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OBJECT RELATIONS AS A MEDIATOR BETWEEN CHILDHOOD TRAUMAS, PARENTAL CAREGIVING AND YOUNG ADULT ADJUSTMENT

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ANAT BARLEV

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OBJECT RELATIONS AS A MEDIATOR BETWEEN CHILDHOOD TRAUMAS, PARENTAL CAREGIVING AND YOUNG ADULT ADJUSTMENT

By

Anat Barlev

A DISSERTATION

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ABSTRACT

OBJECT RELATIONS AS A MEDIATOR BETWEEN CHILDHOOD TRAUMAS, PARENTAL CAREGIVING AND YOUNG ADULT ADJUSTMENT

By

Anat Barlev

This study investigated the role of object relations as a mediator between childhood traumas and young adult adjustment as well as parental caregiving and young adult adjustment in 320 undergraduate students in a large Midwestern state university (217 females and 103 males). Childhood traumas and parental caregiving are incorporated into one's development of object relations (Fairbairn, 1952; Kernberg, 1976). Childhood abuse as well as overly neglectful, rejecting or overly controlling parenting contribute to object relations deficits. Object relations deficits were measured by the Bell Object Relations Inventory (BORI; Bell, 1995; Bell, Billington, & Becker, 1986). Object relations deficits mediated the relationship between childhood abuse and young adult adjustment. Participants' lack of basic trust as well as difficulty in relationships, fully mediated the relationship between childhood abuse and depression, childhood abuse and anxiety, and partially mediated the relationship between childhood abuse and dissociation in college students. As predicted, object relations mediated the impact of parental caregiving on psychopathology in young adults. Levels of lack of basic trust and satisfaction in relationships mediated the relationship between father care and depression. Furthermore, struggles in interpersonal relationships as well as oversensitivity to separations and rejections mediated the impact of encouragement of dependence by mothers on depression, and partially mediated the impact of mother dependence on anxiety and dissociation. Perceived social support from friends and family

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did not impact young adult adjustment significantly. Perceived social support from family was found to be a buffer against high levels of alienation and social incompetence.

I would like to dedicate this to the resilience that can be found in each of us

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INTRODUCTION

Childhood traumas can lead to young adult adjustment difficulties (Andrews, 1995; Malinosky-Rummell & Hansen, 1993). Higher depression and anxiety in college students have been related to childhood experiences of sexual abuse (Braver et al., 1992; Lizardi et al., 1995; Abdulrhamn & De Luca, 2001; Brock, Mintz, & Good, 1997), physical abuse (Briere & Runtz, 1990; Bryant & Range, 1997; Ducharme, Koverola, & Battle, 1997), and emotional and psychological abuse (Gauthier et al., 1996; Melchert, 2000; Sanders & Moore, 1999). In addition, depression and anxiety in college students have also been associated with childhood experiences of witnessing interparental violence (Brewin & Vallance, 1997; Henning et al., 1997; Silvern et al., 1995), growing up with an alcoholic parent/s (Carpenter, 1995; Coleman & Frick, 1994; Hinz, 1990; Jarmas & Kazak, 1992, Lewis, 2000), parental divorce and/or separation (Amato & Booth, 1991; Chase-Lansdale, Cherlin, & Kiernan, 1995; Hetherington & Stanley-Hagan, 1999), as well as experiencing parental loss to death (Kaslow et al., 1998; Pfohl et al., 1983; Roy 1981). In addition to depression and anxiety, young adult college students who have experienced frequent and severe trauma are also at risk for dissociative symptoms (Martinez-Taboas & Bernal, 2000; Sandberg & Lynn, 1992).

In addition to childhood traumas, parental caregiving dimensions of care and overprotection have been documented to relate to young adult depression and anxiety (Parker, Tupling, & Brown, 1979). In particular, several studies found that higher depression and anxiety were linked to lower parental care and higher parental overprotection during childhood among college students (Alnaes & Torgeresen, 1990; Bennet & Stirling, 1998; Parker, 1979, 1981, 1986).

Some young adults who have experienced childhood traumas develop greater levels of depression and anxiety than others who have experienced these traumas. Yet, few studies examined the mechanisms by which experiences of abuse and parental caregiving can lead to young adult psychopathology. One possible mechanism is a person's object relations. The theory of object relations concentrates on the development of internal representations of self and object as images of the original infant-caregiver relationship (Kernberg, 1976). Object relations development begins in infancy and continues through adolescence (Westen, 1990). Ferenczi (1949) suggested that traumatic experiences in childhood such as sexual abuse could lead to deficits in object relations. For example, in one study, adolescents who experienced more severe abuse in childhood had more impaired object relations (Baker et al., 1992). In another study, young adult women who were sexually and physically abused as children exhibited overall more impaired object relations than a control group (Ornduff & Kelsey, 1996). Sexual abuse, physical abuse, emotional neglect, and psychological abuse, are all examples of childhood traumas that can lead to impairment in object relations (Baker et al., 1992; Elliott, 1994; Twomey et al., 2000). In addition to childhood traumas, if a child experiences his or her primary caregiver/s as neglectful and not caring, the child may experience the self as a "bad" object, because the perceived neglectful object has been internalized. In addition, Fairbairn (1943) discussed another defense mechanism, considering the parent/s as "good" objects, while the self as "bad", to justify neglect and abuse by primary caregivers. Neglectful caretaking as well as childhood abuse could contribute to object relations deficits such as lack of basic trust in relationships, difficulty with intimacy, oversensitivity to rejection and separation, viewing other's actions only in

terms of one's own motives and social self-consciousness. This could interfere with one's ability to establish satisfying relationships with others, and as a result, there is greater vulnerability to psychopathology such as depression, anxiety, and dissociation. The current study will investigate the role object relations plays in young adult college students in relation to childhood traumas, parental caregiving, and young adult psychopathology.

Current factors such as perceived social support are important in young adult adjustment. Perceived social support has been documented as an important aspect of college students' lives that increases self-efficacy beliefs and self-esteem (Menees, 1997; Torres & Solberg, 2001). In particular, perceived social support from friends and family has been shown to contribute to college students' well-being and adjustment (Burks & Martin, 1985; Cutrona et al., 1994; Holahan, Valentiner, & Moos, 1994). In addition, perceived social support has been shown to negatively relate to depression (Cumsille & Epstein, 1994; Maton, 1990). Perceived social support has been examined as a direct effect as well as a moderator of stressful events (Cohen & Wills, 1985). The current study will investigate the role perceived social support from friends and family plays in young adult psychopathology, as well as whether it buffers the impact of object relations deficits on young adult functioning.

CHILDHOOD TRAUMAS

Childhood Abuse

Childhood abuse has been associated with a number of psychological difficulties in adulthood, including depression, anxiety, and dissociation. Several studies found that adult survivors of childhood abuse (physical, sexual, emotional and neglect) are more likely to suffer from depression than adults who were not abused (Andrews, 1995; Braver et al., 1992; Lizardi et al., 1995; Malinosky-Rummell & Hansen, 1993). In addition, adult survivors of childhood abuse report higher anxiety levels than controls (Abdulrhamn & De Luca, 2001; Brock, Mintz, & Good, 1997; Maynes & Feinauer, 1994).

Childhood abuse appears to increase the likelihood of being victimized in young adulthood. For example, in one study, the highest rate of adult sexual and/or physical victimization was reported by college females who self-reported experiencing both sexual and physical abuse in childhood (Schaaf & McCanne, 1998). In addition, childhood physical and sexual abuse was related to college women's involvement in violent relationships (i.e., victims of physical aggression in a dating relationship at least on one occasion since the age of 16) (Coffey et al., 1996). Furthermore, female college students who experienced a date rape were more likely than controls to report some amount of childhood sexual abuse as well as significant neglect (Sanders & Moore, 1999). An additional study demonstrated that childhood abuse (physical, sexual, and emotional) as well as loss (parental illness, parental death and parental divorce or separation) encountered in early childhood before the age of 5 increased experiences of sexual, physical, and emotional abuse in adulthood for men and women (Liem & Boudewyn, 1999). In addition to victimization, one study found that male survivors of childhood

physical abuse also tend to be more violent themselves (Malinosky-Rummell & Hansen, 1993).

Childhood abuse is also associated with lower self-esteem in young adulthood. For example, childhood maltreatment and loss experiences predicted lower self-esteem in adulthood (Liem & Boudewyn, 1999). One study found that in particular, psychological (emotional) abuse in childhood was uniquely associated with low self-esteem in female college students (Briere & Runtz, 1990). In a community sample of women between the ages of 18-45, reported psychological and physical abuse from parents, were related to lower self-esteem reports (Down & Miller, 1988). In this study, self-esteem was lower when the perpetrator was the father, while only severe abuse from the mother was related to lower self-esteem. In another study, college students who were survivors of physical abuse reported significantly lower self-esteem and intimacy than non-abused respondents (Ducharme, Koverola, & Battle, 1997).

In addition to greater likelihood of young adult victimization and lower self-esteem, childhood abuse has also been found to impact young adult adjustment and mental health. For example, Langhinrichsen-Rohling et al., (1998) reported that abuse from either parent was related to increased rates of suicidal and life threatening behavior. The severity of the abuse appears to impact the long-term consequences of the abuse. Another study found that college participants who reported both severe sexual and physical abuse reported more lifetime suicidality than participants who reported either mild sexual and/or physical abuse (Bryant & Range, 1997).

Studies have found that physical abuse is linked to aggression toward others (Briere & Runtz, 1990), and neglect is linked to aggression toward the self (Gauthier et

al., 1996). According to Gauthier et al., (1996) neglect was a stronger predictor of psychological problems and insecure attachment styles than physical abuse among a college population. In this study, it appeared that negative parental involvement is less detrimental than a lack of parent-child interaction. In addition, another study found that the largest amount of variance in college students' psychological distress was explained by parental emotional abuse and neglect (Melchert, 2000).

One of the major limitations of the studies cited above is that many examine a female population and fewer men. It is important to note that males are sexually victimized as well. For example, a study that examined long-term psychological consequences of childhood sexual abuse in two samples of college men found rates of childhood sexual abuse of 13% and 15% in each college sample (Fromuth & Burkhart, 1989). In another study, 18% of college men reported incest and 13% of college men reported extra familial childhood sexual abuse (Melchert, 2000). College men who were sexually abused were less well adjusted than a control group and also reported specific sexual problems (Fromuth & Burkhart, 1989). The current study will examine trauma experiences among college men and women.

Rind, Tromovitch and Bauserman (1998) conducted meta-analyses that examined the impact of child sexual abuse (CSA) on college samples. The authors were interested in a college population because it is not a clinical population and believe that this can aid in being able to generalize results to the general population. In addition, authors suggested that studies of college populations also provide information about the family environment. The authors concluded that childhood sexual abuse was related to poorer mental health adjustment for college students. Nonetheless, the impact of the abuse

appeared to be less severe than what was suggested in previous studies. In addition, they also concluded that college students do not present fewer symptoms than other samples and they do not appear to cope better than more clinical populations. Moreover, the author suggested that the family environment while growing up explained greater variance than child sexual abuse by itself in terms of adult adjustment. The proposed study will examine a wide range of childhood experiences and traumas and will explore young adult adjustment. More specifically, the mechanisms by which childhood traumas impact adjustment will be examined including parental caregiving to further clarify the relationships between childhood experiences and young adult adjustment.

Several studies demonstrated that in addition to depression, anxiety, and lower self-esteem, young adult survivors of childhood abuse are more likely to dissociate, (Martinez-Taboas & Bernal, 2000; Sandberg & Lynn, 1992). Dissociation is defined as a structured separation of mental processes (Spiegel & Cardena, 1991). It can occur in all people, but thought to be more prevalent in persons with more severe psychopathology (Bernstein, & Putnam, 1986). Irwin (1994) stated that in dissociation, feelings are separated from specific events, and memories can be disconnected from the flow of thoughts. Some categorized dissociation on a continuum beginning with individuals who use it in forms such as daydreaming and what is called "non-pathological" dissociation to chronic "pathological" dissociation that has been associated with increased severity of trauma (Maynes & Feinauer, 1994). A study found that adults' experiences of dissociation were accounted for by childhood traumas (i.e., familial loss and sexual abuse) (Irwin, 1994). In addition, a number of researches began investigating whether there are distinguishable types of dissociative experiences (Waller, Putnam, & Carlson,

1996). The authors in this study first wanted to see if they could distinguish between pathological and non-pathological dissociation. Second, they wanted to see if there are specific people who are more prone to pathological dissociation. The authors conducted a taxometric analysis of the Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986) using a large clinical, as well as a non-clinical population. The authors came up with three factors for the DES: absorption, amnesia for dissociative states, and depersonalization /derealization. The authors concluded that absorption items indicated a measure of a dimensional construct, non-pathological dissociation. On the other hand, the last two factors, amnesia for dissociative states as well as depersonalization/derealization measure a construct. Another study measured the typological model of dissociation suggested by the previous study by Waller et al., 1996 (Waller & Ross, 1997). This study provided additional support for a pathological dissociative taxon. A recent study examined the 2-month retest stability of the pathological dissociative taxon in a college sample of 456 undergraduates (Watson, 2003). Contrary to the author's expectation, the taxon scores were not highly stable over the 2-month period, and most participants who were identified as taxon members at one assessment, did not qualify for membership at the second assessment. These results question the existence of a pathological dissociative taxon, at least for a non-clinical population. According to the authors, the use of a college population and not a clinical population could have contributed to the unstable taxon results, since more severe dissociation exists among a clinical population (Watson, 2003). In the current study, a college population was used and therefore dissociation was measured by the DES and it was scored dimensionally.

A number of studies have found that dissociation can occur among college students (Martinez-Taboas & Bernal, 2000; Sandberg & Lynn, 1992; Sanders, McRoberts, & Tollefson, 1989). Students who reported frequent and severe traumatic experiences were the most likely to experience depression, psychological distress and score higher on the Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986) (Martinez-Taboas & Bernal, 2000). Dissociation in college students was also found to positively correlate with stressful childhood experiences (Sanders, McRoberts, & Tollefson, 1989). Furthermore, participants who reported higher dissociation in college also reported poorer college adjustment (Sandberg & Lynn, 1992).

Finally, according to one study, another impact of childhood abuse is higher college drop out rates. Duncan (2000) followed 210 first year college students throughout four years of college. The author found that 36% of the participants were child abuse survivors. By the second semester of college, participants who experienced more than one form of childhood abuse (physical, sexual, or emotional) and those that experienced a sexual assault but were not abused in other ways, were significantly less likely to be enrolled than controls. By the end of four years of college, 35% of multiple victims, 50% of those sexually abused only, and 60% of controls were still enrolled. Thus, it appears that childhood traumas are related to college dropout rates. In this study, childhood abuse including sexual, physical, and emotional abuse will be examined as a trauma, which is predicted to have a negative impact on young adult psychopathology as mediated by object relations.

Interparental Violence

Interparental violence (parental partner abuse) occurs in many homes in the United States (Brewin & Vallance, 1997; Henning et al., 1997; Silvern et al., 1995). The impact that witnessing it has on children has been well documented (Levendosky & Graham-Bermann, 1998; Malinosky-Rummel & Hansen, 1993; Sternberg et al., 1993). In contrast, not much research has been conducted on the long-term impact of it, for example how it influences young adults, including college students.

A few studies examined the rates of exposure to interparental violence during childhood among college students (Henning et al., 1997; Silvern et al., 1995). Students reported that their exposure to parental partner abuse was as high as 41% for women and 32% for men. Witnessing interparental violence has been associated with young adult adjustment difficulties. For example, women who were exposed to partner abuse as children reported higher levels of depression, trauma symptoms and lower self-esteem than a control group (Silvern et al., 1995). In addition, this study also found that among men, exposure to partner abuse was associated with trauma symptoms. According to Henning et al., (1997) the negative effect of witnessing interparental violence intensified when the aggression caused the abused parent to need outside assistance such as an emergency room, as well as when the same sex parent was victimized.

A few studies found exposure to interparental violence and verbal aggression to be associated with elevation in depression, anxiety, interpersonal problems and trauma symptoms for both college men and women (Blumenthal, Neemann, & Murphy, 1998; Henning et al., 1997). Specifically, these studies found that verbal aggression predicted all symptoms and was a

stronger predictor of young adult psychopathology than interparental physical violence. In another study, 32% of the participants reported witnessing physical violence between parents in their families, while 95% of the participants reported being exposed to verbal aggression in their homes (Blumenthal et al., 1998). Witnessing interparental verbal aggression appears to be related to similar psychopathology that is associated with interparental physical violence in young adults.

Observing parental violence in childhood has also been paired with later young adult violent behavior toward others. Mangold and Koski (1990) examined the relationship between parental and sibling violence among college students. It seemed that particularly for men, a perception of increased violence directed by the father toward the mother, increased participants' violence. In addition, Langhinrichesn-Rohling and Rohling (2000) examined interparental violence experiences and college students' dating behaviors, particularly unwanted pursuit behaviors of romantic relationships. According to the study, females' engagement in unwanted pursuit behavior correlated with threatening and intense parental arguments. Males' engagement in unwanted pursuit behaviors was correlated with those who experienced either parental divorce or separation (Langhinrichsen-Rohling & Rohling, 2000). Furthermore, college women were more likely to be involved in violent relationships themselves if they had witnessed violence between their parents during childhood (Coffey et al., 1996).

One of the major limitations of the studies cited above is not taking into consideration that young adults who were exposed to parental violence were often exposed to other traumas that can lead to young adult adjustment difficulties. For example, reports of parental violence were associated with reports of parental alcohol

abuse and divorce, as well as sexual abuse for women (Silvern, et al., 1995). The consequences of interparental violence while growing up for college students may also be attributed to other factors. Thus, the current study will examine a number of childhood traumas in addition to interparental violence. Overall, witnessing interparental violence is predicted to have a negative impact on young adult psychopathology as mediated by object relations.

Parental Alcoholism

Parental alcoholism is an additional trauma that can have long-term consequences for children (Jarmas & Kazak, 1992). Approximately one in four children is exposed at some time before the age of 18 to familial alcoholism, alcohol abuse, or both (Grant, 2000). In 1985 there were approximately 22 million persons aged 18 or more who were children of alcoholics (Russell, Henderson, & Blume, 1985).

A number of studies have examined the long-term impact of parental alcoholism on college students and young adults. College students who were adult children of alcoholics (ACOAs) reported greater childhood stressors (Havey, Boswell, & Romans, 1995; Schmidt, 1995) as well as current stressors than a control group (Fischer, 1997; Schmidt, 1995). In addition, higher levels of depression were reported by ACOAs (Bluth, 1995; Bush, Ballard, & Fremouw, 1995; Cuijpers, Langendoen, & Bijl, 1999; Cutter & Cutter, 1987; Domenico & Windle, 1993; Gondolf & Ackerman, 1993; Lewis, 2000; Lipman, 1990; Taliaferro, 1996) as well as college students who were ACOAs (Carpenter, 1995; Coleman & Frick, 1994; Hinz, 1990; Kowa, 1995; Yama et al., 1992; Zucker, 2000). Several other studies reported low self-esteem among ACOAs (Bush et al., 1995; Domenico & Windle, 1993; Gondolf & Ackerman, 1993; Lewis 2000). In

another study, parental alcoholism independently predicted higher levels of suicidal ideation among college students (Yama et al., 1996). Furthermore, ACOAs reported higher anxiety levels than controls (Ashby, Mangine, & Slaney, 1996; Carpenter, 1996; Hinz, 1991; Lewis, 2000; Taliaferro, 1996; Yama et al., 1992).

ACOAs are at a higher risk for substance abuse problems, possibly due to genetic predisposition as well as environmental factors. One study found ACOAs who were college students at greater risk for moderate and high substance use (Claydon, 1987; Wright, 1993). For example, college students ACOAs had significantly more substance abuse problems than non-ACOAs college students (Fischer, 1997; Martin, 1995; Rodney, 1994, 1995; Baker, 1997). Similar findings emerged also for ACOAs who were not college students (Cuijpers et al., 1999; El-Guebaly et al., 1991).

According to Hetherington (1988), children of alcoholics grow up in a family environment that contains anger, fear, and frustration. Several studies support this statement through examining ACOAs' perceptions of their families. ACOAs perceived less cohesion and more conflict in their families (Domenico & Windle, 1993; Jarmas & Kazak, 1992; Yama, M. F. et al., 1992). In addition, ACOAs also perceived less expressiveness, less organization, poorer communication than the control group (Jarmas & Kazak, 1992) and also lower levels of intimacy within the parent-child relationship (Protinsky & Ecker, 1990). Furthermore, young adult children of alcoholics were more parentified (found themselves in parental roles), than young adult children of problem drinkers and children of nonalcoholics (Chase, Deming, & Wells, 1998).

The interpersonal relationships of ACOAs have also been examined. Several studies found ACOAs to be codependent (dependent in relationships) than controls (El-

Guebaly et al., 1992; Jones & Kinnick, 1995), while another study did not find a significant relationship between ACOAs and codependency (Baker, 1997). In terms of romantic relationships among young ACOAs, a study found that ACOAs began dating at a younger age and dated significantly fewer people than controls. Furthermore, ACOAs reported greater dating anxiety than controls (Larson et al., 2001) as well as anxiety in adult relationships (Williams, 1998) and problems with intimacy (Cutter & Cutter, 1987).

In contrast to the research cited above, not all ACOAs suffer from long-term consequences of growing up with an alcoholic parent. For example, no significant differences were found between ACOAs and controls regarding alcohol use, depression or feelings of failure (Gordon 1995; Mintz, Kashubeck, & Tracy, 1995). In addition, no significant relationship was found between ACOAs and anxiety levels (Post et al., 1992). Furthermore, no significant relationship was found between parental alcoholism and low self-esteem (Churchill, Broida, & Nicholson, 1990; Martin, 1995). In these studies, the authors did not find a direct relationship between parental alcoholism and young adult adjustment difficulties. It appeared that satisfying parent and child relationships as well as a comfortable family environment served as protective factors.

One of the major limitations of the studies cited above is not accounting for other possible traumas that ACOAs may have experienced as children. Growing up in an alcoholic home can expose a child to other traumas such as physical, sexual and emotional abuse. One study found that college students who were raised in alcoholic families were more likely to experience traumatic events than a control group (Johnson, 2001). For example, college students who sought counseling services at their school reported an abuse history in addition to parental alcoholism (Zucker, 2000). Thus,

growing up in an alcoholic home will be examined as a trauma along with other traumas in the proposed study. Parental alcoholism is predicted to have a negative impact on young adult psychopathology as mediated by object relations.

Divorce/Separation

Divorce is an additional childhood trauma that is common for many children in this society. It was estimated that about 40%-50% of children born in the late 1970's and early 1980's experience their parents' divorce and spend at least 5 years in a single parent home before the parent they reside with remarries (Glick & Lin, 1986). Currently, half of all marriages end in divorce (Cherlin, 1992; Peck & Manocherian, 1989). While research on divorce focuses on the immediate impact of divorce on children, some studies have documented the long-term impact of divorce. For example, children may experience depression five and ten years after the divorce (Hetherington et al., 1989), during the transition from adolescence to adulthood. In addition, Wallerstein and Blakeslee (1989) conducted a ten-year longitudinal study of divorce and suggested that mental health difficulties may emerge during the transition to adulthood.

A number of studies have examined the long-term impact of divorce on college students whose parents divorced while they were children or young adolescents. Higher levels of depression were found in students from divorced families (Amato & Booth, 1991; Hetherington & Stanley-Hagan, 1999; Palosaari, Aro, & Laippala, 1996) as well as anxiety and problems with social relationships (Chase-Lansdale, Cherlin, & Kiernan, 1995). In addition, higher rates of seeking counseling were found in young adults from divorced homes (Amato & Booth, 1991), which is an indication of psychological distress. Divorce is more than a single event; it's a part of a series of changes and transitions in the

lives of children (Hetherington, Stanley-Hagan, & Anderson, 1989). The home environment before the divorce contributes to the difficulties in divorce adjustment. Nevertheless, in one study, adjustment problems in late adolescence and young adulthood remained high even when difficulties prior to the divorce were controlled for (Chase-Lansdale et al., 1995). Many college students report distressing feelings about their parents' divorce, including parental blame, feelings of loss, as well as beliefs that their lives had been changed by the divorce (Lumann-Billings & Emery, 2000).

The quality of relationships with parents can be a protective factor as well as a risk factor in terms of the impact of divorce on young adults' adjustment. One study indicated that the risk for depression decreased when students reported a close relationship with parents (Palosaari et al., 1996). Specifically, the study showed that a close relationship with the father benefited daughters by reducing the risk for depression. In contrast, a close relationship with the mother lowered sons' susceptibility to depression. Another study indicated that college student's post-divorce adjustment was related to post-divorce relationships with both parents (Hillard, 1984). According to Amato (1999), adult children had the strongest affection for parents when their marriages were intact, less affection when parental marriage was problematic, and the least affection for divorced parents. It seems that college students may prefer their parents to remain married even if the marriage is conflictual, as opposed to obtaining a divorce. In addition, a number of studies showed that college students from divorced homes rated their families as significantly less close than students from intact homes (Lopez, Campbell, & Watkings, 1988; Lopez, Melendez, & Rice, 2000). These studies also found that college students from divorced homes demonstrated greater independence and

differentiation from parents, especially from fathers, than students from intact homes. Some studies have examined the impact of divorce on later romantic relationships (Black & Sprenkle, 1991; Franklin, Janoff-Bulman, & Roberts, 1990; Gabardi & Rosen, 1991). These studies have found that college students from divorced families reported less trust of a future spouse and significantly more negative attitudes about marriage than students who did not experience divorce.

