} = .647$), $t(122) = .558$. This finding suggests that the sub-scale for capturing a relationship style characteristic of a secure pattern of attachment may have been insufficiently sensitive. This potential problem of internal reliability was discussed in the methods section. The lack of difference in respondents may also imply that some respondents overstated their ease in establishing comfortableness with others in adult relationships. For the sub-scale Avoidant there was significant difference between the samples. A t test analysis revealed that the clinical sample responded with a higher level of avoidant behavior ($\bar{m}= 2.75$, $\underline{s.d.} = .933$) as compared to the normal sample ($\bar{m}= 2.39$, $\underline{s.d.} = .799$), $t(122) = 2.28$, $p, < .05$, one tailed. Likewise, a t test showed that there was no significant difference between the normal and clinical respondents on the sub-scale of Anxious attachment. The clinical sample ($\bar{m}= 2.45$, $\underline{s.d.} = .559$) responded to this sub-

scale similarly to the normal sample ($\bar{m}=2.50$, $s.d.$ = .629), $t(120) = .511$. Because two of the three sub-scales failed to indicate large group differences, the hypothesis regarding normal and clinical differences in overall attachment was not confirmed.

Attachment to Spouse

Hypothesis II stated, when compared to the normal sample, the clinical group will report a different pattern of coping in regard to loss of marital partner that will indicate a higher frequency of dismissing, preoccupied, or fearful attachment.

A second modified attachment scale with four sub-scales was administered as an indication of how well an individual was coping with the loss of their marital partner. As was noted in Chapter III, an item was dropped from both the secure and anxious sub-scales to improve this instrument's reliability. The results from the sub-scale secure on this attachment instrument did not result in a confirmation of the hypothesis regarding group differences on the indices of secure attachment. However, it did highlight group differences on three of the four sub-scales.

A t-test showed that there was no significant difference for the sub-scale of Secure in the two groups of respondents. The clinical sample ($\bar{m}= 2.13$, $s.d.$ = .74) responded similarly to the normal sample ($\bar{m}=2.03$, $s.d.$ = .88), $t(123) = .55$. There was a significant difference for the sub-scale of Dismissing. The clinical sample ($\bar{m}= 2.10$, $s.d.$ = .92) endorsed more items dismissing the importance of

the spouse, as compared to the normal sample (\underline{m} =1.17, $\underline{s.d.}$ = .96), t (123)=5.49, p = <. 05, one tailed.

There was a significant difference for the sub-scale Preoccupied as revealed by the t-test. The normal sample endorsed more items of preoccupation with the spouse (\underline{m} = .63, $\underline{s.d.}$ = .89) as compared to the clinical sample (\underline{m} = .40, $\underline{s.d.}$ = .71), t (123)=1.66. This finding was not anticipated. However, a similar response on the sub-scale Fearful suggests the possibility of group difference regarding how the respondents approached the instrument. There was significant difference for the normal respondents endorsement of responses of Fearful attachment (\underline{m} = .89, $\underline{s.d.}$ =1.09) as compared to the clinical sample (\underline{m} = .48, $\underline{s.d.}$ = .84) t (123)=2.41, p . <. 05 one-tailed. This higher endorsement of fearful reaction by the normal subjects may indicate some of the expected emotional uncertainty of being in the process of divorce, whereas the lack of emotional response by the clinical subjects may be the result of a later stage of divorce adjustment. Alternatively, the lack of emotional reaction may also be an indication of a higher degree of defensiveness regarding the loss of a partner.

This second measurement of attachment regarding coping with loss of partner did not result in expected findings. Only the sub-scale Dismissing resulted in support for the hypothesis in the expected direction. As was suggested in the first attachment style measurement, the lack of endorsement of the insecure sub-scales by the clinical subjects, may indicate group differences in the degree of defensive responding. The normal respondents higher

endorsement of difficulty may indicate a more realistic appraisal of the meaning of the loss of the partner or it may indicate a greater willingness to self disclose. Because the sub-scale for secure attachment did not result in a difference between the two groups and because two of the four sub-scales had differences in the opposite to the hypothesized direction, the hypothesis was only partially confirmed.

Level of Conflict

Hypothesis I stated: When compared to the normal sample, the clinical sample will demonstrate higher levels of conflict in the co-parental relationship as measured by style of negotiation, frequency of communication, level of disagreement regarding custody/parenting time and scores on the Conflict Tactics Scale.

All of the variables that contributed to the construct of co-parental conflict were confirmed as supporting the hypothesis of expected differences between the normal and clinical respondents. These findings indicate that there are significant behavioral differences between couples who divorce and meet clinical criteria, and couples who do not meet clinical criteria. Differences in the expression of conflict were evident in each sample's description of communication, the frequency of communication, and the style of negotiation when communicating. Due to the basis of the sample selection it was expected that the clinical sample would have more difficulty with the resolution of custody. This expectation was confirmed by the respondents' perception of difficulty

resolving custody and number of court appearances. The sub-scales for the CTS revealed some interesting group differences, especially on how each sample rated the responses of the spouse.

The many of the factors that contributed to the overall variable level of conflict were ordinal level variables. As such, they were analyzed by the Mann Whitney U test and the Chi square test to determine proportional differences. Each variable was analyzed individually as a separate contribution to the hypothesis. There were significant differences in the normal and clinical respondents regarding how they described communication with the other parent. The clinical sample described a higher rate of difficulty with communication ($n=60$, mean rank=82.00) as compared to the normal sample ($n=62$, mean rank = 41.70), $U= 630.0$, $p< .001$, one tailed. There was significant difference in the respective normal and clinical samples regarding the frequency of communication in a typical month. The clinical sample ($n=59$, mean rank=66.04) reported a higher frequency of little or no communication when compared to the normal sample ($n=55$, mean rank=48.34), $U= 1118.05$, $p< .05$, one tailed. The normal sample was more likely to engage in telephone contact on a weekly basis than was the clinical sample. The clinical sample was more likely to have very little telephone contact or to have no direct means of communicating (See table 4).

There were distinctive differences between the normal and clinical groups for style of negotiation. The clinical subjects reported significantly higher levels of aggressive attempts to negotiate ($n=57$, mean rank=76.21) as compared to the

normal sample ($n=55$, mean rank = 41.39.), $U=672.0$, $p < .05$, one tailed. Additional analysis of the responses on the variable style of communication provided clarification regarding sample differences. A sample comparison by cross tabulation for individual items revealed the following (Cramer's $V=.595$, $p < .05$); 1) A significantly higher percentage of the normal sample ($n=29$, 49.2%) reported using negotiation style that was typified by listening to the other and making a decision based upon the reasonableness of the request whereas only ($n=6$, 10%) of the clinical sample reported using a similar style. 2) There was a proportional difference between the clinical sample ($n= 23$, 39.7%) and the normal sample ($n=6$, 10.3%) regarding refusal to be available and commit to a decision. 3) A higher proportion of the clinical subjects ($n=15$, 25.9%) used verbal attacks, name calling, and swearing as a style of negotiation compared to the normal subjects ($n=3$, 5.1%). 4) A higher proportion (5.1%) of the clinical sample indicated that verbal threats of harm, or physical attacks were method of decision making, where none (0 %) of the normal sample indicated this method.

There was a significant difference in the normal and clinical respondents in regard to expectation regarding difficulty of resolving custody/parenting time. Clinical subjects rated relative ease of resolution of custody as significantly lower ($n=62$, mean rank = 40.43) as compared to the normal sample ($n=61$, mean rank = 83.93), $U= 553.5$, $p < .05$, one tailed. Related to the question of custody were how many times the respondents had appeared in court. The normal sample reported a significantly lower number of court appearances ($n=60$, mean rank=43.67) whereas the clinical sample reported a higher level of court

appearances ($n=62$, mean rank = 78.75), $U=790.5$, $p < .05$, one tailed. Support for this finding also came from responses to a question about whether conflict had increased, decreased or stayed the same since the physical separation. The clinical respondents ($n=57$, mean rank=68.59) reported a significantly higher increase in conflict after the separation as compared to the normal respondents ($n=60$, mean rank = 49.89), $U=1163.5$, $p < .05$, one tailed (see Table 4).

Each of the respondents was given the Conflict Tactic Scale (CTS) which has three sub-scales, reasoning, verbal aggression, and violence. Each of the questions required a rating of the self and a rating of the partner. Interestingly, each sub-scale revealed one difference between the samples. A t-test analysis revealed that there were significant differences between the normal and clinical subjects for the sub-scale of reasoning. The normal respondents were significantly higher on the rating of the other person's reasoning ($\bar{m} = 7.96$, $s.d. = 4.04$) as compared to the clinical respondents ($\bar{m} = 4.811$, $s.d. = 3.95$), $t(110) = 4.17$, $p < .05$, one tailed. There was no difference between the normal and clinical respondents rating of self on reasoning. For the sub-scale of verbal aggression, the normal subjects were significantly higher ($\bar{m} = 11.17$, $s.d. = 6.60$) as compared to the clinical sample ($\bar{m} = 7.00$, $s.d. = 6.26$), $t(110) = 3.431$, $p < .05$ two tailed. A possible explanation for this difference is that either the normal sample was more verbally aggressive in their conflicts or they were more open about reporting the kind of conflicts that had occurred between themselves and the spouse during the last year than was the clinical sample. As hypothesized for the sub-scale of violence by the other person, there was significant difference

for lower indications of violence in the normal respondents (\underline{m} = 1.98, $\underline{s.d.}$ = 4.02) as compared to the clinical respondents (\underline{m} = 4.02, $\underline{s.d.}$ = 7.83), $t(109) = 1.745$, $p < .05$, one-tailed. The difference in rating of violent acts in combination with the above variables supports the notion that there are behavioral differences between the normal and clinical respondents in the use of verbal and physical tactics used to deal with conflict. In sum Hypothesis III was strongly supported in that all of the factors that contributed to the variable level of conflict demonstrated higher level of conflict in the clinical sample.

Parenting Time

Hypothesis IV stated that when compared to the normal sample, the non-resident parents within the clinical group will report less parenting time granted, will have more limited or restricted access to their minor children, and of the court-ordered parenting time granted, the non-resident parents will report a pattern of contact that will be less predictable and more infrequent.

The assumption underlying this hypothesis was that the clinical respondents would represent more conflicted co-parental relationships, and as a result, there would be significant differences in both the amount of parenting time for the non-resident parent and significant differences regarding the pattern of contact. Surprisingly, this assumption was not confirmed. A Mann Whitney U test revealed that there was no significant difference in the amount of parenting time awarded to the nonresident parent for the normal respondents ($n=41$, mean rank=45.23) as compared to the clinical respondents ($n=55$, mean rank 50.94)

U=993.50. Similarly, there was no significant difference between the normal respondents (n=51, mean rank=53.12) and the clinical respondents (n=50, mean rank 48.84) for the pattern of contact. It suggests that both groups have variation in the regularity of parenting time with some non-resident parents from both samples being predictable and unpredictable. This study, by looking only at between group differences, was not able to discern any variability regarding a non-resident's access to a child. It was expected that the nonresident parent of the high conflict families would be litigating because of restricted access to minor children. However, this expectation was not confirmed. A comparison of how much of the parenting time was used by each of the respective samples revealed additional similarity.

There was no significant difference for the normal subjects ($m=7.23$, s.d. =4.28), as compared to the clinical subjects ($\underline{m}= 6.98$, s.d. =6.33), regarding the amount of parenting time used, $t(63)= .180$. As was indicated in the descriptive statistics, the amount of parenting time for the non-resident parent for both the normal and clinical sample includes a high number of joint custody (21.6%) and liberal access (23.2%) arrangements. Based on these percentages it appears that an every other weekend arrangement was fairly uncommon as 7.10 days was the average for the total sample. There were only 2.4 % of the respondents who had limited or restricted contact of less than two days per month. There are two possible explanations for the lack of difference in these findings. One possibility is that the respondents who do not have a court order for parenting time represent a percentage of non-resident parents who are being denied

access to children. A second possibility is that the clinical sample is strongly defending their access to their children through active litigation.

Summary

In summary, there was support for the hypothesis that normal and clinical samples differ in regard to conflict in the co-parental relationship. Group differences were noted in the kind, style, and frequency of communication. Clearly, the clinical respondents were more representative of divorced or divorcing couples who have expectations that resolving custody will be difficult. Further evidence for this is supported by the frequency of court hearings and intentions to change matters in court. The sub-scales on the CTS revealed sample difference in all three areas: reasoning, verbal aggression and violence.

The two measurements of attachment did not result in a clear delineation of secure and insecure attachment styles between the normal and clinical respondents, and for this reason, Hypotheses I and II were not confirmed as written. However, the analysis of the sub-scales within each attachment instrument provided some interesting questions as to why the two samples responded so differently. It appears that the normal respondents were more apt to indicate difficulty in coping with the loss of the marital partner, whereas the clinical respondents were more likely to be avoidant in adult relationship and to dismiss the importance of the loss of a spouse.

There was no support for a distinction of sample differences regarding amount of parenting time for the non-resident parent. It is possible that

comparing amount of time granted with parenting time used was not a good index of access to minor children. The lack of discrimination between groups may be also be an indication of hidden problems with how the subjects were asked to document parenting time.

The quantitative results highlighted that the normal group and the clinical groups were very similar in terms of background characteristics, such as, age, gender, race, education and income. There was strong evidence to support that the normal group and the clinical group engage in different levels of conflict with the other parent. The two attachment scales indicated some problems in defining secure attachment but because of noticeable group differences on the combined sub-scales of two measures, there was reason to suspect that there were group differences about how the samples responded to the question. To further determine group differences, the qualitative data were collected to address the context of the early childhood relationships with parents, which is the focus of the next chapter.

Chapter 5

QUALITATIVE RESULTS

To explore the question of whether or not there was an attachment difference originating from childhood, five respondents from the normal subjects and five respondents from the clinical subjects were recruited. The interviews with the respondents covered three distinct areas of attachment: their early relationship with their mother and father, their relationship with their spouse prior to the divorce, and their relationship with their children. The purpose of exploring these three areas was to establish whether or not there were individual patterns of attachment that were carried forward from childhood that might offer some insight as to individual differences in reactions to divorce. The underlying assumption based on attachment literature and clinical practice was that the clinical sample would contain a higher percentage of individuals with an insecure style of relating whereas the normal sample would contain a higher percentage of individuals with a secure style of relating. The participants were not selected at random and there was no attempt to match them according to any demographic or personal characteristics (see Table 4). The names of the respondents have been changed to pseudonyms.

Results from each group will be presented by first providing a general background of each subject through the use of a vignette. The analysis for each group begins with presenting the context of their early family life. The focus then shifts to a description of early childhood relationships to mothers and fathers, as

well an accounting of some of the traumas or losses that occurred while growing up. The next section addresses the respondent's appraisal of the relationship to the spouse and their perception of the dynamics of their marriage. Lastly, each parent's view of their relationship to their children is highlighted. The method of reporting the results includes summary, paraphrase, and direct quotation. For purposes of clarity, each topic will be divided into responses from the normal and clinical groups.

Brief Vignettes of the Sub-Sample

Normal sample

Josh, age 26, is a white male employed with a skilled trade in a small company. Following high school he entered into a skilled trade apprenticeship and has been employed in the same job for 8 years. He is in process of divorce after a 4-year marriage to his high school sweetheart. He and Kristen married due to pregnancy. Together they have two sons, Tyler and Troy, ages 5 and 2 years. Both Josh and Kristen continue to live in the same household upon the advice of their respective attorneys. At the present time, he and Kristen work hours that overlap so they share parenting responsibility and also rely on day care. Josh is hoping to have joint legal custody of his sons and he speaks about his desire to remain in an active role as their father. He is of the opinion that the sons, particularly the toddler, are not receiving adequate attention when they are with the mother.

Josh is the second of two sons raised in a two-parent household in

another state. At age twelve, his parents moved to Michigan due to a job transfer. Josh states that he did not initiate the divorce and indicated that it came as a "complete shock". He views his wife as wanting her freedom as she has begun a new relationship with a bouncer at a bar and has placed drinking and partying above parenting. He admits that there were financial problems in the marriage and he is now considering leaving his current job for higher income. He states that initially he was quite depressed about the termination of the marriage, and decided to enter brief therapy. He has the support of his parents who live nearby and assist with caring for his children. He states that both his therapist and attorney have given him good advice.

Kelsey, age 26, is a white female employed as general labor for a small factory. She has a high school diploma. She is in the process of divorce after a 4-yr. marriage. At age 19, shortly into a dating relationship, she became pregnant. She and Charlie decided to live together. They did not marry until their daughter, Haley was about two years of age. Kelsey talks freely about how she and Haley's father love their daughter very much. At the present time, she and Charlie share in a joint physical custody arrangement of every other week.

Kelsey grew up as the eldest of five in a middle class neighborhood. Despite the appearances of an intact family, Kelsey recalled intense fighting between her parents that lasted well into her emancipation. She described a rather turbulent adolescence having been influenced by a boyfriend who was involved with drugs and alcohol. Kelsey initiated the divorce, stating that despite their love for their daughter, the marital relationship never developed. In her

view, they never socialized as a couple, and her husband continued to go drinking with his friends while she was home with Haley. Kelsey has begun a new relationship with a co-worker, who is the father of a 3-yr.old daughter. Kelsey is very happy about this new relationship and indicates that her family is quite judgmental about her decision to divorce.

Dan, age 32, is a white male who works as a computer programmer for a large corporation. His divorce was finalized in about 60 days after an eight and one-half year marriage. He resides in an apartment in the same neighborhood as his ex-wife, Ashley, so that it was easier on their son, Scott, age 7, to adjust. They share joint physical custody, and Scott spends every evening during the week with Dad. Dan stated there were times in the marriage when things were very good, and there were other times when he couldn't figure out the problem. Ashley is a nurse and has been diagnosed as having manic-depressive illness. According to Dan, Ashley did well on medication, but she is non-compliant. Since Scott was born, he and Ashley have worked different shifts. He said in recent years, the weekends were difficult because sometimes things were great and sometimes she was too depressed to get out of bed. Ashley filed for divorce and the 6-month waiting period was waived because they were in agreement regarding all property and custody. Dan says, with Ashley "everything is quick and snappy." Ashley has begun a new relationship, which the father reports is problematic for their son.

