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ROMANTIC INTEREST SELECTION FROM AN IMAGO RELATIONSHIP THERAPY PERSPECTIVE

by

LAUREN O. PATTERSON

(Under the Direction of Janice N. Steirn)

ABSTRACT

Imago Relationship Therapy (IRT) is a commonly used model of couples therapy that is not empirically validated (Jakubowski et al., 2004). IRT proposes that individuals select Romantic Interests (Interests) that are similar to their Childhood Caregivers (Caregivers) in an effort to heal childhood wounding (Hendrix, 1988). The current study sought to evaluate the IRT proposition of romantic interest selection. Specifically, the study was designed to evaluate patterns in romantic interest selection, particularly the relationship between Caregiver and Interest personality characteristics, adult attachment dimensions, gender, and geographical location of origin. In addition, the study considers similarities in participant narratives of positive and negative experiences with Caregivers and Interests. Participants were 147 college students (109 women; 28 men) who completed an online assessment consisting of three Big Five Inventories (one for Caregiver, one of Interest, one for the Self), the Experiences in Close Relationships-Revised, four open-ended qualitative questions, and a demographics questionnaire. The study used mixed methods of cross-sectional correlations and quantitative inferential statistics. Caregiver and Interest Agreeableness, Openness, and Neuroticism were significantly correlated, however, Extraversion and Conscientiousness were not. These findings somewhat support the proposition that individuals select Interests that are similar to their Caregivers, but not completely. All Caregiver and the Self personality characteristics were significantly correlated. Some Interest and Self personality characteristics were significantly correlated, but not all.

Insecure attachment was related to Caregiver Neuroticism. No gender differences were found, which is reflective of previous research (Hyde, 2005; Pederson et al., 2011; Smiler, 2011). Only participants from rural areas demonstrated correlations in personality characteristics for Caregivers and Interests. Stronger familial ties in rural areas (Wagenfeld, 2003) may perpetuate a tendency to seek Interests similar to Caregivers. A series of co-occurrence analyses failed to reveal overlapping emotional and behavioral themes within participants' narratives. These findings are unsupportive of IRT because they do not reflect an elicitation of similar emotions when interacting with Caregivers and Interests, as IRT suggests (Hendrix, 1988). The current study suggests that explaining the process of romantic interest selection requires integration of multiple theories, including but not limited to IRT.

INDEX WORDS: Imago Relationship Therapy, Romantic interest selection, Adult attachment, Personality characteristics, Gender differences, Rural mental health

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PERSPECTIVE

by

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DEDICATION

To my great uncle, Dr. Duke Miles, this dissertation is dedicated to you. Thank you for showing me what it means to be kind, to find the humor in everything, and to cultivate a life filled with learning. You have opened so many doors for me, Imago Relationship Therapy being only one. You being who you are gives me the courage to be who I am. Thank you for being my example and role model.

And to the memory of Corinne Miltiades, may her presence be forever felt.

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CHAPTER ONE: INTRODUCTION

Statement of Problem

Imago Relationship Therapy (IRT) is a couples' therapy treatment modality that is not yet considered to be empirically-validated (Jakubowski, Milne, Brunner, & Miller, 2004). IRT began after Harville Hendrix first authored the relationship self-help book *Getting the Love You Want* (1988). According to Hendrix, the overall concern of IRT is to help couples achieve what is referred to as a 'conscious marriage.' A conscious marriage is a romantic relationship that nurtures psychological and spiritual growth for both partners through cooperation to fulfill the emotional needs of each person (Hendrix, 1988). In order to obtain a conscious marriage, individuals must identify emotional needs that they hope to have fulfilled by romantic partnership. Some of these needs are the result of what Hendrix (1988) calls 'childhood wounding.' According to Hendrix (1988), childhood wounding results from experiences in childhood in which Caregivers do not adequately meet the emotional needs of an individual. Hendrix theorizes that individuals select Romantic Interests that are in some way similar to their Childhood Caregivers in an attempt to heal this childhood wounding and meet their emotional needs (Hendrix, 1988).