It is important to add that divorce may not always have a detrimental impact on children and young adults. For example, a study that compared college students from divorced families with students from intact families did not find differences in signs of depression and anxiety (Gabardi & Rosen, 1991). In addition, researchers consistently find that children adapt better in a well-functioning single parent or stepparent family than in a home full of conflicts (Amato, Loomis, & Booth, 1995; Hetherington et al., 1989). Furthermore, participants' object relations could mediate the impact of parental divorce/separation and young adult psychopathology. Research in this area has been very limited. Thus, parents' divorce/separation during childhood will be examined as a trauma in this study. It is predicated that it will have a negative impact on young adult psychopathology as mediated by object relations.

Parental Loss

Parental death or separation while growing up is another event that can be related to young adult psychopathology (Breier et al., 1988; Kalsow et al., 1998; Pfohl, Stangl, & Tsuang, 1983; Roy, 1981). Breier et al., (1988) investigated the impact of early parental loss between the ages of 2-17, as well as differences between those who developed pathology and those who did not. Permanent separation was defined as parental death or

parental separation in which the child never resided with the separated parent following the separation. The study identified several risk factors that can lead to a difficult adjustment following parental loss. The factors include a non-supportive relationship with the surviving parent, separation anxiety, depression and difficulty forming peer relationships. No significant differences were found between participants who lost a parent to death or through separation/divorce.

One study found that parental loss before the age of 17 increased the chance of developing depression in adulthood (Roy, 1981). Another study demonstrated that higher levels of depression were associated with a more significant history of loss, with the most depressed participants having the highest combination of early childhood loss and recent loss (Kaslow et al., 1998). One of the major risks for depression during childhood and adolescence included loss of caregiver to separation or death (Wagner, 1997). In addition to depression, college students who experienced parental loss also reported significantly more death and suicide themes on the Thematic Apperception Test (Taylor, 1983). In a large study of 557 college students whose parents divorced or died before they were 11 years old, females reported more severe depressive symptoms than males. Males who experienced early parental loss were significantly at an increased risk for developing a lifetime dysphoric episode (Roberts & Gotlib, 1997). In a clinical population, participants with depression were 3.4 times more likely to have experienced maternal death than participants with other disorders (Pfohl et al., 1983). Thus, there is strong support for the risk of developing depression following parental loss.

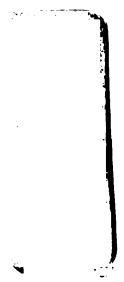
In another study, a sample of adult females (mean age = 33) who lost their natural mother between the ages of 8-12 years old suffered from depression around the age of 17

(Parker & Manicavasager, 1986). In addition, father's social class played an important role in participants' adjustment following maternal death. Lower father social class was related to women self-reporting inadequate experiences with stepmothers, and earlier father death. The main limitation of the study is that there was no comparison control group.

Another study investigated the history of early parental loss and suicidal ideation and behavior (Adam et al., 1982). This study found that early loss participants demonstrated significantly more suicidal ideation and suicidal attempts. Specifically, suicidal ideation was significantly greater in participants whose father died and/or both parents died versus those whose parents were divorced or separated. Overall, the study found that 50% of participants with a history of early parental loss were significantly preoccupied with thoughts of suicide and 18% had made one or more suicide attempts. In contrast, a study that investigated the incidence of parental loss in 200 depressed patients did not find that depressed patients had experienced more incidents of parental loss than control participants (Perris et al., 1986).

One limitation of the studies cited above is that all examined loss of parent by death combined with loss of parent by separation/divorce in order to increase sample size. Research has shown that parental loss by death or divorce/separation leads to similar consequences, yet adjustment difficulties were greater among college students who experienced parental loss to death versus to divorce/separation (Adam et al., 1982). Nonetheless, the proposed study will investigate the impact of parental death and separation/divorce independently. One other limitation is that several of the studies used small sample sizes. For example, one study found that parent loss in childhood did not

lead to self-esteem damage (Rozenda & Well, 1983). Nevertheless, the sample was small (N=24), only one participant suffered parental death, 12 were from divorced families and 5 separated, with the rest not specifying why they had a single parent status. The proposed study will investigate the impact of parental loss on young adult psychopathology in a large sample of college students as mediated by object relations.



PARENTAL CARAEGIVING

There are several main factors that contribute to the quality of parental caregiving. Parker, Tupling, and Brown, 1979 developed an instrument to measure parent-child bonds, the Parental Bonding Instrument (PBI). The first factor, a 'care' dimension is defined as affection, emotional warmth, empathy and closeness, versus emotional coldness, indifference, rejection and neglect. The second factor, an 'overprotection' dimension is defined as control, overprotection, intrusion, excessive contact, infantilization and prevention of independent behavior, versus allowance of independence and autonomy.

Using the PBI, several studies found that higher depression and anxiety scores were linked to lower parental care and higher parental overprotection among adults and college students (Alnaes & Torgersen, 1990; Parker, 1979; Parker, 1986; Parker, Tupling, & Brown, 1979; Rodriguez et al. 1993; Whisman & Kwon, 1992). In a number of studies, anxiety disorders were linked to less parental care and greater overprotection (Bennet & Stirling, 1998; Leon & Leon, 1990; Parker, 1981; Silove et al. 1991). Lastly, Parker (1982) found that low mother care was the best PBI predictor for higher anxiety scores.

The importance of mother care was explored in two samples of college students (Ingram et al., 2001). The study found that even when depressive and anxiety symptoms were controlled for, the level of mother care was the most related factor to positive and negative participants' cognitive self-statements. In addition, participants who reported more caring mothers reported significantly more positive thoughts than did those with less caring mothers. In a different study with college students, shame affect was

negatively related to both maternal and father care and affection, and positively related to maternal overprotection (Lutwak & Ferrari, 1997).

Furthermore, patients with general anxiety disorder and panic disorder rated their parents high in both care and overprotection, as well as low in care and high in overprotection in comparison with a control group (Silove et al. 1991). According to Parker (1979), the 'overprotection' factor may play a more important role in the development of anxiety than the 'care' dimension. In contrast, a number of studies demonstrated that lower father care was associated with anxiety disorders and depression (Alnaes & Torgersen, 1990; Leon & Leon, 1990; Zemore & Rinholm, 1989). Thus, care dimension is also associated with anxiety. In another study among college students, depression vulnerability was associated with a perception of a cold rejecting father for males, and with a perception of an intrusive controlling mother for females (Zemore & Rinholm, 1989). In a different study, participants with lifetime major depressive disorder (MDD) reported significantly lower 'mother care' scores than did those without lifetime MDD (Sato et al. 1997). The above reviewed studies suggest that in terms of parenting caregiving and its influences on young adult mental health, mother and father influences are independent of each other. Thus, the proposed study will examine parental caregiving separately for mother and father.

According to one study, parental caregiving including low care and high overprotection lead to more detrimental outcomes for young adults than low care and low overprotection (Canetti et al., 1997). In this study, participants who reported low care and high overprotection from their parents scored higher on the Brief Symptom Inventory (BSI; Derogatis & Spencer, 1982) and General Well-Being Schedule, than those that

reported low care and low overprotection from their parents. In a different study, college students who perceived their parents as warm, affectionate and encouraging of their independence were more likely to experience themselves as psychologically separated from significant others and more positively adjusted (Boles, 1999). In contrast, those who perceived their parents as lacking in warmth and encouragement of autonomy were more likely to experience themselves as psychologically dependent on significant others as well as report higher symptoms of depression, anxiety, and loneliness.

Satisfaction with current relationships has also been related to parental caregiving. For example, in a group of 45 depressed married women, those who reported the most overprotective fathers perceived their marriage as worse than those who did not report their fathers as overprotective (Rodriguez et al. 1993). In another study, a group of 41 married participants who were diagnosed with a psychiatric illness showed the strongest positive correlations between adult marital quality and mother care (Truant, 1994). The main limitation of these two studies is not being able to determine the extent to which psychiatric illness interferes with perception of parental caregiving as well as quality of marriage. Nevertheless, several of the previous studies reviewed above indicated that when depression and anxiety were controlled for, parental care and overprotection were still found to significantly predict adult adjustment. Another study found that care and overprotection during childhood as determined by the PBI were correlated with marital quality in females with no psychiatric diagnoses (Truant, Herscovitch, & Lohrenz, 1987). Furthermore, higher care and lower overprotection led to better marital quality for females.

Parental care while growing up is significant for the adjustment of young adults who experienced childhood trauma (e.g., physical, sexual, and emotional abuse) (Lynskey & Fergusson, 1997; Schreiber & Lyddon, 1998). Lynskey and Fergusson (1997) examined a young adult population that has been followed since the participants were four months old. Reports of decreased father care were related to increased risk for depression and anxiety among adults who experienced sexual abuse. In another study, low parental care indicated greater psychological difficulties for sexual abuse survivors, and high father care was significantly associated with better psychological functioning (Schreiber & Lyddon, 1998). In the last few studies, father care seemed to be a significant contributor to better adjustment among sexual abuse survivors. In contrast, a review of empirical studies that dealt with the impact of sexual abuse on children found that a lack of maternal support at the time of disclosure increased trauma symptoms (Kendall-Tackett et al., 1993).

Parental care and warmth can also influence young adults' dating relationships (Andrew et al., 2000). This study tested a model in which family conflict, depression, and antisocial behavior of 254 adolescents were prospectively related to functioning within a marital or dating relationship in young adulthood. Family aversive communication in adolescence and adolescent antisocial behavior predicted couple physical aggression. In addition, family aversive communication predicted couple aversive communication for married women and dating men. Another study examined college students who came from divorced families (Franklin et al., 1990). Results indicated that a negative relationship with one's mother and less contact with the father for college students led to a more negative view of other people. In contrast, a longitudinal study that followed

participants and observed them at their homes from the time that they were in the seventh grade until adulthood (M = 20.7 years old) demonstrated that caring and responsive parenting in the family of origin predicted behaviors toward a romantic partner that were warm, supportive, and low in hostility (Conger et al., 2000).

Parental caregiving dimensions of care and overprotection have been reviewed in the above studies. The studies found that high care and low overprotection ratings of parents have been shown to relate to positive adjustment among young adults. In contrast, low care and high overprotection have been found to relate to higher depression and anxiety, as well as relationship difficulties in young adults. Thus, parental caregiving will be examined in this study. Specifically, parental caregiving of lower care and higher overprotection, are predicted to have a negative impact on young adult psychopathology as mediated by object relations.

OBJECT RELATIONS DEVELOPMENT

According to Kernberg (1976), the theory of object relations concentrates on the development of representations of self and object as images of the original infant-caregiver relationship that influence the development of future relationships with others. Object relations theory focuses on the intensity and stability of internal relationships with others. According to Fairbairn (1940), the most significant object for the infant is the mother and the second most significant object is the father. In addition, the infant is dependent on its object for physical and psychological satisfaction. A physical or a psychological loss of an object is a traumatic event that can be a matter of life and death for an infant. Caregivers' relationship with the infant is very significant to the infant's physical and psychological development.

According to Fairbairn (1941), normal development of object relations occurs in phases that progress from an original object-relationship based upon a primary identification when there is no differentiation between self and other, to an object-relationship based on differentiation of the object. In the transition phase, the infant begins to view the object dichotomously; the original object is split into an accepted (loved) and a rejected (hated) object, both which are beginning to be internalized. In the transition phase, the infant begins to view the object more separately from the self and the object begins to be internalized. In this phase, the child oscillates between strong attempts to get close to the primary object and to separate oneself from it. There are two major fears during this stage: the fear of separation and the fear of being too close. Finally, a secondary identification is developed when there is a distinction between the self and the

object. The child begins to view the primary caregiver as a separate object and the self as a separate being.

From the time children are born, the interactions that they have with their caregivers are internalized, and later serve as templates for current functioning and relationships. In addition, originally thought to develop in early childhood, recent research indicates that object relations continue to develop through adolescence (Westen, 1990). Thus, all significant interpersonal experiences that occur to children throughout adolescence can impact their object relations development.

Object Relations as a Mediator between Parental Caregiving and Adult Psychopathology

Fairbairn (1943) stated that children need two main things: (a) to know that their primary caregivers love them, and (b) that their caregivers accept their love. If both exist to a reasonable degree, it helps the child to safely depend on an object and move from one phase to the next, as well as develop well functioning object relations. If the two conditions are poorly satisfied, the child will experience separation anxiety. It is difficult for the child to separate from a primary caregiver if the child's emotional needs are not fulfilled. If the child's needs are not met, the child will most likely become fixated on the primary caregiver. This will in turn impair the child's development of object relations since the child is fixated on an object, and there will not be enough room for the child to focus on the self.

According to Fairbairn (1943), if the infant experiences the primary object as gratifying (i.e. available when the infant desires it), the infant considers it a "good" object. However, when the infant experiences the primary object as rejecting, the infant considers it a "bad" object. The child cannot change the primary caregivers and cannot

meet his or her own needs. In order for the child to survive, he or she needs to become attached to the primary object, even if the object is experienced as rejecting ("bad") and internalize the object. In order for the child to feel less anxious and angry towards a primary object that the child needs for survival, he or she splits the caretaker's internal and external representations into "good" and "bad". In the process, the child also splits the self into "good" and "bad" representations (Celani, 1999). Splitting occurs naturally at this developmental period, nonetheless, the more severe the neglect and mistreatment, the greater the splitting and the harder it is to learn to tolerate and incorporate the splits into one. In addition, the greater the splitting, it becomes more natural to resort to it later in future relationships with others.

According to Fairbairn (1952), the more severe the trauma for the child, the more severe is the splitting. This can lead to deficits in object relations such as lack of trust in relationships, extra sensitivity to rejections and separations, yearning for intimate relationships, viewing others' actions through one's own motives, and difficulty with romantic relationships, as well as other deficits (Bell, Billington, & Becker, 1986). Nevertheless, splitting serves as a defense for the child against the strong anxiety and desire to destroy the bad internalized and external object. The split off frustrating object and the loving object become separated. The split no longer threatens destruction of the "bad" object, because the object is also viewed as "good". The split also protects the child's hope for receiving love and attention in the future, there is still a belief inside that the good part may appear and the bad part may stay repressed (Celani, 1999).

An additional defense mechanism proposed by Fairbairn (1943) is that of the child believing that he or she deserves to be abused because of the child's badness. This

is one possible consequence of rejecting or neglectful parenting. The child idealizes the parent and views the self as bad and deserving constant punishment. As the child matures, the neglected needs are still not fulfilled and they often shift from the parental object to others such as a lover, spouse and close friendships. The neglect also manifests itself in depression and anxiety.

Object Relations as a Mediator between Childhood Trauma and Adult Psychopathology

Ferenczi (1949) suggested that traumatic experiences in childhood such as sexual abuse could lead to deficits in object relations. In general, trauma that occurs in critical developmental periods of early childhood is most likely to produce difficulties in the following six need areas: (1) safety, (2) trust or dependence, (3) esteem, (4) independence, (5) power, and (6) intimacy (Green, 1998). Difficulties in these areas influence object relations and can lead to adult psychopathology.

A study that investigated a group of borderline adolescents found impairments in object relations development (Baker et al., 1992). Additional results indicated that adolescents who experienced more severe abuse in childhood had more impaired object relations. Another study that examined the object relations in a group of professional women who were molested as children found that more severe abuse was related to more impaired object relations such as interpersonal difficulties (Elliott, 1994). Results revealed that childhood sexual abuse affected women's capacity for object relatedness, independent of family dysfunction. Women with abuse history had greater divorce rates. In addition, women who were abused by a family member reported greater object relations impairment than women who were abused by a stranger. Thus, it is important to distinguish between incest and extrafamilial abuse when assessing the impact of

childhood abuse on object relations. Another study that examined the object relations of sexually and physically abused females found that victims of child abuse demonstrated more impaired object relations than a control group, with victims of child abuse perceiving people and relationships more malevolently and threatening than a control group (Ornduff & Kelsey, 1996). In addition, child abuse victims indicated lower levels of investment in and commitment to relationships, than a control group.

Growing up in an alcoholic home is an additional trauma that can impact object relations. A study that examined the influences of growing up in an alcoholic home on young adult college students found that children of alcoholics exhibited object relations deficits (Jarmas & Kazak, 1992). In the study, ACOAs exhibited greater introjective depression. According to Blatt (1974), introjective depression develops when a child internalizes parental images that are incomplete and ambivalent, and the child is unable to resolve the contradictions among the representations.

In the current study, object relations deficits were measured by the Bell Object Relations Inventory (BORI; Bell, 1995; Bell, Billington, & Becker, 1986). The BORI is a self-report inventory that measures a person's level of alienation, insecure attachment, egocentricity, and social incompetence. Deficits related to any of these factors interfere with establishing and maintaining satisfying relationships (Strand & Wahler, 1996). According to Bell et al., (1986) as well as Strand and Wahler (1996), alienation is defined as a lack of basic trust in relationships and difficulty in getting close to people. Insecure Attachment is defined as struggles and pains in interpersonal relationships, over sensitivity to rejection and abandonment and a longing for intimacy. Egocentricity is defined as a tendency to see others mainly in relation to the self and not trust others'

motives. Social incompetence is defined as social ineptness in relationships, especially in romantic relationships and sensitivity to how one is viewed socially by others. Childhood abuse can interfere with object relations development and lead to deficits in interpersonal relations. For example, a child who has experienced trauma from loved ones may internalize a caregiver who is too neglectful and hurtful, and that in turn could lead to severe splits of good and bad figures in his or her life. There may not be enough adequate caregiving for the child to accommodate the trauma experienced. The child may learn that caregivers and later other people that the child cares about are expected to behave in hurtful ways, and in that way the young adult comes to expect abuse within relationships. The child may grow up with a lack of basic trust in relationships, a difficulty with intimacy, and at the same time, a longing for intimate relationships (Twomey, Kaslow, & Croft, 2000).

According to Bell et al., (1986) the four BORI subscales represent features of personality that are related to psychopathology. For example, several studies demonstrated that college women with higher levels of eating disorders displayed higher insecure attachment scores on the BORI (Heesacker & Neimeyer, 1990; Steiger & Houle, 1991). Furthermore, higher social incompetence scores were related to higher eating disorder disturbance (Heesacker & Neimeyer, 1990). Another study found more specifically that college women diagnosed with bulimia nervosa reported higher mean on insecure attachment as well as egocentricity subscales of the BORI (Becker, Bell, & Billington, 1987). These studies suggest that object relations deficits are related to psychopathology. Another study examined adolescent's object relations who experienced childhood abuse using the BORI (Haviland et al., 1995). The study found that higher

insecure attachment and egocentricity scores were related to childhood trauma. Alienation and social incompetence were related to abuse occurring at an earlier age and to abuse by a family member. More specifically, participants exposed to childhood sexual abuse experienced more severe object relations deficits on the BORI, then participants exposed to childhood physical abuse. Furthermore, object relations deficits correlated with childhood depression and anxiety. In another study, growing up in a family with high conflict and less cohesion contributed to object relations deficits in adulthood as measured by the BORI (Hadley, Holloway, & Mallinckrodt, 1993). These studies suggest that childhood traumas are related to object relations deficits. In addition, current psychopathology as manifested by depression, anxiety or eating disorders also appears to be related to object relations deficits. This suggests a mediator role for object relations between childhood trauma and adult psychopathology.

In another study, object relations using the BORI was examined as a mediator between childhood maltreatment and suicidal behavior in a sample of predominantly low-income African-American women (Twomey et al., 2000). In this study, when each of the four BORI subscales was controlled for, the relationship between childhood sexual abuse, physical neglect, as well as childhood emotional abuse and suicidal behaviors were no longer significant. This strongly suggests a mediator role for object relations. This study had a few limitations. The sample did not include men. In addition, the study sample was a clinical population, which makes it difficult to generalize findings to the general population. The current study will investigate object relations as a mediator between childhood trauma and psychopathology of young adult college students among women and men.

SOCIAL SUPPORT

Social support plays a major role in life satisfaction and well-being in younger and older populations. Positive relations between social networks, support, and interpersonal adjustment have been consistently shown for adults (Cohen & Wills, 1985). Social support networks and availability of support also have been identified as protective factors in studies of risk for poor behavioral and mental health outcomes in children (Bost, Vaughn, Washington, Cielinski & Bradbard, 1998).

Barrera (1986) divides social support into three dimensions: (1) *Social embeddedness*: focusing on the size of the network, the number of connections individuals have to other persons; (2) *Perceived support*: which consists of subjective evaluation of support, satisfaction with relationships, and perceived closeness to network members; and (3) *Enacted or received support*: how much help an individual receives from his or her network. Robinson and Garber (1995) reviewed a number of studies on social support that suggested clear differences between social embeddedness, perceived support, and enacted support. The findings indicate that measures of enacted support and the size of support networks were not strongly related to measures of perceived support. Perceived support was more highly correlated with well-being than received support or the size of social network. This finding suggests that these three dimensions play different roles in the support process. The current study will measure perceived social support.

Models of Social Support

There are two main models of social support: direct effect and stress-buffering models. Robinson and Garber (1995) review the direct effect model. The model suggests

that perception of high social support contributes to well-being. Despite the level of stress encountered, social support has a negative relation with distress and a positive relation with adjustment. Also, deterioration in the social network (Social Embeddedness), or the amount of support received from the social network (Enacted Support) can result in increased distress and possible psychopathology. It can also lead to low perception of support. Regardless of how individuals become depressed, adequate social support or its absence can improve or exacerbate the depressive condition. The direct-effect model supports that social support benefits individuals whether or not stress is present. Fernandez, Mutran, and Reitzes (1998) suggest that the direct effect is more significant in explaining the effects of social support, self-esteem, and stressors on depression.

Cohen and Wills (1985) suggest that a general beneficial effect of social support could occur because it "provides persons with regular positive experiences and a set of stable, socially rewarded roles in the community" (p.311). For example, a study found that when individuals perceived others to be available across time, social self-efficacy beliefs were stronger (Lang, Featherman, & Nesselroade, 1997). Bandura (1986) defined self-efficacy as one's judgments about one's ability to produce a desired outcome. In other words, individuals who perceived adequate social support felt better about themselves. Another study found that adequate social support had a positive effect for an individual regardless of the severity of one's life circumstances (Williams, Ware, & Donald, 1981). Lastly, being involved in social relationships is beneficial to well-being and contributes to one's feeling of integration in the society (Depner & Ingersoll-Dayton, 1988).

The stress-buffering model suggests that social support protects individuals from the potential harmful influences of stressful events (Cohen & Wills, 1985). According to this model, high perception of social support is hypothesized to buffer the impact of stressful life events. This model suggests that social support affects how a particular event will be perceived. For example, a person finds out that their loved one has just been hurt in a car accident. The event is extremely stressful. According to the buffering model, adequate social support will moderate the impact of the stressful news and will lead to a better outcome for the person who received the difficult news. One study supporting the buffering model examined social support in a group of 228 college students (Lepore, 1992). Conflicts with roommates were associated with increases in psychological distress, particularly for students with low levels of perceived social support from friends. However, among individuals with high levels of perceived social support from friends, no or little effect on changes in psychological distress was observed as a result of roommate conflicts. In addition, a conflict with a friend produced less psychological distress in those that perceived higher social support from their roommate than those who perceived lower social support from a roommate. These findings suggest that high levels of perceived social support in one social domain can buffer individuals from distressing personal interactions in another social domain (Lepore, 1992). In addition, this study supports the role of social support as a protective factor against stressful life events.

Friends and Family Social Support

A number of studies investigated the role of parental social support on college students' adjustment and well-being. For example, one study found that parental social support, particularly reassurance of worth, predicted college grade point average more

than social support from friends or romantic partners (Cutrona et al., 1994). Another study found that initial parent support to college freshmen was associated with psychological adjustment two years later (Holahan, Valentiner, & Moos, 1994). An additional study found that perceived social support from family as measured by the Perceived Social Support from friends and family scale (PSS; Procidano & Heller, 1983) was significantly and positively related to self-esteem (Menees, 1997). In addition, college students who reported higher family support availability reported stronger self-efficacy beliefs (Torres & Solberg, 2001).

A number of studies examined both family and non-family social support in older adolescents and college populations. Several studies found that non-family emotional support was more effective as a stress buffer than family social support for female college students (Burks & Martin, 1985; Martin & Burks, 1985). In another study, higher perceived social support from friends contributed to greater well-being and less psychological distress than family support to Latino College students (Rodriguez, Mira, Myers, Morris, & Cardoza, 2003). In contrast, a study that examined Australian college students found that for females, family support was more strongly related to well-being than friend support (Leslie et al., 1999). Furthermore, an additional study demonstrated that deficits in parental support predicted high depression and onset of major depression, but not deficits in peer support (Stice, Ragan, & Randall, 2004). Another study suggested that higher perceived social support from family was related to lower perceived distress for 247 Mexican American female college students who attended primarily White universities (Castillo, Conoley, & Brossart, 2004).

In addition, perceived social support has been shown to be negatively related to depression. A few studies found that perceived social support from family was significantly and inversely related to depression (Cumsille & Epstein, 1994; Maton, 1990) and positively related to self-esteem (Maton, 1990) in older adolescent samples. Another study found that depression was negatively correlated with family social support scales in a sample of returning college female students (Roehl & Okun, 1984). A few studies found that perceived social support had a longitudinal and negative relation to depression (Pierce et al., 2000) as well as an inverse relationship to anxiety among college students (Hart & Hittner, 1991; Wei & Sha, 2003).