Dan now believes that Ashley is following a pattern of divorce and a pattern of serial relationships like her mother. He states that Ashley's parents

divorced when she was a teenager and that her mother is continually changing jobs, changing where she is living, and changing boyfriends. He has heard that Ashley is planning to sell the marital home and may move out of state. If so, they may have a problem with custody.

Dan is the oldest of two. He was raised in a two-parent home under rather ideal circumstances. The family ate meals together and had a family night once per week. Although his parents worked different shifts, the parents focused on their own marital relationship as well as family life. Dan mentioned that his parents ate lunch together nearly every day. Weekends were for the family and extended family events. Dan's parent's live nearby on a lake, and they help Dan out with daycare.

Greg, age 42, is a white male, employed as a supervisor of a manufacturing company, second shift. He is in the process of divorce after a 12-year marriage. This was his first marriage and his spouse's second. He and Carla have three sons, ages 11, 8, and 6. At the present time, he resides in the marital home and has full custody of the boys. The children's mother moved out of the home to pursue a relationship with a man, ten years her senior whom she met over the Internet. Greg recognizes that the boys are very sad and upset about the divorce but because of his work hours, he has to rely on help from members of his church and extended family to help with childcare. He is expecting that he and Carla will probably end up with a joint custody arrangement, if she decides to marry the man with whom she is involved.

Greg is the fourth of five siblings raised in an intact supportive family in a

suburban community outside of the Detroit area. Within the past year, his father has died, he lost his job, and his marriage ended abruptly. Greg has found it difficult to meet the demands of a new job and the demands of single parenting. He is very reflective regarding the dissolution of the marriage and recognizes that his wife was probably very lonely, while he was busy working long hours to support the family.

Amber is an African-American female, age 29, who works in a local hospital in a clerical role. In addition to working full time, she is also a full time nursing student, near graduation. She is the mother of four children, and she is the primary custodial parent. Amber has been separated from her husband for eight years and she is expecting the divorce to be final soon. Her two oldest sons, Anton, 12 years, and Dequon, 10 years, are children of her marriage. A daughter, age 6, and a 10-month-old baby boy are children in common with her current partner. Amber married at age 18 years due to pregnancy. Her husband joined the service, and she lived with his parents in his absence. At age 21, she learned that he was having a child with another woman, and she left his parents' home and sought assistance from her grandmother in caring for her two young children. Her husband had very little contact with Anton and Dequon until he was discharged from the service about four years ago.

Amber is the third of four siblings. Her parents were divorced when she was about 10 years old. She described a very difficult, messy divorce in which custody was a big issue. Amber lived with her mother and had little contact with her father. Amber states she has a close relationship with her mother, who lives

out of state and a distant relationship with her father. Although Amber does not agree with her husband's lifestyle that includes going to clubs and drinking, she does not interfere with his access to their sons every other weekend. Amber is very happy with her current adult relationship and hopes to be married someday.

Clinical Sample

Alex, age 36, is a Native American male who works as a general laborer in home construction. He is the father of one son, Ian, age seven. Alex sees Ian every other weekend and once during the week. Currently, Alex lives with his fiancée, Sheryl, and her two children, ages 14 and 8 years. He has been divorced for two years. Alex met his ex-wife, Mandy, in a bar, and they were married for four years. He decided to end the marriage after two previous separations and an inability to get along. He described sexual problems and frequent fighting for dominance and control as the cause of the marital breakdown. Alex denies that his drinking behavior was related to the marital conflict, but he mentioned that he stopped drinking following the separation. In his opinion he and Mandy are in high conflict having been to court at least six times in the last five months.

Alex is the second youngest of five children born to his mother, and the first child born to his father. He has three older half siblings, one of whom is deceased. His parents were not married at the time of his birth, and his father returned from the service sometime in the first year of his life. Until six years ago he carried the last name of his mother's former spouse. Alex spent the early part

of his childhood in a city where he and his siblings were a minority in primarily a black neighborhood. About fourth grade the family moved to a rural community several miles from the city. He describes having a stay at home mother until she went to work full time when he was about 10 years old. Alex spoke very generally about his childhood relationships, but he remained close to his grandparents who lived in the city.

Renee, age 36, is a white female who is employed as a nurse in a doctors office. She is the mother of one son, Adam, age six. She and Walt have been divorced for three years, and by court mandate, they share joint physical custody of Adam every other week. Both Renee and Walt have been previously married, but this is the only child for each parent. Walt is very litigious, and they have been in court so many times that the judge has taken it upon himself to give many parenting directives. Renee would like to leave Michigan but jeopardizes losing joint custody with the court if she does so. Renee does not date and has no plans to do so in the future.

Renee met Walt following their respective divorces. She had little contact with his family prior to their marriage, and it was his desire to move to Michigan to be near his family. She described a very highly controlled marriage whereby her autonomy was restricted by her spouse and his extended family. The marriage seemed to deteriorate rapidly following the birth of Adam and following her disclosure her own history of sexual abuse during marriage counseling.

Renee is the middle of three siblings and is the only female. She grew up in a rural area outside of Michigan. She reports a very unhappy childhood,

having been sexually abused by her father for a number of years. Her mother was quite ineffectual at protecting her or her brothers from physical abuse. Her parents divorced after she left for college.

Courtney is a white male, age 37, in process of divorce. He works as a motor technician in the transportation field. He has two children from this marriage: Gabriella, age 8, and Joshua, age 5. Both Courtney and his spouse, Robin, brought children into the marriage. She has a 16-year-old son, for whom she has physical custody. Courtney adopted this son during the marriage. Courtney has a 15 year old daughter who came to live with this family five years ago when her life with her mother became unstable. This daughter now lives with her paternal grandmother.

Courtney met Robin in a bar. He stated that the marital conflict was related to her smothering and possessiveness. He does admit that he did seek comfort from a female friend and that caused the final separation. They have been separated for two years and during that time they have been in high conflict regarding his access to the children including the stepson whom he adopted.

Courtney is the second oldest of five children. He describes growing up in a family with many problems. His parents had intense physical altercations. During his early growing up they separated and reunited and eventually divorced when he was about 8 years old. He describes his mother as physically abusive and his father as rejecting. He was very happy to be adopted by his stepfather at age twelve.

Kyle, age 38, is a white male who works in a position of authority in the

penal system. He is the father of one child of the marriage, Nicholas, age eight. He has been divorced for over six years. His was in a very brief marriage lasting about one year. He and the mother, Jodi, share joint physical custody of Nick, however mother's home is considered primary and he has liberal access which includes the right to have more time whenever she is not available. Kyle has another child, a daughter whom he rarely sees. He reports that he was never informed that he was the father until the matter was confirmed by paternity testing when the girl was three years old. Kyle's relationship to Jodi was his only marriage although he has had several long-term relationships with women.

Kyle met Jodi on the rebound after the termination of an eight-year relationship. They had one separation prior to marriage and married one week after Nick was born. Kyle and Jodi have had protracted legal disputes since their final separation that have run into excess of thirty thousand of dollars. He describes his relationship with Jodi as volatile. He is currently in a live-together relationship with another woman whom he refers to as his fiancée.

Kyle is the second oldest of four children. He grew up in an intact family until the age of 16 when his parents divorced. He describes a family with very traditional roles for men and women, and he indicated that because of his father's long work hours in an auto factory much of the parenting responsibility fell on his mother. His parents divorce was made worse by the fact that a house fire destroyed the family home.

Jodi, age 36, is a white female who currently works in a job involving commissioned sales. She is the former spouse of Kyle and they have been

divorced for six years. As indicated above, they share joint physical custody of Nick and they follow a rather elaborate schedule of parenting that has been the result of litigation in court. Nick is Jodi's only child and she was not previously married. She does not date and has no plans to do so in the near future.

Jodi is the third of four children. Both parents raised her until the age of 12, when her parents divorced. She describes a very permissive atmosphere in her mother's home following the divorce with little parental supervision or guidance. When her father was in the home, he was very physically abusive to her brother, and she knew she was her father's favorite. Her relationship with her father terminated at the point in her life when she told him that she was pregnant and not married.

Jodi indicated that she suffers from depression, and entered into therapy about four years ago to deal with a host of interpersonal problems including perceived rejection by her mother. She has been on medication to help manage her depression for the past four years. Nicholas, the son, has also been seen for psychiatric treatment, and he has been diagnosed with ADHD and depression. The mother views the child's difficulty as exacerbated by the excessive litigation and the tension surrounding their conflict that does not seem to end.

Context of Early Childhood Environment.

Normal Sample

Four of the five respondents from the normal sample described growing up in a two-parent household and all have a close relationship with at least one

parent at the present time. What became notable in the responses from these men and women was the clarity of their stories. When they began to talk, it was without hesitation or doubt. All added detailed comments that supported their perception of family life. Also evident during the interviews was the positive affective state of the respondents. Most had smiles on their faces and each shared some aspect of their family of origin of which they were very proud. In response to a question about happy events growing up, all mentioned holidays, vacations, birthdays, and relationships with extended family as significant family events. Their descriptions of their family appeared congruent with existing feelings about their parents. All the respondents recruited from the normal sample mentioned a strong ongoing emotional connection to one or both parents.

Evidence for family stability is contained in the following comments by the subjects: Kelsey reported: "My mom and dad's been married all my life. I grew up in a very stable home, went to the same school all of my life." Dan described his household as very family-oriented: "We had family night, we did everything together, weekends were up north at the cottage. We all hugged each other and kissed each other and it was very warm." Greg also described a home with affection: "My mom was the one that gave us the love and nurturing. And we were always very open with each other. Just everybody got along. We didn't fight and there was no pettiness". Josh described family closeness following his family's move, "And we just grew that much closer, 'cause that's all we had." Amber indicated an exception to family stability by indicating that her early life included frequent moves that were confusing to her: "We'd always move; that's

all I remember when I was little, is that we moved all the time and I didn't ever know why." Later she added that she thought the moves were related to her father's startup businesses, but she didn't know for sure.

Clinical Sample

The parental stability noted in the normal sample was not evident in the clinical sample. Four of the five respondents drawn from the clinical sample had parents who divorced and the other subject's parents were not married at the time of his birth. Within the clinical group, there were disturbingly high incidences of violence and childhood abuse. One male respondent recalled that during his early years his parents had "knock-down, drag-out fights", and the physical abuse by his mother continued after their divorce. As was previously mentioned, her father sexually abused Renee. Three of the five openly talked about either witnessing or being the victim of child abuse. Jodi recalled witnessing her father's brutal whipping of her brother to the degree that he could not sit. Renee was witness to her brothers being "beat".

The verbal detail that was evident in the normal sample was not apparent in the clinical sample. In the telling of their stories, there were more breaks in thought, switching of topics and responding without answering the question. There was a higher degree of dependence on global terms or clichés to express meaning for the male respondents. Alex described his family in this way: "Oh, I got a good family. Always has to work for what I had. And, you know, I never had no problem with it." The second male subject also stated, "I grew up in a

traditional family. We were close, we were a very close family.” However, each of these two positive presentations did not match with later descriptions of intense conflicts and the severing of ties with siblings. Overall, the male subjects presented with a high degree of anxiety as evidenced clinically by their pressured speech and the intensity in which they discussed connections to parents at the present time. All the males mentioned having weekly contact with their mother as proof of their closeness.

The two female subjects from the clinical group clearly recognized that they had endured a great deal of sadness and depression during their childhood and they talked about the deficits in each of their parents’ ability to parent. For example, Renee shared that what she emotionally received from her parents was insufficient. “You know I, I felt like I missed out a lot, not having two, two loving parents.” Both women saw their mothers as preoccupied and unable to emotionally give to them. Renee and Jodi experienced rejection from their fathers associated with their emancipation and assertion of independent thoughts and feelings. Both told very salient stories about the last conversations they had with their fathers. The two females have contact with their mothers. However, both expressed concerned with their mother’s current welfare. As adults, they have struggled to understand their mother’s lack of connection to them during their childhood.

Relationships to Parents

Normal Subjects

Both of the females from the normal group were very clear about sharing negative aspects of their parents' marriages and both women shared that their primary attachment was and continues to be with their mother. One female respondent recognized that her father was not affectionate, and she longed for more emotional connection to him. The other female respondent, whose parents were divorced, described her father as "in and out, in and out, and in and out," showing up only occasionally. Despite not having a close relationship with her father, she mentioned that he always financially supported the family to the degree that her mother did not work and the family did not receive financial assistance. The males from the normal group all described a relationship with their father that included admiration or some type of positive role model. One of the three recognized there was some emotional distance in the relationship between him and his father while growing up, despite spending time together.

All the men described a warm and supportive relationship with their mother. Mothers were described in very positive terms that included emotional support, warmth, and emotional availability. Greg states, "She was always there for us, and all the love that I have comes from her." This same male respondent's earliest memory was of his mother singing to him. Another male respondent indicated, "My mom is a very caring person and will do anything for us. Some people say she hasn't cut the umbilical cord yet." The male respondents all mentioned food as part of their nurturance from mother and made references to

regular family dinners.

One female respondent was aware of her mother's perfectionist control, and her own struggle for autonomy that became a theme throughout her growing up. "I always tried to be good in my mom's eyes. I wanted to be good for my mom, yet I so much wanted to do what I liked or what I wanted to do." This respondent, along with all the others, recognized that her mother had the largest share of responsibility for child rearing. "My mom had a lot of the responsibility of raising us five kids."

When asked to use four adjectives to describe their mothers, respondents' answers from the normal group were very succinct and clear. "Well, she's loving, very caring, responsible and a teacher." Other descriptions were very similar: "definitely loving, open-hearted, affectionate and caring," and "very loving, honest, sincere, sweet", and "caring, hard-working, ambitious, healthy, and sweet". In summary this group of subjects viewed their mothers as emotionally available and attentive throughout their growing up years.

The respondents from the normal sample described relationships to fathers with more variation. There were uniform references regarding the father's contribution of providing economic support for the family by all five subjects. One male subject stated, "the way I described my mom is how I would describe my dad, except my dad's a worker; he's always putting into the community, being a member of a board, an association, such as the Jaycees." The fathers were described by the male respondents as teaching specific concrete skills. Greg described his father's involvement in photography, woodworking, and mechanics

and the mentoring role that occurred. "As I grew up I followed him, and he'd explain the things that he did and why. He always studied everything before he did it and then when he did it, he did it just right." Building things together was a common descriptor by the male subjects. The female subjects were less complementary regarding their father's relationship with them and they seemed open to revealing their father's deficits. "My dad didn't show affection." She continued, "You knew dad loved you, but you never ran up and gave dad a hug and kiss and I wanted that." The other female subject described not having a relationship with her dad because he wasn't physically or emotionally available, "We didn't really have a relationship."

Some adjectives used to describe fathers were: "methodical, disciplinarian, and frugal" and "loving, caring, very work-oriented, and a role model." Less complementary adjectives were balanced with an appraisal of a parent-child relationship by one female respondent who stated, "My dad's not understanding, he needs to listen more, and not be so stubborn, but I would say that he's very caring and loving, too." Another female subject described her father as "awful, mean, and a bully" but recognized that he always indulged her for her birthday and Christmas, "That's the one thing that he did do".

Clinical Sample

The subjects interviewed from the clinical group were less able to recall specific memories between themselves and each parent at different developmental stages. They were more likely to respond by talking about what they did as a family rather than by describing feelings. As with the other

respondents these subjects made references to birthdays and family holidays with extended family as special family times. One noticeable pattern among the clinical respondents was the common use of the pronoun “we” instead of a references to themselves. Sometimes the pronoun ‘we’ seemed to represent the family unit and other times, the ‘we’ was an inclusion of siblings in their response to relationships to parents. Two subjects said they had difficulty recalling any individual happy times with their parents. The clinical group included more descriptions of love from a parent that also included emotional distance. In addition to Renee and Jodi, whose fathers refused to have any thing further to do with them when they confronted their fathers, Courtney also indicated strong feelings of rejection when his father terminated his parental rights as means to be released from his child support obligation.

Respondents from the clinical group characterized their mothers in the following ways: Kyle stated, “ I’m closer to my mom than I am to my dad. I’m close to them both, but my mom is, you know, my mom.” Alex used these words to describe his mother, “As a young child, see, we, we, always done stuff together. She never worked until I was 10 years. We always done stuff together, oh, we’d go out to eat. When she’d go to the store, I’d go with her, do grocery shopping, go on family vacations. We always done stuff together.” Courtney described his mother in this way, “My relationship to my mother was a close one, but yet a distant one. The distance was because of the abusiveness.” He further states, “Our mother was the only one we could cling to.” Renee spoke of her mother in these terms: “As a kid I thought I was close to mom, and as I look back

on it now, I don't think it was as close as I thought it was. I think she spent a lot of her time trying to keep peace in the family, so she didn't have a lot of time or energy to do much else." Jodi also speaks of having little closeness with her mother. "It wasn't very close, I don't recall much of my childhood, so I couldn't really tell you a whole lot. She didn't get us involved in anything. She was really caught up in her own life, so you know we never felt love." Both of the females from the clinical group talked about blocks in their memory.

Alex used these adjectives to describe his mother, "Uh, kind. And she always wants to spend money. Always. Even though she don't have to, she'll do it. She's very loving. And affectionate." Kyle described his mother as "very warm, very caring. My mom's a huggy-feely, warm-fuzzy, gives me a kiss kinda person." Courtney describes his mother with ambivalence, by stating, "Quick to anger, not necessarily quick to forgive, and a lasting love, and educator." Jodi struggled with adjectives to use for her mother. "Gosh, she's a tough one to describe, outgoing, lost, selfish, and unconcerned with her future." Renee also struggled to come up with words, "I didn't think that would be so hard." She came up with the words "fearful" and "hard working," and changed the subject without naming two other adjectives.