Although IRT has not yet been empirically-validated, it is theoretically and practically esteemed within the therapeutic community (Jakubowski et al., 2004). To be considered empirically-validated, treatments must be shown to have efficacy through controlled, experimental research (Chambliss & Hollon, 1998; Christensen, Baucom, Vu, & Stanton, 2005). Empirical validation is used to inform selection of treatment methods for clients (Chambliss & Hollon, 1998), and is imperative for managed care reimbursement (Sanderson, 2003). Therefore,

it is of the utmost importance that the theoretical constructs of IRT are evaluated through empirical measures in order to determine the validity and effectiveness of therapeutic practice.

In order to examine the IRT concept that individuals select Romantic Interests with characteristics similar to those of their Childhood Caregivers, it is important to consider characteristics of personality. The Five Factor Model (FFM) is a theoretical model of personality that provides a taxonomy of traits (John & Srivastava, 1999). It is the most frequently used and researched theory of personality, and is considered to be the standard theory of personality (Gosling, Rentfrow, & Swan, 2003; John & Naumann, 2010; John & Srivastava, 1999; McCrae & Costa, 2013). Personality traits described by the FFM include Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism and are collectively known as the “Big Five” (Goldberg, 1981). Using the FFM may be useful for identifying similarities between personality characteristics of Romantic Interests and Childhood Caregivers.

The IRT emphasis on the influence of childhood relationships on choice of adult romantic relationships may be better understood by considering attachment theory. Attachment theory was originally proposed by John Bowlby (1969). Attachment may be defined as the extent to which a connection is made between an infant and Caregiver (Bowlby, 1969). Later researchers have found that early attachment dimensions are stable throughout the lifespan (Waters, Merrick, Treboux, Crowell, & Albersheim, 2000). Furthermore, attachment styles have been found to relate to patterns of behaviors in romantic relationships (Collin & Read, 1990; Givertz, Burke, Segrin, & Woszidlo, 2016; Givertz, Woszidlo, Segrin, & Knutson, 2013; Hazan & Shaver, 1987). For example, Givertz and colleagues (2016) found that couples with higher levels of insecure attachment are more likely to eventually terminate the relationship. In another

study, Givertz and colleagues (2013) found that insecure attachment was predictive of low trust and loneliness in relationships.

Bearing in mind previous findings on the relationship between attachment styles and romantic relationships, the proposition of romantic interest selection based on childhood wounding may be valid. Hazan and Shaver (1987) proposed that romantic relationships could also be conceptualized as a form of adult attachment. Collin and Read (1990) demonstrated that adult attachment dimensions are likely to be related to romantic interest selection. Shaver and Brennan (1992) demonstrated that insecure adult attachment styles are correlated with Caregiver personality characteristics, particularly neuroticism. Considering these findings, evaluation of the potential relationship between adult attachment styles and personality characteristics of Childhood Caregivers would be valuable in establishing the validity of the constructs of IRT.

Gender differences in romantic interest selection have been widely evaluated with much repetition throughout the latter part for the twentieth century (Schwarz & Hassebrauck, 2012). Buss and Barnes (1986) found that, broadly speaking, men were more likely to report valuing physical attractiveness and women were more likely to report valuing potential for monetary earning when selecting a potential romantic partner. These findings contributed to the Sexual Strategies Theory, which postulates that gender differences in romantic interest selection are related to strategies for reproductive success (Buss & Schmitt, 1993). A more recent study replicated these findings in further support of gender differences in romantic interest selection (Schwarz & Hassebrauck, 2012). These findings are important to consider because it provides evidence of potential differences between genders in the likelihood that individuals select Romantic Interests similar to their Childhood Caregivers.

Romantic interest selection may also differ based on other demographic information, such as geographical location. Many differences have been identified among individuals living in rural, suburban, and urban areas (Smalley & Warren, 2012a). For example, individuals living in rural areas are more likely experience poverty, isolation, mental health concerns, lower accessibility to healthcare, and other disparities (Smalley & Warren, 2012a). Unfortunately, research comparing geographical differences is limited (Smalley & Warren, 2012c). Currently, there is no known research specifically looking at potential differences in romantic interest selection based on geographical location. Differences in cultural values, such as emphasis on family and gender norms, exist among rural, suburban, and urban areas (Brown, Warden, & Kotis, 2012; Bushy, 1998; Kosberg & Sun, 2010; Wagenfeld, 2003) that could contribute to variations in romantic interest selection. It is important to consider how geographical differences are related to similarities in personality characteristics of Childhood Caregivers and Romantic Interests as well as attachment styles because of the current gap in the available literature.