Thus far, the reviewed studies were limited in several ways. The literature supports that there is evidence for both a direct effect as well a stress-buffer effect of social support (Cohen et al., 1984), yet rarely do studies examine both. Several of the studies had small samples and included mostly women. This can impact the results tremendously since college women report higher levels of perceived and available social support than men (Allen & Stoltenberg, 1995; Jay & D'Augelli, 1991). This study will investigate the role of perceived social support from family and friends as a possible direct effect on young adult psychopathology and also as a moderator between object relations and psychopathology. It will also examine a large sample that will include both women and men.

HYPOTHESES AND RATIONALE

According to Green (1998), trauma that occurs in critical developmental periods of early childhood and young adulthood is likely to produce deficits in object relations. Disturbances in object relations will impact individual's ability to internally represent others and self (Steiger & Houle, 1991). In addition, participants with experiences of childhood trauma (i.e. sexual, physical and emotional abuse as well as death of a parent, divorce, alcoholic home and interparental violence) have been found to be at risk for impaired object relations (Baker et al., Elliott, 1994; Ornduff & Kelsey, 1996; Twomey et al., 2000). Finally, young adult mental health difficulties such as depression, anxiety, and dissociation have been found among young adults who have been exposed to trauma (Jarmas & Kazak, 1992; Kaslow et al., 1998; Silvern et al., 1995). This suggests a mediational model for object relations. If a child experiences trauma or multiple traumas, it will most likely incorporate into their mental representation of the world, of the self, and impact the development of object relations, their ability to internalize relationships and enjoy fulfilling external relationships. More specifically, it could damage basic trust in others (alienation), foster insecurity in relationships (insecure attachment), contribute to greater social awkwardness (social incompetence), as well as preoccupation with the self (egocentricity). This is an indication of object relations deficits. Object relations deficits could impact how the world is perceived, and experienced, and with more negative experiences with others, there could be more likelihood of depression, and anxiety. The first hypothesis will test object relations as a mediator between childhood traumas and young adult mental health in a college population (see Figure 1).

Parental caregiving throughout childhood appear to have a significant impact on object relations development (Fairbairn, 1952; Kernberg, 1976). In the current study, parental caregiving will be examined on two dimensions: care and overprotection. The care and overprotection dimensions contribute to parent-child bonds while the child is growing up (Parker, Tupling, & Brown, 1979). A number of studies found higher depression and anxiety scores among college students who reported low parental care and high overprotection (Alnaes & Torgersen, 1990; Rodriguez et al., 1993). Parents who are low in care and high in overprotection may contribute to an internalization of an unavailable and controlling caregiver. This may contribute to a child either blaming themselves for their caregiver's behavior or splitting their caregivers into a good and a bad caregiver and may lead to internal splitting of the self. In more pathological development where there is greater level of trauma for the child, especially with severe neglect, rejection and control from parents, the degree of splitting and self blaming may be greater and individuals may be unable to consolidate the splits. As a result, future interpersonal relationships could suffer since the individual may resort to splitting and self-blaming with others. In addition, one's development of basic trust in others, level of comfort with intimacy, toleration of separation and rejection in relationships could be hurt. As noted above, object relations deficits can contribute to adult psychopathology. The second hypothesis will test object relations as a mediator between parental caregiving (care and overprotection) and young adult mental health in a college population (see Figure 1).

Perceived social support from friends and family has been found to contribute to young adult college students' well-being (Cutrona et al., 1994; Holahan, Valentiner, &

Moos, 1994). In particular, a number of studies found that perceived social support had a longitudinal and negative relation to depression (Pierce et al., 2000) as well as an inverse relationship to anxiety among college students (Hart & Hittner, 1991). One of the models of social support, the direct effect, suggests that higher perception of social support would contribute to better well being regardless of the amount of distress experienced. The third hypothesis predicts that higher perceived social support from friends and family will directly contribute to better young adult mental health (see Figure 1).

The stress-buffering model suggests that social support protects individuals from the potential harmful influences of stressful events (Cohen & Wills, 1985). One study found that high levels of perceived social support in one social domain buffered college students from distressing personal interactions in another social domain (Lepore, 1992). Thus, the fourth hypothesis will test perceived social support as a potential moderator between one's object relations and young adult mental health (see Figure 1).

METHODS

Participants and Procedures

Three hundred twenty one undergraduate female and male students from Michigan State University were recruited from introductory psychology courses to receive experimental credit for their voluntary participation. Participants signed up through the Internet site of the psychology department for experimental credit. The Internet site included the description of the study, slots with dates and times to sign up for, and the location of the study. Participants picked which slot they wanted to participate in, and were sent an email reminder the day before the experiment to show up for the study. Participants were administered the measurements as self-reports in groups of 10-12 people at a time. They filled out a number of measures that assessed their current level of depression, anxiety, dissociation, social support, memories of parental caregiving, object relations, as well as traumas that occurred to them as children.

Measures

Demographic Information

A demographic questionnaire was administered that included general questions about students and their families (see Appendix A). The sample included 68% (N = 217) females, and 32% (N=103) males. The average age of the sample was 19.37, with SD = 1.14. As far as the ethnic background of the participants: 79% (N = 254) were White/Caucasian, 8% (N = 26) were Black /African-American, 6% (N = 20) Asian, 5% (N = 17) Biracial, and 1% (N = 2) Latino/Hispanic-American. College year: 49% (N = 156) of the participants were first year college students, 29% (N = 93) second, 18% (N = 58) third, 3% fourth, and 1% (N = 2) were fifth year students. Living conditions: 71%

(N = 228) lived in the dorm, 17% (N = 56) in an apartment off campus, 6% (N = 18) in a house with friends, 3% (N = 9) in a sorority/fraternity house, and 3% (N = 9) at home with their parents. More than half of the sample 56% (N = 180) were single, 42% (N = 135) were dating, and about 2% (N = 5) were living with a romantic partner. None of the participants were married. In terms of parental death, 7% (N = 22) experienced the death of a parent. Five participants experienced the death of their mother, 14 the death of their father, 2 experienced the death of both parents, and 1 participant experienced the death of a stepfather. About 23% (N = 73) of the sample came from divorced/separated homes.

Parental/Caregiver Measure

Parental Bonds: The Parental Bonding Instrument (PBI; Parker, Tupling, & Brown, 1979) was designed to measure parent-child bonds from the perspective of the adult child (see Appendix B). The PBI measures parental behaviors and attitudes as perceived by the child. Respondents use a 4 point scale ranging from: (0) very like, (1) moderately like, (2) moderately unlike, and (3) very unlike—for each statement and are directed to make ratings on the basis of "your earliest memories until you were 16 years old." The PBI is arranged in two parallel forms of 25 items each, the first for ratings of the mother and the second for ratings of the father. The instrument can also be integrated into a single bonding scale.

The PBI was constructed on the basis of two variables that aid in developing a bond between parent and child: caring (with the opposite extreme being indifference or rejection), and overprotection (with the opposite extreme being encouragement of autonomy and independence). From an initial scale of 114 items, pilot research and factor analysis produced the current 25-item scale with two subscales, care (12 items; 1, 2, 4, 5,

6, 11, 12, 14, 16, 17, 18, 24) and overprotection (remaining 13 items). The PBI has good to excellent internal consistency, with split half reliability coefficients of .88 for care and .74 for overprotection. The PBI also has good stability, with three-week test-retest correlations of .76 for care and .63 for overprotection (Parker et al. 1979). The PBI has good concurrent validity, correlating significantly with independent rater judgments of parental care and overprotection (Parker & Lipscombe, 1981). For the current study, all the items were factor analyzed to examine if the current sample fits the two factors of care and overprotection. The results produced 3 factors. For additional information, please see Results section including Tables 1 and 2. The 3 factors were Care, Dependence, and Freedom. Dependence means that the parent encourages dependence on the parent. Freedom means that the parent encourages their children to pursue independence and self-reliance. The Cronbach's Alpha reliability of the 3-factor PBI is strong. The Alpha coefficient for the Mother Care scale was .93, for Mother Dependence scale .84, and for Mother Freedom scale .77. The Alpha coefficient for the Father Care scale was .93, for Father Dependence scale .80, and for Father Freedom scale .81.

Childhood Traumas

Childhood Abuse: The Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998) is a 70-item self-report measure that provides a brief screening of traumatic experiences in childhood, including physical, emotional, and sexual abuse, as well as physical and emotional neglect (see Appendix C). The measure includes a 5-point Likert-type scale. Respondents choose `from: (1) never true, (2) rarely true, (3) sometimes true, (4) often true, and (5) very often true. Sample items include: "When I was growing up, there was someone in my family whom I could talk to about my problems" and "When I

was growing up, people in my family argued or fought with each other." The CTQ provides scores on four empirically derived factors—physical and emotional abuse, emotional neglect, physical neglect, and sexual abuse—as well as a CTQ total score. The total score is used to evaluate participants' childhood abuse experiences. The factors demonstrated high levels of internal consistency and test-rest reliability over a two to six month interval. Cronbach's alpha for the four factors ranged from .84 to .95, and for the total scale cronbach's alpha = .96. Test-retest reliability correlations ranged from .78-.86 on the four factors and .86 for the total scale. The CTQ also demonstrated good convergent validity with measures of post-traumatic stress disorder, dissociation, alexithymia, and depression. For this study, 68 questions were available of the total 70. Furthermore, the CTQ sub-scales were Z scored and then summed for a total CTQ score. The Alpha coefficient of the total CTQ score with 4 subscale scores was .81. For more information about this process, please refer to the Results section including Table 3.

Divorce/Separation: The Painful Feelings about Divorce (PFAD; Laumann-Billings & Emery, 2000) Scale is a 38-item measure that was designed to measure the distress of young-adult children of divorced families (see Appendix D). The measure includes a 5-point Likert-type scale. Respondents choose from: (1) strongly disagree, (2) disagree, (3) feel neutral, (4) agree, and (5) strongly agree. Sample items include: "I still have not forgiven my father for the pain he caused my family" and "I probably would be a different person if my parents had not gotten divorced." The PFAD includes 6 sub-scales measuring: self-blame, maternal blame, paternal blame, seeing life through the filter of divorce, feelings of loss and abandonment, and acceptance of the divorce. Internal reliability as measured by cronbach's alpha for the six sub-scales ranged from

.62 to .88. In addition, the 6 sub-scales were found to be internally consistent and stable over time in terms of test-retest reliability, as well as valid. For the current study, the PFAD sub-scales were Z scored and then summed. In addition, participants who did not experience parental separation/divorce received a score of 0 on the questionnaire while participants who filled out the questionnaire, meaning they experienced parental separation/divorce, received a score on the questionnaire. Internal reliability for the total PFAD score with 6 subscales scores for this study was .97. For more information, see Results section including table 3.

Alcoholic Home: The Children of Alcoholics Screening Test (CAST; Pilat & Jones, 1985) is a 30-item measure that was designed to identify children of alcoholics (COA) by measuring their attitudes, perceptions, and experiences related to parents' drinking behavior (see Appendix E). This scale includes yes/no items such as "Have you ever lost sleep because of a parent's drinking" and "Did a parent ever make promises to you that he or she did not keep because of drinking?" All "yes" answers are computed and are worth 1 point to yield a total score, which can range from 0 to 30, with scores of 6 or more indicative of COA status. One study that examined an adult sample that filled out the CAST found very good reliability and validity scores (Sheridan, 1995). According to this study, internal reliability as measured by cronbach's alpha was .98, indicating high reliability. Furthermore, an additional factorial validity was conducted and the analysis suggested that the CAST measures a single uniform dimension. In addition, CAST was found to have good discriminant validity. It was able to distinguish between COAs and children of non-alcoholics. Furthermore, the CAST was found to have good construct

validity (Sheridan, 1995). In the current study, the internal validity of the CAST measuring the Alpha coefficient was .96.

Interparental Conflict: The Conflict Tactics Scale (CTS; Straus, 1979) is a 15-item instrument designed to measure ways in resolving conflict between family members (see Appendix F). For the proposed study, the Mother-Father Conflict Resolution form of the CTS was used. The CTS items are actions the parents might take in a conflict, and scores are the number of times the action has occurred. The instrument ranges from (0) never, (1) once that year, (2) two or three times, (3) often, but less than once a month, (4) about once a month, and (5) more than once a month, with a separate scale for mother and father, for events that occurred in the last year. The scale includes items such as: "Tried to discuss the issue relatively calmly" and "Threatened to hit or throw something at the other." For the current study, the verbal aggression subscale and the physical aggression subscale were given to participants. Higher scores reflect more use of the particular tactic. In the literature, internal reliability for the verbal aggression subscale ranged from .62 to .88. The physical aggression subscale alpha ranged from .42 to .96. In addition, the CTS scales received extensive support regarding their validity (Straus & Gelles, 1990). The study showed that concurrent validity was evidenced by the agreement between different family members about the conflict tactics. In addition, construct validity was shown by demonstrating that CTS scores correlated well with risk factors of family violence, antisocial behaviors by child victims, levels of affection between family members, and self-esteem. For the current study, participants were asked to rate how often the action has occurred throughout their lives as far back as they can recall, as opposed to only the last year. The scoring was changed to: (1) Never or almost never, (2)

Rarely, (3) Sometimes, (4) Often, (5) Always or almost always. In addition, according to a factor analysis, the two CTS scales for mother and father were Z scored, as well as the items of the sum of the CAST, and the three scales were summed together. The Alpha coefficient for the 3 items is .78. For more information regarding this, please refer to the Results section and table 3.

Object Relations

Object Relations: The Bell Object Relations Inventory (BORI; Bell, 1995; Bell, Billington, & Becker, 1986) is a 45-item self-report questionnaire that provides an assessment of dimensions of object relations (see Appendix G). The respondent is asked to endorse items as "true" or "false" according to his or her "most recent experience." The scale includes items such as: "I have at least one stable and satisfying relationship," and "No matter how bad a relationship may get, I will hold on to it." Scoring yields four object relations subscales: Alienation, Insecure Attachment, Egocentricity, and Social Incompetence. According to Bell (1995), the Alienation (ALN) subscale measures trust in relationships as well as the capacity for developing intimacy in relationships. Insecure Attachment (IA) subscale measures the extent to which one experiences loneliness and an over sensitivity to rejection or abandonment. In addition, the IA subscale is one which higher functioning adults and students are likely to endorse. Egocentricity (EGC) subscale measures the extent to which one perceives the world in relation to the self. The fourth subscale, Social Incompetence (SI), measures the extent of ones' comfort interacting with members of the opposite sex as well as difficulty with making friends. A higher score on a scale is indicative of difficulties with relationships. A computer program scores the BORI items. Calculating Cronbach's alpha and Spearman split-half

reliability assessed internal consistency, and test-retest reliability over a period of 4 weeks. For ALN scale, coefficient Alpha = .90, split-half correlation = .90, and test-retest = .88. For IA scale, coefficient Alpha = .82, split-half correlation = .81, and test-retest = .73. For EGC scale, coefficient Alpha = .78, split-half correlation = .78, and test-retest = .90. Finally, for SI scale, coefficient Alpha = .79, split-half correlation = .82, and test-retest reliability = .58. In addition, all four subscales correlated significantly with mood and personality measures indicating a valid instrument.

Young Adult Mental Health

Depression: The Center for Epidemiological Studies—Depressed Mood Scale (CES-D; Radloff, 1977) is a 20-item scale that was originally designed to measure depression in the general population for epidemiological research (see Appendix H). The CES-D measures current level of depressive symptoms, with emphasis on mood. Example of items: "During the past week I was bothered by things that usually don't bother me," and "During the past week I had crying spells." The participants choose one of the following responses: (0) rarely or none of the times (less than 1 day); (1) some or a little of the time (1-2 days); (3) occasionally or a moderate amount of time (3-4 days); and (3) most or all of the time (5-7 days). Research on the CES-D involved 3574 Caucasian male and female respondents from the general population plus a retest involving 1422 of the original respondents. Furthermore, 105 psychiatric male and female patients were involved in clinical studies.

The CES-D is easily scored by reverse-scoring items 4, 8, 12, and 16 and then summing the scores on all items producing a range of 0-60 with higher scores indicating greater depression. The CES-D has good internal consistency with alphas of about .85 for

the general population and .90 for the psychiatric population. Split-half and Spearman-Brown reliability coefficients ranged from .77 to .92. The CES-D has fair stability with test-retest correlations that ranged from .51 to .67 for those tested over two to eight weeks. The CES-D appears to have very good concurrent validity, correlating significantly with a number of other depression and mood scales. CES-D has been used with a college population and has been found to be reliable and valid (Cohen, Sherrod, & Clark, 1986). For the current study, Alpha coefficient = .86, which is indicative of good internal validity.

Anxiety: The Brief Symptom Inventory (BSI; Derogatis & Spencer, 1982; Derogatis & Melisaratos, 1983) is a brief psychological self-report inventory scale developed from a longer instrument (see Appendix I). The BSI original factor structure includes nine symptom areas: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. For the proposed study, the anxiety factor alone was administered to participants. The BSI was normed on a sample of 1002 heterogeneous psychiatric outpatients, 719 non-patient normal participants, and a sample of 313 psychiatric in-patients. The reliability of the BSI-Anxiety dimension is very good. The internal consistency equaled an alpha of 0.81, and a test-retest reliability tested at a 2-week interval equaled 0.79. The BSI-Anxiety dimension appears to have very good concurrent validity, correlating highly with other mood and personality measures. Respondents are asked to rate the statements based on the degree to which they were disturbed by each of the BSI items during the preceding months according to the following scale: (0) not at all, (1) a little bit, (2) moderately, (3) quite a bit, and (4) extremely. An example of a few

items: "Nervousness or shakiness inside, and "Feeling tense or Keyed up." For the current study, Alpha coefficient = .80, which is indicative of good internal reliability.

Dissociation: The Dissociative Experiences Scale (DES; Bernstein & Putnam, 1986) measures the frequency of various types of dissociative experiences (see Appendix J). It is internally consistent, has high test-retest reliability (0.84 after 4-8 weeks), and has been shown to discriminate between participants with dissociative disorders and normal controls. Results showed that normal adults experienced fewer different types of dissociative experiences and that these experiences occurred relatively infrequently in contrast to adults with dissociative disorders. Furthermore, college students who reported frequent and severe traumatic experiences were the most likely to score higher on the Dissociative Experiences Scale in comparison with controls (DES; Bernstein & Putnam, 1986). During administration, the participant is asked to respond by marking a line for each item indicating how often between 0% and 100% of the time the particular type of event was experienced. Measuring the length of the line to the mark in millimeters for each item and computing the mean across all 28 items scores the instrument. For the purposes of this study, the scoring was changed to a Likert- type scale ranging from: (1) never, (2) seldom, (3) a little of the time, (4) often, and (5) all the time. Higher scores indicate greater dissociation symptoms. Examples of items: "Some people have the experience of driving a car and suddenly realizing that they don't remember what has happened during all or part of the trip," and "Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something and they actually see themselves as if they were looking at

another person." Cronbach's Alpha was calculated for this study, and it was .96, which is very good internal consistency.

Social Support

Perceived Social Support: The Perceived Social Support – Friend Scale (PSS-Fr) and Family Scale (PSS-Fa) (PSS; Procidano & Heller, 1983) is a two 20-item instrument designed to measure the degree participants perceive their needs for support as fulfilled by friends and family (see Appendix K). The items were developed from a group of 84 items and were selected by relation of items to total correlations. Factor analysis suggested that the instruments each measure a single domain. The questionnaire was normed on a sample of 222 undergraduate psychology students. The mean and standard deviation (SD) for the PSS-Fr and PSS-Fa were 15.15 (SD = 5.08) and 13.40 (SD = 4.83). The PSS-Fr and PSS-Fa are scored "yes," "no," and "don't know" ("don't know" is scored as 0 on both scales). On the PSS-Fr an answer of "no" is scored + 1 for times 2, 6, 7, 15, 18, and 20. For the remaining items, "yes" is scored + 1. For the PSS-Fa, answer of "no" to items 3, 4, 16, 19, and 20 are scored +1, and for all other items a "yes" answer is scored +1. Scale scores are the total of items scores and range from 0 to 20 for the PSS-Fr and the PSS-Fa. Higher scores reflect more perceived social support. For the proposed study, the scoring has been transformed to a Likert-type scale ranging from: (1) strongly disagree, (2) disagree, (3) agree, and (4) strongly agree. Example of items from PSS-Fr: "My friends give me the moral support I need," and "There is a friend I could go to if I were just feeling down, without feeling funny about it later." Examples of items from PSS-Fa: "My family gives me the moral support I need," and "My family and I are very open about what we think about things."

The PSS has very good internal consistency, with an alpha of .90. The test-retest coefficient of stability over a one-month period was .83. Alphas for the final PSS-Fa ranged from .88-.91 and for PSS-Fr from .84-.90. For the current study, Cronbach's alpha coefficient was calculated for PSS-Fr = .94, and for PSS-Fa = .96.

RESULTS

Data Reduction

Missing Variables

A total of 321 men and women participated in this study. One participant left a significant number of questions blank and her scores were dropped from the study. The final sample size was 320 participants. For all analyses, missing data was not substituted; instead, cases were excluded using the pairwise deletion method.

Parental Caregiving Variables

Factor analysis was conducted using Principal Axis Factoring with Direct Oblimin Rotation on the Parental Bonding Instrument (PBI, Parker et al., 1979) separately for mother and father. A four-factor solution accounted for 53% of the variance for mother, and 54% for father. Nevertheless, when the Scree plot was examined, a three-factor solution appeared the most parsimonious. The next step involved conducting a factor analysis with a Principal Axis Factoring with Direct Oblimin Rotation specifying three factors. The three-factor solution accounted for 51% of the variance for mother PBI, and 52% for father PBI. The solution for mother PBI had two overlapping items on two of the factors, while the father PBI solution had one overlapping item. One of the overlapping items was the same for mother and father PBI. Another factor analysis was conducted for mother and father PBI that specified three factors without the overlapping item #3: "Let me do those things which I liked doing". This produced the most parsimonious three factors for the mother questionnaire (See Table 1) and for the father questionnaire (See Table 2). The following names were given to the 3 factors for mother and father PBI: care, dependence, and freedom. Higher mother

and father care scores indicate warmth, caring, affection and empathy, while lower care scores indicate emotional coldness and rejection. Mother and father higher dependence scores indicate the parents' encouragement of children's dependence on them, and control. Lower scores indicate greater encouragement of autonomy. Higher freedom scores indicate parental encouragement of freedom and decision making by the children, while lower scores indicate greater restriction of freedom.

The three-factor solution of the PBI is slightly different than the authors' two-factor solution of the PBI (Parker, et al., 1979). The original two-factor solution consists of a 'Care' and an 'Overprotection' factor. The care dimension is the same as mother and father care in this study. The overprotection in the original study suggests control and overprotection with lower scores indicating autonomy and independence. In the original study, the authors were making a decision as to the number of factors the questionnaire should measure. When the items were reduced to 48 (later reduced to 25), the authors conducted a factor analysis on the items and got a three-factor solution that resembled the one in this study. The authors chose to collapse the last two factors because they felt they tapped a similar dimension of overprotection/autonomy. Nevertheless, in this study, the three-factors were used. For further details, please see the methods section.

Trauma Variables

A number of questionnaires were factor analyzed with the goal of constructing fewer trauma variables. The questionnaire Painful Feelings about Divorce (PFAD) was scored according to its six subscales: 1) seeing life through filter of divorce, 2) acceptance of divorce, 3) self blame of divorce, 4) loss and abandonment, 5) blaming the father, and 6) blaming the mother. Participants who did not experience parental

divorce/separation, did not need to fill out the PFAD questionnaire, and therefore received a score of zero on these scales. Those participants who experienced parental divorce/separation and filled out the questionnaire, received a score for each subscale. All participants completed the following questionnaires: The Childhood Trauma Questionnaire (CTQ) was scored into its four subscales: physical and emotional abuse, emotional neglect, physical neglect, and sexual abuse. In addition to the PFAD and CTQ subscales, father and mother Conflict Tactic Scale (CTS), as well as the Childhood Alcohol Screening Test (CAST) consisted of the continuous trauma variables. All 13-trauma variables were factor analyzed using principal axis factoring with direct oblimin rotation. A three-factor solution accounted for 72% of the variance. Each item in each factor was converted into a Z score and then summed according to its factor. The subscales of PFAD formed the first factor, the subscales of the CTQ formed the second factor, and then father CTS, mother CTS, and total CAST scores formed the third factor. The following names were given to the trauma factors: painful feelings about Divorce (PFAD), childhood abuse, and marital problems (see Table 3).

In addition to the continuous trauma variables, there was also a categorical variable of trauma, parental death. The frequency of the variable indicated that about 7% (N = 22) of participants lost one or two of their parents to death. A One-way ANOVA was performed with parental death as the factor and all the other main variables, trauma (PFAD, childhood abuse, marital problems), parental caregiving (mother and father care, dependence, and freedom), Object Relations (Alienation, Insecure Attachment, Egocentricity, Social Incompetence), perceived social support (friends, family), and the outcome variables, mental health (depression, anxiety, and dissociation) as the dependent

list. There were only two significant findings: those who have lost a parent reported significantly less mother freedom, $F(1, 315) = 4.9$, $p = .028$, as well as significantly greater PFAD scores, $F(1, 294) = 18.57$, $p = .000$. As a result of the small number of participants who reported losing a parent, as well as only two significant results, it was decided to not include this variable in the general analyses.

In terms of gender effects, the sample included 68% (N = 217) females, and 32% (N=103) males. A One-way ANOVA was conducted with gender as the factor and all the other main variables as the dependent list. The results of the ANOVA revealed a number of significant findings (see Table 4). Females reported significantly more marital problems between their parents, father dependence, and significantly more perceived social support from friends and family than males. Males reported significantly more mother dependence, dissociation, alienation, as well as significantly more egocentricity than females. In terms of mental health, the main effect for depression approached significance with males reporting more depression than females. The results of this ANOVA led to the decision to include gender in all hypotheses testing.