Three of the male respondents described their father as the disciplinarian who taught them right from wrong through lessons learned by way of punishment. Alex, whose family lived in a racially mixed community, credits his father for teaching him how to fight. Courtney, who was adopted by his stepfather at age 12, credits this man as teaching him how to react, "He was the

one who said, 'Yeah, you did wrong and you will be punished, but I am not going to be mad at you forever.'" Kyle's father never attended any of his sporting events growing up, and minimizes this by stating "I was a little resentful." Despite no evidence of emotional involvement with his father growing up, Kyle describes his father "as one of my best friends." The female subjects have little difficulty describing fathers in negative terms. Renee has no memory of any kind words from her father, "There just wasn't a time that we didn't feel fear he was going to be angry about something." She uses the adjectives, "mean," "angry," and "very selfish" to describe her dad. She indicated that, nowadays, he would have been arrested for abusing her brothers. Jodi, at this point in her life, views her dad as a perfectionist, a jerk, controlling and mean. Three of the five subjects concluded that that they were neither nurtured nor protected growing up, whereas two hold the perception that they were loved.

Childhood Losses and Traumas

Nearly all of the respondents from each group mentioned significant losses in the middle of childhood. Particularly salient were deaths of grandparents who played important active roles in their lives. The losses and injuries described by the clinical respondents were not described with the same level of resilience as was described by the normal subjects who seemed to have processed their loss and accepted loss as part of life. The clinical subjects talked about the traumas with more poignancy and with either blunted or with an absence of affect.

Normal Subjects

Some of the losses and traumas described by the normal sample were as follows: Dan mentions the loss of a great uncle with whom he was very close, "He's passed away but my aunt is still alive." Josh, at age 9, witnessed the car accident in which his grandmother died. He and his brother were the first persons on the scene. Josh described his grandmother's death as "having a big impact on me because it was the first time I've ever experienced a tragedy." Amber recalls growing up learning that her brother had been shot in the leg. She was quite philosophical about it, recognizing that he was somewhere on the street where he wasn't supposed to be. She also talked about the unexpected death of a cousin, who died shortly after the birth of twins.

Clinical Subjects

In contrast, the traumas in the clinical group were more dramatic and cryptically presented. Renee talked about the death of her grandfather with these words; "He gave the praise and the love and the affection that we didn't get at all from my dad. I'm sure the saddest I can remember ever being is when he died." Alex indicated that the deaths of his grandparents were very difficult for him. "The death of my grandma and grandpa just devastated me." With further probes it was discovered that these were not childhood events, but events that occurred recently in adulthood. Courtney shared that at age nine, he was alone with his great-grandfather when he died. "I remember him sitting at the table and he fell off the chair in the kitchen. When [he] hit the floor he was dead. I did not know this. When he fell, his arms were outstretched. What I did was I went and

lay on his arm and went to sleep...But I was not afraid." Courtney's response to this traumatic event was highly unusual, but more interesting is his need to portray that he was not afraid. Kyle, too, mentions with much remorse the fire that destroyed the family home shortly after his parents' separation. He was sent to live with an aunt and uncle to finish high school because there wasn't room in his mother's apartment where she had custody of his two younger siblings.

Marital Partners

Among the ten subjects selected for the interview, there was a high incidence of brief courtship and pre-marital pregnancy. There did not seem to be any pattern of courtship difference that stood out between the two groups such as length of relationship, or age at marriage. Three of the five subjects from the normal sample met during high school, and the remaining two met through work or a common interest. Three of five from the clinical sample said they met in bars. Subjects from both groups made comments about differences between themselves and their partners regarding the use of drugs and alcohol, particularly as part of marital separation. Although alcohol was not recognized as a difference during courtship, it was a recognized behavioral difference that accompanying the process of divorce. None of the respondents from the normal sample were previously married, whereas two respondents from the clinical sample were divorcing for the second time. All of the subjects from the normal sample were in low conflict with the other parent and had some positive regard or positive appraisal of the relationship with the spouse at some point in time. In

contrast, all of the subjects from the clinical sample were in high conflict with the other parent and were less likely to attribute any positive value to their former spouse. However, this difference in conflict was expected as it reflects one criteria for being selected into the clinical group.

Normal Sample

Kelsey describes her early relationship in this way, "It was good. It was fast, real fast. We were going together for one month when I got pregnant for our daughter." One male subject described the love he felt for his wife in very idealistic terms. "She was the woman I always dreamed of and had the biggest crush on [in] school". Dan describes his courtship as taking a little while to get started but then as "taking off". He and his wife lived together for a year and a half prior to marriage and they helped each other with educational expenses for their current careers. Amber describes her marriage as a shotgun wedding because of family pressure to marry.

Clinical Sample

Renee met Walt about six months after her divorce and they dated about one year. She stated, " It was good, and I, we, did a lot of things, and had a lotta fun and traveled some. I could see having a future with somebody that I thought was very well-grounded in his work, and he was." Renee indicated that she was fooled by his dedication to his family, and overlooked the fact that his mother is schizophrenic. Alex said the marriage was fine in the beginning but stated there was an abrupt change that accompanied the birth of their son, " It's like putting your finger in a light socket and switching to a different person. She was totally

changed.” Alex described their competition for dominance in this way, she became “the dragon queen or what ever you want to call it.” Jodi recognizes that there were severe problems in her relationship with Kyle prior to marriage. “Basically, he just started pushing me over the edge one night and started beating me up and kicking me, knocked me down and I just said that’s it. Two weeks before I knew I was pregnant I had no intention of ever taking him back again because I saw what a selfish person he was.” Kyle described the early relationship to Jodi in this manner, “Things went positively for four or five months, and then suddenly it changed.”

Reaction to Loss of Marital Partner

Normal Sample

There were emotional differences between the normal and clinical respondents regarding acknowledging ambivalence about ending the marriage. Three of the male respondents from the normal group were able to share their difficulty in accepting divorce despite the recognition that there were problems in the marital relationship. In discussing his ex-wife’s current partner one male stated, “if she gets married to this guy, then that puts a final end to it, then I could pick up and move on.” A second male respondent stated, “I’ve come a long ways. I’ve had a lot of family support, a lot of friend support, and I’m doing much better. I guess a lot of it is the comfort of my kids.” A third male, when asked how he will know he is over the relationship put it very directly, “I may never get over it. I mean, my mindset was, I got married for life. When I said, ‘I do, till

death do us part, better or worse', I meant all of it." One female respondent shared that her husband apologized to her regarding his behavior while in the military, and that seemed to be very important to her. "I was so proud of him, I never seen something more wonderful. He knew he has messed up and he just left me alone. He never argued with me, we never argued, "we just agreed maybe we shouldn't have been forced to be married by everybody." She considers herself and the children's father as friends. The other female respondent recognized that the relationship happened too fast and that because of their young ages, they didn't recognize their individual differences. Her ambivalence is related to her daughter, "Because of my daughter, I wonder if I could have tried harder, and in my heart, I know it's not going anywhere. I feel like I owe him something even though he owes me a lot."

Clinical Subjects

For the clinical subjects, the termination of the marriage involved more abrupt separations and fewer attempts to live together while working on the relationship. Following the separation, there was more behavioral acting out for the clinical sample. His brother-in-law assaulted Courtney after being called to come to his spouse's home for an emergency with the children. Jodi indicated that Kyle would show up at her work and try to get her fired. He was arrested and taken to jail overnight on two occasions following violence at her home. Jodi has also been charged with assault by his girlfriend, and the matter is going to trial. Generally, the clinical subjects placed a higher degree of blame on the other spouse for causing the divorce. Jodi places 90% of the blame on her ex-

spouse, Kyle, and states "My husband was an angry, hateful man when I met him and he hasn't changed." While discussing her father she mentions that her husband is controlling like her father only ten times worse. Alex blames his ex-wife for 90% of the divorce because she just totally changed.

Within the clinical sample, the descriptions of getting over the divorce varied widely, but most contained words of disrespect masking hurt. In response to the question "What tells you that you are over the divorce"? One respondent stated, "The fact that I hate him. The fact that I wish he would disappear." Alex denied having any feelings of loss regarding the marriage. He stated he had zero difficulty coping, "I've had no problem with it." Renee placed her level of difficulty, on a ten-point scale at "2". It wasn't hard to live without a husband. I think the conflict that was there, was always between us, and that's why it is so easy to let that go." Kyle states that he is very indifferent about his ex-wife, and that he wishes her well; however, in another part of the interview he reported having extreme difficulty managing being in the same room with her. Courtney attributes the marriage breakdown to his wife's smothering and possessiveness. Although there has been a two-year separation with many daily conflicts, Courtney is one of the five clinical subjects to admit that he isn't emotionally over the marital partner, "Well, to this point I do not think that I am over it. It will take awhile because part of me still says yes, I will love her. So I think it is going to take some time. I am still connected to her because of the children." Courtney has not ruled out the possibility of reconciliation.

Co-parental Relationship

Normal Sample

There were distinct differences between the two samples regarding recognition of the child's right to have a relationship with the other parent or recognition that they didn't want to deprive the child from benefiting from the other parent. Most of the normal respondents could separate their personal need from the developmental needs of the child. "When it comes to our daughter, we both love her very much, and she is my main purpose for everything." Another female subject recognized the need to get over her hurt and to let go of the marital relationship. This subject's ability to get on with her life is demonstrated by her acceptance of her role as single-parent. "Because he was in the military, I knew I would always raise my kids by myself so, he never gave me a conflict about them and if he ever wanted to see them, I never gave him a conflict. We're friends now." Another male subject stated his struggle in this way. "I want to give the time that she needs with the kids, but dealing with her betrayal is very hard." Another father stated it this way, "I know she loves the kids and is very good with them." These subjects seem to have clear understanding of what was required of them as parents separate from their feelings about the marital relationship

Clinical Sample

Because the level of conflict between the parents in the clinical group was very high there was also more competitiveness regarding time with the children. One mother who has a joint custody arrangement doubts that their son is

benefiting from time with his father: "If I felt that Nick was benefiting from his situation with his dad, I would never try to change it. But I don't feel like he's benefiting at all". Kyle, the other parent of Nick, states, "She interferes with everything, it's unbelievable. Everything's a fight. I get a court order and my court order ain't worth toilet paper." Alex refuses to talk to the other parent and rationalizes his behavior by stating, "I don't even try to communicate with her. I just stop, pick up my son, and leave. I don't want to communicate with her 'cause every time I do, it ends up in an argument." Renee expects the conflict to go on with her son's father until Adam is 18 and possibility beyond.

Relationship to Children

Normal Sample

All the parents interviewed expressed love for their children. What was notable between the two groups was whether the parent viewed the child as an individual separate from himself or herself. More of the normal subjects, compared to the clinical subjects, recognized the child's loyalty struggle with each parent. Kelsey knows that with the joint custody arrangement, she is giving up some of her daughter's dependence and loyalty to her: "So now I have to share my time with her dad and it bothers me because it before it was just 'mom and me.'" She goes on to explain why she doesn't want to interfere with her daughter's emotional connection to her dad. Greg is very ambivalent about whether or not to allow the boys to have overnights with their mother, because morally he thinks it is wrong for them to be exposed to a live-together

relationship, and yet he knows that his sons miss being with their mother.

The normal subjects were more likely to make references to the child's behaviors that were problematic to them whereas the clinical sample made no mention of having any difficulty with parenting. In talking about her children, Amber recognizes that she needs to work on her oldest son's attitude, whereas her other son and daughter are easy-going and laid-back. Greg was also able to discuss the emotional struggles that his sons were experiencing. " My oldest son is a lot more selfish than I'd like him to be. He has some serious bouts of anger and talks back to me more than I ever talked back to my dad."

Subjects from the normal sample were more focused on the future and recognized that what was occurring in their life now had an impact on their children's future. Amber states she is role-modeling the need for education by going to school and working. She feels strongly that she needs to instill in her children, while they are growing up, the need for education beyond high school. This mother clearly saw the connection between her own behavior and her children's later expectations, "They are constantly watching what you do, 'cause they know if you do it, its acceptable and it's O.K." Josh also shares his future expectations for his children by describing their characteristics and how he views their personalities as helping them adapt in the future. Josh was also quite open about sharing the meaningfulness of being a father. " I live for everyday for them. I love to come home and see their faces. It's definitely an experience that is irreplaceable. I guess it's always what I wanted."

Dan also shared high enthusiasm for parenting. "My son and I have a very

strong relationship.” This dad says he is able to focus on the child’s interests 70% of the time while he is with his son, and the child has to adapt to his needs about 30% of the time. He describes his parenting in this way, “I’m pretty much, Mr. Mom and Mr. Dad rolled into one.” What became apparent from the parents from the normal group was their strong identification with parenting and their overall general positive regard for their children.

Clinical Sample

In contrast, more parents in the clinical sample were likely to see their children as an extension of themselves, rather than being autonomous individuals who were impacted by their behavior. There was generally a lack of sensitivity to issues between the parents. They were more likely to equate talking to or being with their children as evidence of closeness. One father reports how he talks to his son, “When I know something is bothering him, I just sit him down and ask him, ‘Well what’s bothering you?’ ‘Oh nothing,’ I goes, ‘something is bothering you, and you tell me what it is.’” Another father reports, “They love to be with me and love to be around me, and they love it when I come to pick them up and take them to my mom’s and get them away.”

During the interview, Kyle talked about the daughter whom he rarely sees. He stated, “I hate to say it, but I just don’t have the bond with her like when my son was born.” In response to a question to describe his relationship to his children, Courtney revealed his favoritism for the two children from the current marriage contrasting his feelings with his adopted son and his oldest daughter. He believes that he has treated his adopted son very well, and believes his

treatment of him has been equal to his children. He accounts for his lack of attachment to his daughter with these words, "I was not able to bond with her and be with her like I would want to be as a father." Because of intense conflict between stepmother and stepdaughter, this adolescent who came to live with him at age 10, now lives with her paternal grandmother, and he sees her on the weekends. This father used the same words and the same terms to describe his relationship with his daughter that he used to describe his relationship with his mother, "close but distant." Courtney does not seem bothered by his identification with the two children from his second marriage as being his favorite, "because they look like me and they are built like me." For these two fathers, not being 'bonded' was an acceptable rationale for not being active in their child's current life. At the same time, they are engaged in a highly competitive legal struggle to get as much time as they possibly can with other children so that they can have influence over their lives.

The mothers described their sons by talking about the level of affection between them. One mother stated, "My son knows how much I love him. We're huggy, kissy, touchy, feely, you know, kinda family. We like to snuggle." The other mother described her relationship to her son, in this manner, "It's close. We have a lot of fun. I'm very loving, although now he's telling me he's too old to give me kisses and we got into that." Two fathers see time with the child as critical to their role as a parent. The first father states, "I wanna be a dad to my son, and I want to be with him as much as possible. I've got a responsibility so he can grow up to be a good person." The second describes his relationship to his son: "We

get along great. Y'know, I, I'd set him right from wrong."

These parents believe they are satisfactory parents. Although they recognize that the conflict between them and the other parent is not good for the child, none of the five really directly talked about the impact of a child caught in the middle. Renee came close recognizing the child's struggle, but seemed to hope the child will ultimately pick her. "He's pulled in two separate directions, and you just hope he takes the right one".

Perceptions About Ongoing Conflict

Amber offered this as the explanation of why some couples continue to fight and be involved with each other post-divorce: "Either the woman don't wanna let go or the man don't wanna let go, and the reason is they too selfish to tell each other that they still want 'em." In her opinion divorce is too easy and she thinks more effort should be placed on keeping couples together. Dan mentioned two possible issues about divorce conflict: One was men's anger related to the changing roles of working women's and their lack of financial dependence on men. He said that financial freedom increased expectations for companionship and raising children together. The second issue for Dan was about couples living together and choosing not to marry. He thinks it is because of an overall lack of trust between couples. For Josh it is important that he stay focused on solving problems and controlling his anger appears very important to him. "I don't raise my voice often, and I don't argue, I, I might talk a little more aggressively, but I just don't raise may voice." Josh believes strongly in using

someone outside the family to help resolve issues when there is conflict.

Renee believes the ongoing conflict with her ex-husband is a way to interfere with her happiness. "The goal is to keep me from being really happy, 'cause I, in, I think, in his eyes, he doesn't think I deserve to be happy for whatever reason. I didn't conform to the way that he wanted me to be." She sees herself as being overly sensitive to issues of control because of the family in which she was raised. Greg sees couples as having decreased motivation to cooperate once it is clear the relationship is dissolved. "The main reason for wanting to work it out was to stay together. Well, that's gone, so why do you wanna work it out?" He adds, "The anger that you develop just gets focused on the other person."

Parenting Stress Index

To determine if there were notable differences in the subjects' approach to parenting, each of the parents who were interviewed were asked to complete the short form of the Parenting Stress Index (PSI) on a focal child. Although the sample size is too small to make any generalizations, there were interesting differences on two of five sub-scales of the instrument: defended responding; parental distress; parent-child dysfunction, difficult child; and total stress.

On the PSI one father from the clinical group met criteria for defended parenting because his scores were so low. The father's lack of scoring items is inconsistent with the child's reported history of psychiatric treatment and medication. Extremely low scores have three possible interpretations: 1) The

parent is trying to portray the image of a very competent individual who is free of the emotional stresses normally associated with parenting, 2) The parent is not invested in the role of parent and therefore is not experiencing the normal stresses in caring for a child, 3) The parent is, in fact, a very competent individual who handles the responsibilities of parenting very well and has excellent relationship with others, including his or her spouse. (Abidin, 1995). The first interpretation is used when there are known facts about the parent and child relationship. Abidin suggests that the defended responding is a common response of an overcontrolled individual who denies the reality that parenting is difficult work. With this exception the other four parents from the clinical group had elevated scores for difficult child at or near the clinical range. The parents' rating of difficulty with the child was in sharp contrast to the interview where the clinical sample did not talk about behavioral difficulties with their child.