IRT needs to be empirically evaluated in order determine if it is a valid treatment for couples (Jakubowski et al., 2004). The current study seeks to better understand the validity of IRT by evaluating the underlying theoretical assumptions that drive the intervention model. Evaluation of the theoretical model will help to assess the therapeutic value of IRT as a couples therapy intervention and its applicability for understanding romantic interest selection.

Purpose

The main purpose of this study is to evaluate the validity of theoretical assumptions of romantic interest selection as purposed by Hendrix (1988) in order to gain greater understanding of the efficacy of IRT. Specifically, the current study will appraise the purposed tendency for individuals to select Interests that have similar personality characteristics as their Caregivers. In

order to accomplish this goal, the following questions will be empirically examined: a) Are there similarities in personality characteristics of Caregivers and Interests as perceived by the participants? b) Are adult attachment dimensions of the participants related to personality characteristics of the Caregivers? c) Is one gender more likely to be attracted to Interests similar to their Caregivers? d) Is there a relationship between geographical location in youth and similarities in personality characteristics of Caregivers and Interests? and e) Are there identifiable co-occurring themes within participants' pleasurable and hurtful experiences with Caregivers and Interests?

Significance

Given the current divorce rates of the United States is approximately 50% (American Psychological Association, 2014), it is important that efficacious couples' therapy techniques be identified and empirically evaluated for use with couples seeking to maintain their romantic relationship. These investigations are important because they provide clinicians working with couples the knowledge base to make informed decisions when selecting a treatment modality for clients. Although many treatment techniques have been found to empirically demonstrate efficacy in outcome research, not all that are currently used in practice are considered to be empirically validated (Jakubowski et al., 2004). IRT is one example of a treatment modality that is used in clinical practice, but has limited outcome data demonstrating empirical validity (Jakubowski et al., 2004). Furthermore, it is important that the tenants of IRT are critically evaluated due to its history of receiving media attention, such as being featured by Oprah Winfrey on television (Zielinski, 1999). No one has empirically considered the IRT theoretical assumptions of romantic interest selection. In order to determine if IRT is a viable option for treating couples, it is important to consider the underlying theoretical assumptions of the

treatment model. Research on IRT may provide information to guide clinical assessment of relationships, and therefore help to inform treatment plans and outcome predictions.

In addition, better understanding gender differences in Romantic Interest selection from an IRT perspective may assist with clinical conceptualization of treatment by allowing clinicians to further understand the unique needs of individuals based on gender. By empirically evaluating gender difference, clinicians and researchers may have a greater understanding of the nuances of romantic interest selection in relation to IRT.

Furthermore, there is a deficit in the research considering how differences in geographical location relates to romantic interest selection. Understanding how to better provide psychological services in rural areas is greatly needed (Smalley & Warren, 2012c). The current study aims to address this deficit and to better understand how geographical differences play a role in romantic interest selection.

Definition of Terms

In order to better understand the components within this study, definitions of variables are included in the following section.

Most Influential Childhood Caregivers

In the current study, a Most Influential Childhood Caregiver is defined as the person that plays the most influential role in the upbringing of a participant, as identified by the participant. Caregiver influence may be positive or negative, depending on the personal experience and perception of the participant. Throughout the study, the Most Influential Childhood Caregivers will be referred to as Caregivers.

Most Recent Romantic Interests

A Most Recent Romantic Interest is any person identified by the participant with whom the participant is or was most recently romantically involved, including; romantic partnership, casual dating, or romantic attraction. A Romantic Interest is not a representation of an ideal romantic partner, but a person with whom the participant is actually or interested in being romantically involved. Throughout the study, the Most Recent Romantic Interests will be referred to as Interests.