Hypotheses Testing

Table 5 includes the sample size, means, and standard deviations of the main variables. In addition, Table 6 includes the correlation matrix of all the main variables.

Object Relations as a Mediator

According to Baron and Kenny (1986), three things need to occur to test for mediation: first, run a regression with the mediator as the DV; second, run a regression with the outcomes as the DV; and third, run a regression with both the IVs as well as the mediator as IV, and the outcomes as DVs. For mediation to be established, the IV needs

to impact the mediator in the first equation; second, the IV needs to impact the outcomes in the second equation; and third, the mediator needs to affect the outcomes in the third equation. In addition, the effect of the IV on the DV in the third equation needs to be smaller than in the second. It was hypothesized that object relations would mediate the relation between childhood abuse and young adult mental health, and also mediate between parental caregiving and young adult mental health. Object relations as measured by the Bell Object Relations Inventory (BORI; Bell, 1995; Bell, Billington, & Becker, 1986) is scored according to four subscales: Alienation, Insecure Attachment, Egocentricity, and Social Incompetence. Four different multiple regressions were conducted, with the same IVs and each time a different BORI subscale was entered as the DV. In the first multiple regression, the following variables were entered as IVs: gender, childhood abuse, PFAD, marital problems, mother and father care, dependence, freedom. Alienation was entered as the DV. Childhood abuse and father care significantly predicted alienation (see Table 7). Furthermore, there was a trend, mother dependence predicting alienation. Overall, higher childhood abuse, higher mother dependence, as well as lower father care, each contributed to higher alienation scores.

A second multiple regression was conducted with Insecure Attachment as the DV. Gender, with females reporting more insecure attachment than males, childhood abuse, and father care predicted the DV (see Table 8). Furthermore, there was a trend for mother dependence to predict insecure attachment. In summary, higher childhood abuse scores, higher mother dependence scores, and lower father care each contributed to higher insecure attachment. A third multiple regression was conducted with egocentricity as the DV. Only gender significantly predicted egocentricity, with males receiving higher

egocentricity scores than females. Furthermore, there was a trend for father care (see Table 9). Lower father care scores contributed to higher egocentricity scores. The last multiple regression in the first step of testing mediation included social incompetence as the DV. There were no significant variables that predicted the DV, except a trend for mother dependence to predict social incompetence (see Table 10). Higher mother dependence predicted higher social incompetence scores.

In the first steps of mediation, the IVs need to affect the mediator. Childhood abuse, mother dependence, father care, and gender had an effect on object relations. For the second step of mediation, three multiple regressions were conducted. Gender, childhood abuse, mother dependence, and father care were entered as IVs, and depression, anxiety, and dissociation were entered as separate DVs. For the third step of mediation, three more multiple regressions were conducted. The same variables as above were entered as IVs, along with alienation and insecure attachment as IVs, as well as depression, anxiety, and dissociation as three separate DVs.

The results of the multiple regression with depression as the DV demonstrated that childhood abuse, mother dependence, and father care predicted depression (see Table 11). In other words, higher childhood trauma scores, higher mother dependence, and lower father care predicted higher depression scores. Results of the multiple regression to test for mediation with depression as the DV revealed the following: alienation mediated the relation between childhood abuse and depression, as well as between father care and depression (see Table 11). Insecure attachment mediated the relation between childhood abuse, father care, mother dependence and depression. Results indicated that alienation

and insecure attachment mediated the relation between childhood abuse and depression, as well as parental caregiving and depression.

The results of the multiple regression with anxiety as the DV showed that childhood abuse and mother dependence significantly predicted anxiety, while father care and gender did not predict anxiety (see Table 12). Basically, higher childhood abuse, and higher mother dependence each predicted higher anxiety scores. Results of the multiple regression to test for mediation with anxiety as the DV revealed the following: alienation and insecure Attachment mediated the relation between childhood abuse and anxiety, and insecure attachment partially mediated the relation between mother dependence and anxiety (see Table 12). Object relations did not mediate the relationship between father care and anxiety.

Results of the multiple regression with dissociation as the DV have demonstrated that similarly to anxiety, childhood abuse and mother dependence significantly predicted dissociation, while father care and gender did not predict dissociation (see Table 13). In other words, higher childhood abuse, and higher mother dependence each predicted higher dissociation scores. Results of the multiple regression testing for mediation with dissociation as the DV, revealed that alienation did not mediate the relation between childhood abuse, parental caregiving and dissociation (see Table 13). Nevertheless, insecure attachment partially mediated the relationship between childhood abuse and dissociation, and mother dependence and dissociation. Insecure attachment did not mediate the relationship between father care and dissociation.

In conclusion, object relations mediated the relationship between childhood abuse, parental caregiving, and young adult mental health. In terms of depression,

alienation and insecure attachment mediated the relation between childhood abuse, father care, and depression. Furthermore, insecure attachment mediated the relation between mother dependence and depression. In terms of anxiety, alienation and insecure attachment mediated the relation between childhood abuse and anxiety, and insecure attachment partially mediated the relation between mother dependence and anxiety. In terms of dissociation, insecure attachment partially mediated the relation between childhood abuse and dissociation and the relation between mother dependence and dissociation. According to Baron and Kenny's (1986) criteria, egocentricity and social incompetence did not mediate the relationship between childhood abuse, parental caregiving, and young adult mental health.

Perceived Social Support as a Direct Effect

It was hypothesized that perceived social support from friends and family would contribute to better young adult mental health, that it would be related to lower depression, anxiety, and lower dissociation scores. Three multiple regressions were conducted to test this hypothesis. Gender, perceived social support from friends (PSS-Friends), perceived social support from family (PSS-Family), alienation, insecure attachment, egocentricity, and social incompetence were entered as IVs. Depression, anxiety, and dissociation were entered as separate DVs. PSS-Friends did not predict depression, while there was a trend for PSS-Family predicting depression (see Table 14), such that lower perceived social support from family contributed to higher depression scores. Furthermore, alienation, insecure attachment, and egocentricity significantly predicted depression. Higher alienation, insecure attachment, and egocentricity scores individually contributed to higher depression scores.

The second multiple regression included the same IVs as above, with anxiety entered as the DV. According to the results, PSS-Friends and PSS-Family did not significantly contribute to anxiety (see Table 15). On the other hand, both alienation and insecure attachment significantly contributed to anxiety. Higher alienation and higher insecure attachment scores each contributed to higher anxiety scores. The third multiple regression included the same IVs, with dissociation as the DV. Results revealed that PSS-Friends and PSS-Family did not significantly contribute to dissociation (see Table 16). Nonetheless, gender and insecure attachment significantly predicted dissociation. Higher insecure attachment scores contributed to higher dissociation. In conclusion, Perceived social support from friends and family did not significantly contribute to better mental health.

Perceived Social Support from Friends as a Moderator

It was hypothesized that perceived social support from friends would moderate the relation between object relations and young adult mental health. Thus, it was predicted that PSS-Friends would moderate the relationship between object relations as measured by the BORI and depression, anxiety, and dissociation. In the first multiple regression, gender, PSS-Friends, alienation, insecure attachment, egocentricity, and social incompetence were entered as IVs into block 1. The interactions between PSS-Friends and the four object relations scales were entered as IVs into block 2. Results of the interaction model were not significant: $\Delta R^2 = .013$, $F(4, 305) = 1.63$, $p = .17$. PSS-Friends did not moderate the relationship between object relations and depression (see Table 14). However, there was a trend for the interaction between PSS-Friends and alienation.

In the second multiple regression, the same IVs were entered into block 1 and interactions into block 2 as above, and anxiety was entered as the DV. The results of the interaction model were not significant: $\Delta R^2 = .007$, $F (4, 307) = .007$, $p = .66$. Perceived social support from friends did not moderate the relationship between object relations and anxiety (see Table 15). In the third multiple regression, the same IVs were entered into block 1, and interactions into block 2, with dissociation entered as the DV. The results of the interaction model were not significant: $\Delta R^2 = .005$, $F (4, 309) = .79$. Perceived social support from friends did not moderate the relationship between object relations and dissociation (see Table 16).

Perceived Social Support from Family as a Moderator

It was hypothesized that perceived social support from family would moderate the relation between object relations and young adult mental health. Thus, it was predicted that PSS-Family would moderate the relationship between object relations as measured by the BORI and depression, anxiety, and dissociation. In the first multiple regression, gender, PSS- Family, alienation, insecure attachment, egocentricity, and social incompetence were entered as IVs into block 1. The interactions between PSS-Family and the four object relations scales were entered as IVs into block 2. Depression was entered as a DV. The results of the interaction model were not significant: $\Delta R^2 = .01$, $F (4, 305) = 1.21$, $p = .31$. Perceived social support from family did not moderate the relationship between object relations and depression (see Table 14). Nonetheless, there was a trend for the interaction between PSS- Family and alienation.

In the second multiple regression, the same variables were entered into block 1 and block 2, and anxiety was entered as the DV. There was a trend in the results of the

interaction model: $\Delta R^2 = .021$, F (4, 307) = 1.99, p = .096. Perceived social support from family did not moderate the relationship between object relations and anxiety (see Table 15). In the third multiple regression, the same variables were entered into block 1 and block 2 as above, and dissociation was entered as the DV. Results of the model were significant: $\Delta R^2 = .031$, F (4, 309) = 2.94, p = .021. Perceived social support from family moderated the relation between alienation and dissociation, as well as the relation between social incompetence and dissociation (see Table 16). PSS-Family did not moderate the relation between insecure attachment and dissociation, and egocentricity and dissociation.

The significant interaction between PSS-Family and alienation was graphed, demonstrating that higher perceived social support from family and higher alienation level predicted lower dissociation (see Figure 2). Furthermore, lower PSS-Family with higher levels of alienation predicted the highest dissociation. Higher PSS-Family moderated the impact of higher alienation level on dissociation. The significant interaction between perceived social support from family and social incompetence was also graphed, indicating that higher level of PSS-Family with lower level of social incompetence, predicted the lowest dissociation (see Figure 3). Perceived social support from family moderated the impact of lower level social incompetence on dissociation.

Table 1

Factor loadings of Mother Parental Bonding Instrument based on a Factor Analysis using Principal Axis Factoring with Direct Oblimin Rotation*

Factor Name Individual Items	Factor Loadings 1	2	3
MOTHER CARE			
Q22: Was affectionate to me	**.789**	.0080	-.009
Q28: Frequently smiled at me	**.788**	-.000	.0030
Q34: Did not talk with me very much	**.765**	.0040	-.008
Q20: Seemed emotionally cold to me	**.758**	.0030	.0000
Q21: Appeared to understand my problems and worries	**.735**	-.140	-.004
Q27: Enjoyed talking things over with me	**.733**	-.001	.0030
Q17: Spoke to me with a warm and friendly voice	**.712**	-.003	.0040
Q33: Could make me feel better when I was upset	**.711**	-.103	-.004
Q18: Did not help me as much as I needed	**.699**	-.000	-.003
Q30: Did not seem to understand what I needed or wanted	**.690**	-.109	.0060
Q40: Did not praise me	**.635**	.1440	.0040
Q32: Made me feel I wasn't wanted	**.613**	.0090	.0020
MOTHER DEPENDENCE			
Q35: Tried to make me dependent on her	-.119	**.659**	-.003
Q36: Felt I could not look after myself unless she was around	-.129	**.639**	-.008
Q24: Did not want me to grow up	.0040	**.614**	.0030
Q39: Was overprotective of me	.0070	**.568**	-.229
Q29: Tended to baby me	.2820	**.562**	.1070
Q25: Tried to control everything I did	-.292	**.494**	-.301
Q26: Invaded my privacy	-.296	**.464**	-.148
Q23: Liked me to make my own decisions	-.312	**.321**	-.288
MOTHER FREEDOM			
Q37: Gave me as much freedom as I wanted	-.009	.0040	**.926**
Q38: Let me go out as often as I wanted	-.122	.0060	**.834**
Q31: Let me decide things for myself	.2530	-.278	**.410**
Q41: Let me dress in any way I pleased	.0080	-.009	**.407**

* Appropriate items have been reversed scored.

Table 2

Factor loadings of Father Parental Bonding Instrument based on a Factor Analysis using Principal Axis Factoring with Direct Oblimin Rotation*

Factor Name Individual Items	Factor Loadings		
	1	2	3
FATHER CARE			
Q45: Seemed emotionally cold to me	**.835**	-.004	-.114
Q47: Was affectionate to me	**.798**	.1010	.0030
Q53: Frequently smiled at me	**.773**	.0090	.0070
Q58: Could make me feel better when I was upset	**.771**	.0070	.1100
Q52: Enjoyed talking things over with me	**.754**	.0070	-.003
Q43: Did not help me as much as I needed	**.749**	-.004	-.005
Q46: Appeared to understand my problems and worries	**.731**	-.000	.0020
Q42: Spoke to me with a warm and friendly voice	**.706**	.0070	.0040
Q57: Made me feel I wasn't wanted	**.688**	-.009	-.109
Q65: Did not praise me	**.676**	.0020	.0010
Q55: Did not seem to understand what I needed or wanted	**.645**	-.125	.0010
FATHER DEPENDENCE			
Q54: Tended to baby me	.1960	**.657**	.1690
Q49: Did not want me to grow up	.1970	**.651**	.0030
Q60: Tried to make me dependent on her	-.149	**.630**	-.005
Q64: Was overprotective of me	.0090	**.577**	-.204
Q61: Felt I could not look after myself unless she was around	-.165	**.558**	-.112
Q50: Tried to control everything I did	-.283	**.503**	-.268
Q51: Invaded my privacy	-.260	**.454**	-.176
FATHER FREEDOM			
Q62: Gave me as much freedom as I wanted	-.158	.0080	**.950**
Q63: Let me go out as often as I wanted	-.134	.0020	**.902**
Q48: Liked me to make my own decisions	.2920	-.183	**.475**
Q56: Let me decide things for myself	.2700	-.104	**.471**
Q66: Let me dress in any way I pleased	.0000	-.009	**.436**

* Appropriate items have been reversed scored.

Table 3

Factor loadings of 13 trauma variables based on a Factor Analysis using Principal Axis Factoring with Direct Oblimin Rotation*

Factors	Individual Variable Labels	Factor 1	Factor 2	Factor 3
PAINFUL FEELINGS ABOUT DIVORCE				
	Seeing Life through Filter of Divorce	**.977**	-.002	.0000
	Acceptance of Divorce	**.967**	.0040	-.006
	Self-Blame of Divorce	**.959**	.0000	-.005
	Loss & Abandonment	**.915**	.0020	.0070
	Blaming Father	**.893**	-.003	.0080
	Blaming Mother	**.887**	-.001	-.001
CHILDHOOD ABUSE				
	Physical Neglect	.0070	**.852**	.0000
	Emotional Neglect	.0030	**.840**	-.002
	Physical & Emotional Abuse	-.002	**.752**	.2100
	Sexual Abuse	-.003	**.372**	-.002
MARITAL PROBLEMS				
	Mother's Conflict Tactics Scale	-.004	-.005	**.836**
	Father's Conflict Tactics Scale	.0080	.0080	**.769**
	Childhood Alcohol Screening Test	.0010	.0030	**.568**

* Appropriate items have been reversed scored.

Table 4

ANOVA results of gender effects

VARIABLES	Mean Male	SD	Mean Female	SD	F	*p*
Painful Feeling about Divorce[a]	-.16	5.63	.002	5.7	.062	.803
Childhood Abuse[a]	.254	3.37	-.19	3.02	1.34	.249
Marital Problems[a]	-.48	1.82	.23	2.76	1.34	.018*
Mother Care	29.25	5.38	29.55	7.72	.126	.723
Mother Dependence	8.87	4.78	7.26	5.21	7.06	.008**
Mother Freedom	6.67	2.97	6.86	2.64	.332	.565
Father Care	24.57	8.1	25.26	8.92	.443	.506
Father Dependence	4.58	3.74	5.65	4.67	4.14	.043*
Father Freedom	9.64	3.49	9.02	3.47	2.19	.140
Alienation	50.9	10.14	48.7	9.25	3.77	.053†
Insecure Attachment	50.3	9.94	51.8	8.82	2.02	.156
Egocentricity	51.4	9.21	48.9	7.99	5.89	.016*
Social Incompetence	50.1	11.1	51.3	8.96	1.02	.295
Perceived Social Support						
from Friends	61.7	10.5	66.1	10.5	11.98	.001**
from Family	58.9	12.4	63.1	13.4	6.99	.009**
Depression	5.57	5.73	4.4	5.56	2.77	.097†
Anxiety	5.34	4.38	5.3	3.95	.018	.895
Dissociation	48.9	13.49	45.7	10.5	5.19	.023*

a. Mean of Z scores

Table 5

Means, Standard Deviations, and Frequencies of Main Variables

VARIABLES	N[a]	Mean	SD
TRAUMA			
Painful Feelings about Divorce			
Seeing Life through Filter of Divorce	299	5.97	11.59
Acceptance of Divorce	297	1.87	3.75
Self-Blame of Divorce	297	1.26	2.61
Loss & Abandonment	299	3.77	7.40
Blaming Father	299	3.86	7.78
Blaming Mother	299	2.32	4.88
Childhood Abuse			
Physical & Emotional Abuse	313	35.76	12.02
Emotional Neglect	315	37.06	13.05
Physical Neglect	320	13.47	3.80
Sexual Abuse	318	5.54	2.06
Marital Problems			
Mother's Conflict Tactics Scale	314	15.25	5.19
Father's Conflict Tactics Scale	316	15.97	5.85
Childhood Alcohol Screening Test	320	2.71	5.88
PARENTAL CAREGIVING			
Mother Care	318	29.45	7.05
Mother Dependence	319	7.78	5.12
Mother Freedom	317	6.80	2.75
Father Care	316	25.04	8.64
Father Dependence	317	5.31	4.41
Father Freedom	316	9.23	3.48
OBJECT RELATIONS[c]			
Alienation	320	49.39	9.58
Insecure Attachment	320	51.33	9.21
Egocentricity	320	49.73	8.47
Social Incompetence	320	50.91	9.71
PERCEIVED SOCIAL SUPPORT			
from Friends	320	64.71	10.67
from Family	320	61.73	13.25
MENTAL HEALTH			
Depression	316	4.81	5.30
Anxiety	318	5.30	4.10
Dissociation	320	46.73	11.65

a. Total sample equals 320 participants b. T scores

Table 6

Correlations Between all the Main Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
TRAUMA	--																	
1.Painful Feelings Divorce	.20**	.31**	-.08	-.00	.03	-.23**	-01	.11†	.07†	.15**	.08	.03	-.05	-.04	-.02	.00	.06	
2.Childhood Abuse	--	.54**	-.54**	.28**	-.17**	-.56**	.19**	-.24**	.37**	.37**	.24**	.12*	-.19**	-.45**	.31**	.22**	.30**	
3.Marital Problems	--	--	-.27**	.13*	-.02	-.37**	.10†	-.06	.19**	.24**	.12*	.10†	-.03	-.14*	.16**	.06	..20**	
PARENTAL BONDING																		
4.Mother Care	--	--	--	--	-.29**	.30**	.37**	-.10†	.16**	-.30**	-.26**	-.20**	-.11†	.19**	.51**	-.18**	-.07	-.11†
5.Mother Depend	--	--	--	--	--	-.56**	-.11†	.40**	-.24**	.19**	.20**	.08	.19**	-.03	-.25**	.22**	.22**	.28**
6.Mother Freedom	-	--	--	--	--	--	.00	-.15**	.49**	-.08	-.08	.02	-.10†	.03	.15**	-.05	-.05	-.07
7.Father Care	--	--	--	--	--	--	--	-.13*	.28**	-.35**	-.32**	-.25**	-.10†	.22**	.42**	-.27**	-.15**	-.18**
8.Father Depend	--	--	--	--	--	--	--	--	-.44**	.06	.13*	.07	.12*	.08	-.03	.12*	.18**	.18**
9.Father Freedom	--	--	--	--	--	--	--	--	--	-.12*	-.10†	-.06	-.03	.02	.14*	-.05	-.05	-.08
OBJECT RELATIONS																		
10.Alienation	--	--	--	--	--	--	--	--	--	--	.47**	.38**	.37**	-.31**	-.29**	.46**	.31**	.20**
11.Insecure Attachment	--	--	--	--	--	--	--	--	--	--	--	.52**	.46**	-.20**	-.25**	.48**	.35**	.35**
12.Egocentricity	--	--	--	--	--	--	--	--	--	--	--	--	.14*	-.12*	-.13*	.50**	.21*	.26**
13.Social Incompetence	--	--	--	--	--	--	--	--	--	--	--	--	--	-.22**	-.12*	.22**	.21**	.18**
PERCEIVED SOCIAL SUPPORT																		
14.From Friends	--	--	--	--	--	--	--	--	--	--	--	--	--	--	.46**	-.12*	-.05	-.06
15.From Family	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-.22**	-.10†	-.13*
MENTAL HEALTH																		
16.Depression	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	.44**	.36**
17.Anxiety	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	.35**
18.Dissociation	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

† $p < .10$ * $p < .05$ ** $p < .01$

Table 7

Multiple Regression Analysis for the Direct Effects of Childhood Traumas and Parental Caregiving Variables on the Object Relations sub-scale of Alienation

Variable	β	t	p	Adjusted R^2
Gender	.06	1.09	.276	
Childhood Abuse	.19	2.32	.021*	
Marital Problems	-.02	-.25	.81	
Painful Feelings about Divorce	-.01	-.18	.85	
Mother Care	-.11	-1.6	.11	
Mother Dependence	.133	1.73	.085†	
Mother Freedom	.075	.911	.36	
Father Care	-.19	-2.7	.007**	
Father Dependence	-.065	-.95	.35	
Father Freedom	-.04	-.53	.60	
Model				.17

Table 8

Multiple Regression Analysis for the Direct Effects of Childhood Traumas and Parental Caregiving Variables on the Object Relations sub-scale of Insecure Attachment

Variable	β	t	p	Adjusted R^2
Gender	-.122	-2.12	.035*	
Childhood Abuse	.26	2.62	.009**	
Marital Problems	.000	-.001	.999	
Painful Feelings about Divorce	.064	1.08	.282	
Mother Care	-.05	-.75	.45	
Mother Dependence	.15	1.91	.057†	
Mother Freedom	.034	.410	.68	
Father Care	-.16	-2.22	.027*	
Father Dependence	.008	.118	.906	
Father Freedom	.032	.408	.684	
Model				.16

Table 9

Multiple Regression Analysis for the Direct Effects of Childhood Traumas and Parental Caregiving Variables on the Object Relations sub-scale of Egocentricity

Variable	β	t	p	Adjusted R^2
Gender	.123	2.04	.042*	
Childhood Abuse	.102	1.18	.239	
Marital Problems	-.008	-.11	.913	
Painful Feelings about Divorce	.025	.408	.683	
Mother Care	-.11	-1.5	.144	
Mother Dependence	.041	.510	.610	
Mother Freedom	.118	1.37	.172	
Father Care	-.13	-1.7	.082†	
Father Dependence	.017	.24	.811	
Father Freedom	-.04	.47	.64	
Model				.07

Table 10

Multiple Regression Analysis for the Direct Effects of Childhood Traumas and Parental Caregiving Variables on the Object Relations sub-scale of Social Incompetence

Variable	β	t	p	Adjusted R^2
Gender	-.086	-1.39	.166	
Childhood Abuse	.0300	.3420	.733	
Marital Problems	.0230	.3130	.754	
Painful Feelings about Divorce	-.016	-.247	.805	
Mother Care	-.009	-.119	.905	
Mother Dependence	.1520	1.830	.068†	
Mother Freedom	-.045	-.513	.608	
Father Care	-.084	-1.09	.276	
Father Dependence	.0670	.8940	.372	
Father Freedom	.1030	1.230	.220	
Model				.024

Table 11

Mediating Effects of Object Relations on the Impact of Childhood Traumas and Parental Caregiving on Depression

Variable	β	t	p	Adjusted R^2
Step 1				
Gender	.055	1.02	.311	
Childhood Abuse	.1830	2.720	.007	
Mother Dependence	.1420	2.510	.013	
Father Care	-.148	-2.27	.024	
Model				.12
Step 2				
Gender	.074	1.52	.130	
OBJECT RELATIONS				
Alienation	.261	4.58	.000	
Insecure Attachment	.315	5.54	.000	
Childhood Abuse	.0500	.8090	.419	
Mother Dependence	.0770	1.512	.132	
Father Care	-.037	-.628	.530	
Model				.31

Table 12

Mediating Effects of Object Relations on the Impact of Childhood Traumas and Parental Caregiving on Anxiety

Variable	β	t	p	Adjusted R^2
Step 1				
Gender	-.030	-.536	.593	
Childhood Abuse	.138	1.99	.047	
Mother Dependence	.178	3.07	.002	
Father Care	-.052	-.780	.436	
Model				.064
Step 2				
Gender	-.014	-.255	.799	
OBJECT RELATIONS				
Alienation	.171	2.72	.007	
Insecure Attachment	.235	3.76	.000	
Childhood Abuse	.044	.650	.516	
Mother Dependence	.132	2.36	.019	
Father Care	.025	.388	.698	
Model				.15

Table 13

Mediating Effects of Object Relations on the Impact of Childhood Traumas and Parental Caregiving on Dissociation

Variable	β	t	p	Adjusted R^2
Step 1				
Gender	.081	1.51	.132	
Childhood Abuse	.220	3.28	.001	
Mother Dependence	.202	3.60	.000	
Father Care	-.028	-.434	.665	
Model				.13
Step 2				
Gender	.120	2.27	.024	
OBJECT RELATIONS				
Alienation	-.043	-.701	.484	
Insecure Attachment	.297	4.83	.000	
Childhood Abuse	.158	2.38	.018	
Mother Dependence	.167	3.06	.002	
Father Care	.014	.219	.827	
Model				.19