In comparison, the parents from the normal group had average to low scores regarding the sub-scale, "difficult child". As was previously mentioned, the parents from this group spontaneously talked in the interview about their concern regarding their children's behavior. Within the normal sample, one mother scored high on defended parenting. The PSI manual suggests that in some instances a low score it can be an indication of successful parenting. One father from the normal group scored very high on overall parenting stress, which was consistent with the early stage of divorce and sharing in the care of two young children. Additional details, regarding the PSI, are found on the graphs

comparing the ranges of responses on the sub-scales by group (See Figures 4 & 5).

Summary

The results from the interviews support Hypotheses V as proposed. The subjects from the normal sample appeared to have a secure attachment relationship with one or both parents whereas the subjects from the clinical sample had more insecure or ambivalent attachments to one or both parents. In terms of degree of felt security, most of the normal sample grew up in two parent homes in which they felt assured of at least one parent's love and emotional support. Whereas, the clinical sample was comprised of adults who were more insecurely attached as evidenced by childhood abuse and neglect or ambivalent attachment to one or both parents. The attachment literature indicated that children who are securely or insecurely attached to caregivers are more likely to develop a defensive style that perpetuates these styles of relating. The adults from the normal group were able to react to the divorce with recognition of their feelings of loss and grief, whereas the clinical group was not able to recognize feelings of loss and denied being strongly affected by the departure of the spouse.

Other important attachment differences became evident in the qualitative analysis. The normal sample either described their parents in very positive supportive terms or their parents were appraised with deficits. All have an ongoing connection with their parents at the present time. The normal subjects

approached the divorce from their partner with low conflict. Their affective response to the loss of the marital partner included more feelings of loss and sadness. The parents of the normal sample were more likely to recognize their child's independent relationship with the other parent and to not interfere.

The clinical sample's families of origin included high incidence of parental divorce, and occurrence of violent behavior. Within this sample, there was wider variation in descriptions of parents that included negative qualities as well as evidence of parental rejection. Two of the five clearly recognized that they were not close to either parent while growing up, while the remaining three perceived that they were close to at least one parent. Three of the five were estranged from their fathers for several years, but all had some contact with their mother into the present. The subjects from the clinical sample approached the divorce with high conflict. The loss of the marital partner was presented, as occurring with little difficulty or sadness yet the ongoing legal conflict with the other parent was typified by intense feelings of anger and hostility. The clinical sample was less able to identify with their child's loyalty to the other parent and were more likely to define the relationship with their child from a perception of how much the child loved them.

Of significance were the clear affective differences regarding the reaction to divorce and difference in the level of conflict. The two groups displayed very different reactions to the marital dissolution with the adults from the normal group recognizing feelings of ambivalence and difficulty accepting divorce. The clinical sample had a defensive style that indicated they had little difficulty coping with

the loss of the marriage partner. These findings regarding difference in affect lend credence to the findings in Chapter IV. The quantitative results regarding attachment style differences indicated that the clinical sample was more dismissing and avoidant of the marital partner after marital separation. The findings from the qualitative interview support this difference as well. The results from the PSI provide some indication that more children in the clinical sub-group were having behavioral difficulty whereas children of the normal sub-group were having average or lower behavioral difficulty. This may suggest that the children from the clinical sample already may be having attachment difficulties.

In sum, the qualitative data provide anecdotal support for several of the issues investigated with quantitative methods. In addition they bring life to the stories of these two groups of subjects by giving voice to some of their specific experiences in negotiating the process of divorce.

Chapter 6

CONCLUSIONS AND IMPLICATIONS

This final chapter begins with a restatement of the problem and a brief review of the methodology. The main body of the chapter consists of a summary of the findings by hypothesis. Because some hypotheses were confirmed and others were not, the summaries also include the researcher's proposed explanations. Following the summary section, the implications for future research and implications for social work practice are addressed. The chapter concludes with a brief final synopsis of the study.

Restatement of the Problem and Methodology

This study developed from the provision of clinical intervention to families in high conflict who were in litigation over custody or parenting-time issues. The major thrust of the investigation was to determine if there were notable group differences between a normal sample and a clinical sample of adults who divorce, regarding their style of attachment, their level of conflict, and the non-resident parent's access to minor children. To answer this major question five hypotheses were posed.

The study used a combination of quantitative and qualitative methods in an effort to capture interpersonal differences between the two groups. A questionnaire was developed and used with a total sample of 125 respondents and an additional interview was completed with a small sub-sample of 10

persons that was drawn from both larger groups. This investigation was a preliminary study using a non-random sample. As such, this study has limitations regarding the generalizability of the findings to populations beyond the county in which the study occurred.

Participants came from two different settings, persons attending a local divorce orientation program and persons mandated into service with a local CMH agency. The study was comprised of a normal sample of 63 and a clinical sample of 62. The two groups were surprisingly comparable in regard to age, gender, race, income, occupation, the number of children and the length of marriage. From the demographics, it was determined that the average age of the participant was 33.8 years with an average length of marriage of 8 years. The majority of the participants were European-American, with a fairly small representation by ethnic minorities. Years of education averaged one year beyond high school and average income was quite modest, ranging between \$15,000-25,000 per year. As anticipated, more of the clinical group (31%) compared to the normal group (4.8%) had divorces that were finalized.

Summary of the study

Some of the hypotheses in this study were confirmed and others were not. The following is an overview of the conclusions of the study organized by the variables. Because Hypothesis I, and II, and V involved the measurement of attachment they will be discussed together. The instrument used to measure an individual's overall level of attachment was not completely useful for

distinguishing secure and insecure attachment styles between the two sample groups. On the first instrument, only one of the three sub-scales proved to be helpful in discerning sample difference. More of the clinical sample, when compared to the normal sample indicated an avoidant pattern of relating. There was a similar problem of lack of discrimination on the sub-scale of secure attachment style in the second attachment measure. This second attachment measure focused on evaluating a person's reaction to the loss of the spouse. Three of the four sub-scales did yield differences between the two sample groups; however, only one was in the expected direction. The clinical group indicated more dismissing reaction to the loss of a spouse, and the normal group indicated more preoccupied and fearful reactions. With this instrument the items that made up the sub-scale dismissing included responses of no reaction, which seemed to coincide with the clinical sample's effort to minimize difficulty, whereas the two other sub-scales required some acknowledgement of their affective response. In the study it appeared that the normal sample was more likely to acknowledge personal feelings about the marital partner.

The results from the attachment instruments indicate several possible problems with the measurement of attachment. The first is the matter of external reliability. As documented in the literature, Crowell and Treboux (1995) indicate that each adult attachment instrument has a slightly different conceptualization of the construct of "secure attachment". For some researchers, secure attachment is related to comfort with closeness and comfort with dependency (Collins &

Read, 1990), whereas for others it is symbolized by a positive view of the self and a positive view of others (Bartholomew & Horowitz, 1991).

The second possible problem was that of internal reliability. As was noted in Chapter III, both of the instruments used in this study had some problem with reliability. The questions used to measure the security of attachment did not have strong internal consistency between items for some scales and the scales were further weakened by the removal of items. As a result of both of these factors, it is possible that the use of other instruments may have better demonstrated group differences in attachment style. Because each of the two adult attachment instruments did display some differences between the normal and clinical groups, it also suggests the possibility that other factors influenced how the respondents approached responding to the attachment questions. More specifically, it suggests that the clinical sample was either more highly defended, or viewed themselves as having little difficulty in adult relationships, when in fact serious interpersonal relationship problems existed. Conversely, the normal sample may have been less defensive about admitting problems and approached the instrument with an earnest attempt to respond according to their present evaluation of themselves in relationship to the other spouse. The combined findings in Hypotheses I and II resulted in the conclusion that the respondents in the clinical sample were more likely to indicate an avoidant and dismissing style of attachment whereas the respondents in the normal sample were more likely to indicate preoccupied and fearful attachment. Because of the mixed results Hypotheses I and II were only partially confirmed.

That there were group differences in regard to defensive responding was further indicated by group differences on the CTS and attachment history that were revealed in the face-to-face interviews with the sub-sample. The sub-score of verbal aggression was higher in the normal sample than it was for the clinical sample for the CTS. Because it is counter intuitive that those in the normal sample engaged in more verbal aggression than the clinical sample, the disparity suggests a differences in willingness to expose negative behaviors and/or a higher degree of defensiveness about admitting aggressive behavior.

Results from the face-to-face interviews supported the hypothesis that there were sample differences regarding security of attachment to primary caregivers and differences in response to reaction to loss of the marital partner. The collective findings from the five respondents in the clinical sub-sample indicated more insecure parent-child relationships while growing up as evidenced by exposure to parents who did not emotionally protect or nurture them, more instances of family violence and more descriptions of distance or rejection in the relationship with one or both parents. In contrast, the collective findings from the five respondents in the normal sample indicated more secure attachment in parent-child relationships while growing up, more stable marriages of parents, no reported incidences of domestic violence or child abuse, and descriptions of a warm, emotionally responsive relationship with at least one and sometimes both parents. The results from the interview also suggest that there are attitudinal and behavioral differences regarding the reaction to the loss of the marital partner. The clinical sub-sample was more likely to deny any emotional difficulty with the

termination of the marriage and to have lower expectations about how long it would take to adjust. In contrast, the normal sample was able to discuss some of their ambivalence or emotional struggle in letting go of the spouse. This difference in reaction to loss of marital partner supports the concept that individuals who were securely attached to their spouses at one point in the marriage were able to express more of the accompanying affect that coexists with divorce, whereas those who were insecurely attached had a stronger need to deny the importance of the spouse and, consequently, deny having affective responses to loss of a relationship.

This problem of measurement of adult attachment by self-report instruments with individuals who have personality disorders has been touched upon in the literature. Although there has been interest in using attachment instruments with the clinical population, Patrick et al. (1994) recognized that persons with personality disorders might not be good candidates for self-report instruments. According to Crowell and Treboux (1995), self-report instruments work well with individuals' conscious feelings and perceptions about relationships, but many individuals have limited direct awareness of their attachment representations and strategies. In these authors' opinion, narrative techniques better access factors outside of the individuals' awareness. Patrick, et al. (1994), also supports the use of direct methods of observation in combination with self-report instruments to discern attachment style. However, they add that one of the challenges of direct observations is still establishing criteria for measuring external behavior. Two recommendations for change would

be these: to include a behavioral measurement of children's adjustment and to more carefully conceptualize how to measure attachment styles with the clinical population. Given some of the limitations of self-report instruments for measuring adult attachment, it appears that the qualitative methods provide more information when working with the clinical population. The AAI, as a reliable method, continues to receive a high level of support as an attachment instrument (Crowell & Treboux 1995).

Another issue found in the literature that may confound the measurement of adult attachment is the possibility that adult attachment is relationship specific. Baldwin and Fehr (1995) argue that one cannot conclude that adult style of attachment exists across relationships. In their review of adult attachment instruments, they assert that there is an inherent problem of test and re-test reliability. In their opinion, the self-report measures are doing an adequate job of defining adult attachment but they are unconvinced that attachment style is stable over time. They assert instead that attachment style is relationship specific.

Certainly it is agreed that adult relationships are very complex and contain many variables that influence one's reaction to divorce. Each person brings to relationships their own history of attachment which potentially influences the marital relationship and adds to the difficulty of analysis. Bartholomew (1994) proposes that each adult attachment style in a particular relationship is a component of that relationship and suggests that attachment style may not be an individual characteristic or behavior system that is stable across the life span.

As was indicated in Chapter IV, there was very strong support for Hypothesis III, which measured level of conflict in the co-parental relationship. There were clear differences in regard to how the normal and clinical samples communicated as co-parents and ultimately how they negotiated their differences. All of the factors that encompassed the variable "level of conflict" were confirmed as supporting the hypothesis. These were differences in the description of communication, frequency of communication, style of negotiation when communicating, resolution of custody and the sub-scales on the CTS. These findings were expected because, by definition, clinical persons have more difficulty with interpersonal relationships. Based on clinical observation, they are also less likely to depend on the socially acceptable use of words and are more likely to depend upon more aggressive techniques for negotiating. However, the findings are important because the results support the work of other researchers regarding the effect of high conflict on child well-being (Ahrons & Miller, 1993; Amato et al., 1995; Hanson, 1999; and Jekielek, 1997).

The lack of difference between the normal and clinical groups on Hypotheses IV, which measured parenting time, came as a surprise. Based upon clinical experience with high conflict families, one of the most frequent complaints is lack of access to minor children. However, the results from this study indicated no difference in the kind of custody arrangement and no difference in regard to amount of parenting time. The overall amount parenting time granted exceed expectations given the percentage of joint physical custody (21.6%) and liberal access parenting plans (23.2%).

Some possible explanations for the lack of difference in parenting time are as follows. First, it is possible that the questions on the survey were not written with enough specific detail to discern differences between parenting time granted and parenting time used. A better approach to measuring parenting time would be to inquire about the amount of missed visitation over a period of months and to determine the cause of those missed parenting times. Although this study considered the possibility of comparing mothers' and fathers' responses, there was insufficient matching of paired couples to enter into such an analysis.

A second possibility is that those parents without existing court orders are most typical of parents in conflict, and because the inquiry was only made about existing orders for parenting time, some parents in conflict may have been overlooked. A possible third factor that may affect amount of parenting time is how determined a non-resident parent was willing to fight in court for more parenting time. Support of the use of litigation as a means to increase parenting time was investigated in an adjacent county. Fox and Kelly (1995), who looked at how custody decisions get made, suggest that fathers who want physical custody have to exert legal effort to strengthen their claims.

In this study, it is difficult to conclude with certainty what the findings regarding parenting time mean. It does suggest, however, whether by mutual agreement or by court order, more non-resident parents are being granted parenting time beyond every other weekend with a mid week contact. It is equally difficult to know whether the high number of shared custody arrangements found in this study indicates a current trend or is an anomaly. This higher percentage

of shared custody arrangement will need to be confirmed by other current studies.

In Chapter I a model was proposed that described how the three major variables in this study style of attachment, level of conflict in the co-parental relationship interacted (See Figure 1). The findings, particularly from the qualitative interviews, support the notion that security of attachment with parents is carried forward in the degree of defensiveness with which one deals with loss. It suggests that those with less secure attachment histories are more likely to react to the loss of the marital partner with more of the protest and despair that Weiss (1975) first described. The model as written provides a basic framework to think about generational patterns of attachment. To be more meaningful, some additional information about the mate selection process would need to be obtained from both partners in the relationship well as information about the behavioral characteristics of the child. This application of this model seems best suited to qualitative methods when applying attachment concepts to the clinical population.

Implications for Research

The comparison of two samples of adults who experience divorce provides some interesting ideas for future research. First, this study approached the inquiry into co-parental relationship by considering some important tenets of attachment theory as a method of explaining differences between couples in high and low conflict. The study sought to determine if prior security of attachment

affects how adults cope with the loss of the spouse. However, to determine if this is so, the model as proposed would need to be replicated.

This study only focused on group differences and there was no attempt to match couples' responses to each of the variables within the study. Although there were some couples in both the normal and clinical samples, the results were not analyzed by matched pairs because the numbers were insufficient. However, to do so in the future would add the dimension of gender and, perhaps, more detail about attachment as it pertains to mate selection. It would also offer the opportunity to compare perceptions of the relationship and the dissolution of the marriage.

This study only looked at couples who were once married. However, sociologically, many adults have children in common but do not marry. In the clinical population from which the clinical sample was drawn study about 34% of couples referred for services were unmarried partners. It would be interesting to compare conflict in the co-parental relationship between the once married and never the married parents. From clinical experience, it appears that never married parents have more interpersonal conflict difficulty than do married parents who are divorced. How couples interpret and deal with conflict according to marital status would be another interesting study.

To broaden attachment theory's application to adult attachment, more knowledge is needed about the mate selection process. Although there are a few studies that have looked at secure and insecure attachment with the college-age population, less is understood about how adult attachment influences partner

selection, or how partner selection influences adult attachment. For example, individual attachment style may be seen as a predictor of a couple's relationship satisfaction. Some current findings suggest that an adult with a history of secure attachment is more likely to seek a relationship with another adult with a similar style of attachment. Other studies suggest that some couples balance each other's insecure attachment style when one partner, for example, is avoidant and the other is anxious. If more was understood about the partner selection process, then more could also be understood about the decision to divorce as related to secure or insecure couple attachment.

At the present time, there is no clear evidence as to what role gender plays in attachment style. What became apparent in analyzing the qualitative interviews was that females in both the normal and clinical sup-groups appeared better able to recognize and talk about deficits in the parenting they received. The male subjects, particularly in the clinical sub-sample, appeared to be defensive about exposing deficits. Bartholomew and Horowitz (1991) did not find an association between gender and attachment style in their study. However, the Brenner & Shaver (1998) study regarding attachment and personality disorder suggests that certain diagnostic categories of personality disorders are more prevalent with one gender than the other. The role of gender in the development of attachment style is likely to be another interesting aspect of attachment research for the future.

Within the last five years, there has been interest in determining the role of security of adult attachment with the affect regulating process that accompanies

domestic violence (Brennen & Shaver, 1995). Dutton, Sanders, Starzomski, and Bartholomew (1994) have also begun to explore domestic assault from the perspective of males with an insecure attachment style. Just as the measurement of attachment in infancy has influenced research regarding affect regulation (Schoore, 1994), it now appears that affect regulation will be addressed in the adult population. Affect regulation, like internal models of representation, may be another intergenerational pathway that affects how children are impacted by parents' prior experience with their own caregivers.