Personality Characteristics

The present study defines personality characteristics as the personality make-up of a person based on the FFM (John & Srivastava, 1999). Personality characteristics include Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism. Openness is defined as the tendency for a person to be open to experiences, original, and imaginative. Conscientiousness is described as the tendency of a person to be thoughtful of others, self-disciplined, and ambitious. Agreeableness can be understood as the degree of trustfulness and cooperativeness that a person expresses. Extraversion is described as the degree of sociability, friendliness, and pleasure-seeking. Neuroticism is defined as the tendency for a person to demonstrate negative affect, experience emotional distress, worry, and higher self-consciousness (McCrae & Costa, 1987).

Childhood Wounding

Hendrix (1988) defines childhood wounding as the result of having some emotional needs unmet in childhood. Childhood wounding is also understood to persist into adulthood. In IRT, childhood wounding is theorized as being the most influential factor for determining romantic interest selection behaviors (Hendrix, 1988; Hendrix, 2005).

Adult Attachment

The current study understands adult attachment as the emotional connection a person has to other people, which is understood to continuously range from secure to insecure according to Adult Attachment Theory (Bartholomew & Horowitz, 1991). Two dimensions of insecure attachment will be evaluated: anxious and avoidant attachment (Brennan, Clark, & Shaver, 1998; Collins & Read, 1990; Fraley, Hudson, Hefferman, & Segal, 2015; Fraley, Waller, & Brennan, 2000; Hazan & Shaver, 1987). In the present study, insecure attachment dimensions serve as an indicator of childhood wounding as it is described by Hendrix (1988).

Gender

Gender is defined as the self-identification of being woman, man, or transgender according to the social construction of femininity and masculinity in a given culture. Gender is a separate construct than sex, which is defined as biological and physiological characteristics that correspond with female and male (World Health Organization, 2016). In the present study, gender of the participant was determined by self-report.

Geographical Location

Geographical location will be defined as the participant self-identification of their geographical background in childhood as being a rural, suburban, or urban area. Bitz (2011) Found that participant self-identification of geographical location is strongly correlated with United States Department Agriculture (USDA) classifications. In other words, participants appear to be able to accurately identify the USDA categorization of their geographical location. Considering this research, the current research asked participants to self-identify their childhood geographical location. As reported by Bitz (2011), self-identification of rurality has been utilized by other theorists considering differenced based on geographical location (e.g., Woods, 2005).

CHAPTER TWO: LITERATURE REVIEW

From Darwin (1871) to Freud (1925) to present day, researchers and theorists have worked to explain how and why individuals select Interests. Inquiry into the mechanisms of human romantic interest selection has applicable clinical value, particularly for treating couples. Understanding how and why individuals are attracted to their partners is useful for clinicians because it can provide a foundation for prediction of relationship success, intervention development, and prevention of relationship dissatisfaction and discourse. One couples therapy treatment modality, Imago Relationship Therapy (IRT), seeks not only to treat relationships, but also to explain why individuals are attracted to Interests (Hendrix, 1988). Although esteemed within the therapeutic community, IRT is not considered to be an empirically-validated treatment (Jakubowski et al., 2004). Empirical validation of treatment modalities is important because it helps to guide clinicians in selecting models that have demonstrated effectiveness in treating clients (Chambliss & Hollon, 1998) and is imperative for managed care reimbursement (Sanderson, 2003). Therefore, it is imperative that the theoretical assumptions of IRT are considered through empirical testing and consideration of current romantic interest selection research.

Imago Relationship Therapy

IRT emerged as the brainchild of Dr. Harville Hendrix after being posed the question “Why do men and women have so much trouble being together?” while in graduate school (Hendrix, 2005, p. 15). After reflecting on the question, Hendrix concluded that “it appears that we tend to marry people who are similar to our parents, with whom we struggle over issues that were unfinished in childhood” (Hendrix, 2005, p. 15). Following this revelation, Hendrix published *Getting the Love You Want* in 1988. From the first chapter, Hendrix (1988) discussed

his theoretical outlook on what he refers to as ‘attraction,’ or romantic interest selection, based on his years of experience as a couples therapist. Through personal observation, Hendrix concluded that each individual is unconsciously attracted to a specific set of both positive and negative personality characteristics (Hendrix, 1988). Specifically, Hendrix proposed that everyone is attracted to the personality characteristics of the person who provided his or her childhood caregiving (Hendrix, 1988). Hendrix’s concept is similar to psychoanalytic theory of romantic interest selection in that it emphasizes the idea of selecting interests that are similar to parents (Freud, 1925). Traditional psychoanalytic theory stated that individuals select interests similar to their alternate-sex parent because of unresolved attraction to that parent (Freud, 1925). IRT does not appear to emphasize the influence of the alternate-sex parent, however, the IRT viewpoint is unclear. Instead, Hendrix (1988) explained that the reason an individual selects interests similar to their caregiver is to heal what he refers to as ‘childhood wounding.’