Table 14

Multiple Regression Analysis for the Direct and Moderating Effects of Perceived Social Support on Object Relations and Depression

Variable	β	t	p	Adjusted R^2
Gender	.045	.953	.342	
OBJECT RELATIONS				
Alienation	.251	4.54	.000**	
Insecure Attachment	.201	3.20	.002**	
Egocentricity	.296	5.36	.000**	
Social Incompetence	.004	.067	.946	
PERCEVIED SOCIAL SUPPORT				
from Friends	.084	1.60	.112	
from Family	-.090	-1.73	.085†	
Model				.36
PERCEIVED SOCIAL SUPPORT FRIENDS (PSS-Friends) x OBJECT RELATIONS				
PSS-Friends x Alienation	-.562	-1.73	.085†	
PSS-Friends x Insecure Attachment	.526	1.06	.291	
PSS-Friends x Egocentricity	.613	1.55	.123	
PSS-Friends x Social Incompetence	-.228	-.61	.542	
PERCEIVED SOCIAL SUPPORT FAMILY (PSS-Family) x OBJECT RELATIONS				
PSS-Family x Alienation	-.558	-1.90	.059†	
PSS-Family x Insecure Attachment	-.199	-.481	.631	
PSS-Family x Egocentricity	.167	.493	.623	
PSS-Family x Social Incompetence	.443	1.28	.202	

Table 15

Multiple Regression Analysis for the Direct and Moderating Effects of Perceived Social Support on Object Relations and Anxiety

Variable	β	t	p	Adjusted R^2
Gender	.022	.399	.690	
OBJECT RELATIONS				
Alienation	.197	3.07	.002**	
Insecure Attachment	.253	3.47	.001**	
Egocentricity	.008	.126	.900	
Social Incompetence	.039	.629	.530	
PERCEVIED SOCIAL SUPPORT				
From Friends	.082	1.34	.180	
From Family	-.007	-.120	.905	
Model				.14
PERCEIVED SOCIAL SUPPORT FRIENDS (PSS-Friends) x OBJECT RELATIONS				
PSS-Friends x Alienation	.458	1.21	.226	
PSS-Friends x Insecure Attachment	-.605	-1.05	.296	
PSS-Friends x Egocentricity	-.180	-.391	.696	
PSS-Friends x Social Incompetence	-.038	-.088	.930	
PERCEIVED SOCIAL SUPPORT FAMILY (PSS-Family) x OBJECT RELATIONS				
PSS-Family x Alienation	-.042	-.123	.902	
PSS-Family x Insecure Attachment	-.517	-1.09	.279	
PSS-Family x Egocentricity	-.559	-1.43	.154	
PSS-Family x Social Incompetence	.472	1.18	.239	

Table 16

Multiple Regression Analysis for the Direct and Moderating Effects of Perceived Social Support on Object Relations and Dissociation

Variable	β	t	p	Adjusted R^2
Gender	.152	2.76	.006**	
OBJECT RELATIONS				
Alienation	-.003	-.051	.960	
Insecure Attachment	.312	4.30	.000**	
Egocentricity	.069	1.09	.278	
Social Incompetence	.045	.742	.459	
PERCEVIED SOCIAL SUPPORT				
from Friends	.072	1.18	.240	
from Family	-.047	-.772	.441	
Model				.14
PERCEIVED SOCIAL SUPPORT FRIENDS (PSS-Friends) x OBJECT RELATIONS				
PSS-Friends x Alienation	-.327	-.869	.386	
PSS-Friends x Insecure Attachment	.450	.779	.436	
PSS-Friends x Egocentricity	.272	.590	.556	
PSS-Friends x Social Incompetence	-.008	-.018	.985	
PERCEIVED SOCIAL SUPPORT FAMILY (PSS-Family) x OBJECT RELATIONS				
PSS-Family x Alienation	-.701	-2.09	.038*	
PSS-Family x Insecure Attachment	-.219	-.464	.643	
PSS-Family x Egocentricity	.134	.347	.729	
PSS-Family x Social Incompetence	1.22	3.08	.002**	

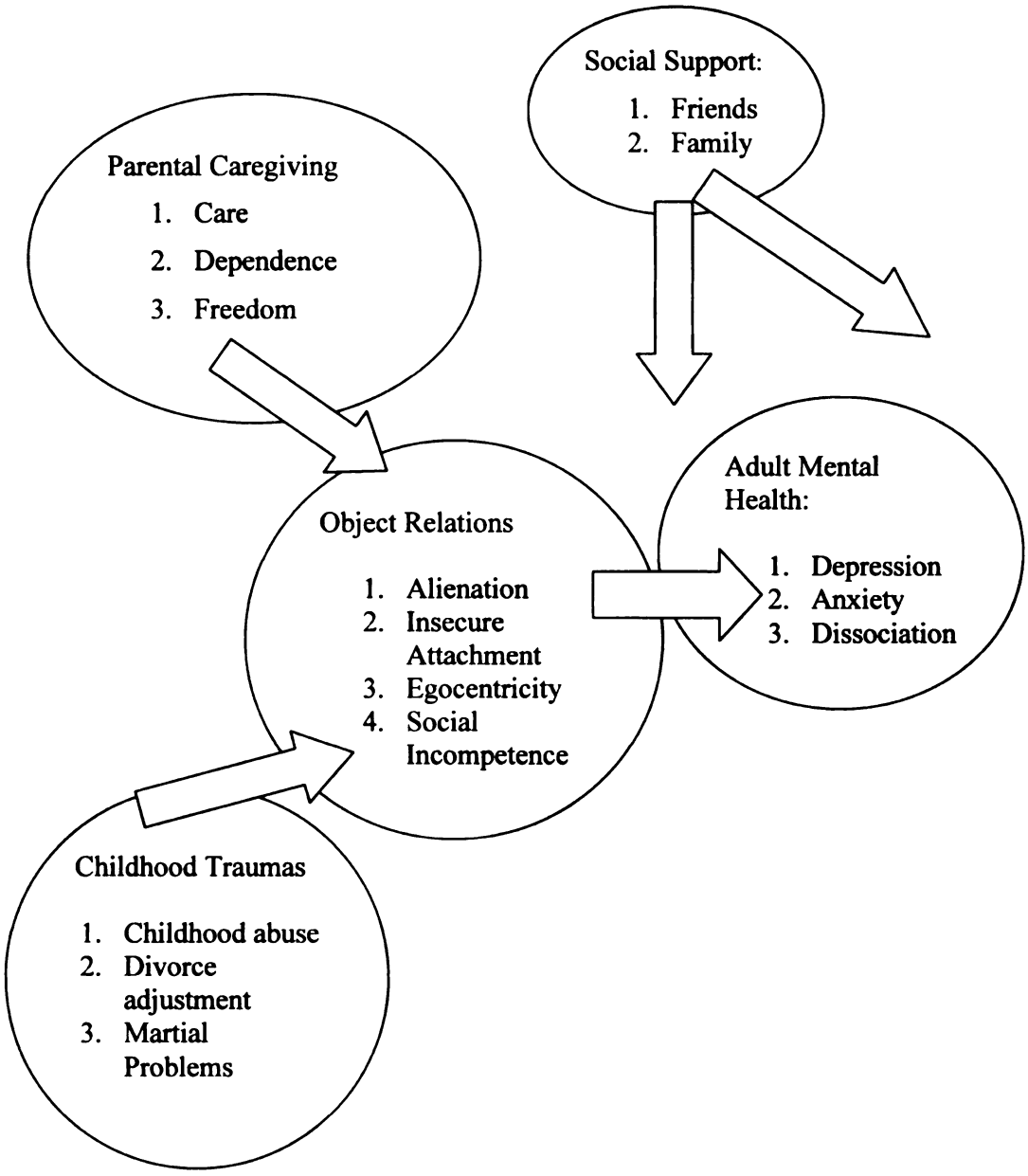
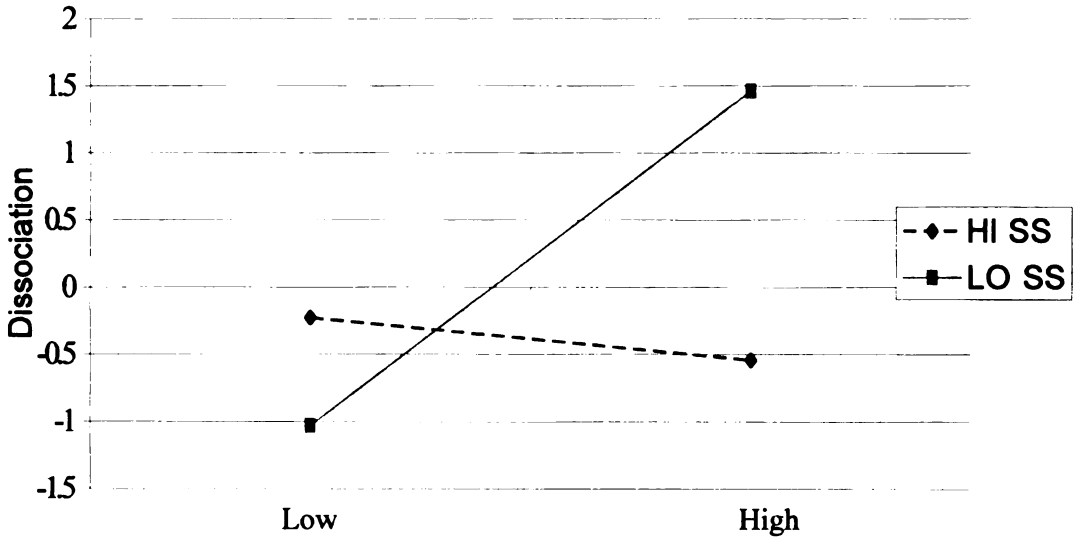


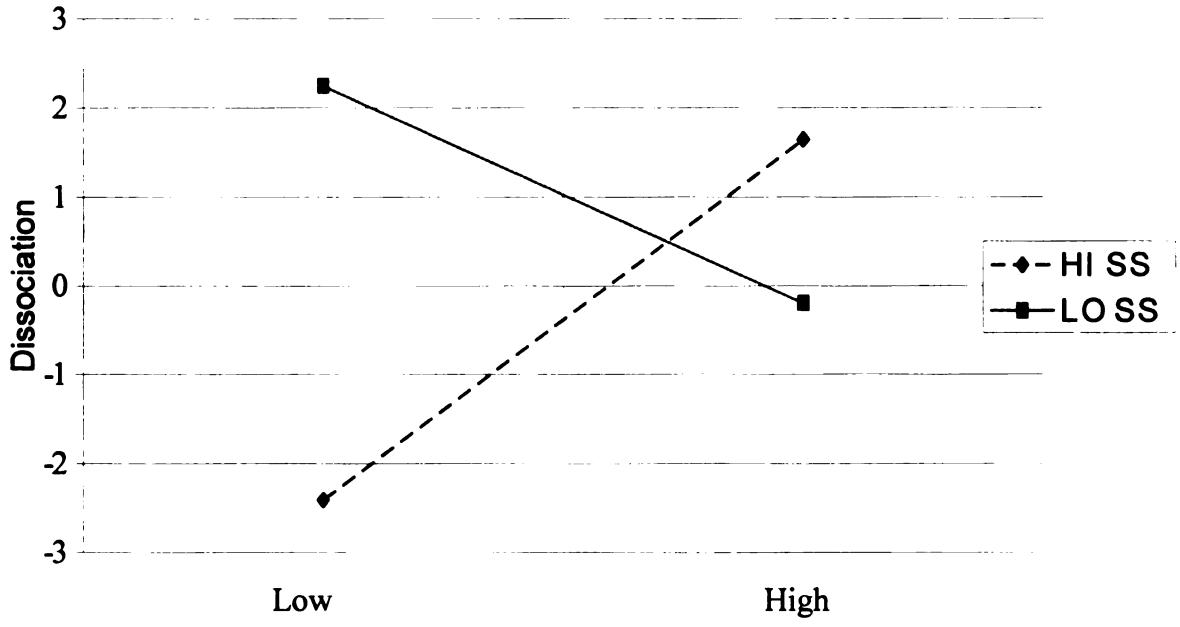
Figure 1. Object relations as a mediator between childhood traumas and adult mental health as well as parental caregiving and adult mental health. Also, social support as a direct effect on adult mental health as well as a buffer between object relations and adult mental health.

Figure 2: Social Support from Family and Alienation Interaction



Level of Alienation

Figure 3: Social Support from Family and Social Incompetence Interaction



Level of Social Incompetence

DISCUSSION

Object Relations and Childhood Traumas

The major hypotheses for this study that object relations would mediate the impact of childhood traumas and parental caregiving on psychopathology in a college sample were supported. Childhood abuse significantly predicted depression, anxiety, and dissociation in this sample of young adults. College students who experienced more childhood maltreatment, that is higher levels of physical and emotional neglect, physical and emotional abuse, and/or sexual abuse while growing up, reported greater levels of depression, anxiety, and dissociation. While other studies have found a similar negative impact of trauma on young adult adjustment, (Andrews, 1995; Abdulrhamn & De Luca, 2001; Braver et al., 1992; Brock, Mintz, & Good, 1997; Lizardi et al., 1995; Malinosky-Rummell & Hansen, 1993; Martinez-Taboas & Bernal, 2000; Maynes & Feinauer, 1994; Sandberg & Lynn, 1992; Sanders, McRoberts, & Tollefson, 1989), the findings from the current study begin to explain some of the mechanisms involved.

In addition to the significant relationship between childhood abuse and young adult mental health, a significant relationship was found between childhood abuse and object relations deficits. Higher childhood abuse significantly predicted higher levels of a lack of basic trust in relationships, dissatisfaction in relationships, and a difficulty in getting close to people. In addition, childhood abuse significantly predicted greater difficulties in interpersonal relationships, oversensitivity to rejection, as well as a greater longing for intimacy. A number of previous studies supported the finding that traumatic childhood experiences contribute to difficulties with object relations (Baker et al., 1992;

Elliott, 1994; Jarmas & Kazak, 1992; Ornduff & Kelsey, 1996; and Twomey, Kaslow, & Croft, 2000).

Finally, object relations deficits mediated the relationship between childhood abuse and young adult adjustment. More specifically, participants' lack of basic trust in relationships as well as difficulty in relationships, fully mediated the relationship between childhood abuse and depression, as well as childhood abuse and anxiety, and partially mediated the relationship between childhood abuse and dissociation in young adults. The consequences of traumatic experiences during childhood such as sexual abuse, emotional abuse and neglect, physical abuse and neglect are all incorporated into the personality and into the ability to relate to others (Fairbairn, 1952; Kernberg, 1976). More specifically, childhood abuse can interfere with object relations development and lead to deficits in interpersonal relations. For example, a child who has experienced trauma from loved ones may internalize a caregiver who is too neglectful and
hurtful, and that in turn could lead to severe splits of good and bad figures in his or her life. There may not be enough adequate caregiving for the child to accommodate the trauma experienced. The child may learn that caregivers and later other people that the child cares about are expected to behave in hurtful ways, and in that way the adult comes to expect abuse within relationships (Twomey, Kaslow, & Croft, 2000). The child may grow up with greater levels of a lack of trust and less satisfaction in relationships, a difficulty with intimacy, and at the same
time, a longing for intimate relationships (Bell, Billington, & Becker, 1986).

Previous research has shown that abuse from family members has greater negative repercussions for the child than abuse from a stranger (Elliot, 1994). According

to Fairbairn (1941), a child whose needs for care have not been fulfilled, may grow up with a fixation on the caregiver who did not fulfill his or her needs, and that fixation can transfer from the primary caregiver to friendships and romantic partners in the future. A trauma inflicted upon a child by someone other than a caregiver can also have negative repercussions for the child. If a child experiences physical or sexual abuse by someone other than a caregiver, a child's trust in people may be shaken and in return a child could also develop a lack of trust in others and experience difficulties in developing relationships. In addition to splitting, there is another defense mechanism that Fairbairn proposed, "The Moral Defense". If the child is mistreated in some way, it is easier for a child to believe that he or she deserves this treatment because he or she is a bad child instead of blaming those that are mistreating the child (Fairbairn, 1943). Fairbairn suggested that it is easier to believe that one is 'bad' in a world made of good objects, than to be good in a world of bad objects. According to Fairbairn (1943), it is safer to believe one lives in a world of good objects. The child is finding a way to cope with mistreatment and maintaining a bond with the caregivers. The child believes that he or she is deserving of mistreatment, and the child's caregivers or the person who is inflicting the mistreatment is protected. This can also explain difficulties with interpersonal relationships later on in life, especially if there is an internalization of the self as bad, which usually follows an internalization of a neglectful caretaker. If the self is perceived as bad internally and not worthy of others' love, then one may get into unfulfilling relationships with others and seek those that fulfill the feeling that one is not worthy. In addition, if someone is preoccupied with relationships and is longing for them, the young adult may not recognize that he or she has a choice whether to stay in a relationship, since

the goal is to hold on to a relationship as much as possible. Furthermore, according to this theory, mental health adjustment of young adults would be disturbed and the young adult could experience higher levels of psychopathology such as depression, anxiety and dissociation.

Object Relations and Divorce/Separation Impact

This study hypothesized that object relations would mediate the impact of painful feelings about divorce on young adult psychopathology. This was not supported in this study. Difficulties adjusting to divorce did not significantly impact object relations. In this study, about 23% (N = 73) of the sample came from divorced and separated homes. Only 21% of the sample filled out the divorce questionnaire (N= 66), while the rest received scores of zero on this variable. In the US, 40% of college age people have parents that are married to each other (Nielson, 1999). Nevertheless, when relatively small studies using college populations were examined, the divorce rate of participant's parents in the particular sample varied. Moreover, if the divorce rate was not selectively examined, it was usually lower than 40% and closer to the current study's rate of 23%. For example, one study that did not selectively recruit based on divorce, found a divorce rate of 19% among the parents of its sample of 341 participants (Grant, Smith, Sinclair, & Salts, 1993). Another study found that 46 participants were from divorced homes out of 348 undergraduate students; there was a 13% divorce rate (Black & Sprenkle, 1991). In a few more studies that randomly examined divorce rates among its college samples, the rates were 25% (Gabardi & Rosen, 1991), 31% (Lopez, Campbell, & Watkins, 1988), and 19% (Franklin, Janoff-Bulman, & Roberts, 1990). Thus, the 23% divorce rate in the parents of the current sample is consistent with other studies of this population and thus it

appears that it is possible to generalize the findings from this study to the general population.

Despite not finding significance between painful feelings about divorce and object relations, when correlations were examined, divorce adjustment significantly correlated with higher sensitivity to relationships, more difficulty with tolerating separations, as well as a greater yearning for intimacy. Even though in many divorced homes, the children spend time with both parents, divorce is still a separation, since the child no longer lives with both caregivers under the same roof. A number of studies found that college students from divorced families reported less trust of a future spouse and significantly more negative attitudes about marriage than students who did not experience divorce (Black & Sprenkle, 1991; Franklin, Janoff-Bulman, & Roberts, 1990; Gabardi & Rosen, 1991). Thus, when a child's primary caregivers separate or divorce, the belief that one can find a relationship that would last "ever after" may be broken. This can definitely lead to more insecurity in relationships, and difficulty with intimacy. Divorce adjustment did not correlate significantly with mental health adjustment such as depression, anxiety or dissociation in the current study. It appears that the effect on object relations is not significant enough to impact current mental health adjustment. It is possible that object relations may eventually affect later mental heath adjustment. In the current study, about 20% of the participants who came from divorced and separated families (N = 13) indicated that the divorce occurred when they turned 18 years or older. This could have also contributed to the lower impact of painful feelings about divorce on object relations and young adult mental health. Previous research has shown that children may experience depression five to ten years after the divorce as well as during the transition to adulthood

(Hetherington et al., 1989; Wallerstein & Blakeslee, 1989). So, for those who experienced parental divorce and separation later in their lives, the impact on mental health symptoms may not be showing yet. Also, the trauma of divorce later in life may be less detrimental than when it occurs at an earlier age. According to Anthony (1974), if a divorce occurred when a child is at college, the young adult is more mature and is better able to deal with feelings of divorce than someone younger. The older the child, the more he or she is differentiated from caregivers. In addition, the relationship of the child with their parents can serve as protective as well as a risk factor in terms of the impact of the divorce on young adult adjustment (Hillard, 1984; Palosaari et al., 1996).

Object Relations and Marital Problems

Marital problems consisting of relations between parents, and exposure to parental alcoholism while growing up did not significantly predict object relations deficits in young adults in this study. However, this is a non clinical population. There was very little alcoholism reported in the families while growing up. This could have contributed to a less powerful connection between this and young adult adjustment. Nevertheless, this connection exists in previous studies A number of studies in the literature found support that exposure to interparental violence and verbal aggression while growing up was associated with elevations in depression, anxiety, and trauma symptoms for college students (Blumenthal, Neemann, & Murphy, 1998; Henning et al., 1997). Not finding object relations as a mediator between marital problems and young adult adjustment, yet finding significance of bivariate correlations may have to do with multicollinearity in the predictors. Due to the shared variance, while individually the

predictors may contribute to the dependent variables, when they are in the regression model, their individual significance is lowered or rendered nonsignificant.

In the current study, when bivariate correlations were examined, higher marital problems were significantly related to higher depression and dissociation. Young adults who experienced violence between their parents, and greater parental alcoholism while growing up, experienced greater adjustment difficulties as young adults. In addition, higher marital problems were related to deficits in object relations. More specifically, higher marital problems were related to a lack of basic trust in relationships, difficulty in interpersonal relationships and toleration of separations, as well as being able to view others only in relation to the self, and not trust others' motives. Growing up with conflicts between primary caregivers and heavy drinking by one of the parents can be difficult for a child. It is possible that parents, who struggle with many conflicts with each other, are not as attentive to their child's needs. This may impact a child's development of trust in relationships as well as the ability to connect with others. Furthermore, observing emotional and physical problems between primary caregivers has been related to depression and lower self-esteem among college students (Silvern et al., 1995). According to Hetherington (1988), children of alcoholics grow up in a family environment that contains anger, fear and frustration. This can be related to difficulties with basic trust in relationships, not trusting others' motives, and insecurity in relationships.

Object Relations and Parental Caregiving

As predicted, object relations mediated the impact of parental caregiving on psychopathology in young adults. Caregiving by fathers was strongly related to the

quality of object relations in offspring in this sample. High caring by father included high levels of affection, frequent smiling, ability to make one feel better when he or she were upset, understanding and praising the child. More specifically, young adults who reported a more caring father while growing up reported significantly lower depression scores. Lower levels of caring by father were related to adjustment difficulties in this sample. This was supported by previous research (Alnaes & Torgersen, 1990; Leon & Leon, 1990; Zemore & Rinholm, 1989). When lack of basic trust and satisfaction in relationships was controlled for, the relationship between father caregiving and depression was no longer significant, constituting full mediation. Thus, lower levels of father caregiving contributed to a greater lack of basic trust and dissatisfaction in relationships as well as difficulty in getting close to people, and this contributed to higher depression levels.

According to Fairbairn (1940), the mother is the first significant object for the child, and the father is the second most important object for the child. Often in the literature, there has been greater focus on maternal care and behavior. The current study points out the importance of the father-child relationship. A less caring father can contribute to an internalization of a neglectful caretaker. The more neglectful the caretaker, the greater the splitting of the 'good' and 'bad' parts, and the greater the splitting of the self (Celani, 1999). If the neglect is severe, it is possible that the child has not learned how to bridge the splits and view one as both caring and frustrating. If the young adult experiences conflict in current interpersonal relationships, it becomes easier to resort to splitting and experience problems in relating to others. In addition to this, there could also be an expectation that develops that others cannot be trusted and that

they may be neglectful. At the same time, there is still a yearning for a connection, and one seeks unfulfilling relationships. Unfulfilling relationships contribute to poorer mental health such as depression.

Encouragement of dependence by fathers is characterized by attempts to control and intrude into the child's life. Higher levels of encouragement of dependence by fathers were related to higher depression, anxiety and dissociation in this study, which indicates greater adjustment difficulties in young adulthood. Furthermore, higher levels of encouragement of dependence by father were also related to higher insecurity in relationships, as well as higher discomfort in romantic relationships and social self-consciousness. Higher encouragement of freedom and independence by father was related to greater trust in relationships and less difficulties with intimacy. For example, in one study, a sample of women diagnosed with depression who reported overprotective fathers, perceived their marriage as worse than those who did not report their fathers as overprotective (Rodriguez et al., 1993). In another study, college students who perceived their parents as lacking in warmth and encouragement of autonomy reported greater depression, anxiety, and loneliness (Boles, 1999).

Object relations also mediated the impact of maternal caregiving on young adult adjustment. More specifically, higher encouragement of dependence by mothers was related to greater adjustment difficulties characterized by higher depression, anxiety and dissociation scores among this college population. A number of previous studies supported this finding (Alnaes & Torgersen, 1990; Parker, 1979; Parker, 1986; Parker et al., 1979; Rodriguez et al., 1993; Whisman & Kwon, 1992). In the current study, struggles in interpersonal relationships as well as oversensitivity to separations and

rejections mediated the impact of encouragement of dependence by mothers on depression, and partially mediated the impact of encouragement of dependence by mothers on anxiety and on dissociation. Higher encouragement of dependence by mothers indicates maternal encouragement of dependence on her and less support for individuation, and greater control and intrusion. A maternal figure that struggles with helping her child individuate and become more independent could contribute to a child developing difficulties in interpersonal relationships. More specifically, if there is difficulty helping the child establish boundaries, it may be harder for the child later in life to end inappropriate relationships. Furthermore, it is possible that any step for independence by the child may have been met with either rejection or a show of hurt feelings from the maternal figure. This can contribute to a young adult who is hesitant to approach others and someone who can be socially withdrawn, and at the same time yearning for relationships. All of this can add to young adult adjustment difficulties.