Implications for Practice

This study has many implications for practice. However, only three major areas will be discussed. They are: presence of adults who met clinical criteria in the population that divorces, attachment theory's relevance to social work practice and the need for clinical intervention with parents in high conflict.

This study began with the recognition that the general population contains adults who meet clinical criteria. Although the prevalence rate varies from study to study, a conservative estimate is that between 9.6% of males and 10.3 % of females are diagnosed with at least one personality disorder (Maier, Lichtermann, Klinger, Heun & Hallmayer, 1992). It does not seem coincidental that the Maacoby and Mnookin (1992) and Johnston (1994) estimates from their studies indicate that about 15% of all couples who divorce use excessive litigation to resolve disputes and present to the court as couples in high conflict.

Although there was no attempt to correlate meeting clinical criteria and being in high conflict, this study does suggest such an association.

When working with families who divorce, it is important to recognizing that there is a proportion of parents with minor children who also have accompanying personality disorders or psychiatric symptoms. Individuals with personality disorders have different reactions to divorces, and how to help them and their spouses and children is not well documented. Because adults with psychiatric symptoms may not respond to loss of the marital partner with the same kind of anger and sadness that others who divorce express, alternative methods of intervention are needed to contain their affect. Adults with personality disorders are more likely to engage in behaviors that express intense rage, and they are more likely to project blame on the other parent and to have less conscious awareness of how the conflict between them and the other parent is detrimental to their children. Given the number of parents who have children in common and the number of divorces that occur each year, it is important for the fields of social work and psychology to establish specialized interventions for parents in high conflict.

The second major implication for practice is to consider the origin of interpersonal relationship difficulties that accompany some couples who divorce. This study approached the problem of co-parental conflict as symbolic of other kinds of experiences with rejection and abandonment in early childhood. Attachment theory offers one explanation of how patterns of attachment get transmitted from one generation to the other through that parent's internal

working model. Attachment theory suggests that with intervention, internal working models can be updated and altered when an individual is able to access childhood experiences through memory. Attachment theory implies that early intervention with parents of young children, when there are known attachment difficulties, is necessary for prevention. The studies of neglected and abused children indicate that disorders of attachment in childhood are connected to more aggressive behavior problems in childhood and the development of personality disorders in adulthood. Mc Millan (1992) views attachment theory as extremely valuable to the field of clinical social work. In her view, attachment theory provides an important theoretical framework for providing treatment for couples and families.

When interpreting findings about the effects divorce has on children, one needs to consider the interpersonal functioning of the parent prior to divorce as part of that interpretation. As Amato et al. (1995) have clearly defined in their work, some children exposed to high conflict do better when parents divorce. The findings regarding high conflict and the number of non-resident parents with joint and liberal access (40% combined) suggest that many children are making several transitions per month between two homes. Although a joint custody arrangement may satisfy one or both parents, under conditions of high conflict, joint custody may not serve the child's emotional or psychological attachment needs. Knowledge of how to intervene with parents in high conflict and how to make recommendations regarding the minor children is especially relevant to the field of practice. This is particularly so since mental health professionals are

often relied upon to participate in legal proceedings regarding custody determination.

Within the legal arena, custody can be used as a bargaining tool to reduce parental conflict when, in fact, parents continue to have ongoing disputes and have widely disparate views about how to parent. In discussing therapeutic intervention from the perspective of the child, Johnson (1994), a clinician, suggests that where there is concern about the capacity of both parents to protect the child from interparental conflict and from their own disturbed attitudes and behavior, it may be appropriate to consider custody by other supportive caregivers. Under circumstances of ongoing parental conflict, Johnson recognizes the need for the child to have access to their own counselor, who can intervene on their behalf with both parents.

Johnson and Roseby (1997) describe in much clinical detail what happens to children who are psychologically “caught in the middle” and are exposed to the highly conflicted and violent divorce. The practice implications of children’s symptomology related to divorce include the need to find better ways of intervening with parents in conflict. Mediation and family treatment are two means of intervention. The experience and the knowledge of the mediator or therapist are critical factors in helping divorcing parents with multiple issues. In Kelly’s (1995) review of a decade of mediation research, she states:

More effective mediators intervene more quickly when conflict is high; have greater communication competence, shape communication in productive agreement oriented directions and focus on interests. Couples

with serious relationship problems are less likely to reach agreement, particularly when there is no opportunity in mediation to deal with the problem, or when the style of the mediator is to deal only with facts. Agreement rates in custody disputes are affected by the number of and severity of relationship problems, rather than the number of disputes (p.382).

Synopsis of Study

This study began with the clinical recognition that not all couples who divorce are able to emotionally disengage from their former spouse. Of the couples who divorce there are a percentage of couples with children who engage in high conflict behaviors. Divorcing couples in high conflict who use extensive litigation also appear to be representative of the clinical sample with a prior history of interpersonal relationship difficulty. This study approached the research question of why couples are in high or low conflict by applying concepts of attachment theory and adult attachment to the body of literature regarding divorce. This approach was utilized because of the clinical knowledge that the population of persons who divorce includes those who meet DSM IV diagnostic criteria.

This was a preliminary study to explore how normal and clinical samples differed regarding their style of attachment, level of conflict, and parenting time. Both quantitative and qualitative methods were used. The quantitative results strongly supported the finding that the two samples differed in expressed level of

conflict. Although the findings regarding attachment style had some mixed findings for each sample, the qualitative interview supported the notion that the clinical sample is more likely to come from an unstable family life and have distant relationships to at least one parent. No differences were detected in regard to the amount of parenting time granted to the non-resident parent. This study has many implications for future research as to how clinicians should approach working with parents who have children in common. Most importantly it suggests that the adult attachment style and how an adult copes with divorce merits further research.

APPENDICES

APPENDIX A

TABLES

Table 1

Gender, Age, and Years Married

	Normal		Clinical		Statistic	Probability
Gender	n	%	n	%		
Male	30	47.6	29	46		
Female	33	52.4	34	54		
					Chi Sq.=.032	n.s.
Age	m	s.d	m	s.d		
	32.723	A	34.953	5.67		
					t=2.10	*
Years Married	m	s.d	m	s.d		
	7.89	4.37	7.98	4		
					t=.13	n.s.
Number of Children	m	s.d.	m	s.d		
	1.7	0.71	1.84	1.13		
					t=.81	n.s.
Judgement Granted	n	%	n	%		
Yes	3	4.8	22	36.1		
No	60	95.2	39	63.9		
					Chi sq =18.8	***
Child Support Ordered	n	%	n	%		
Yes	29	46	45	73		
No	34	54	17	27		
					Chi Sq.=9.11	*

Note: *p<.05

**p<.01

***p<.001

n.s.= not significant

Table 2 **Race, Income, and Education**

	Normal		Clinical			
Race/Ethnicity	f	%	f	%	Statistic	Probability
Caucasion/White	46	78.3	44	81.5	Cramer's V= .30	n.s.
Afro American	7	12.1	1	1.9		
Native American	2	3.4	4	7.4		
Asian	0	0	1	1.9		
Hispanic	1	1.7	4	7.4		
Other	2	3.2	0	0		
Income	Normal		Clinical			
	f	%	f	%		
Less than \$5,000	7	11.1	12	19.0	Mann Whitney U= 1596.50	n.s.
\$5,001-15,000	7	11.1	14	22.2		
\$15,001-25,000	20	31.7	11	17.5		
\$25,001-35,000	8	12.7	10	15.9		
\$35,001-45,000	4	6.3	4	6.3		
\$45,001-55,000	6	9.5	4	6.3		
\$55,001-65,000	4	6.3	4	6.3		
65,001-75,000	1	1.6	1	1.6		
\$75,001-85,000	3	4.8	1	1.6		
\$85,001-95,000	1	1.6	1	1.6		
missing	2	3.2	1	1.6		
mean rank		66.83		57.25		
Education	f	%	f	%		
Less High School	4	8.7	3	6.0	t= .74	n.s.
High School/GED	22	47	18	36.0		
Some college/Assoc	11	25.9	19	36.0		
B.A./B.S.	7	15.2	7	14.0		
M.A./M.S.	2	4.3	3	6		
	mean	s.d	mean	s.d		
	13.08	1.89	13.37	2.03		

Note: *p< .05

**p< .01

***p< .001

n.s.= not significant

Table 3 Distribution of Reasons Relationship Failed

	Normal		Clinical	
	n	%	n	%
Differences in Parenting	20	32.8	24	40
Difficulty in Communication	44	72.1	51	85
Involvement in Another Relationship	28	45.9	30	50
Substance Abuse	7	11.5	14	23.3
Domestic Violence	5	8.2	20	33.3
Mental Illness	5	8.2	10	16.7
Other	20	32.8	13	21.7

Table 4

Custody Arrangement and Custody Satisfaction

	Normals		Clinicals		Statistic	Probability
Custody	n	%	n	%		
Mother Custody	35	62.5	30	53.5		
Father Custody	2	5.6	1	1.8		
Joint Custody	16	28.6	11	19.6		
Split Custody	1	1.8	5	8.9		
Other Custody	1	1.8	9	16.1		
					Cramer's V= .324	n.s
Satisfaction with custody	n	%	n	%		
Very satisfied	20	32.8	6	9.7		
Satisfied	20	32.8	9	14.5		
Not sure	9	14.8	9	14.5		
Dissatisfied	4	6.6	14	22.6		
Very dissatisfied	8	13.1	24	38.7		
mean		2.34		3.66	t=5.35	***
Difficulty Resolving Custody	n	%	n	%		
Very difficult	5	7.9	36	58.1		
Somewhat difficult	7	11.1	15	24.2		
Somewhat easy	24	38.1	8	12.9		
Very easy	24	38.1	3	4.8		
mean rank		83.93		40.43	Mann Whitney U= 553.50	***
Plans to Change Custody	n	%	n	%		
yes	13	21.7	34	60.7		
no	46	76.7	21	37.5		
					Cramer's V = .421	***
Parenting Time Used	m	s.d.	m	s.d		
	7.23	4.28	6.98	6.33	t-test=.180	

Note: *p≤.05

**p≤.01

***p≤.001

n.s.= not significant

Table 5

Communication and Level of Conflict by Sample

	Normal		Clinical		Statistic	Probability
Communication Pattern	n	%	n	%		
Respectful talk	29	46.8	8	13.3		
Occasional differences	20	32.3	5	8.3		
Independent decisions	6	9.7	4	6.7		
Frequent differences	6	9.7	20	33.3		
Unwilling to speak	0	0	8	13.3		
Restricted communication	1	1.6	14	23.3		
mean rank		41.7		82	Mann-Whitney U=630.00	***
Communication Frequency	n	%	n	%		
1-2 times per week	29	52.7	16	27.1		
1-2 times per month	15	27.3	17	28.8		
rarely	5	9.1	13	22		
do not talk	5	9.1	13	22		
mean rank		48.34		66.04	Mann Whitney U=118.05	**
Style of Negotiation	n	%	n	%		
Listen to each other	29	49.2	6	10.5		
Each give up something	17	28.8	6	10.5		
Refuses to be available	6	10.2	23	40.4		
One parent gives in	4	6.8	5	8.8		
Verbal attacks, swearing	3	5.1	14	24.6		
Physical attacks	0	0	3	5.3		
mean rank		41.39		76.21	Mann Whitney U=672.0	***
Conflict Intensity	n	%	n	%		
Decreased	35	58.3	16	28.1		
Unchanged	13	21.7	19	33.3		
Increased	12	20	22	38.6		
					Chi sq =11.05	**
Conflict Tactics Scale	m	s.d	m	s.d	t Test	
Reasoning self	9.44	4.09	8.71	3.92	t=0.97	n.s.
Reasoning other	7.96	4.04	4.81	3.95	t=4.17	*
Verbal aggression self	11.17	6.6	7.00	6.26	t=3.43	***
Verbal aggression other	14.59	7.89	14.52	9.19	t=0.05	n.s.
Violence self	0.53	1.19	0.58	1.35	t=0.21	n.s.
Violence other	1.98	4.02	4.02	7.83	t=1.75	*

Note: *p<.05

**p<.01

***p<.001

n.s.= not significant

Table 6 - Description of Sub-Sample Interviewed

Sample name	age	gender	race	occupation	years married	age at marriage	previously married	Other children	number of children	Age range	Custody	Conflict
Normal												
Josh	26	male	white	skilled trade	4	22	no	no	2 sons	5, 2	undecided	low
Kelsy	26	female	white	general labor	4	21	no	no	1 daughter	6	joint	low
Dan	32	male	white	computer programmer	8.5	24	no	no	1 son	7	joint	low
Greg	42	male	white	supervisor factory	12	29	no	no	3 sons	11, 8, 6	father	low
Amber	28	female	African Am	ward clerk/student	10	18	no	yes	2 sons	11, 10	mother	low
Clinical												
Alex	36	male	Native Am	construction labor	5	28	no	no	1 son	7	mother	high
Renee	36	female	white	nurse	5	28	yes	no	1 son	6	joint	high
Courtney	37	male	white	motor technician	8	27	yes	yes	1 son, 1 da	10, 7	mother	high
Kyle*	38	male	white	corrections	1	30	no	yes	1 son	8	joint	high
Jodi*	35	female	white	sales	1	27	no	no	1 son	8	joint	high

Note: * married to each other

APPENDIX B

Figures

Figure 1. Model of the effect of childhood attachment on adult attachment style, divorce experience, and current parent-child relationship.

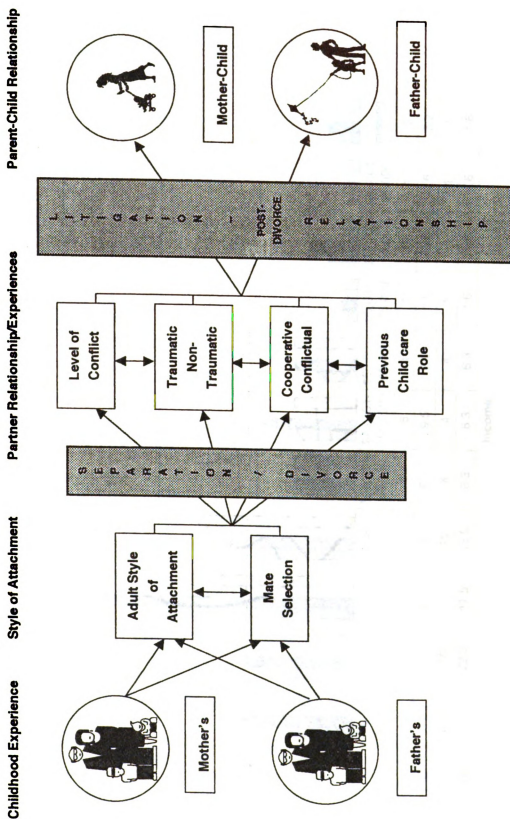
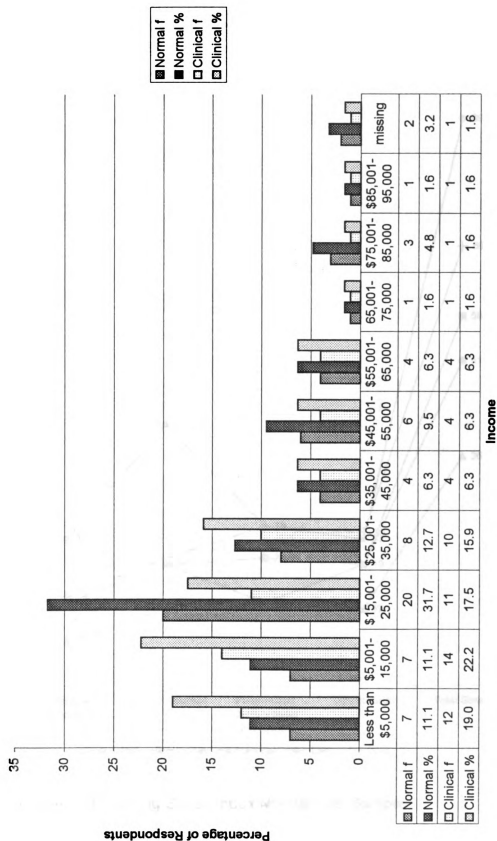