Childhood wounding is said to develop as the result of having some emotional needs unmet in childhood (Hendrix, 1988). Hendrix (1988) states that some form of childhood wounding is inevitable, even if a person was raised without any traumatic experience and in an environment that was loving and supportive. He goes on to explain that childhood wounding occurs due to the loss of ‘original wholeness’ that is experienced in the womb. Hendrix’s idea of original wholeness was influenced by the work of Martin Buber, who describes a fetal ‘communion with the universe’ (Hendrix, 1988). Hendrix proposed that after birth, individuals lose that wholeness by inevitably having some needs go unmet by caregivers. He goes on to conclude that individuals select interests in an attempt to regain a sense of wholeness (Hendrix, 1988).

Through personal observation, Hendrix (1988) concluded that in order to regain a sense of wholeness, individuals seek out Interests with personality characteristics similar to those of their Caregivers. He goes on to explain that the negative personality characteristics of Interests and Caregivers were more strongly correlated than the positive personality characteristics (Hendrix, 1988). Although it may be more logical for individuals to select Interests with the opposite characteristics of their Caregivers in a compensatory effort, Hendrix stated that this does not occur (Hendrix, 1988). He explains that individuals select Interests who are similar to their Caregivers because they are unconsciously seeking to correct their childhood wounding (Hendrix, 1988). By selecting Interests similar to Caregivers, individuals are hoping their Interests will fulfil unmet needs of childhood (Hendrix, 1988).

Hendrix explains that childhood wounding creates ‘unfinished business.’ The term ‘unfinished business’ originated from the Freudian concept of ‘repetition compulsion’ and was later expanded on and renamed unfinished business by Fritz Perls (Freud, 1922; Hendrix, 1988; Perls, 1969). Freud (1922) defined repetition compulsion as the tendency for an individual to repeat traumatic events in an effort to return to an earlier state of being. Perls (1969) defined unfinished business as past conflicts that a person has not yet processed or confronted. Hendrix understands the term unfinished business to mean “the reconstruction of the past by selecting a partner who resembles one’s parents” (Hendrix, 1988, p. 290). Hendrix (1988) postulates that the reason for choosing Interests with similar negative and positive personality characteristics as Caregivers is to resolve unfinished business due to childhood wounding in order to regain a sense of wholeness that was lost at birth.

In addition, Hendrix adds that part of what drives romantic interest selection is to find a person who will complement the deficiencies of the self (Hendrix, 1988). For instance, a person

that is more socially withdrawn may be attracted to a person that is more socially active in order to compensate for his or her own deficiencies. He postulates that this is also an attempt to regain a sense of wholeness (Hendrix, 1988). Therefore, Hendrix proposes that the ideal romantic partner would be a person that both shares characteristics with Caregivers and compensates for deficiencies in personality characteristics of the self (Hendrix, 1988). Hendrix states that everyone has an unconscious image of this ideal person that drives them to select Interests. He uses the term “imago” which is from the Latin word for “image” to describe this phenomena (Hendrix, 1988). Hendrix (1988) states that becoming aware of the imago is important for settling conflict within relationships. Therefore, bringing the imago into conscious awareness is one of the basic goals of IRT (Hendrix, 1988).

Imago Relationship Therapy Outcome Literature. As previously stated, there are few studies examining IRT efficacy. However, there have been a few attempts to evaluate the therapeutic model of IRT. Early research evaluating treatment efficacy of IRT revealed some promising, but flawed, results (Hannah et al., 1997; Luquet & Hannah, 1996; Zielinski, 1999). Luquet and Hannah (1996) found reduced distress and increased positive communication after receiving brief IRT. Hannah and colleagues (1997) found significant improvement in adjustment, commitment, relationship maturity, and ability to implement IRT skills, however, only moderate significance for overall clinical improvement. As Zielinski (1999) pointed out, both studies had limitations, including small sample sizes and lack of a control group.