Object relations did not mediate the impact of mother care and freedom, as well as father dependence and freedom on young adult psychopathology. Nevertheless, there were significant correlations between most of these variables and the trauma and object relations variables. More specifically, higher caregiving by mother contributed to greater trust in others, less difficulties with relationships, as well as less preoccupation with the self. This was related to better young adult adjustment. The importance of maternal care was explored in a few previous studies. One study found that higher maternal care was related to more positive thoughts about self than did those with less caring mothers (Ingram et al., 2001). In another study examining a college sample, greater shame affect was related to lower maternal care (Lutwak & Ferrari, 1997). According to Fairbairn

(1940), the mother is the most significant object for the child. If a child experiences a caring mother, one who is understanding, smiles often and is warm and affectionate, the child internalizes the caregiver and the relationship, and that serves as a template for other relationships in the future. The future relationship would most likely include greater trust in others, less preoccupation with the self and more fulfilling relationships. There is also greater tolerance for difficulties in relationships. A caring mother would probably result in less splitting of the 'good' and 'bad' maternal object for the child and in less splitting of the self (Fairbairn, 1943). Therefore, there may be a greater acceptance of liked and disliked parts of the self. In addition, the young adult may be less likely to resort to splitting when difficulties occur in relationships and therefore have more fulfilling relationships, and as a result, better mental health adjustment later in life.

Perceived Social Support

Perceived social support from friends and family did not significantly impact young adult psychopathology. The question of causality can be difficult to ascertain when it comes to the association between perceived social support and psychopathology. Research has suggested that higher perception of social support is tied to better mental health. Nevertheless, participant's depression levels can also lead to lower perception of support (Wei & Tao, 2003; Stice, Ragan, & Randall, 2004). The lack of significant results could be tied to participant's levels of psychopathology. Another reason for lack of significance between perceived social support and psychopathology could be because of multicollinearity between predictors in the regression models, rendering many of them insignificant. Nonetheless, when trends were examined, higher perception of social support from family was related to lower depression in this sample. A number of

previous studies supported this finding (Cumsille & Epstein, 1994; Holahan, Valentiner, & Moos, 1994; Maton, 1990; Menees, 1997). In the current study, perceived social support from family was negatively correlated with mental health adjustment such as depression and dissociation. Furthermore, perceived social support from friends was also negatively correlated with depression. Even though there was no significant finding in terms of the direct effect of social support on young adult adjustment, there was still some evidence of a positive relationship between perceived social support from friends and family, and young adult adjustment.

Even though object relations continue to develop during childhood and adolescence, current factors such as perceived social support especially from family, may serve as protective factors. The following findings should be interpreted with caution because a high number of analyses were conducted to test for moderation, and it is possible that the significance is a result of type I error. Two findings were supported according to the prediction that perceived social support would moderate the impact of object relations on young adult psychopathology. Perceived social support from family moderated the impact of lower levels of lack of basic trust and less satisfaction in relationships and difficulty with intimacy on dissociation, and the impact of struggles with romantic relationships and self-consciousness on dissociation. More specifically, students who reported higher levels of alienation, reported lower dissociation scores when they perceived higher social support from their families, than students with lower perception of social support from family. It appears that higher perception of social support from family served as a protective factor for students with a greater lack of basic trust in relationships and difficulty with relationships, in terms of dissociation levels. If

someone has difficulties forming relationships and lacks trust, perceiving higher support from family contributes to lower dissociation.

The second significant interaction between perceived social support from family and social incompetence indicated that higher levels of perceived support from family protected students who experienced lower levels of discomfort and self-consciousness about social interactions, and their dissociation levels. It is possible that feeling comfortable with family support eases the discomfort of social relationships. It appears that in the current study, higher perception of social support from family protected individuals with object relations deficits. According to Lepore (1992), higher levels of perceived social support in one social domain can buffer individuals from distressing personal interactions in another social domain. A number of studies found that perception of higher social support from family contributed to greater self esteem, better adjustment to college, and higher self-efficacy beliefs among college students (Cutrona et al., 1994; Holahan, Valentiner, & Moos, 1994; Menees, 1997; Torres & Solberg, 2001).

Conclusion

Previous research demonstrated that childhood maltreatment leads to young adult adjustment difficulties (Andrews 1995; Malinosky-Rummell & Hansen, 1993), but the process by which psychopathology develops needed further investigation. One of the strengths of this study is that it is one of the first to examine the mechanism of object relations by which childhood abuse and parental caregiving contribute to young adult adjustment. One particular previous study examined object relations as a mediator between childhood abuse and adult suicidal behavior, but the population was clinical and all female (Twomey, Kaslow, & Croft, 2000). An additional strength of the current study

is that a large number of childhood traumas were examined in a non-clinical population. The study looked at a college population, which makes it possible to generalize the findings to the general population. In addition, the sample also represented an adequate number of men and women.

This study demonstrated that childhood maltreatment and parental caregiving styles influence object relations development and contribute to deficits in the establishment of basic trust and satisfaction with relationships, one's comfort with intimacy, level of sensitivity to rejection and separations, how others' motives are perceived as well as how one approaches romantic relationships. As a child grows up, the original caregiver relationships are internalized and serve as templates for future relationships. Deficits in object relations interfere with one's ability to relate to others. The young adult ends up unable to develop healthy relationships, which leads to adjustment difficulties and vulnerability to psychopathology such as higher depression, anxiety and dissociation levels. Perceived social support from family appeared to buffer the impact of object relations deficits on young adult adjustment.

Limitations and Research Implications

There are a number of limitations to this study. One of the first limitations to consider is the possibility of Type I error throughout the study. A large number of analyses were conducted and that increases the possibility of Type I error. Nevertheless, each analysis was hypothesis driven. Another main limitation is that this is a cross-sectional, retrospective study and therefore it is harder to attribute causation to the results. In the future, researchers should focus on designing a prospective longitudinal study, so that more information could be gathered about caregiving styles as well as reactions to

different types of traumas. Another limitation is that this study examined a non-clinical population and therefore the levels of trauma were significantly lower than in other studies. This may have contributed to a lack of more significant findings. For example, the impact of caregiver death at an early age could not be analyzed because of the low rate of this event in this sample. Also, object relations deficits did not mediate between parental divorce, parental problems and parental alcoholism. This could have occurred as a result of the low rate of occurrence of these events in this study. Nonetheless, when examining bivariate correlation analyses, a mediation relation exits. Future researchers should seek out participants with these particular experiences so that other types of traumas could also be examined and their impact on object relations and young adult psychopathology.

An additional potential limitation is the manner in which data was collected. Data was collected in groups of 10-12 people at a time, and students sat next to each other and filled out the measures. Since a number of the questions were sensitive and private, sitting next to another student could have affected one's comfort level at answering the questions truthfully. Furthermore, even though students did not have much information about the study before hand, they may have ran across other students who participated in the study, who could have shared more information about the study. For example, students filled out the same questionnaires, except one additional one that students of divorced and separated parents filled out. It is possible that students could have known from someone else that in order to finish the study faster, they could indicate that their parents are married, even if they were divorced or separated, and not have to fill out the

extra questionnaire. In the future, asking students to not discuss this study with others who may take it in the future could be helpful.

In this study, results of a factor analysis suggested combining different types of childhood abuse (e.g. sexual, emotional, physical and neglect) into one childhood abuse score. Unfortunately, this made it difficult to distinguish the individual impact of each type of childhood trauma. Even though the above literature review indicated that the consequences of emotional abuse could be as severe as those of sexual and physical abuse (Gauthier et al., 1996; Melchert, 2000), future studied could focus on examining individual traumas separately. The impact of sexual abuse and physical abuse can be different on object relations development and young adult adjustment. It would be helpful to recruit a much larger sample size in order to examine the impact of different kinds of traumas separately.

An additional limitation is the use of self-report data of past events. To interview and collect data from caregivers, especially since participants rated their parents' caregiving styles, would give us more information. Also, future studies could compare participants' reports of childhood traumas and verify them against hospital records, or school records, since it is difficult to rely on one source of information. Another limitation is the evaluation of object relations with one measure. More specifically, the BORI examines object relations deficits, especially those that are associated with the ability to interact and relate to others such as levels of trust, ability to connect with others, tolerate intimacy, as well as tolerate separations and rejections (Bell, Billington, & Becker, 1986). It would also be helpful to measure object relations with a projective measure, in order to gain greater understanding of the unconscious processes related to

one's functioning and ability to relate to others. This study established that object relations is an important mechanism by which childhood maltreatment impacts young adult adjustment. In the future, it would be beneficial to establish a control group, and examine object relations of young adults who did not experience much childhood maltreatment. A college population is a time of change and growth, and adjustment can be impacted by the new experience of college, and that in and of itself can contribute to adjustment difficulties. Finally, the multicollinearity between the predictors, the childhood trauma and parental caregiving variables was a limitation for interpreting the results of this study. Shared variance may have obscured real relationships between the predictors and the outcomes.

The current model tested perceived social support as a direct effect on psychopathology as well as a moderator between object relations deficits and psychopathology. An alternative model could be considered, one that would test perceived social support as a potential mediator between object relations deficits and psychopathology. One's level of lack of basic trust and satisfaction in relationships, as well as ability to tolerate separations and rejections and get close to others, could impact building and maintaining relationships, which could influence perception of social support, and that could impact psychopathology such as depression, anxiety and dissociation. In the future, research that would include object relations and social support would benefit from testing social support as mediator.

The goal of the current study was to examine a general college population of men and women and to include both in analyses since a number of previous studies examined either samples of men or women (Malinosky-Rummell & Hansen, 1993; Sanders &

Moore, 1999; Schaff & McCanne, 1998). Nevertheless, when a One-way ANOVA was conducted with gender as the factor and all the other main variables as the dependent list, there were a few significant results that revealed gender differences (see Table 4). Gender was controlled for in each analysis. Even though the results of the study can be generalized to both college men and women, in the future, it would also be helpful to analyze the data separately for men and women, in order to gain more information.

Clinical Implications

This study helped us further understand what could be affecting individuals suffering from depression, anxiety and dissociation. These individuals may have underlying object relations deficits which are often not assessed in therapy. Based on the results of this study, object relations deficits should be assessed in therapy since lower levels of lack of basic trust in others, difficulty in interpersonal relationships, inability to tolerate loss and separation and yearning for intimate relationships mediate the impact of childhood abuse and parental caregiving on young adult adjustment. More specifically, amount of father caring and warmth as well as mother encouragement of dependence on her contributed to object relations impairments. These object relations deficits interfere with the capacity to develop and enjoy relationships which affect psychopathology. It would be beneficial in individual therapy for therapists to focus on clients' ability to relate to others. Working from an object relations perspective, where it is the relationship with the therapist that is important and how the relationship can be internalized as a new positive relationship, could help with future relationships. This can aid in repairing some of the lack of basic trust in relationships, difficulty tolerating rejections and fear of abandonment, as well as preoccupation with the self, and mistrust of others' motives.

Group therapy could be another avenue to address object relations deficits, in a small and safe group environment. A process group, where individual relationships between patients can be addressed could impact object relations.

One example of a therapy that focuses on object relations issues is Time Limited Dynamic Psychotherapy (TLDP), a 15-20 session individual treatment developed by Hanna Levenson (1995), based on Strupp and Binder's work (1984) focusing on the patient's interpersonal style of relating to others, especially as viewed through the relation to the therapist. The therapist's goal is to provide a new, more accepting experience for the patient as well as provide a new understanding for the patient. The TLDP model uses an understanding that current relation patterns were learned from the past. In addition, these current patterns will lead to interpersonal difficulties within the therapy with the therapist. Through the therapist's participation and observation of these interpersonal difficulties, the therapist is able to assist the patient to understand their patterns and work to change them (Levenson, 1995). This appears to be an appropriate treatment for someone with object relations deficits. In conclusion, addressing a person's object relations development, especially the ability to have basic trust in relationships, tolerate separations and rejections as well as yearning for intimacy, would help one to develop better relationships with others and as a result have better adjustment and less vulnerability to psychopathology as measured by depression, anxiety and dissociation.

APPENDICES

APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

1. How old are you: _____

2. What is your date of birth: ____/_____/_____
   Mo Day Yr

3. What year of college are you currently in? _____

4. What is your major (or if you don't have one), what would you like to major in?

_____

5. Where do you currently live?

   ( ) Dorm
   ( ) Apartment off campus
   ( ) A house with friend/s
   ( ) Sorority / Fraternity House
   ( ) Home with parents
   ( ) Other: please specify _____

6. Marital status:

   ( ) Single
   ( ) Dating
   ( ) Living with romantic partner
   ( ) Married
   ( ) Separated (how long? _____)
   ( ) Divorced
   ( ) Separated
   ( ) Widowed

7. Parent's Marital Status (check as many that apply for each parent)

	Mother	Father	Primary Guardian
Single	( )	( )	( )
Living with partner	( )	( )	( )
Married	( )	( )	( )
Separated (how long? ___)	( )	( )	( )

Divorced	( )	( )	( )
Widowed	( )	( )	( )

8. Race or Ethnic group	You	Mother	Father
Native American	( )	( )	( )
Asian	( )	( )	( )
Black, African-American	( )	( )	( )
Latino, Hispanic-American	( )	( )	( )
Biracial (mixed):	( )	( )	( )
Specify	_____	_____	_____
White, Caucasian	( )	( )	( )
Other	_____	_____	_____

9. What is the highest level of education your parents, and/or step-parents have completed?

	Mother	Father	Stepmother	Stepfather
Grade school or less	( )	( )	( )	( )
Some high school	( )	( )	( )	( )
High school degree/GED	( )	( )	( )	( )
Some college	( )	( )	( )	( )
An Associate's degree	( )	( )	( )	( )
College degree	( )	( )	( )	( )
Some graduate school	( )	( )	( )	( )
Graduate degree	( )	( )	( )	( )

10. Which of the following best describes the occupation of your parents and/or stepparents.

	Mother	Father	Stepmother	Stepfather
Artist, writer designer, craftsperson	( )	( )	( )	( )
Farmer, agricultural worker	( )	( )	( )	( )
Homemaker	( )	( )	( )	( )
Manager, administrator	( )	( )	( )	( )
Profesional:	( )	( )	( )	( )
Specific type _____				
Technician, skilled worker	( )	( )	( )	( )
Student	( )	( )	( )	( )
Semiskilled or unskilled worker	( )	( )	( )	( )
White-collar (sales, clerical, secretary)	( )	( )	( )	( )
Retired	( )	( )	( )	( )
Unemployed	( )	( )	( )	( )
Other	( )	( )	( )	( )

11. Are you working at this time?

1. O Yes 2. O No Hours per week? _____

12. What was the total income of your family of origin last month?

_____

13. Which of the following best describes your religious affiliation?

( ) Protestant (What type? _____)
( ) Catholic
( ) Jewish
( ) Muslim
( ) Atheism/Agnosticism (No religious affiliation)

14. Are both of your parents alive? _____ (If Yes, proceed to question #19)

15. If No, which parent passed away? _____

16. How old were you when it happened? _____

17. Has your surviving parent remarried? _____ (If No, proceed to question #19)

18. If yes, how old were you when your parent remarried? _____

19. How many biological and stepsisters do you have? _____

20. How many biological and stepbrothers do you have? _____

APPENDIX B

PBI

This questionnaire lists various attitudes and behaviors of parents. As you remember your Mother/Father in your first 16 years, please mark the most appropriate answer next to each question.

1. Spoke to me with a warm and friendly voice

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

2. Did no help me as much as I needed

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

3. Let me do those things I liked doing

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

4. Seemed emotionally cold to me

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

5. Appeared to understand my problems and worries

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

6. Was affectionate to me

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

7. Liked me to make my own decisions

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

8. Did not want me to grow up

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

9. Tried to control everything I did

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

10. Invaded my privacy

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

11. Enjoyed talking things over with me

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

12. Frequently smiled at me

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

13. Tended to baby me

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

14. Did not seem to understand what I needed or wanted

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

15. Let me decide things for myself

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

16. Made me feel I wasn't wanted

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

17. Could make me feel better when I was upset

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

18. Did not talk with me very much

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

19. Tried to make me dependent on her/him

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

20. Felt I could not look after myself unless she/he was around

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

21. Gave me as much freedom as I wanted

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

22. Let me go out as often as I wanted

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

23. Was overprotective of me

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

24. Did not praise me

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

25. Let me dress in any way I pleased

0. ( ) Very like 1. ( ) Moderately like 2. ( ) Moderately unlike 3. ( ) Very unlike

APPENDIX C

CTQ

Instructions: These questions ask about some of your experiences growing up **as a child and a teenager**. For each question, bubble in the number that best describes how you feel. Although some of these questions are of a personal nature, please try to answer as honestly as you can. Your answers will be kept confidential.

1.When I was growing up, there was someone in my family whom I could talk to about my problems.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

2.When I was growing up, people in my family criticized me.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

3.When I was growing up, I didn't have enough to eat.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

4.When I was growing up, people in my family showed confidence in me, and encouraged me to achieve.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

5.When I was growing up, someone in my family hit me or beat me.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

6.When I was growing up, I felt that I better take care of myself, because no one else would.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

7.When I was growing up, people in my family argued or fought with each other.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

8.When I was growing up, I lived in a group home or in a foster home.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

9.When I was growing up, I knew that there was someone to take care of me and protect me.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

10.When I was growing up, there was someone outside of my family (like a teacher or a neighbor) who was like a parent to me.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

10A.When I was growing up, someone in my family yelled at screamed at me.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

11.When I was growing up, I saw my mother or one of my brothers or sisters get hit or beaten.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

12.When I was growing up, someone in my family made sure that I went to school unless I was sick.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

13.When I was growing up, people in my family called me things like "stupid" or "lazy" or "ugly".

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

14.When I was growing up, I was living on the streets by the time I was a teenager or even younger.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

15.When I was growing up, there was someone in my family whom I admired and wanted to be like.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

16.When I was growing up, my parents were too drunk or high to take care of the family.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

17.When I was growing up, I rarely got the love or attention that I needed.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

18.When I was growing up, people in my family got into trouble with the police.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

19.When I was growing up, there was someone in my family who helped me feel that I was important or special.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

20.When I was growing up, I had to protect myself from someone in my family by fighting, hiding, or running way.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

21.When I was growing up, I felt like there was someone in my family who wanted me to be a success.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

22.When I was growing up, I felt like there was someone in my family who wanted me to be a success.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

23.When I was growing up, I lived with different people at different times (like different relatives, or foster families).

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

24.When I was growing up, I believe that one of my brothers or sisters might have been molested.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

25.When I was growing up, I felt that I was loved.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

26.When I was growing up, the other kids that I hung out with seemed like my "real family".

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

27.When I was growing up, I rarely had a father (or step-father) around the house.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

28.When I was growing up, my parents tried to treat all of us children the same.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

28A. When I was growing up, I thought that my parents wished I had never been born.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

29. When I was growing up, I got hit so hard by someone in my family that I had to see a doctor or go to the hospital.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

30. When I was growing up, there was someone in my family who made sure that I stayed out of trouble.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

31. When I was growing up, people in my family hit me so hard that it left me with bruises or marks.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

32. When I was growing up, I belonged to a gang.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

33. When I was growing up, the punishments I received seemed fair.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

33A. When I was growing up, I had sex with an adult, or with someone who was a lot older than me (someone at least 5 years older than me).

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

34. When I was growing up, there was someone older than myself (like a teacher or a parent) who was a positive role model for me.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

35. When I was growing up, I was punished with a belt, a board, or a cord (or some other hard object).

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

35A. When I was growing up, there was nothing I wanted to change about my family.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

36. When I was growing up, people in my family got high or drunk.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

37.When I was growing up, people in my family looked out for each other.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

38.When I was growing up, my parents were divorced or separated.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

39.When I was growing up, people in my family said hurtful or insulting things to me.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

40.When I was growing up, I believe that I was physically abused.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

41.When I was growing up, people in my family tried to keep me away from bad influences.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

42.When I was growing up, there was an adult or another responsible person around the house when I was at home.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

43.When I was growing up, I got hit or beaten so badly that it was noticed by someone like a teacher, neighbor, or doctor.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

44.When I was growing up, people in my family seemed out of control.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

45.When I was growing up, people in my family encouraged me to stay in school and get an education.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

46.When I was growing up, I spent time out of the house and no one knew where I was.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

47A.When I was growing up, I felt that someone in my family hated me.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

48.When I was growing up, people in my family felt close to each other.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

49.When I was growing up, someone tried to touch me in a sexual way, or tried to make me touch them.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

50.When I was growing up, people in my family pushed me or shoved me.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

51.When I was growing up, there was enough food in the house for everyone.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

52.When I was growing up, everyone in my family had certain chores that they were supposed to do.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

53.When I was growing up, someone threatened to hurt me or tell lies about me unless I did something sexual with them.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

53A.When I was growing up, I had the perfect childhood.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

54.When I was growing up, I was frightened of being hurt by someone in my family.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

55.When I was growing up, someone tried to make me do sexual things or watch sexual things.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

56.When I was growing up, someone in my family believed in me.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

56A.When I was growing up, someone molested me.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

57.When I was growing up, I believe that I was emotionally abused.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

58.When I was growing up, people in my family didn't seem to know or care what I was doing.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

59.When I was growing up, there was someone to take me to the doctor if I needed it.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

59A.When I was growing up, I had the best family in the world.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

59B.When I was growing up, people in my family had secrets that I wasn't supposed to share with anyone.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

60.When I was growing up, I believe that I was sexually abused.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

61.When I was growing up, my family was a source of strength and support.

1.O Never true 2.O Rarely true 3.O Sometimes true 4.O Often true 5.O Very often true

APPENDIX D

PFAD

Instructions: Please bubble in the best answer to the following questions about your parents' divorce.

1. My father caused most of the trouble in my family

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

2. My father caused the breakup of my family

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

3. If my father had been a better (nicer/stronger) person, my parents would still be together

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

4. Before my parents' divorce, it was my father who usually made my family unhappy

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

5. Sometimes I feel angry at my father for my parents' divorce

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

6. I still have not forgiven my father for the pain he caused my family

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

7. I feel like I might have been a different person if my father (mother) had been a bigger part of my life

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

8. I had a harder childhood than most people

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

9. I really missed not having my father around as much after my parents' separation

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

10. I wish my father had spent more time with me when I was younger

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

11. My childhood was cut short

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

12. My friends whose parents are not divorced seem to have happier lives

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

13. I probably would be a different person if my parents had not gotten divorced

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

14. I often wonder how life would be different if my parents were still together

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

15. I worry about big events like graduations or weddings, when both my parents will have to come

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

16. My parents' divorce still causes struggles for me

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

17. I still think a lot about the time around my parents' divorce

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

18. I feel doomed to repeat my parents' problems in my own relationships

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

19. I sometimes feel that people look down on me because my parents are divorced

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

20. Sometimes I feel angry at my mother for my parents' divorce

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

21. My mother caused the breakup of my family

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

22. If my mother had been a better (stronger/nicer) person, my parents would still be together

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

23. I still have not forgiven my mother for the pain she caused our family

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

24. Before my parents' divorce, it was my mother who usually made my family unhappy

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

25. My mother caused most of the trouble in my family

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

26. I sometimes wonder if I could have prevented my parents' divorce

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

27. I wish I had tried harder to keep my parents together

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

28. A lot of my parents' problems were because of me

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

29. If I had been an easier child, my parents might not have gotten divorced

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

30. Even though it was hard, divorce was the right thing for my family

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

31. I feel comfortable talking to my friends about my parents' divorce

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

32. My parents eventually seemed happier after they separated

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

33. My parents' divorce relieved a lot of tensions in my life

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

34. Sometimes I wonder if my father even loves me

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

35. My father is still in love with my mother

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

36. My mother is still in love with my father

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

37. I often wish my family could be like it was before my parents' divorce

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

38. I sometimes dream my parents will get back together

1. O Strongly disagree 2. O Disagree 3. O Neutral 4. O Agree 5. O Strongly Agree

APPENDIX E

CAST

Please bubble the answer below that best describes your feelings, behavior, and experiences related to a parent's alcohol use. Take your time and be as accurate as possible. Circle each question either "Yes" or "No".