Figure 2 Comparison of Respondents' Incomes



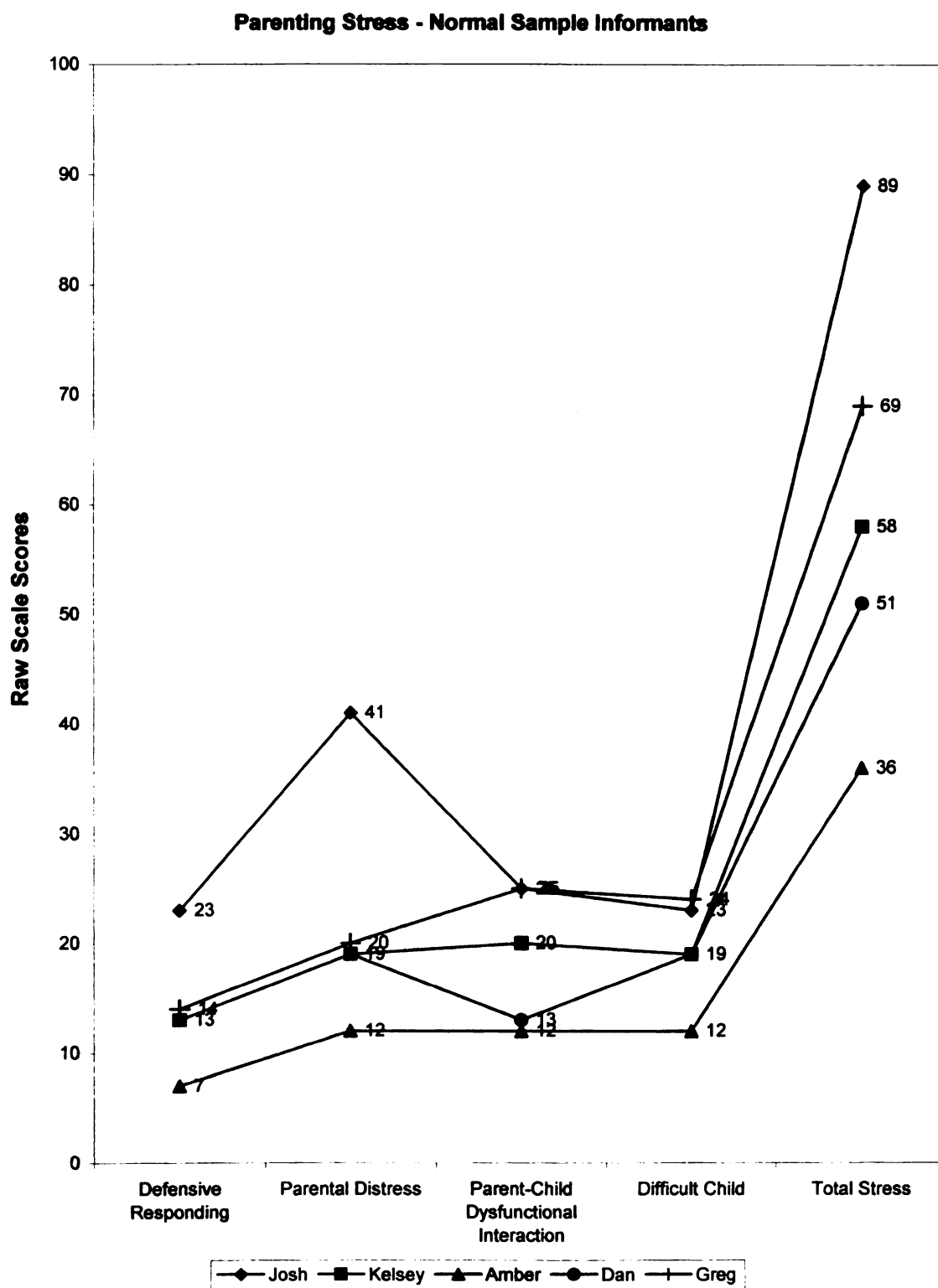


Figure 3: Parenting Stress Index Normal Sub-Sample

Parenting Stress - Clinical Sample Informants

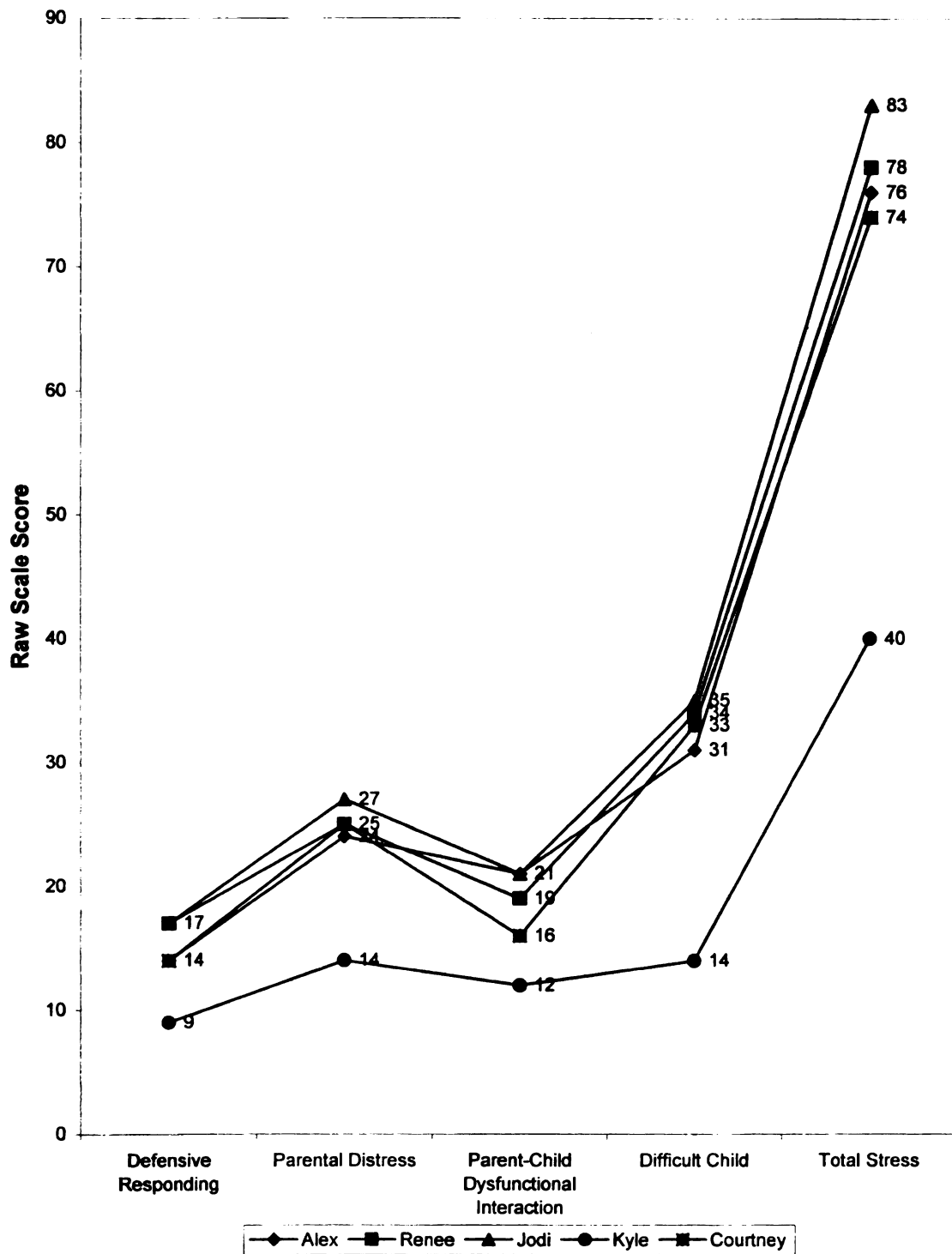
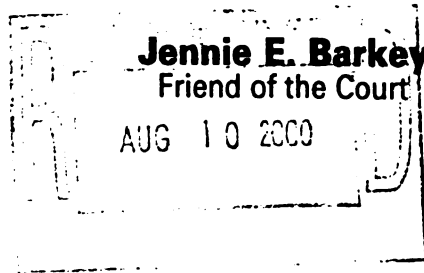


Figure 4: Parenting Stress Index Clinical Sub-Sample

APPENDIX C

LETTER TO PARTICIPATE IN DIVORCE ORIENTATION

Genesee County Friend of the Court



August 7, 2000

Case No.

John Doe
1234 Anywhere St.
Anytown, MI 48532

Re: **Divorce Orientation and Education Program**

Dear Mr/Ms Doe:

The Judges of the Family Division of the Genesee County Circuit Court require divorcing parents who have minor children to attend the Divorce Orientation and Education Program (see attached order.)

Your scheduled date is:

Date: March 23, 1999
Time: 6:00 p.m. - 8:00 p.m.
Place: Willard P. Harris Auditorium - 3rd Floor
County Administration Building
1101 Beach St., Flint, MI 48502

In the event you are unable to attend the workshop listed above you can attend a video taped session the first Friday of every month from noon to 2:00 p.m. at the same location. There is no charge or fee. Children may not attend and there are no child care services available at this time. A certificate of attendance by the Genesee County Friend of the Court will be placed in your court records verifying that you did in fact participate in this program.

Divorce can be a time when both parents and children feel overwhelmed by the losses and changes they are experiencing. Every family member must adapt to a new way of living. The more parents know about divorce, the better they are able to cope with the changes and help their children adjust. It is in the best interest of your child(ren) that you attend this program.

Please call Katrina Weier at 257-3300, ext. 2098 with any questions or concerns.

The Honorable Duncan M. Beagle

Family Court Judge
Attachments

APPENDIX D

Family Counseling Order

STATE OF MICHIGAN FAMILY COUNSELING
ORDER

CASE NO.: _____

JUDGE: _____

Court Address: _____

Court Telephone No.: _____

Plaintiff

Defendant

Phone No.: _____

Phone No.: _____

Attorney: _____

Attorney: _____

At a session of said court held in the Courthouse in the City of Flint, Genesee County on the _____ day of _____, _____.

PRESENT: HONORABLE _____, FAMILY COURT JUDGE

This matter having come before the Court upon presentment of this Order, the subject of which has been agreed to by respective counsel and it appearing to the Court that the parties hereto are eligible for referral through the Circuit Court Family Counseling Act, being Act No. 16 of Public Acts of 1980 and that there exists a controversy regarding custody and/or visitation and that said controversy may reasonably be resolved as a result of this Order and the Court being duly advised in the premises; NOW THEREFORE IT IS HEREBY ORDERED that:

Both parties in this matter are hereby referred to:
(Please check one)

— Children of Divorce Program
1102 Mackin Road
257-3676

— Private Psychologist/Social Worker

— Friend of the Court

— Other Agency

Type of service requested:
(Please check one)

— Mediation/Parenting Agreement

— Assessment & Evaluation for
Physical Custody or Parenting Time

— Therapist/Individual or Family

— Divorce Orientation & Education

— Specialized Service to be
Determined

— Other _____

A copy of this Order shall be given to the Family Court Administrator Office.

Both parties are hereby instructed to contact the above service/organization forthwith to arrange their initial appointment. Payment for counseling shall be made pursuant to this Act and/or the family's third party insurance or the family's ability to pay. There is a _____ limit per family, paid for by the Circuit Court, unless otherwise given additional approval.

Next hearing date or report needed by _____.

Date

FAMILY COURT JUDGE

APPENDIX E

DIVORCE QUESTIONNAIRE

DIVORCE ORIENTATION QUESTIONNAIRE

Court Case Number

INSTRUCTIONS: PLEASE ANSWER ALL QUESTIONS. IF A QUESTION DOES NOT DIRECTLY APPLY TO YOUR SITUATION, BRIEFLY EXPLAIN.

1) DATE: _____ 2) CITY/ZIP CODE: _____

3) YOUR BIRTHDATE: _____ 4) YOUR SEX: _____
Male Female

5) **CHECK ONE:** European American _____ Afro American _____
American Indian _____ Hispanic _____ Asian _____ Other (specify) _____
Bi-racial _____ (Specify) _____

6) Court ordered to participate? (please circle) Yes No

7) Have you previously received service from the Divorce Program? (please circle) Yes No

8) DESCRIPTION OF FAMILY

Please list yourself, household members, and minor children (include half siblings and stepchildren) affected by your pending court action.

FIRST NAME	RELATIONSHIP	D.O.B.	SEX	EDUCATION	CUSTODY

9) Number of children from this relationship: _____

10) At what age did you begin a relationship with the other parent? _____ Under 18 _____ 19-24 _____ 25-30 _____ 30-35 _____ over 35

11) Number of years married: _____

12) When was the petition for divorce filed? _____
Month Year

13) Are you the plaintiff (person who filed)? _____
Yes No

14) Has judgment been granted? Yes _____ No _____

15) If yes: month _____ year _____

16) Has child support been ordered? _____

Yes

No

17) If yes, amount per week per child: _____

18) Child support is being paid: (please check)

_____ Regularly on time

_____ Occasionally late

_____ Irregularly

_____ Not being paid and in severe arrearage

19) What is your occupation? _____

20) Full-time: _____ Part-time: _____ (please check)

21) At the present time, my income is: (please check)

_____ Less than \$5,000

_____ \$5,001 - \$15,000

_____ \$15,001 - \$25,000

_____ \$25,001 - \$35,000

_____ \$35,001 - \$45,000

_____ \$45,001 - \$55,000

_____ \$55,001 - \$65,000

_____ \$65,001 - \$75,000

_____ \$75,001 - \$85,000

_____ \$85,001 - \$95,000

_____ \$95,001 - \$105,000

_____ Over \$105,000

22) Primary reason why relationship with other parent failed, in order of importance to you:

(1 = most important reason, 2 = second most reason,
3 = third most reason)

_____ Difference in parenting values

_____ Difficulty with communication

_____ Involvement in another relationship

_____ Substance abuse

_____ Domestic violence

_____ Mental illness

_____ Other _____

- 23) Using the guide above each answer, please describe how you generally respond in relationships with other adults. Check one box for each question.

SA	Strongly Agree
A	Agree
NS	Not Sure
D	Disagree
SD	Strongly Disagree

		SA	A	NS	D	SD
(a)	I find it relatively easy to get close to others.					
(b)	I am not very comfortable having to depend on people.					
(c)	I am comfortable having others depend on me.					
(d)	I rarely worry about being abandoned by others.					
(e)	I do not like people getting too close to me.					
(f)	I am somewhat uncomfortable being too close to others.					
(g)	I find it difficult to trust people completely.					
(h)	I am nervous whenever anyone gets too close to me.					
(i)	Others often want me to be more intimate than I feel.					
(j)	Others often are reluctant to get as close as I would like.					
(k)	I often worry that my partner(s) do not really love me.					
(l)	I rarely worry about my partner(s) Leaving me.					
(m)	I often want to merge completely with others, and this desire sometimes scares them away.					

24) Please answer the following items that best describe how you are coping with divorce or separation by checking either True or False:

	True	False
(a) Divorce was the only option left. We tried for a very long time to keep the relationship alive.	_____	_____
(b) Being alone has not been that bad. I am surprised how easily I have adjusted.	_____	_____
(c) Despite being very angry and upset about the divorce/break-up, I find myself constantly thinking about my former partner.	_____	_____
(d) On most days, I still cannot believe that he/she has left.	_____	_____
(e) I am the kind of person who trusted and depended upon my partner.	_____	_____
(f) It would be better if I just did not ever have to see or deal with my partner again.	_____	_____
(g) I find myself driving by my former partner's residence, or calling and just hanging up.	_____	_____
(h) Some days I want to reconcile. Other days I am mean and cruel to the other parent.	_____	_____
(i) Although I do not totally agree with divorce/splitting up, I can imagine the future when living apart will work out better for everybody.	_____	_____
(j) As a person, I can honestly say that he/she did not contribute that much to family life.	_____	_____
(k) Even though the relationship has ended, I still have feelings of jealousy and resentment about the loss of my partner.	_____	_____
(l) Even though I have suffered a lot of emotional pain and abuse, I cannot stop thinking that if we had only tried harder we would still be together.	_____	_____

25) Current living arrangements: (please check)

- ☐ Still in same household with other parent
- ☐ Single, living alone
- ☐ Self/children
- ☐ Living with relatives
- ☐ Living with friends
- ☐ Live together relationship
- ☐ Remarried

26) How difficult has it been, or do you expect it to be, to resolve custody and parenting time with the other parent. (please check the answer that best describes your situation)

- ☐ Very difficult. Possible legal battle, with hearing and trial, with lots of people involved.
- ☐ Somewhat difficult. Have some partial agreements, but differ strongly regarding custody or parenting time.
- ☐ Somewhat easy. Some differences, but expect to settle issues regarding child(ren).
- ☐ Very easy. Have reached or expect to reach agreement with the other parent without attorneys, or without much court involvement by the court or Friend of the Court.

27) How many times have you been in court for a hearing regarding your divorce/parenting action? (please check one)

- ☐ Many, more than 16-20+ times Actual number, if known
- ☐ Frequently, 10-15 times
- ☐ Occasionally, 5-9 times
- ☐ Rarely, 1-4 times
- ☐ Never, 0 times

28) How many more times do you expect to be in Court to resolve issues?