Workshops utilizing IRT methods have been shown to improve relational satisfaction and communication at a 3-month follow-up, however, the research did not include control groups for comparison (Schmidt, Luquet, & Gehlert, 2015). The lack of controlled randomized outcome research of IRT seems to continue to be a barrier to establishing IRT as an empirically-validated

therapy (Jakubowski et al., 2004). Christensen and colleagues (2005) pointed out that the most effective way to evaluate efficacy of couples therapy is by randomized clinical trials that include control and experimental conditions, random assignment, and careful measurement of outcomes. One IRT outcome study containing design elements suggested by Christensen and colleagues (2005) is a study by Muro, Holliman, and Luquet (2015). Muro, et al. found that participants that had received IRT demonstrated more accurate empathy. A between-groups design was utilized, making it particularly valuable for determining efficacy of IRT.

Major Theories of Romantic Interest Selection

Sexual Strategies Theory. Charles Darwin (1871) was the first to consider romantic interest selection from an evolutionary perspective. He proposed that sexual selection occurs through a two-fold process of competition amongst members of the same sex for access to the other sex and the preference for some characteristics over other characteristics (Buss & Barnes, 1986; Darwin, 1871). Since that time, others have worked to understand romantic interest selection from an evolutionary perspective (e.g., Buss & Barnes, 1986; Buss & Schmitt, 1993). Buss and Schmitt (1993) developed the Sexual Strategies Theory (SST) to further explain, rather than only describe, romantic interest selection from an evolutionary perspective.

SST states that men seek Interests that seem to offer the most physical reproductive success, meaning that men tend to select Interests based on physical characteristics. In addition, SST states that men tend to utilize short-term mating strategies that optimize reproductive success (Buss & Barnes, 1986; Buss & Schmitt, 1993). Women, on the other hand, seek Interests who seem to be able to provide for offspring, meaning that women tend to select Interests based on material resources (Buss & Schmitt, 1993). In addition, women tend to utilize more long-term mating strategies (Buss & Barnes, 1986; Buss & Schmitt, 1993). Much research has been done to

examine the potential similarities and differences in romantic interest selection preferences for men and women (Amador, Charles, Tait, & Helm, 2005; Buss, 1998; Buss & Barnes, 1986; Buss, Shackelford, Kirkpatrick, & Larsen, 2001; Henry, Helm, & Cruz, 2013; Hill, 1945; Hoyt & Hudson, 1981; Hudson & Henze, 1969; McGinnis, 1958; Schwarz & Hassebrauck, 2012). Repeatedly, research has found that males tend to be more attracted to young and physically attractive interests, whereas females are more attracted to individuals who can provide more financial benefit (Buss & Barnes, 1986; Buss et al., 2001; Hatfield & Sprecher, 1995; Henry et al., 2013; Johannesen-Schmidt & Eagly, 2002; Schwarz & Hassebrauck, 2012; Shackelford et al., 2005).

As Dillon and Saleh (2012) have pointed out, most SST research has omitted samples including individuals identifying as sexual minorities. However, some researchers have considered the applicability of SST to same-sex romantic interest selection. Research has demonstrated that gay men tend to have romantic interest selection preferences similar to heterosexual men; including emphasis on physical attractiveness (Bailey, Kim, Hill, & Linsemeier, 1997; Dillon & Saleh, 2012; Lippa, 2007). Likewise, lesbian women have also been found to have similar romantic interest selection behaviors as heterosexual women (Dillon & Saleh, 2012; Lippa, 2007). Overall, SST seems to apply to same-sex romantic interest selection as well as heterosexual romantic interest selection (Dillon & Saleh, 2012).