1.Have you ever thought that one of your parents had a drinking problem?
1. Yes 2. No

2.Have you ever lost sleep because of a parent's drinking?
1. Yes 2. No

3.Did you ever encourage one of your parents to quit drinking?
1. Yes 2. No

4.Did you ever feel alone, scared, nervous, angry or frustrated because a parent was not able to stop drinking? 1. Yes 2. No

5.Did you ever argue or fight with a parent when he or she was drinking?
1. Yes 2. No

6.Did you ever threaten to run away from home because of a parent's drinking?
1. Yes 2. No

7.Has a parent ever yelled at or hit you or other family members when drinking?
1. Yes 2. No

8.Have you ever heard your parents fight when one of them was drunk?
1. Yes 2. No

9.Did you ever protect another family members from a parent who was drinking?
1.Yes 2. No

10.did you ever feel like hiding or emptying a parent's bottle or liquor?
1. Yes 2. No

11.Did many of your thoughts revolve around a problem drinking parent or difficulties that arise because of his or her drinking?
1. Yes 2. No

12.Did you ever wish your parent would stop drinking?
1. Yes 2. No

13.Did you ever feel responsible for any guilty about a parent's drinking?
1. Yes 2. No

14.Did you ever fear that your parents would get divorced due to alcohol misuse?
1.Yes 2. No

15.Have you ever avoided outside activities and friends because of embarrassment and shame over a parent's drinking problem?
1. Yes 2. No

16.Did you ever feel caught in the middle of an argument or fight between a problem drinking parent and your other parent?
1. Yes 2. No

17.Did you ever feel that you made a parent drink alcohol?
1. Yes 2. No

18.Have you ever felt that a problem drinking parent did not really love you?
1. Yes 2. No

19.Did you ever resent a parent's drinking?
1. Yes 2. No

20.Have you ever worried about a parent's health because of his or her alcohol use?
1.Yes 2. No

21.Have you ever been blamed for a parent's drinking?
1. Yes 2. No

22.Did you ever think your father was an alcoholic?
1. Yes 2. No

23.Did you ever wish your home could be more like the homes of your friends who did not have a parent with a drinking problem?
1. Yes 2. No

24.Did a parent ever make promises to you that he or she did not keep because of drinking?
1. Yes 2. No

25.Did you ever think your mother was an alcoholic?
1. Yes 2. No

26.Did you ever wish you could talk to someone who could understand and help the alcohol related problems in your family?
1. Yes 2. No

27.Did you ever fight with your brothers or sisters about a parent's drinking?
1. Yes 2. No

28. Did you ever stay away from home to avoid the drinking parent or your other parent's reaction to the drinking?
1. Yes 2. No

29. Have you ever felt sick, cried, or had a "knot" in your stomach after worrying about a parent's drinking?
1. Yes 2. No

30.Did you ever take over any chores and duties at home that were usually done by a parent before he or she developed a drinking problem?
1. Yes 2. No

APPENDIX F

CTS

Directions: This is a list of things your father and mother might have done when they had a conflict. Now taking all disagreements into account (not just the most serious one), how often did they do the things listed at any time during the time that you were growing up? Please circle the best answer for both father and mother separately.

0 = Never
1 = Once per year
2 = Two or three times per year
3 = Often, but less than once a month
4 = About once a month
5 = More than once a month

	Father	Mother
F. Yelled and/or insulted	0 1 2 3 4 5	0 1 2 3 4 5
G. Sulked and/or refused to talk about it	0 1 2 3 4 5	0 1 2 3 4 5
H. Stomped out of the room	0 1 2 3 4 5	0 1 2 3 4 5
I. Threw something (but not at the other) or smashed something	0 1 2 3 4 5	0 1 2 3 4 5
J. Threatened to hit or throw something at the other	0 1 2 3 4 5	0 1 2 3 4 5
K. Threw something at the other person	0 1 2 3 4 5	0 1 2 3 4 5
L. Pushed, grabbed, or shoved the other	0 1 2 3 4 5	0 1 2 3 4 5
M. Hit (or tried to hit) the other person but not with anything	0 1 2 3 4 5	0 1 2 3 4 5
N. Hit or tried to hit the other person with Something hard	0 1 2 3 4 5	0 1 2 3 4 5
O. Threatened to break up the marriage by Separation or divorce	0 1 2 3 4 5	0 1 2 3 4 5

P. Other. Please describe:

_____

APPENDIX G

BORI

Read each item with care and please respond according to your most recent experience. If a statement tends to be true for you, put a mark by the item indicating T. If a statement tends to be false for you, put a mark by the item indicating F. Please try to respond to all the statements.

1. I have at least one stable and satisfying relationship.
2. If someone dislikes me, I will always try harder to be nice to that person.
3. I would like to be a hermit forever.
4. I may withdraw and not speak to anyone for weeks at a time.
5. I usually end up hurting those closest to me.
6. My people treat me more like a child than an adult.
7. If someone whom I have known well goes away, I may miss that person.
8. I can deal with disagreements at home without disturbing family relationships
9. I am extremely sensitive to criticism
10. Exercising power over other people is a secret pleasure of mine
11. At times I will do almost anything to get my way
12. When a person close to me is not giving me his or her full attention, I often feel hurt and rejected
13. If I become close with someone and he or she proves untrustworthy, I may hate myself for the way things turned out
14. It is hard for me to get close to anyone
15. My sex life is satisfactory
16. I tend to be what others expect me to be
17. No matter how hard I try to avoid them, the same difficulties crop up in my most important relationships
18. I have no influence on anyone around me
19. People do not exist when I do not see them
20. I've been hurt a lot in life
21. I have someone with whom I can share my innermost feelings and who shares such feelings with me
22. No matter how hard I try to avoid them, the same difficulties crop up in my most important relationship
23. I yearn to be completely "at one" with someone
24. In relationships, I am not satisfied unless I am with the other person all the time
25. I am a very good judge of other people
26. Relationships with people of the opposite sex always turn out the same way with me
27. Others frequently try to humiliate me
28. I generally rely on others to make my decisions for me
29. I am usually sorry that I trusted someone

30. When I am angry with someone close to me, I am able to talk it through
31. Manipulating others is the best way to get what I want
32. I often feel nervous when I am around members of the opposite sex
33. I often worry that I will be left out of things
34. I feel that I have to please everyone or else they might reject me
35. I shut myself up and don't see anyone for months at a time
36. I am sensitive to possible rejection by important people in my life
37. Making friends is not a problem for me
38. I do not know how to meet or talk with members of the opposite sex
39. When I cannot make someone close to me do what I want, I feel hurt or angry
40. It is my fate to lead a lonely life
41. People are never honest with each other
42. I put a lot into relationships and get a lot back
43. I feel shy about meeting or talking with members of the opposite sex
44. The most important thing to me in a relationship is to exercise power over the other person
45. I believe that a good mother should always please her children

APPENDIX H

CES-D

Using the scale below, indicate the number which best describes how often you felt, or behaved this way—DURING THE PAST WEEK.

0 = Rarely or none of the time (less than 1 day)
1 = Some or a little of the time (1-2 days)
2 = Occasionally or a moderate amount of time (3-4 days)
3 = Most or all of the time (5-7 days)

DURING THE PAST WEEK:

____ 1. I was bothered by things that usually don't bother me.
____ 2. I did not feel like eating; my appetite was poor.
____ 3. I felt that I could not shake off the blues eve with help from my family or friends
____ 4. I felt that I was just as good as other people.
____ 5. I had trouble keeping my mind on what I was doing.
____ 6. I felt depressed.
____ 7. I felt that everything I did was an effort.
____ 8. I felt hopeful about the future.
____ 9. I thought my life had been a failure.
____ 10. I felt fearful
____ 11. My sleep was restless
____ 12. I was happy
____ 13. I talked less than usual.
____ 14. I felt lonely.
____ 15. People were unfriendly.
____ 16. I enjoyed life.
____ 17. I had crying spells.
____ 18. I felt sad
____ 19. I felt that people disliked me.
____ 20. I could not get "going."

APPENDIX I

BSI-A

Below is a list of problems and complaints that people sometimes have. Read each one and select the number that best describes **how much discomfort that problem has caused you during the past week, including today.**

0= not at all 1=a little bit 2=moderately 3=quite a bit 4=extremely

How much were you distressed by:

_____ 1. Nervousness or shakiness inside

_____ 2. Suddenly scared for no reason

_____ 3. Feeling fearful

_____ 4. Feeling tense or keyed up

_____ 5. Spells of terror or panic

_____ 6. Feeling so restless you couldn't sit still

APPENDIX J

DES

Directions: This questionnaire consists of twenty-eight questions about experiences that you may have in your daily life. We are interested in how often you have these experiences. It is important, however, that your answers show how often these experiences happen to you when you not under the influence of alcohol or drugs. To answer the questions, please determine to what degree the experience described in the question applies to you and bubble in the best answer.

1.Some people have the experience of driving a car and suddenly realizing that they don't remember what has happened during all or part of the trip. How often does it happen to you?

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

2. Some people find that sometimes they are listening to someone talk and they suddenly realize that they did not hear part or all of what was just said.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

3. Some people have the experience of fining themselves in a place and having no idea how they got there.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

4. Some people have the experience of finding themselves dressed in clothes that they don't remember putting on.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

5. Some people have the experience of finding new things among their belongings that they do not remember buying.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

6. Some people sometimes find that they are approached by people that they do not know who call them by another name or insist that they have met them before.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

7. Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something and they actually see themselves as if they were looking at another person.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

8. Some people are told that they sometimes do not recognize friends or family members.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

9. Some people find that they have no memory for some important events in their lives (for example, a wedding or graduation).

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

10. Some people have the experience of being accused of lying when they do not think that they have lied.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

11. Some people have the experience of looking in a mirror and not recognizing themselves.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

12. Some people sometimes have the experience of feeling that other people, objects, and the world around them are not real.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

13. Some people sometimes have the experience of feelings that their body does not seem to belong to them.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

14. Some people have the experience of sometimes remembering a past event so vividly that they feel as if they were reliving that event.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

15. Some people have the experience of not being sure whether things that they remember happening really did happen or whether they just dreamed them.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

16. Some people have the experience of being in a familiar place but finding it strange and unfamiliar.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

17. Some people find that when they are watching television or a movie they become so absorbed in the story that they are unaware of other events happening around them.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

18. Some people sometimes find that they become so involved in a fantasy or daydream that it feels as though it were really happening to them.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

19. Some people find that they sometimes are able to ignore pain.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

20. Some people find that they sometimes sit staring off into space, thinking of nothing, and are not aware of the passage of time.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

21. Some people sometimes find that when they are alone, they talk out loud to themselves.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

22. Some people sometimes find that in one situation they may act so differently compared with another situation that they feel almost as if they were two different people.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

23. Some people sometimes find that in certain situations they are able to do things with amazing ease and spontaneity that would usually be difficult for them (for example, sports, work, social situations, etc.).

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

24. Some people sometimes find that they cannot remember whether they have done something or have just thought about doing that things (for example, not knowing whether they have just mailed a letter or have just thought about mailing it).

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

26. Some people sometimes find writings, drawings, or notes among their belongings that they must have done but cannot remember doing.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

27. Some people sometimes find that they hear voices inside their head that tell them to do things or comment on things that they are doing.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

28. Some people sometimes feel as if they are looking at the world through a fog so that people and objects appear far away or unclear.

1. O Never 2. O Seldom 3. O A little of the time 4. O Often 5. O Most of the time

APPENDIX K

PSS

Directions: The statements that follow refer to feelings and experiences which occur to most people at one time or another in their relationships with **FRIENDS**. For each statement, bubble in the best answer for you.

1. My friends give me the moral support I need

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

2. Most other people are closer to their friends than I am

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

3. My friends enjoy hearing about what I think

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

4. Certain friends come to me when they have problems or need advice

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

5. I rely on my friends for emotional support

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

6. If I felt that one or ore of my friends were upset with me, I'd just keep it to myself

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

7. I feel that I'm on the fringe in my circle of friends

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

8. There is a friend I could go to if I were just feeling down, without feeling funny about it later

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

9. My friends and I are very open about what we think about things

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

10. My friends are sensitive to my personal needs

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

11. My friends come to me for emotional support

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

12. My friends are good at helping me solve problems

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

13. I have a deep sharing relationship with a number of friends

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

14. My friends get good ideas about how to do things or make things from me.

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

15. When I confide in friends, it makes me feel uncomfortable

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

16. My friends seek me out for companionship

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

17. I think that my friends feel that I'm good at helping them solve problems

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

18. I don't have a relationship with a friends that is as intimate as other people's relationships with friends

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

19. I've recently gotten a good idea about how to do something from a friend

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

20. I wish my friends were much different

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

Directions: The statements that follow refer to feelings and experiences that occur to most people at one time or another in their relationships with **FAMILY**. For each statement, bubble in the best answer for you.

1.My family gives me the moral support I need

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

2. I get good ideas about how to do things or make things from my family

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

3. Most other people are closer to their family than I am

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

4. When I confide in the members of my family who are closest to me, I get the idea that it makes them uncomfortable.

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

5. My family enjoys hearing about what I think

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

6. Members of my family share many of my interests

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

7. Certain members of the family come to me when they have problems or need advice

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

8. I rely on my family for emotional support

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

9. There is a members of my family I could go to if I were just feeling down, without feeling funny about it later

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

10. My family and I are very open about what we think about things

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

11. My family is sensitive to my personal needs

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

12. Members of my family come to me for emotional support

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

13. Members of my family are good at helping me solve problems

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

14. I have a deep sharing relationship with a number of members of my family

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

15. Members of my family get good ideas about how to do things or make things from me

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

16. When I confide in members of my family, it makes me uncomfortable

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

17. Members of my family seek me out for companionship

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

18. I think that my family feels that I'm good at helping them solve problems

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

19. I don't have a relationship with a member of my family that is as close as other people's relationships with family members

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

20. I wish my family were much different

1. O Strongly disagree 2. O Disagree 3. O Agree 4. O Strongly Agree

APPENDIX L

CONSENT TO PARTICIPATE IN RESEARCH

Object Relations as a Mediator between Parental Caregiving, Childhood Experiences and Young Adult Well Being

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This research project was developed to study how childhood experiences and parental caregiving while growing up, impact young adult well being. In this study, you will be asked to fill out a number of measures. One of them includes thinking about an early memory about your mother and father and writing them down. After the completion of the measures, the experimenter will explain more about the purpose of the study. The entire experiment will take approximately 1.5 hours to complete.

By signing this consent form, you agree that the experiment has been explained to you and that you have freely given your consent to participate. Participation is voluntary. You may choose not to participate at all, and may refuse to answer any questions. You may also discontinue the experiment at any time without penalty.

The information that you provide in this experiment will be treated with strict confidence. Your answers will remain anonymous in any reports of research findings. Your privacy will be protected to the maximum extent allowable by law. If you would like a copy of the final report from this study, please provide your address and one will be mailed to you upon its completion.

If you have any questions or concerns regarding your participation in this study, please contact Dr. Robert Caldwell at the following email address: bob@msu.edu. You may also contact Dr. Ashir Kumar, Chair, University Committee on Research Involving Human Subjects, (517) 355-2180, if you have questions regarding your rights as a participant in human subjects research.

_____ _____

Signature Date

APPENDIX M

FEEDBACK FORM

Childhood Experiences and Young Adult Adjustment

Thank you very much for participating in the present study!

Difficult childhood experiences such as abuse, parental divorce, parental death, etc, have been linked with young adult adjustment difficulties, such as depression and anxiety. In addition, parental caregiving dimensions of care and overprotection have been documented to also relate to young adult adjustment. Nevertheless, the mechanisms by which these experiences relate to later adjustment have not been determined. Object relations is a possible mechanism. It is the development of internal representations of self and object (person) as images of the original infant-caregiver relationship, which is internalized and later serves as a template for human social interactions. The main hypothesis of this study is that one's object relations will mediate between childhood experiences and young adult adjustment as well as between parental caregiving and young adult adjustment.

If you would like more information about the outcomes of this study, please do not hesitate to email Anat Barlev at barlevan@msu.edu. Thank you again for your participation.

REFERENCES

Abdulrehamn, R. Y., & De Luca, R. V. (2001). The implications of childhood sexual abuse on adult social behavior. *Journal of Family Violence, 16*, 193-203.

Adam, K. S., Lohrenz, J. G., Harper, D., & Streiner, D. (1982). Early parental loss and suicidal ideation in university students. *Canadian Journal of Psychiatry, 27*, 275-281.

Allen, S. F., & Stoltenberg, C. D. (1995). Psychological separation of older adolescents and young adults from their parents: An investigation of gender differences. *Journal of Counseling and Development, 73*, 542-546.

Alnaes, R., & Torgersen, S. (1990). Parental representations in patients with major depression, anxiety disorder and mixed conditions. *Acta Psychiatrica Scandinavica, 81*, 518-522.

Amato, P. R., & Booth, A. (1991). Consequences of parental divorce and marital unhappiness for adult well-being. *Social Forces, 69*(3), 895-914.

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

Amato, P. R. (1999). Children of divorced parents as young adults. In E. M. Hetherington (Ed.), *Coping with divorce, single parenting, and remarriage: A risk and resiliency perspective* (pp. 147-163). Mahwah, NJ, US: Lawrence Erlbaum Associations, Publishers.

Anthony, E. J. (1974). Children at risk from divorce: A review. In E. J. Anthony & C. Koupernik (Eds.), *The child in his family: Children at psychiatric risk*. Oxford, England: John Wiley & Sons.

Andrews, B. (1995). Bodily shame as a mediator between abusive experiences and depression. *Journal of Abnormal Psychology, 104*(2), 277-285.

Andrews, J. A., Foster, S. L., Capaldi, D., & Hops, H. (2000). Adolescent and family predictors of physical aggression communication, and satisfaction in young adult couples: A prospective analysis. *Journal of Consulting and Clinical Psychology, 68*, 195-208.

Ashby, J. S., Mangine, J. D., & Slaney, R. B. (1995). An investigation of perfectionism in a university sample of adult children of alcoholics. *Journal of College Student Development, 36*(5), 452-456.

Baker, L., Kenneth, R. S., Westen, D., Nigg, J. T., & Lohr, N. E. (1992). Malevolence, splitting, and parental ratings by borderlines. *The Journal of Nervous and Mental Disease, 180*(4), 258-264.

Baker, D. A. (1997). Substance abuse among college students with disabilities: The relationship between adult children of alcoholics and codependency. *Dissertation Abstracts International Section A: Humanities & Social Sciences. Vol 58(6-A), Dec 1997, pp. 2092, 57*(7-A), 2850.

Bandura, A. (1986). The explanatory and predictive scope of self-efficacy theory. *Journal of Social & Clinical Psychology, 4*(3), 359-373.

Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality & Social Psychology, 51*(6), 1173-1182.

Barrera, M. (1986). Distinctions between social support concepts, measures, and models. *American Journal of Community Psychology, 14*(4), 413-445.

Becker, B., Bell, M., & Billington, R. (1987). Object relations ego deficits in bulimic college women. *Journal of Clinical Psychology, 43*(1), 93-95.

Bell, M., Billington, R., & Becker, B. (1986). A scale for the assessment of object relations: Reliability, validity, and factorial invariance. *Journal of Clinical Psychology, 42*(5), 733-741.

Bell, M. D. (1995). Bell object relations and reality testing inventory (BORRTI) manual. In. Los Angeles: Western Psychological.

Bennet, A., & Stirling, J. (1998). Vulnerability factors in the anxiety disorders. *British Journal of Medical Psychology, 71*, 311-321.

Bernstein, D. P. & Fink, L. (1998). CTQ: Childhood trauma questionnaire manual. San Antonio: Harcourt Brace.

Bernstein, E. M., & Putnam, F. W. (1986). Development, reliability, and validity of a dissociation scale. *The Journal of Nervous and Mental Disease, 174*(12), 727-735.

Black, L. E., & Sprenkle, D. H. (1991). Gender differences in college students' attitudes toward divorce and their willingness to marry. *Journal of Divorce and Remarriage,* 14(3-4), 47-60.

Blatt, S. J. (1974). Levels of object representation in anaclitic and introjective depression. *Psychoanalytic Study of the Child, 29*, 107-157.

Blumenthal, d. R., Neemann, J., & Murphy, C. M. (1998). Lifetime exposure to interparental physical and verbal aggression and symptoms expression in college students. *Violence and Victims, 13*, 175-196.

Bluth, G. J. (1995). Parental drinking as a predictor of cognitive style, depression, and hopelessness: *Dissertation Abstracts International: Section B: The Sciences & Engineering, 55*(8-B), 3580.

Boles, S. A. (1999). A model of parental representations, second individuation, and psychological adjustment in late adolescence. *Journal of Clinical Psychology, 55*, 597-562.

Bost, K. K., Vaughn, B. E., Washington, W. N., Cielinski, K. L., & Bradbard, M. R. (1998). Social competence, social support, and attachment: Demarcation of construct domains, measurement, and paths of influence for preschool children attending Head Start. *Child Development, 69*(1), 192-218.

Brabant, S., & Martof, M. (1993). Childhood experiences and complicated grief: A study of adult children of alcoholics. *International Journal of the Addictions, 28*(11), 1111-1125.

Braver, M., Bumberry, J., Green, K., & Rawson, R. (1992). Childhood abuse and current psychological functioning in a university counseling center population. *Journal of Counseling Psychology, 39*, 252-257.

Breier, A., Kelsoe, J. R., Jr., Kirwin, P. D., Beller, S. A., Wolkowitz, O. M., & Pickar, D. (1988). Early parental loss and development of adult psychopathology. *Archives of General Psychiatry, 45*(11), 987-993.

Brewin, C. R., & Vallance, H. (1997). Self-discrepancies in young adults and childhood violence. *Journal of Interpersonal Violence, 12*, 600-606.

Briere, J., & Runtz, M. (1990). Differential adult symptomatology associated with three types of child abuse histories. *Child Abuse & Neglect, 14*(3), 357-364.

Brock, K. J., Mintz, L. B., & Good, G. E. (1997). Differences among sexually abused and non-abused women from functional and dysfunctional families. *Journal of Counseling Psychology, 4*, 425-432.

Bryant, S. L., & Range, L. M. (1997). Type and severity of child abuse and college students' lifetime suicidality. *Child Abuse & Neglect, 21*(12), 1169-1176.

Burks, N., & Martin, B. (1985). Everyday problems and life change events: Ongoing versus acute sources of stress. *Journal of Human Stress, 11*, 27-35.

Bush, S. I., Ballard, M. E., & Fremouw, W. (1995). Attributional style, depressive features, and self-esteem: Adult children of alcoholic and nonalcoholic parents. *Journal of Youth & Adolescence, 24*(2), 177-185.

Canetti, L., Bachar, E., Galili-Weisstub, E., De-Nour, A. K., & Shalev, A. Y. (1997). Parental bonding and mental health in adolescence. *Adolescence, 32*, 381-394.

Carpenter, D. R. (1995). Adult children of alcoholics: CAQ profiles. *Alcoholism Treatment Quarterly, 32*(2), 63-70.

Carpenter, J. A. (1996). Between acceptance and publication: a sampling of some common problems. *Journal of Studies on Alcohol, 57*(4), 341-342.

Castillo, L. G., Conoley, C. W., & Brossart, D. F. (2004). Acculturation, White marginalization, and family support as predictors of perceived distress in Mexican American female college students. *Journal of Counseling Psychology, 51*(2), 151-157.

Celani, D. P. (1999). Applying Fairbairn's object relations theory to the dynamics of the battered woman. *American Journal of Psychotherapy, 53*(1), 60-73.

Chase, N. D., Deming, M. P., & Wells, M. C. (1998). Parentification, parental alcoholism, and academic status among young adults. *American Journal of Family Therapy, 26*(2), 105-114.

Chase-Lansdale, L. P., Cherlin, A. J., & Kiernan, K. K. (1995). The long-term effects of parental divorce on the mental health of young adults: A developmental perspective. *Child Development, 66*(6), 1614-1634.

Cherlin, A. J. (1992). *Marriage, divorce, remarriage (rev. and enl. ed.)*. Cambridge, MA, US: Harvard University Press.

Churchill, J. C., Broida, J. P., & Nicholson, N. L. (1992). Locus of control and self-esteem of adult children of alcoholics. *Journal of Studies on Alcohol, 51*(4), 373-376.

Claydon, P. (1987). Self-reported alcohol, drug, and eating-disorder problems among male and female collegiate children of alcoholics. *Journal of American College Health, 36*(2), 111-116.

Coffey, P., Leitenberg, H., Henning, K., Bennett, R. R., & Jankowski, M. K. (1996). Dating violence: The association between methods of coping and women's psychological adjustment. *Violence and Victims, 11*, 227-238.

Cohen, L. H., McGowan, J., Fooskas, S., & Rose, S. (1984). Positive life events and social support and the relationship between stress and psychological disorder. *American Journal of Community Psychology, 12*, 567-587.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*(2), 310-357.

Cohen, S., Sherrod, D. R., & Clark, M. S. (1986). Social skills and the stress-protective role of social support. *Journal of Personality & Social Psychology, 50*(5), 963-973.

Coleman, F. L., & Frick, P. J. (1994). MMPI-2 profiles of adult children of alcoholics. *Journal of Clinical Psychology, 50*(3), 446-454.

Conger, R. D., Cui, M., Bryant, C. M., & Elder, G. H. (2000). Competence in early adult romantic relationships: A developmental perspective on family influences. *Journal of Personality and Social Psychology, 79*, 224-237.

Cuijpers, P., Langendoen, Y., & Bijl, R. V. (1999). Psychiatric disorders in adult children of problem drinkers: Prevalence, first onset and comparison with other risk factors. *Addiction, 94*(10), 1489-1498.

Cumsille, P. E., & Epstein, N. (1994). Family cohesion, family adaptability, social support, and adolescent depressive symptoms in outpatient clinic families. *Journal of Family Psychology, 8*, 200-214.

Cutrona, C. E., Cole, V., Colangelo, N., Assouline, S. G., & Russel, D. W. (1994). Perceived social support and academic achievement: An attachment theory perspective. *Journal of Personality and Social Psychology, 66*, 369-378.

Cutter, C. G., & Cutter, H. S. (1987). Experience and change in Al-Anon family groups: Adult children of alcoholics. *Journal of Studies on Alcohol, 48*(1), 29-32.

Depner, C. E., & Ingersoll-Dayton, B. (1988). Supportive relationships in later life. *Psychology and Aging, 3*, 348-357.

Derogatis, L. R., & Melisaratos, N. (1983). The Brief Symptom Inventory: an introductory report. *Psychological Medicine, 13*(3), 595-605.