29) Which physical custody arrangement best describes your situation? (please check one)

- ☐ Mother has physical custody with reasonable rights to father
- ☐ Father has physical custody with reasonable rights to mother
- ☐ Joint physical custody with both parents active involvement in child(ren) care
- ☐ Mother has physical custody without regular contact by father
- ☐ Father has physical custody without regular contact by mother
- ☐ Split custody, children divided between two households
- ☐ Other custody arrangement _____
- ☐ Both parents in household, custody not yet determined

30) How satisfied are you with this arrangement? (please check one)

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Not sure
- ☐ Dissatisfied
- ☐ Very dissatisfied

31) Do you have plans to change this in Court? ____ Yes ____ No

32) In an average month, what is the non-resident's amount of parenting time awarded by the Court? (please check one)

- ☐ Joint custody up to 50% of available time
- ☐ Liberal access, between 6-10 days per month
- ☐ Reasonable rights, 4 days per month
- ☐ Approximately 1-2 day visits per month with no overnights
- ☐ Supervised parenting by friend/family less than 8 hours
- ☐ Both parents in same household
- ☐ Other unusual circumstances, please explain: _____
- ☐ There is no Court Order

33) In an average month, how much does the non-resident parent actually use their parenting time? (fill in all that apply)

_____ Full days per month and/or _____ partial days

34) Describe the non-resident's pattern of contact: (please check one)

- _____ Predictable - rarely misses or reschedules
- _____ Regular - some monthly adjustment but child(ren) generally seen on a consistent basis
- _____ Unpredictable - frequent unexpected changes, cancellations, or misses being with child(ren)
- _____ No schedule - parent calls when he/she wants to see the child(ren)

35) Which of the following situations best describes your communication with the other parent? (please check one)

- _____ We are able to talk respectfully face to face or by phone, and work out a plan to decide who is going to do what regarding the child(ren), and are usually successful
- _____ We make an effort to communicate regarding some of our child(ren)'s basic needs, such as medical care and school events, but have occasional differences
- _____ We occasionally talk to each other but when we do not agree, we each make independent decisions
- _____ We have frequent differences, rarely get issues resolved by talking, one or both of us gets very angry or upset
- _____ One or both parents is/are unwilling to speak to other parent, we use child(ren)/others as go between
- _____ Restricted communication, or no communication, one of us has a P.P.O. or court order that forbids telephone contact access regarding the child(ren)

36) How often do one of you attempt to communicate in writing or by telephone regarding issues affecting or related to the children in a typical month? (please check one)

- _____ Often, 1-2 times per week
- _____ Somewhat, 1-2 times per month
- _____ Rarely, less than 1 time per month
- _____ Never, we do not talk at all

**37) Which of the following styles best describes the way decisions get made between you and the other parent:
(please check one)**

- ☐ Parents listen to each other, make a decision based upon the reasonableness of the situation and needs/wishes of the child(ren)
- ☐ Both parent give up some of what they want in order to reach a conclusion
- ☐ One parent refuses to make his/her self available, does not commit to a decision, refuses to discuss issues
- ☐ One parent decides, and the other parent gives in
- ☐ Verbal attacks, name calling, put downs, swearing
- ☐ Physical attacks or verbal threats of harm

38) Compared to when you and the other parent were together, how would you rate the level of verbal conflict with the other parent now? (please check one)

- ☐ Level of conflict has decreased, less frequent, less intense
- ☐ Level of conflict is unchanged
- ☐ Level of conflict has increased, more intense and frequent

39) Describe the home atmosphere for the year prior to the physical separation: (please check one)

- ☐ Frequent arguments, continual hostility, negative tense atmosphere
- ☐ Intermittent periods of calm with eruptions in emotions
- ☐ Indifferent, left each other alone, led separate lives
- ☐ Relatively calm, lived as a typical family
- ☐ Never lived together

40) How would you describe the other parent's ability to care for the child(ren)? (please check one)

- ☐ Very capable, no concerns regarding the child(ren)'s well being while in his/her presence
- ☐ Capable parent with most aspects of childcare
- ☐ Noticeable inadequacies regarding ability to relate to child(ren), but meets children's basic needs
- ☐ Very poor, apparent inadequacies, I worry about child(ren)'s health, safety, and parent's ability to protect child from harm when in their care
- ☐ Has never parented child, unable to answer question

41) For the next two questions use this guide to select your answer:

Close, share a positive relationship that is satisfying to both

Friendly, occasional difference in opinions and feelings between child and parent

Neutral, share in activities, but do not discuss feelings

Distant, uncomfortable, have difficulty communicating

A. MOTHER'S relationship to children (check one description for each child)

	CLOSE	FRIENDLY	NEUTRAL	DISTANT
Oldest child				
Second child				
Third child				
Fourth child				

B. FATHER'S relationship to children (check one description for each child)

	CLOSE	FRIENDLY	NEUTRAL	DISTANT
Oldest child				
Second child				
Third child				
Fourth child				

42) While living together, check the percentage that best describes how child care tasks were shared between parents during an average week?

FATHER

100% 75% 50% 25% 0%

Physical Care					
Supervision of Children					
Discipline					
Medical					
Education					
Leisure/Play/Recreation					

MOTHER

Physical Care					
Supervision of Children					
Discipline					
Medical					
Education					
Leisure/Play/Recreation					

43) Please check if any of the following problems has affected you or the other parent in the preceding year:

	<u>SELF</u>	<u>OTHER PARENT</u>
(a) Problems getting along with parents, child, sibling, other parent	_____	_____
(b) Problems with friends, coworkers, neighbors, support system	_____	_____
(c) Problems with education	_____	_____
(d) Problems at work	_____	_____
(e) Problems with housing	_____	_____
(f) Problems getting access to health care	_____	_____
(g) Problems with legal system/crime	_____	_____
(h) Other social or environmental problems	_____	_____
(i) Been a victim of domestic violence	_____	_____
(j) Been investigated for child abuse or neglect	_____	_____
(k) Been dependent on alcohol, or other substances	_____	_____
(l) Had a Personal Protection Order filed against them	_____	_____

44) Are you currently under a doctor's care for a serious medical or mental condition? _____ Yes _____ No

45) For what condition(s) are you being seen? (circle all that apply)

- | | |
|------------------------------|------------------|
| (1) Heart condition | (9) Anxiety |
| (2) Diabetes | (10) Depression |
| (3) Back problems | (11) Addictions |
| (4) Cancer | (12) Other _____ |
| (5) Nervous condition | _____ |
| (6) Chronic pain | _____ |
| (7) Digestive/bowel problems | |
| (8) Surgeries | |

46) Have you ever been court ordered to receive mental health services for yourself? _____ Yes _____ No

47) If yes, by whom? (e.g., judge, probation officer, etc.)

48) Have you ever voluntarily chosen to participate in outpatient counseling? _____ Yes _____ No

If yes: Approx. number of sessions _____

Place/Agency

Year

_____	_____
_____	_____
_____	_____

49) If you and the other parent do not agree on custody/visitation, which service do you think would be needed to resolve the situation? (please check one)

- _____ Litigation in court, or other hearing or trial
- _____ Referee hearing
- _____ Referral to mental health professional/expert for evaluation
- _____ Negotiation between attorneys
- _____ Use of Friend of the Court
- _____ Mediation
- _____ Other _____

Thank you for your help in completing this questionnaire. Professionals working with families in transition are always interested in learning more about family relationships. Would you be willing to participate in an additional hour interview? If selected, you would be compensated for your time. Your responses would be confidential and would be used for research, and not be a part of your court case or your medical record.

If so, please indicate your willingness to be contacted:

Name: _____

Address: _____

Phone number: _____

Person we can contact, and number we can call if you move:

APPENDIX F

FAMILY RELATIONSHIP SURVEY

Family Relationship Survey

Say something about my role not as a clinician but as a researcher trying learn more about what happens to adults when they experience divorce. We will be covering three areas, the family you grew-up in, the marriage that ended and your relationship with your children now.

Tell me about the family you grew up in. Where did you grow up? How many siblings did you have?

Where did you fit in by age with your siblings? Were you raised by anyone other than your biological mother and father? Do you consider them your parent now?

Describe your relationship to your mother as a young child? As a school-age child? As a teenage?

What made it close?

What made it distant?

What four adjectives do you think describe her as a person?

- A.
- B.
- C.
- D.

Describe your relationship to your father. As a young child? As a school-age child? As a teenager?

What made it close?

What made it distant?

What four adjectives do you think describe him as a person?

- A.
- B.
- C.
- D.

How accepted did you feel by your mother?

Did you feel she had your best interests in mind?

How accepted did you feel by your father?

Did you feel she had your best interests in mind?

How did your mother and father spend time with you? About how much time would say each week? Was that amount of time satisfactory to you?

When you think about very happy or sad events growing up, what major life events impacted you?

Tell me about any separations or losses you experienced as a child.

Deaths of important people?

Moves to new towns?

Health problems or physical injuries?

What was your parent's method of child rearing/discipline?

Why do you think they choose that method?

How has your relationship with your parents changed over time?

How easy is it to talk to your mother now? Your father?

What parts of your upbringing would you like to repeat for your children?

What parts do you hope to do different?

How did your family experiences shape your family?

Describe your relationship with each of your children?

On a scale from one to ten with ten being very strict and one being very permissive, where do you fit between strict and easy going?

Do you feel you can effect your son or daughter development and how they turn out? What might make it possible to be more influential?

Tell me about your relationship to your wife/husband when you first met.

How did the relationship change over time?

In your opinion what lead to the breakdown in your marriage?

What things do you think added stress to the relationship?

What blame to place on him or her. What blame do you place on yourself?

Who do you think most wanted out of the relationship?

On a scale from one to ten how difficult has it been for you to cope with the loss of the marriage partner with ten being very difficult and one being very very easy.

What made it difficult, what made it easy.

How long will it take or how did it take to emotionally get over your current feelings regarding your divorce? Give me an estimate in amount of time?

What tells you, your are over your husband/wife?

Is there anything else you would like to share with me that I haven't asked you about that would help me understand more about your divorce?

APPENDIX G

UNIVERSITY COMMITTEE ON RESEARCH INVOLVING HUMAN SUBJECTS APPROVAL

MICHIGAN STATE
UNIVERSITY

January 14, 2000

TO: Rena HAROLD
254 Baker Hall

RE: IRB # 98285 CATEGORY: 2-F

TITLE: DIVORCING PARENTS: A STUDY OF LEVEL OF CONFLICT AND AMOUNT OF PARENTING TIME

ANNUAL APPROVAL DATE: May 25, 1999
REVISION REQUESTED: October 6, 1999
REVISION APPROVAL DATE: January 14, 2000

The University Committee on Research Involving Human Subjects' (UCRIHS) review of this project is complete and I am pleased to advise that the rights and welfare of the human subjects appear to be adequately protected and methods to obtain informed consent are appropriate. Therefore, the UCRIHS APPROVED THIS PROJECT'S REVISION.

This letter approves the additional instruments and audio-taped interviews.

RENEWALS: UCRIHS approval is valid for one calendar year, beginning with the approval date shown above. Projects continuing beyond one year must be renewed with the green renewal form. A maximum of four such expedited renewal are possible. Investigators wishing to continue a project beyond that time need to submit it again for a complete review.

REVISIONS: UCRIHS must review any changes in procedures involving human subjects, prior to initiation of the change. If this is done at the time of renewal, please use the green renewal form. To revise an approved protocol at any other time during the year, send your written request to the UCRIHS Chair, requesting revised approval and referencing the project's IRB# and title. Include in your request a description of the change and any revised instruments, consent forms or advertisements that are applicable.

PROBLEMS/CHANGES: Should either of the following arise during the course of the work, notify UCRIHS promptly: 1) problems (unexpected side effects, complaints, etc.) involving human subjects or 2) changes in the research environment or new information indicating greater risk to the human subjects than existed when the protocol was previously reviewed and approved.

If we can be of further assistance, please contact us at 517 355-2180 or via email: UCRIHS@pilot.msu.edu.



**OFFICE OF
RESEARCH
AND
GRADUATE
STUDIES**

University Committee on
Research Involving
Human Subjects

Michigan State University
246 Administration Building
East Lansing, Michigan
48824-1046

517/355-2180

FAX: 517/353-2976

Web: www.msu.edu/user/ucrihs

E-Mail: ucrihs@msu.edu

Sincerely,

David E. Wright, Ph.D.
UCRIHS Chair

DEW: bd

cc: Mary Campbell
2296 N. McKinley
Flushing, MI 48433

APPENDIX H

LETTER OF CONSENT NORMAL SAMPLE

LETTER OF CONSENT

As a participant in the Genesee County Divorce Orientation Program, you are being asked to participate in a study. The purpose of the study is to determine what is different between those parents who are able to communicate and reach agreement regarding the process of divorce from those parents who are in high conflict, and make frequent use of the Family Court. The information collected may help determine, in the future, which families may benefit from additional services during the divorce process, and what kind of service best helps families come to agreement.

As a participant, we will be asking you to fill out a questionnaire during today's presentation. Your commitment will involve approximately fifteen to twenty minutes of your time. Your participation is entirely voluntary, you may choose not to participate, or choose not to answer a particular question. You can withdraw your participation at any time.

The findings in the information will not contain identifiable information about you and/or your children. The information collected will be confidential. The information collected will be summarized by the group who complete the questionnaire, rather than by families. Names will be changed to an assigned number. The information disclosed in the questionnaire will not be given to any other agency without your written consent. You understand that your participation in this study will not involve any financial costs to you or effect the outcome of your involvement with the Court

_____ I have read the above letter of consent, and my signature on this letter indicates my voluntary agreement to participate

_____ I am interested in learning about results of the study. For the contact person, please contact Mary L. Campbell, A.C.S.W., C.S.W., A.B.D., Divorce Program Supervisor, 1102 Mackin Road, Flint, Michigan 48503 (810) 257-3676.

Name

Date

Witness

Date

APPENDIX I

LETTER OF CONSENT CLINICAL SAMPLE

LETTER OF CONSENT

As a participant in the Children of Divorce Program, you are being asked to participate in a study. The purpose of the study is to determine what is different between those parents who are able to communicate and reach agreement regarding the process of divorce from those parents who are in high conflict, and make frequent use of the Family Court. The information collected may help determine, in the future, which families may benefit from additional services during the divorce process, and what kind of service best helps families come to agreement.

As a participant, you will be asked to fill out a questionnaire prior to service delivery. Your commitment will involve approximately fifteen to twenty minutes of your time. Your participation is entirely voluntary, you may choose not to participate. If you do not participate, it will not effect the outcome of your treatment or the outcome of court litigation.

The findings in the information will not contain identifiable information about you and/or your children. The questionnaire will be confidential and will not be a part of your medical record. The information collected will be summarized by the group who complete the questionnaire, rather than by families. Names will be changed to an assigned number. You understand that your participation in this study will not involve any financial costs to you.

_____ I have read the above letter of consent, and my signature on this letter indicates my voluntary agreement.

_____ I am interested in learning about results of the study. For the contact person, please contact Mary L. Campbell, A.C.S.W., C.S.W., A.B.D., Divorce Program Supervisor, 1102 Mackin Road, Flint, Michigan 48503 (810) 257-3676.

Name

Date

Witness

Date

APPENDIX J

CONSENT TO AUDIO TAPE

CONSENT FOR USE OF AUDIOTAPE AND INTERVIEW

Thank you for volunteering to participate in an additional interview. The interview will consist of questions about growing up with your parents, questions about details of your divorce, and questions about you and your children. Along with the interview, you will be asked to fill out three questionnaires that measure conflict, parenting stress, and how you generally are in relationships.

The information you share about yourself will be confidential. It will not effect the outcome of your legal case, nor will it effect the outcome of your participation in the Children of Divorce Program. The information collected will not become a part of any medical record.

Information that you share may be used to explain the findings of the previous questionnaire. An effort will be made to disguise the identity of you and your family, but because of unique features of your particular story, total anonymity may not be possible. Your name will not be used.

My signature indicates my agreement to be audiotaped.

My signature indicates my willingness to complete three additional questionnaires.

You will be compensated for your time upon completion of the interview.

Signature

Witness

Date

Date

Bibliography

(1994). Diagnostic and Statistical Manual of Mental Disorders. (Fourth ed.). Washington, DC: American Psychiatric Association.

Abidin, R. R. (1995). Parenting Stress Index. (3rd ed.). FL: Odessa: Psychological Assessment Resources.

Ahrons, C., & Miller, R. (1993). The effect of the postdivorce relationship on paternal involvement: A longitudinal analysis. Journal of American Orthopsychiatry, 63(3), 441-50.

Ainsworth, M. (1989). Attachments beyond infancy. American Psychologist, 44(4), 709-716.

Allison, P., & Furstenberg, F. (1989). How marital dissolution affects children: Variations by age and sex. Developmental Psychology, 25(4), 540-549.

Amato, P., & Rezac, S. (1994). Contact with nonresident parents, interparental conflict, and children's behavior. Journal of Family Issues, 15(2), 191-207.

Amato, P., Loomis, L., & Booth, A. (1995). Parental divorce, marital conflict, and offspring well being during early adulthood. Social Forces, 73(3), 895-915.

Ammanti, M. (1991). Maternal representations during pregnancy and early infant-mother interactions. Infant Mental Health Journal, 12(3), 246-255.

Arendell, T. (1992). After divorce: Investigations into father absence. Gender and Society, 6(4), 562-586.

Bakermans-Kranenburg, M., & van IJzendoorn, M., H. (1997). Adult attachment and the break-up of romantic relationships. Journal of Divorce & Remarriage, 27(3/4), 121-139.

Baldwin, M., W., & Fehr, B. (1995). On the instability of attachment style ratings. Personal Relationships, 2, 247-261.

Barber, B., & Eccles, J. (1992). Long-term influence of divorce and single parenting on adolescent family-and work related values, behaviors and aspirations. Psychological Bulletin, 111(1), 108-126.

Barling, J., O'Leary, K., Daniel, Jouriles, D., Vivian, & MacEwen, K., E. (1987). Factor similarity of the Conflict Tactics Scales across samples, spouses, and sites: Issues and implications. Journal of Family Violence, 2(1), 34-54.

Bartholomew, K., & Horowitz, L., M. (1991). Attachment styles among young adults: A test of a four-category model. Journal of Personality and Social Psychology, 61(2), 226-244.

Bartholomew, K. (1994). Assessment of individual differences in adult attachment. Psychological Inquiry, 5(1), 23-67.

Bing-Hall, J., & Stevenson-Hinde, J. (1991). Attachment relationships within a family system. Infant Mental Health Journal, 12(3), 187-200.

Black, A., & Pedro-Carroll, J. (1993). Role of parent-child relationships in mediating the effects of marital disruption. Journal of American Academy of Child & Adolescent Psychiatry, 32(5), 1019-1027.

Bray, J. H., & Heatherington, E. M. (1993). Families in Transition: Introduction and Overview. Journal of Family Psychology, 7(1), 3-8.

Brennan, K., A., & Shaver, P., R. (1995). Dimensions of adult attachment, affect regulation, and romantic relationship functioning. Society for Personality and Social Psychology, 21(3), 267-83.

Brennan, K. A., & Shaver, P. R. (1998). Attachment styles and personality disorders: Their connections to each other and to parental divorce, parental death, and perceptions of parental caregiving. Journal of Personality, 66(5), 835-878.

Bridges, L., Connell, J., & Belsky, J. (1988). Similarities and differences in infant-mother and infant-father interaction in the strange situation: A component process analysis. Developmental Psychology, 24(1), 92-100.

Buehler, C., & Legg, B. (1992). Selected aspects of parenting and children's social competence post-separation: The effects of child's sex, age, and family economic hardship. Journal of Divorce and Remarriage, 18(3-4), 177-195.

Camara, K., & Resnick, G. (1989). Styles of conflict resolution and cooperation between divorced parents: Effects on child behavior and adjustment. Journal of American Orthopsychiatry, 59(4), 560-575.