Other research has disputed the propositions of SST (e.g., Pederson, Putcha-Bhagavatula, & Miller, 2011; Smiler, 2011). One criticism is that the SST emphasis on gender differences is inconsistent with the empirical evidence suggesting that there are greater similarities than differences (Hyde, 2007; Pederson et al., 2011; Smiler, 2011). Some characteristics have been found to be preferences for both genders; including emotional stability, pleasing dispositions,

mutuality of attraction, and dependability (Henry et al., 2013; Shackelford et al., 2005). Furthermore, Pederson and colleagues (2011) did not find evidence to support the idea that men put greater emphasis on short-term mating strategies than women. Others also argue that the tendency for women to value resources is dependent on social and cultural context (Eagly & Wood, 1999; Hrdy, 1999; Kasser & Sharma, 1999; Pederson et al., 2011). If women are in a more egalitarian culture or are able to financially provide for themselves, they are less likely to value material resources in a potential romantic partner (Eagly & Wood, 1999; Kasser & Sharma, 1999). Likewise, speed dating research has called into question the validity of previously held beliefs about gender differences in romantic interest selection. Some studies found no differences between genders when participants were actually in a situation that provoked attraction to potential partners, rather than experimenters surveying participants about what they believed they were attracted to in an Interest (Eastwick & Finkel, 2008; Eastwick, Luchies, Finkel, & Hunt, 2014). Therefore, it is possible that SST assumptions about gender differences are only applicable when the social and cultural context promotes traditional gender roles (Pederson et al., 2011).

Furthermore, Attachment Fertility Theory (AFT) was proposed as an alternative evolutionary theory to SST that incorporates a more egalitarian viewpoint (Miller & Fiskin, 1997; Miller, Pederson, & Putcha-Bhagavatula, 2005). Instead of emphasizing differences in romantic interest selections preferences, AFT emphasizes how both genders evolved to work together to parent offspring, thus promoting greater chances of genetic survival (Miller & Fiskin, 1997). AFT and supporting research brings into question the practical validity of some components of SST (Pederson et al., 2011), therefore, more research is needed in order to completely understand the evolutionary foundations of human romantic interest selection.

Hendrix (1988) seems to put little consideration into potential variations in romantic interest selection preferences related to gender. It may be that Hendrix does not consider gender to be a determining factor for romantic interest selection, however that is unclear. Considering that research has identified gender differences in the past, it is important to consider if one gender is more likely to select Interests similar to Caregivers.

Human Positive Assortative Mating. Human positive assortative mating is defined as the tendency for individuals to select Interests that are similar to themselves (Crow & Felsenstein, 1968). Pearson (1903) was the first to study human assortative mating, finding that spouses tended to have correlating physical attributes; including height, arm span, and forearm length. In addition, research has demonstrated a tendency for individuals to seek Interests that are similar in social desirability. These findings contribute to what is referred to as the matching hypothesis (Walster, Aronson, Abrahams, & Rottman, 1966). More recent research has continued to confirm the validity of the matching hypothesis, experimentally finding that Interests tended to match in self-worth, physical attractiveness, and popularity (Taylor, Fiore, Mendelsohn, & Cheshire, 2011). Many researchers have found that partners tend to correlate in a myriad of characteristics, including: ethnicity (Çelikaksoy, Nekby, & Rashid 2010), geographical location (Servedio, 2016), values and opinions (Luo & Klohnen, 2005), personality characteristics (Le Bon, et al., 2013), physical attributes (Speakman, Djafarian, Stewart, & Jackson, 2007), socioeconomic status, educational status (Torche, 2010), cognitive ability (Watson et al., 2004), and psychological health (Trombello, Schoebi, & Bradbury, 2015).

Several studies have indicated that perception of similarity is more predictive of romantic selection than actual similarity (Condon & Crano, 1988; Hoyle, 1993; Tidwell, Eastwick & Finkel, 2013). In other words, it was more important that a person perceived that they were

similar to a potential romantic partner than the potential romantic partner actually being similar to them (Tidwell, et al., 2013). Nonetheless, assortative mating based on either perception or actual similarities may be seen as contrary to the proposed IRT theory of romantic selection because it emphasizes partner similarity rather than Caregiver-Interest similarity.

Relevant Clinical Theories

Psychoanalytic Theory. Sigmund Freud postulated that early childhood experiences with parents influence later romantic relationships. Particularly, Freud (1925) stated that in early infancy the mother is the initial love object of the child, regardless of the sex of the child. However, he thought that female infants would eventually switch to preferring the alternate-sex parent once the infant reached the Oedipal Phase of Psychosexual Development (Freud, 1925; Kurzweil, 1995). Freud (1925) indicated that romantic selection preferences develop from a manifestation of sexual interest in the alternate-sex parent that is in the unconscious in early childhood, thus resulting in the individual preferring Interests that are similar to that parent.