Derogatis, L., & Spencer, P. (1982). The brief symptom inventory: Administration, scoring and procedure manual-1. *Riderwood, MD: Clinical Psychometric Research.*

Domenico, D., & Windle, M. (1993). Intrapersonal and interpersonal functioning among middle-aged female adult children of alcoholics. *Journal of Consulting and Clinical Psychology, 61*, 659-666.

Down, W. R., & Miller, B. A. (1998). Relationships between experiences of parental violence during childhood and women's self-esteem. *Violence and Victims, 13*, 63-77.

Ducharme, J., Koverola, C., & Battle, P. (1997). Intimacy development: The influence of abuse and gender. *Journal of Interpersonal Violence, 12*(4), 590-599.

Duncan, R. D. (2000). Childhood maltreatment and college drop-out rates: Implications for child abuse researchers. *Journal of Interpersonal Violence, 15*(9), 987-995.

El-Guebaly, N., Staley, D., Leckie, A., & Koensgen, S. (1992). Adult children of alcoholics in treatment programs for anxiety disorders and substance abuse. *Canadian Journal of Psychiatry, 37*(8), 544-548.

Elliott, D. M. (1994). Impaired object relations in professional women molested as children. *Psychotherapy, 31*(1), 79-86.

Fairbairn, W. R. D. (1940). Schizoid factors in the personality. In *Psychoanalytic studies of the personality* (pp. 3-27). London: Routledge & Kegan Paul.

Fairbairn, W. R. D. (1941). A revised psychopathology of the psychoses and psychoneuroses. In *Psychoanalytic studies of the personality* (Vol. Routledge & Kegan Paul, pp. 28-58). London: London.

Fairbairn, W. R. D. (1943). The repression and the return of bad objects (with special reference to the 'war neuroses'). In *Psychoanalytic studies of the personality* (pp. 59-81). London: Routledge & Kegan Paul.

Fairbairn, W. R. D. (1952). *Psychoanalytic studies of the personality*. London: Routledge & Kegan Paul.

Ferenczi, S. (1949). Psycho-analysis and education. *International Journal of Psycho-Analysis, 30*, 220-224.

Fernandez, M. E., Mutran, E. J., & Reitzes, D. C. (1998). Moderating the effects of stress on depressive symptoms. *Research on Aging, 20*, 163-182.

Fischer, K. E. (1997). An investigation of the relationship of parental alcoholism and family dysfunction to stress and problem drinking among college students. *Dissertation Abstracts International Section A: Humanities & Social Sciences. Vol 58(6-A), Dec 1997, pp. 2092, 58*(6-A), 2092.

Franklin, K. M., Janoff-Bulman, R., & Roberts, J. E. (1990). Long-term impact of parental divorce on optimism and trust changes in general assumptions or narrow beliefs? *Journal of Personality and Social Psychology, 4*, 743-755.

Fromuth, M. E., & Burkhart, B. R. (1989). Long-term psychological correlates of childhood sexual abuse in two samples of college men. *Child Abuse & Neglect, 13*(4), 533-542.

Gabardi, L., & Rosen, L. A. (1991). Differences between college students from divorced and intact families. *Journal of Divorce & Remarriage, 15*(3/4), 175-191.

Gauthier, L., Stollak, G., Messe, L., & Aronoff, J. (1996). Recall of childhood neglect and physical abuse as differential predictors of current psychological functioning. *child Abuse and Neglect, 20*(7), 549-559.

Glick, P. C., & Lin, S. (1986). Recent changes in divorce and remarriage. *Journal of Marriage & the Family, 48*(4), 737-747.

Gondolf, E. W., & Ackerman, R. J. (1993). Validity and reliability of an "Adult Children of Alcoholics" index. *International Journal of the Addictions, 28*(3), 257-269.

Gordon, J. E. (1995). The psychological and social functioning of adult children of alcoholics: An attachment perspective. *Dissertation Abstracts International: Section B: The Sciences & Engineering., 55*(11-B), 5067.

Grant, B. F. (2000). Estimates of US children exposed to alcohol abuse and dependence in the family. *American Journal of Public Health, 90*(1), 112-115.

Grant, L. S., Smith, T. A., Sinclair, J. J., & Salts, C. J. (1993). The impact of parental divorce on college adjustment. *Journal of Divorce & Remarriage, 19*(1-2), 183-193.

Green, A. H. (1998). Factors contributing to the generational transmission of child maltreatment. *Journal of the American Academy of Child and Adolescent Psychiatry, 37*, 1334-1336.

Hadley, J. A., Holloway, E. L., & Mallinckrodt, B. (1993). Common aspects of object relations and self-representations in offspring from disparate dysfunctional families. *Journal of Counseling Psychology, 4*, 348-356.

Hart, K. E., & Hittner, J. B. (1991). Irrational beliefs, perceived availability of social support, and anxiety. *Journal of Clinical Psychology, 47*, 582-587.

Havey, J. M., Boswell, D. L., & Romans, J. S. (1995). The relationship of self-perception and stress in adult children of alcoholics and their peers. *Journal of Drug Education, 25*(1), 23-29.

Haviland, M. G., Sonne, J. L., & Woods, L. R. (1995). Beyond posttraumatic stress disorder: Object relations and reality testing disturbances in physically and sexually abuse adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry, 34*(8), 1054-1059.

Heesacker, R. S., & Neimeyer, G. J. (1990). Assessing object relations and social cognitive correlates of eating disorder. *Journal of Counseling Psychology, 37*, 419-426.

Henning, K., Leitenberg, H., Coffey, P., Bennet, T., & Jankowski, M. K. (1997). Long-term psychological adjustments to witnessing interparental physical conflict during childhood. *Child Abuse and Neglect, 21*, 501-515.

Hetherington, S. E. (1988). Children of alcoholics: an emerging mental health issue. *Arch Psychiatr Nurs, 2*(4), 251-255.

Hetherington, E. M., Stanley-Hagan, M., & Anderson, E. R. (1989). Marital transitions: A child's perspective. *American Psychologist, 44*(2), 303-312.

Hetherington, E. M., & Stanley-Hagan, M. (1999). The adjustment of children with divorced parents: A risk and resiliency perspective. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 40*(1), 129-140.

Hillard, J. R. (1984). Reactions of college students to parental divorce. *Psychiatric Annals, 14*(9), 663-670.

Hinz, L. D. (1990). College student adult children of alcoholics: psychological resilience or emotional distance? *Journal of Substance Abuse, 2*(4), 449-457.

Holahan, C. J., Valentiner, D. P., & Moos, R. H. (1994). Parental support and psychological adjustment during the transition to young adulthood in a college sample. *Journal of Family Psychology, 8*, 215-223.

Ingram, R. E., Overbey, T., & Fortier, M. (2001). Individual differences in dysfunctional automatic thinking and parental bonding: Specificity of maternal care. *Personality and Individual Differences, 30*, 410-412.

Irwin, H. J. (1994). Proneness to dissociation and traumatic childhood events. *Journal of Nervous and Mental Disease, 182*, 456-460.

Jarmas, A. L., & Kazak, A. E. (1992). Young adult children of alcoholic father depressive experiences, copying styles, and family systems. *Journal of Consulting and Clinical Psychology, 2*, 244-251.

Jay, G. M., & D'Augelli, A. R. (1991). Social support, and adjustment to university life: A comparison of African American and White Freshman. *Journal of Community Psychology, 19,* 95-108.

Johnson, P. (2001). Dimensions of functioning in alcoholic and nonalcoholic families. *Journal of Mental Health Counseling, 23*(2), 127-136.

Jones, J. P., & Kinnick, B. C. (1995). Adult children of alcoholics: Characteristics of students in a university setting. *Journal of Alcohol & Drug Education, 40*(2), 58-70.

Kaslow, N. J., Revier, S. L., Chance, S. E., Rogers, J. H., Hatcher, C. A., Wasserman, F., et al. (1998). An empirical study of the psychodynamics of suicide. *Journal of the American Psychoanalytic Association, 46*, 777-796.

Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin, 1*, 164-180.

Kernberg, O. T. (1976). *Object-relations theory and clinical psychoanalysis*. New York: Jason Aronson, Inc.

Kowa, S. R. (1995). A comparative study of the personality characteristics of adult children of alcoholics compared with the personality characteristics of non-adult children of alcoholics among a college student population. *Dissertation Abstracts International Section A: Humanities & Social Sciences. Vol 58(6-A), Dec 1997, pp. 2092, 58*(6-A), 2092.

Lang, F. R, Featherman, D. L., & Nesselroade, J. R. (1997). Social self-efficacy and short-term variability in social relationships: the MacArthur successful aging studies. *Psychology & Aging, 12*(4), 657-666.

Langhinrichsen-Rohling, J., Monson, C. M., Meyer, K. A., Caster, J., & Sanders, A. (1998). The associations among family of origin violence and young adults' current depressed hopeless, suicidal and life threatening behavior. *Journal of Family Violence, 13*, 243-261.

Langhinrichsen-Rohling, J., & Rohling, M. (2000). Negative family of origin experiences: Are they associated with perpetrating unwanted pursuit behaviors? *Violence and Victims, 15*, 459-471.

Larson, J. H., Holt, B., Wilson, S. M., Medora, N., & Newell, K. (2001). Dating behaviors, attitudes, and relationships satisfaction of young adult children of alcoholics. *Alcoholism Treatment Quarterly, 19*(1), 1-18.

Laumann-Billings, L., & Emery, R. E. (2000). Distress among young adults from divorced families. *Journal of Family Psychology, 14*(4), 671-687.

Leon, C. A., & Leon, A. (1990). Panic disorder and parental bonding. *Psychiatry Annals, 20*, 503-508.

Lepore, S. J. (1992). Social conflict, social support, and psychological distress: evidence of cross-domain buffering effects. *Journal of Personality and Social Psychology, 63*(5), 857-867.

Leslie, E., Owen, N., Salmon, J., Bauman, A., Sallis, J. F., & Lo, S. K. (1999). Insufficiently active Australian college students: Perceived personal, social, and environmental influences. *Preventive Medicine, 28*, 20-27.

Levendosky, A. A., & Graham-Bermann, S. A. (1998). The moderating effects of parenting on children's adjustment in woman-abusing families. *Journal of Interpersonal Violence, 13*, 383-397.

Levenson, H. (1995). *Time-limited dynamic psychotherapy: A guide to clinical practice*: Basic books, A division of HarperCollins Publishers, Inc.

Lewis, H. S. (2000). Psychosocial adjustment of adult children of alcoholics: A review of the recent empirical literature. *Clinical Psychology Review, 20*(3), 311-337.

Liem, J. H., & Boudewyn, A. C. (1999). Contextualizing the effects of childhood sexual abuse on adult self-and social functioning: An attachment theory perspective. *Child Abuse & Neglect, 23*(11), 1141-1157.

Lipman, A. J. (1990). Causal attributions in offspring of alcoholics. *Alcoholism Treatment Quarterly, 7*(4), 31-45.

Lizardi, H., Klein, D. N., Ouimette, P. C., Riso, L. P., Anderson, R. L., & Donaldson, S. K. (1995). Reports of the childhood home environment in early-onset dysthymia and episodic major depression. *Journal of Abnormal Psychology, 1*, 132-139.

Lopez, F. G., Campbell, V. L., & Watkins, C. E. (1988). The relation of parental divorce to college student development. *Journal of Divorce, 12*(1), 83-98.

Lopez, F. G., Melendez, M. C., & Rice, K. G. (2000). Parental divorce, parent-child bonds, and adult attachment orientations among college students: A comparison of three racial/ethnic groups. *Journal of Counseling Psychology, 47*(2), 177-186.

Lutwak, N., & Ferrari, J. R. (1997). Understanding shame in adults: Retrospective perceptions of parental bonding during childhood. *The Journal of Nervous and Mental Disease, 185*, 595-598.

Lynskey, M. T., & Fergusson, D. M. (1997). Factors protecting against the development of adjustment difficulties in young adults exposed to childhood sexual abuse. *child Abuse and Neglect, 21*, 1177-1190.

Malinosky-Rummell, R., & Hansen, D. J. (1993). Long-term consequences of childhood physical abuse. *Psychological Bulletin, 114*(1), 68-79.

Mangold, W. D., & Koski, R. R. (1990). Gender comparisons in the relationship between parental and siblings violence and nonfamily violence. *Journal of Family Violence, 5*, 225-235.

Martin, B., & Burks, N. (1985). Family and nonfamily components of social support as buffers of stress for college women. *Journal of Applied Social Psychology, 15*, 448-465.

Martin, J. L. (1995). Intimacy, loneliness, and openness to feelings in adult children of alcoholics. *Health & Social Work. 20(1):52-9.*

Martinez-Taboas, A., & Bernal, G. (2000). Dissociation, psychopathology, and abusive experiences in a nonclinical Latino university student group. *Cultural Diversity and Ethnic Minority Psychology, 6*, 32-41.

Maton, K. I. (1990). Meaningful involvement in instrumental activity and well-being: Studies of older adolescents and at risk urban teen-agers. *American Journal of Community Psychology, 18*, 297-320.

Maynes, L. C., & Feinauer, L. L. (1994). Acute and chronic dissociation and somaticized anxiety as related to childhood sexual abuse. *The American Journal of Family Therapy, 22*, 165-175.

Melchert, T. P. (2000). Clarifying the effects of parental substance abuse, child sexual abuse and parental caregiving on adult adjustment. *Professional Psychology: Research and Practice, 31*(1), 64-69.

Menees, M. M. (1997). The role of coping, social support, and family communication in explaining the self-esteem of adult children of alcoholics. *Communication Reports, 10*(1), 9-19.

Mintz, L. B., Kashubeck, S., & Tracy, L. S. (1995). Relations among parental alcoholism, eating disorders, and substance abuse in nonclinical college women: Additional evidence against the uniformity myth. *Journal of Counseling Psychology, 42*(1), 65-70.

Nielsen, L. (1999). College aged students of divorced parents: Facts and fiction. *College Student Journal, 33*(4), 543-572.

Ornduff, S. R., & Kelsey, R. M. (1996). Object relations of sexually and physically abused female children: A TAT analysis. *Journal of Personality Assessment, 66*, 91-105.

Palosaari, U., Aro, H., & Laippala, P. (1996). Parental divorce and depression in young adulthood: Adolescents' closeness to parents and self-esteem as mediating factor. *Acta Psychiatrica Scandinavica, 93*(1), 20-26.

Parker, G., Tupling, H., & Brown, L. B. (1979). A parental bonding instrument. *British Journal of Medical Psychology, 52*, 1-10.

Parker, G. (1979). Reported parental characteristics in relation to trait depression and anxiety levels in a non-clinical group. *Australian and New Zealand Journal of Psychiatry, 13*, 260-264.

Parker, G. (1981). Parental representations of patients with anxiety neurosis. *Acta Psychiatrica Scandinavica, 63*, 33-36.

Parker, G. (1982). Parental representations and affective symptoms: Examination for a hereditary link. *British Journal of Medical Psychology, 55*, 57-61.

Parker, G. (1986). Validating an experiential measure of parental style: The use of a twin sample. *Acta Psychiatrica Scandinavica, 73*, 22-27.

Parker, G., & Lipscombe, P. (1981). Influences of maternal overprotection. *British Journal of Psychiatry, 138,* 303-311.

Parker, G., & Manicavasagar, V. (1986). Childhood bereavement circumstances associated with adult depression. *British Journal of Medical Psychology, 59*, 387-391.

Peck, J. S., & Manocherian, J. R. (1989). Divorce in the changing family life cycle. In B. Carter & M. McGoldrick (Eds.), *The changing family life cycle: A framework for family therapy* (Vol. xiii, pp. 593). New York, NY, US: Gardner Press, Inc.

Perris, C., Holmgren, S., Van Knorring, L., & Perris, H. (1986). Parental loss by death in the early childhood of depressed patients and of their healthy siblings. *British Journal of Psychiatry, 148*, 165-169.

Pfohl, B., Stangl, D., & Tsuang (1983). The association between early parental loss and diagnosis in the Iowa 500. *Archives of General Psychiatry, 40*, 965-967.

Pierce, R. S., Frone, M. R., Russell, M., Cooper, M. L., & Mudar, P. (2000). A longitudinal model of social contact, social support, depression, and alcohol use. *Health Psychology, 19*(1), 28-38.

Pilat, J. M., & Jones, J. W. (1985). Identification of children of alcoholics: Two empirical studies. *Alcohol Health and Research world, 9,* 27-33.

Post, L. I. (1992). Expectancies, coping skills and alcohol addiction in adult offspring of alcoholics. *Dissertation Abstracts International., 52*(8-B), 4455.

Procidano, M. E., & Heller, K. (1983). Measures of perceived social support from friends and from family: three validation studies. *American Journal of Community Psychology, 11*(1), 1-24.

Protinsky, H., & Ecker, S. (1992). Intergenerational family relationships as perceived by adult children of alcoholics. *Family Therapy, 17*(3), 217-222.

Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*(3), 385-401.

Rind, B., Tromovitch, P., & Bauserman, R. (1998). A meta-analytic examination of assumed properties of child sexual abuse using college samples. *Psychological Bulletin, 124*(1), 22-53.

Roberts, J. E. & Gotlib, I. H. (1997) Lifetime episodes of dysphoria: Gender, early childhood loss and personality. *British Journal of Clinical Psychology, 36*(2), 195-208.

Robinson, N. S., & Garber, J. (1995). Social support and psychopathology across the life span. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology, Vol. 2: Risk, disorder, and adaptation.* Oxford, England: John Wiley & Sons.

Rodney, H. E. (1995). A profile of collegiate Black adult children of alcoholics. *Journal of College Student Development, 36*(3), 228-235.

Rodriguez, N., Mira, C. B., Myers, H. F., Morris, J. K., & Cardoza, D. (2003). Family or friends: Who plays a greater supportive role for Latino college students? *Cultural Diversity and Ethnic Minority Psychology, 9*(3), 236-250.

Rodriguez, V. B., Bayon, C., Franco, B., Canas, F., Graell, M., & Salvador, M. (1993). Parental rearing and intimate relations in women's depression. *Acta Psychiatrica Scandinavica, 88*, 193-197.

Roehl, J. E., & Okun, M. A. (1984). Depression symptoms among women reentering college: The role of negative life events and family social support. *Journal of College Student Personnel, 25*, 251-254.

Rodney, H. E. (1994). What differentiates ACOAs and non-ACOAs on a Black college campus? *Journal of American College Health, 43*(2), 57-63.

Rodney, H. E. (1995). A profile of collegiate Black adult children of alcoholics. *Journal of College Student Development, 36*(3), 228-235.

Roy, A. (1981). Role of past loss in depression. *Archives of General Psychiatry, 38*, 301-302.

Rozenda, F. G., & Well, J. M. (1983). Use of the semantic differential to evaluate long-term effects of loss of a parent on concepts of family. *Journal of Genetic Psychology, 143*, 269-278.

Russell, M., Henderson, C., & Blume, S. B. (1985). *Children of alcoholics: A review of the literature*. New York Children of Alcoholics Foundation.

Sandberg, D. A., & Lynn, S. J. (1992). Dissociative experiences, psychopathology and adjustment, and child and adolescent maltreatment in female college students. *Journal of Abnormal Psychology, 101*, 717-723.

Sanders, B., McRoberts, G., & Tollefson, C. (1989). Childhood stress and dissociation in a college population. *Dissociation: Progress in the Dissociative Disorders, 21*(1), 17-23.

Sanders, B., & Moore, D. L. (1999). Childhood maltreatment and date rape. *Journal of Interpersonal Violence, 14*(2), 115-124.

Sato, T., Uehara, T., Sakado, K., Nishioka, K., Ozaki, N., Nakamura, M., et al. (1997). Dysfunctional parenting and a lifetime history of depression in a volunteer sample of Japanese workers. *Acta Psychiatrica Scandinavica, 96*, 306-310.

Schaaf, K., & McCanne, T. R. (1998). Relationship of childhood sexual, physical, and combined sexual and physical abuse to adult victimization and posttraumatic stress disorder. *Child Abuse & Neglect, 22*(11), 1119-1133.

Schmidt, L. A. (1995). The role of problem drinking in psychiatric admissions. *Addiction, 90*(3), 375-389.

Schreiber, R., & Lyddon, W. J. (1998). Parental bonding and current psychological functioning among childhood sexual abuse survivors. *Journal of Counseling Psychology, 45*, 358-362.

Sheridan, M. J. (1995). A proposed intergenerational model of substance abuse, family functioning, and abuse/neglect. *Child Abuse & Neglect, 19*(5), 519-530.

Silove, D., Parker, G., Hadzi-Pavlovic, D., & Manicavasagar, V. e. a. (1991). Parental representations of patients with panic disorder and generalized anxiety disorder. *British Journal of Psychiatry., 159*, 835-841.

Silvern, L., Karyl, J., Waelde, L., Hodges, W. F., Starek, J., Heidt, E., et al. (1995). Retrospective reports of parental partner abuse: Relationships to depression, trauma symptoms and self-esteem among college students. *Journal of Family Violence, 10*, 177-202.

Spiegel, D., & Cardena, E. (1991). Disintegrated experience: The dissociative disorders revisited. *Journal of Abnormal Psychology, 100*(3), 366-378.

Steiger, H., & Houle, L. (1991). Defense styles and object-relations disturbances among university women displaying varying degrees of "symptomatic" eating. *Journal of Eating Disorders, 10*, 145-153.

Sternberg, K. J., Lamb, M. E., Greenbaum, C., Cicchetti, D., Dawud, S., Cortes, R. M., et al. (1993). Effects of domestic violence on children's behavior problems and depression. *Developmental Psychology, 1*, 44-52.

Stice, E., Ragan, J., & Randall, P. (2004). Prospective relations between social support and depression: Differential direction of effects for parent and peer support? *Journal of Abnormal Psychology, 113*(1), 155-159.

Strand, P. S., & Wahler, R. G. (1996). Predicting maladaptive parenting: Role of maternal object relations. *Journal of clinical child Psychology, 25*, 43-51.

Strauss, M. A. (1979). Measuring interfamily conflict & violence: The conflict tactics scales. *Journal of Marriage and the Family, 41,* 75-88.

Strupp, H. H., & Binder, J. L. (1984). *Psychotherapy in a new key*. New York: Basic Books.

Taliaferro, G. L. (1996). The influences of early family environment and parental alcoholism on adult psychological status. *Dissertation Abstracts International: Section B: The Sciences & Engineering, 56*(10-B), 5802.

Taylor, D. A. (1983). Views of death from sufferers of early loss. *Omega, 14*, 77-82.

Torres, J. B., & Solberg, V. S. (2001). Role of self-efficacy, stress, social integration, and family support in Latino college students persistence and health. *Journal of Vocational Behavior, 59*, 53-63.

Truant, G. S., Herscovitch, J., & Lohrenz, J. G. (1987). The relationship of childhood experience to the quality of marriage. *Canadian Journal of Psychiatry, 32*, 87-92.

Truant, G. S. (1994). Personality diagnosis and childhood care associated with adult marital quality. *Canadian Journal of Psychiatry, 38*, 269-275.

Twomey, H. B., Kaslow, N. J., & Croft, S. (2000). Childhood maltreatment, object relations, and suicidal behavior in women. *Psychoanalytic Psychology, 17*(2), 313-335.

Wagner, B. M. (1997). Family risk factors for child and adolescent suicidal behavior. *Psychological Bulletin, 121*(2), 246-298.

Waller, N. G., Putnam, F. W., & Carlson, E. B. (1996). Types of dissociation and dissociative types: A taxometric analysis of dissociative experiences. *Psychological Methods, 1*(3), 300-321.

Waller, N. G., & Ross, C. A. (1997). The prevalence and biometric structure of pathological dissociation in the general population: Taxometric and behavior genetic findings. *Journal of Abnormal Psychology, 106*(4), 499-510.

Wallerstein, J. S., & Blakeslee, S. (1989). *Second chances: Men, women, and children a decade after divorce* (Vol. xxi). New York, NY, US: Ticknor & Fields.

Watson, D. (2003). Investigating the construct validity of the dissociative taxon: Stability analyses of normal and pathological dissociation. *Journal of Abnormal Psychology, 112*(2), 298-305.

Wei, L., & Sha, T. (2003). The relationship between perceived stress and depression and anxiety in college students: The effects of social support. *Chinese Journal of Clinical Psychology, 11*(2), 108-110.

Westen, D. (1990). Towards a revised theory of borderline object relations: Contributions of empirical research. *International Journal of Psycho-Analysis, 171*(4), 661-693.

Whisman, M. A., & Kwon, P. (1992). Parental representations, cognitive distortions and mild depression. *Cognitive Therapy and Research, 16*, 557-568.

Williams, A. W., Ware, J. E., & Donald, C. A. (1981). A model of mental health, life events, and social supports applicable to general populations. *Journal of Health & Social Behavior, 22*(4), 324-336.

Wright, V. L. (1993). Coping skills of adult children of alcoholics (ACAs): An empirical investigation and theoretical analysis. *Dissertation Abstracts International Section A: Humanities & Social Sciences. Vol 58(6-A), Dec 1997, pp. 2092, 53*(12-B), 6579.

Yama, M. F., Tovey, S. L., Fogas, B. S., & Teegarden, L. A. (1992). Joint consequences of parental alcoholism and childhood sexual abuse, and their partial mediation by family environment. *Violence & Victims., 74*(4), 313-325.

Zemore, R., & Rinholm, J. (1989). Vulnerability to depression as a function of parental rejection and control. *Canadian Journal of Behavioral Sciences, 21*, 364-376.

Zucker, A. L. (2000). Presenting problems, symptoms, abuse history, and demographic characteristics of students requesting services at a university counseling center. *Dissertation Abstracts International: Section B: The Sciences & Engineering, 60*(8-B), 4263.