Campos, J., Barrett, K., Lamb, M., Goldsmith, H. H., & Stenberg, C. (Eds.). (1983). Socioemotional Development (4th ed.). (Vol. Infant Developmental Psychobiology, II). NY: John Wiley & Sons.

Cherry, A. L, Jr. (2000). A research primer for the helping professions: Methods, statistics and writing. Belmont,: Brooks/Cole/Thomas Learning.

Chornesky, A. (1992). Updating paternal images in fathers-adult son relationships. Smith College Studies in Social Work, 62(2), 169-87.

Cohn, D., A., Silver, D., L., Cowan, C., P., Cowan, P., A., & Pearson, J. (1992). Working models of childhood attachment and couple relationships. Journal of Family Issues, 13(4), 432-449.

Collins, N., L., & Read, S., J. (1990). Adult attachment, working models, and relationship quality in dating couples. Journal of Personality and Social Psychology, 58(4), 644-663.

Cowan, P. A., Cohn, D., A., Cowan, C. P., & Pearson, J. (1996). Parent's attachment histories and children's externalizing and internalizing behaviors Exploring family systems models of linkage. Journal of Consulting and Clinical Psychology, 64(1), 53-63.

Crandell, L., Fitzgerald, H., & Whipple, E. (1997). Dyadic synchrony in parent-child interactions: A link with maternal representations of attachment relationships. Infant Mental Health Journal, 18(3), 247-264.

Crittenden, P. (1990). Internal representation models of attachment relationships. Infant Mental Health Journal, 11(3), 259-277.

Crittenden, P., M., Partridge, M., F., & Claussen, A., H. (1992). Family patterns of relationship in normative and dysfunctional families. Development and Psychopathology, 3, 491-512.

Crowell, J. A., & Treboux, D. (1995). A review of adult attachment measures: Implications for theory and research. Social Development, 4(3), 294-327.

Davidson, C. E. (1991). Attachment issues and the cocaine exposed dyad. Child and Adolescent Social Work, 8(4), 269-294.

Diaz, R., M., Neal, C., J., & Vachio, A. (1991). Maternal teaching in the zone of proximal development: A comparison of low-and high risk dyads. Merrill-Palmer Quarterly, 37(1), 83-108.

Dutton, D., G., Sauders, K., Starzomski, A., & Bartholomew. (1994). Intimacy-anger and insecure attachment as precursors of abuse in intimate relationships. Journal of Applied Psychology, 24(15), 1367-1386.

Fagot, B. I., & Kavanaugh, K. (1990). The prediction of antisocial behavior from avoidant attachment classifications. Child Development, 61, 864-873.

Fish, B. (1993). Meaning and attachment in mothers and toddlers. Child and Adolescent Social Work Journal, 10(3), 177-188.

Fonagy, P., Steele, M., Steele, H., Moran, G., & Higgett, A. (1991). The capacity for understanding mental states: The reflective self in parent and child and its significance for security of attachment. Infant Mental Health Journal, 12(3), 201-218.

Fonagy, P., Leigh, T., Steele, M., Steele, H., Kennedy, R., & Mattoon, G. (1996). The relation of attachment status, psychiatric classification, and response to psychotherapy. Journal of Consulting and Clinical Psychology, 64(1), 22-31.

Fox, G., & Kelly, R. (1995). Determinants of child custody. Journal of Marriage and the Family, 57, 693-708.

Fraenkel, J., R., & Wallen, N., E. (1996). How to design and evaluate research in education. (Third ed.). New York: McGraw-Hill, Inc.

Furstenberg, F., Jr., Morgan, S. P., & Allison, P. D. (1987). Paternal participation and children's well-being after marital dissolution. American Sociological Review, 52, 695-701.

Garbarino, J. J., (January 26, 1996). A Review of the Psychometric Properties of Selected Attachment Instruments. Paper presented at the Annual Meeting of the Southwest Educational Research Association, New Orleans, LA.

Garvin, V., Kalter, N., & Hansell, J. (1993). Divorced women: Individual differences in stressors, mediating factors, adjustment outcome. American Journal of Orthopsychiatry, 63(2), 232-240.

Goodman, S., & Brumley, H. E. (1990). Schizophrenic and depressed mothers: Relational deficits in parenting. Developmental Psychology, 26(1), 31-39.

Gray, C., & Shields, J., (1992). The development of an instrument to measure the psychological response to separation and divorce. Journal of Divorce and Remarriage, 17(3/4), 43-56.

Greif, G. (1995). When divorced fathers want no contact with their children: A preliminary analysis. Journal of Divorce & Remarriage, 23(1/2), 75-85.

Griffin, D., & Bartholomew, K. (1994). Models of the self and other: Fundamental dimensions underlying measures of adult attachment. Journal of Personality and Social Psychology, 67(3), 430-445.

Hanson, T. L. (1999). Does parental conflict explain why divorce is negatively associated with child welfare? Social Forces, 77(4), 1283-1315.

Hartman, C., & Reynolds, D. (1987). Resistant clients: Confrontation, interpretation, and alliance. Social Casework: The Journal of Contemporary Social Work, 68(4), 205-213.

Hazan, C., & Shaver, P. (1987). Conceptualizing romantic love as an attachment process. Journal of Personality and Social Psychology, 52, 511-524.

Healy, J., Malley, J., & Stewart, A. (1990). Children and their fathers after parental separation. American Journal of Orthopsychiatry, 60(4), 531-543.

Heatherington, E. M. (1989). Coping with family transitions: Winners, losers, and survivors. Child Development, 60, 1-14.

Heatherington, E. M. (1993). An overview of the Virginia longitudinal study of divorce and remarriage with a focus on early adolescence. Journal of Family Psychology, 7(1), 39-56.

Heatherington, E. M., & Stanley-Hagan, M. (1997). The effects of divorce on fathers and their children. In M. E. Lamb (Ed.), The Role of the Father in Child Development. New York: John Wiley & Sons, Inc.

Hill, E. M., Young, J., P., & Nord, J., L. (1994). Childhood adversity, attachment security, and adult relationships: A preliminary study. Ethnology and Sociobiology, 15, 323-338.

Hoffman, C. (1995). Pre-and post-divorce father-child relationships and child adjustment: Noncustodial fathers' perspectives. Journal of Divorce and Remarriage, 23(1/2), 3-20.

Holloway, S. D., & Machida, S. (1991). Child-rearing effectiveness of divorced mothers: Relationship to coping strategies and social support. Journal of Divorce and Remarriage, 14(3-4), 179-201.

Izard, C., Haynes, O. M., Chisholm, G., & Baak, K. (1991). Emotional determinants of infant-mother attachment. Child Development, 62, 906-917.

Jekielek, S. M. (1998). Parental conflict, marital disruption and children's emotional well-being. Social Forces, 76(3), 905-35.

Johnson, J. R., & Campbell, L. E. G. (1988). Impasses of divorce: The dynamics and resolution of family conflict. NY: The Free Press.

Johnson, J., Kline, M., & Tschann, J. (1989). Ongoing postdivorce conflict: Effects on children of joint custody and frequent access to children. Journal of American Orthopsychiatry, 59(4), 576-592.

Johnson, J., & Campbell, L. (1993). A clinical typology of interparental violence in disputed-custody divorces. American Journal of Orthopsychiatry, 63(2), 190-199.

Johnson, J. R. (1994). High-conflict divorce, Future of Children (Vol. 4,): Center for the Future of Children, The David and Lucile Packard Foundation.

Johnston, J., R., & Roseby, V. (1997). In the name of the child: A developmental approach to understanding and helping children of conflicted and violent divorce. New York: The Free Press.

Jones, E. (1996). Introduction to the special section on attachment and psychopathology: Part I. Journal of Consulting and Clinical Psychology, 64(1), 5-6.

Kalter, N., Kloner, A., Schreier, S., & Okla, K. (1989). Predictors of children's postdivorce adjustment. American Journal of Orthopsychiatry, 59(4), 605-617.

Karen, R. (1994). Becoming attached: unfolding the mystery of the infant-mother bond and its impact on later life. New York: Warner Books, Inc.

Keith, S. (1997). Two dimensions of adult attachment: Further validation. Journal of Social and Personal Relationships, 14(1), 133-143.

Kelly, J. (1993). Current research on children's post divorce adjustment: No simple answers. Family and Conciliation Courts Review, 31(1), 29-49.

Kelly, J. B. (1994). The determination of child custody, The Future of Children (Vol. 4, pp. 121-142): Center for the Future of Children, The David and Lucile Packard Foundation.

Kelly, J. B. (1996). A decade of divorce mediation research: Some answers and questions. Family and Conciliation Courts Review, 34(3), 373-385.

Kessler, R. C. (1994). The national comorbidity survey of the United States. International Review of Psychiatry, 6, 365-376.

Kessler, R. C., Davis, C. G., & Kendler, K. S. (1997). Childhood adversity and adult psychiatric disorder in the US National Comorbidity Survey. Psychological Medicine, 27(5), 1101-1119.

Kessler, R. C., Walters, E. E., & Forthofer, M. S. (1998). The social consequences of psychiatric disorders, III: Probability of marital stability. American Journal of Psychiatry, 155(8), 1092-1096.

Kitzmann, K., & Emery, R. E. (1994). Child and family coping one year after mediated and litigated child custody disputes. Journal of Family Psychology, 8(2), 150-159.

Kraemer, G. (1992). A psychobiological theory of attachment. Behavioral and Brain Sciences, 15, 493-541.

Ladd, L., D., & Zvonkovic, A. (1995). Single mothers with custody following divorce. Marriage and Family Review, 20(1/2), 189-210.

Lamb, M. E. (1974). A defense of the concept of attachment. Human Development, 17, 376-385.

Lamb, M. E. (1977b). The development of mother-infant and father-infant attachments in the second year of life. Developmental Psychology, 13(6), 637-648.

Lamb, M. E. (1979). Social development in infancy: Reflections on a theme. Human Development, 22(1), 68-72.

Lamb, M. E., Thompson, R., Gardner, W., Charnov, E., & Estes, E. (1984). Security of infantile attachment as assessed in the "strange situation": Its study and biological interpretation. The Behavioral and Brain Sciences, 7, 127-171.

Lyons-Ruth, K., Connell, D., Grunebaum, H., & Botein, S. (1990). Infants at social risk: Maternal depression and family support services as mediators of infant development and security of attachment. Child Development, 61, 85-98.

Lyons-Ruth, K., Alpern, L., & Repacholi, B. (1993). Disorganized infant attachment classification and maternal psychosocial problems as predictors of hostile-aggressive behavior in the preschool child classroom. Child Development, 64, 572-585.

Lyons-Ruth, K., & Zeanah, C., Jr. (Eds.). (1993). The family context of infant mental health: Affective development in the primary caregiving relationship. NY: Guilford Press.

Lyons-Ruth, K. (1996). Attachment relationships among children with aggressive behavior problems: The role of disorganized early attachment patterns. Journal of Consulting and Clinical Psychology, 64(1), 64-73.

Maccoby, E. E., & Mnookin, R. H. (1992). Dividing the child: Social and legal dilemmas of custody. MA: Harvard University Press.

Maccoby, E., Buchanan, C., Mnookin, R., & Dombusch, S. (1993). Postdivorce roles of mothers and fathers in the lives of their children. Journal of Family Psychology, 7(1), 24-38.

Maier, W., Lichtermann, D., Klinger, T., Heun, R., & Hallmayer, J. (1992). Prevalence of personality disorders (DSM III R) in the community. Journal of Personality Disorders, 6(3), 187-196.

Main, M., Kaplan, N., & Cassidy, J. (Eds.). (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. Chicago: University of Chicago Press.

Main, M., & Solomon, J. (1986). Discovery of an insecure-disorganized/disoriented attachment pattern. NJ: Ablex Press.

Masheter, C. (1991). Postdivorce relationships between ex-spouses: The roles of attachment and interpersonal conflict. Journal of Marriage and Family, 53, 103-110.

Mathis, R., D. (1998). Couples from Hell: Undifferentiated spouses in divorce mediation. Mediation Quarterly, 16(1), 37-49.

McLanahan, S. S. (1994). The Consequences of single motherhood. The American Prospect, 18, 48-58.

McMillen, J. C. (1992). Attachment theory and clinical social work. Clinical Social Work Journal, 20(2), 205-218.

McNeal, C., & Amato, P. (1998). Parents' Marital Violence. Journal of Family Issues, 19(2), 123-139.

Minde, K., & Hesse, E. (1996). The role of the adult attachment interview in parent-infant psychotherapy: A case presentation. Infant Mental Health Journal, 17(2), 115-26.

Morrison, D., & Cherlin, A. (1995). The divorce process and young children's well-being: a prospective analysis. Journal of Marriage and the Family, 57, 800-812.

Mott, F. (1990). When is a father really gone? Parental-child contact in father-absent homes. Demography, 27(4), 499-517.

Patrick, M., Hobson, R., Peter, Castle, D., Howard, R., & Maughan, B. (1994). Personality disorder and the mental representation of early social experience. Development and Psychopathology, 6, 375-388.

Reinhartz, S. (1992). Feminist methods in social research. NY: Oxford University Press.

Rossiter, A. B. (1991). Initiator status and separation adjustment. Journal of Divorce and Remarriage, 15, 141-155.

Schore, A. (1994). Affect Regulation and the Origin of the Self. NJ: Hillside: Erlbaum.

Simpson, J., A. (1990). Influence of attachment styles on romantic relationships. Journal of Personality and Social Psychology, 56(5), 971-980.

Sprinthall, R. (1987). Basic Statistical Analysis (2nd Ed.). NJ: Prentice-Hall, Inc.

Sroufe, L. A., & Waters, E. (1977). Attachment as an organizational construct. Child Development, 48, 1184-1199.

Sroufe, L. A. (1985). Attachment classification from the perspective of infant-caregiver relationships and infant temperament. Child Development, 56, 1-14.

Sroufe, L. A. (1986). Appraisal: Bowlby's contribution to psychoanalytic theory and developmental psychology; attachment: separation: loss. Journal of Child Psychology and Psychiatry and Allied Disciplines, 27(6), 841-849.

Stein, H., Jacobs, N., J., Ferguson, K., S., Allen, J., G., & Fonagy, P. (1998). What do adult attachment scales measure? Bulletin of the Menninger Clinic, 62(1), 33-82.

Stern, D. (1991). Maternal representations: A clinical and subjective phenomenological view. Infant Mental Health, 12(3), 174-86.

Stern, D. (1995). The Motherhood Constellation: A unified view of parent-infant psychotherapy. New York: Basic Books.

Straus, M. A. (1979). Measuring intrafamily conflict and violence. Journal of Marriage and the Family, 41, 75-88.

Straus, M. A. (1990). Physical violence in American families: risk factors and adaptations to violence in 8,145 families. New Brunswick: Transaction Publications.

Straus, M. A., & Smith, C. (Eds.). (1990a). The Conflict Tactics Scales and its critics: An evaluation and new data on validity and reliability. New Brunswick: Transaction Publishing.

Strauss, A., & Corbin, J. (1990). Basics of qualitative research: Grounded theory and procedures and techniques. Newbury Park: SAGE, Publications, Inc.

Toth, S., L., & Cicchetti, D. (1996). Patterns of relatedness, depressive symptomology, and perceived competence in maltreated children. Journal of Consulting and Clinical Psychology, 64(1), 32-41.

Trad, P. V. (1992). The role of parents in infant development: Early predictors of the father-infant interaction. New York: John Wiley & Sons, Inc.

Trafford, A. (1982). Crazy time: Surviving divorce: Bantan Books.

Tschann, J. M., Johnston, J. R., Kline, M., & Wallerstein, J. (1989). Family process and children's functioning during divorce. Journal of Marriage and the Family, 51, 431-444.

US Bureau of Census. (1990). 1990 U.S. Census Data .

US Bureau of Census (1995) (1995). Small area income and poverty estimates .

van IJzendoorn, M., & Kroonenberg, P. (1988). Cross-cultural patterns of attachment: A meta-analysis of the strange situation. Child Development, 59, 147-156.

van IJzendoorn, M., Goldberg, S., Kroonenberg, P., & Frenkel, O. (1992). The relative effects of maternal and child problems on the quality of attachment: A meta-analysis of attachment in clinical samples. Child Development, 63, 840-858.

van IJzendoorn, M., & Bakermans-Kranenburg, M. (1996). Attachment representations in mothers, fathers, adolescents, and clinical groups: A meta-analytic search for normative data. Journal of Consulting and Clinical Psychology, 64(1), 8-21.

Wall, J., & Amadio, C. (1994). An integrated approach to child custody evaluation: Utilizing the "best interest" of the child and family systems frameworks. Journal of Divorce & Remarriage, 2(3/4), 39-57.

Wallerstein, J. S., & Kelly, J. (1980). Surviving the breakup: How children and parents cope with divorce. New York: Basic Books.

Waters, E., & Deane, K. E. (1985). Defining and assessing individual differences in attachment relationships: Q-methodology and the organization of behavior in infancy and early childhood. Chicago: University of Chicago Press.

Weiss, R. S. (1975). Marital Separation. New York: Basic Books, Inc.

Weiss, B., & Dodge, K. A. (1992). Some consequences of early harsh discipline: Child aggression and a maladaptive social information processing style. Child Development, 63, 1321-1335.

West, M., & Sheldon, A. E. R. (1988). Classification of pathological attachment patterns in adults. Journal of Personality Disorders, 2(2), 153-159.

West, M., Rose, M., Sarah, & Sheldon, A. (1993). Anxious attachment as a determinant of adult psychology. The Journal of Nervous and Mental Disease, 181(7), 422-427.

Zeanah, C. J., Mammen, O., & Lieberman, A. (1993). Disorders of attachment. NY: Guildford Press.

Zeanah, C. (1996). Beyond insecurity: A reconceptualization of attachment disorders of infancy. Journal of Consulting and Clinical Psychology, 64(1), 42-52.

MICHIGAN STATE UNIV. LIBRARIES



31293020486316