Freud's Psychoanalytic Theory of romantic interest selection, sometimes referred to interchangeably with the Template Matching Hypothesis, is based on the idea that individuals select Interests based on a previously held template of what an ideal Interest should be like based on what their alternate-sex parent was like (Daly & Carson, 1990; Epstein & Guttman, 1984; Freud, 1925; Geher, 2000). In other words, everyone has a template of their ideal romantic partner in the unconscious (Daly & Carson, 1990; Epstein & Guttman, 1984; Geher, 2000). The template is made up of the characteristics of the alternate-sex parent, and is used to select Interests based on goodness of fit to the template (Daly & Carson, 1990; Epstein & Guttman, 1984; Geher, 2000).

Researchers have found some empirical evidence to support this theory (Greher, 2000; Wilson & Barrett, 1987). Wilson and Barrett (1987) found modest results indicating girls tended to prefer boyfriends that have the same eye color of their fathers, suggesting that individuals may be more attracted to potential interests that are physically similar to their alternate-sex parent. Perhaps more supportive of the template matching hypothesis is that Greher (2000) found that personality traits of parents were positively correlated with desired personality traits of ideal significant others, suggesting that perhaps the theoretical assumptions of Freud may have some practical value. However, the heteronormative nature of the research and theory provide significant limitations for application to the greater population and may only be applicable to heterosexual couples.

Object Relations Theory. Object Relations Theory was developed from the Freudian proposition that early childhood relationships with parents influenced later relationships. Freud originally used the term 'object' to refer to any person or thing that is the recipient of another person's feelings (St. Clair & Wigren, 2004). Furthermore, the term object was used to describe interpersonal relationships and the ways in which past relationships impact current relations (St. Clair & Wigren, 2004). Object Relations theorists contrast from Freud by de-emphasizing biological influences, such as instinct, and emphasizing the relational influences on development (St. Clair & Wigren, 2004). Fairbairn, a prominent object relations theorist, stated that individuals are ultimately motivated to seek out objects toward whom to express affection (Fairbairn, 1954; St. Clair & Wigren, 2004). In particular, Object Relations Theory states that the relationship between an infant and a parent is the most influential catalyst for growth and development in childhood (Scharff & Scharff, 1997).

Object Relations Theory proposes that the psyche, including conscious and unconscious representations of the mind, is developed through early childhood interpersonal interactions (St. Clair & Wigren, 2004). Specifically, the original object relationships between the child and parent become mental representations of what interpersonal relationships should be like, and therefore influence the way in which the child interacts with others in the future (St. Clair & Wigren, 2004). However, the parent cannot always immediately attend to the infant's needs even in a positive circumstance, resulting in the infant feeling rejected by the parent (Scharff & Scharff, 1997). In response, the infant constructs an internal object relations template in the unconscious that splits into three aspects of personality, central self, craving self, and rejecting self, that drives later interactions with others (Fairbairn, 1952; Ogden, 1982; Scharff & Scharff, 1997). Fairbairn (1952) believed that these aspects of the self interact dynamically in the unconscious and influence the way in which the individual interacts with others.

Object Relations Theory goes on to conceptualize adult romantic relationships. Dicks (1967) postulated that romantic attraction resulted from both conscious attraction and unconscious forces. Dicks (1967) agreed that individuals lose parts of the self as a result of splitting that occurs due to rejection in infancy. As a result, individuals are attracted to interests that will fill the void of the lost parts of the self (Dicks, 1967; Scharff & Scharff, 1997). Dicks (1967) thought that, in an ideal situation, the partners would bring into awareness one another's repressed object relations so that the lost parts of the self could be reintegrated. In object relations couple's therapy, the repressed self of each person and its impact on the relationship is brought into awareness so that it can be understood and resolved collaboratively (Scharff & Scharff, 1997; Scharff & Sharff, 2000).

Psychoanalytic Theory (Freud, 1925) and Object Relations Theory (Fairbairn, 1952) are similar to IRT in that they both stress the impact of early interpersonal experiences on later relationships. Both IRT (Hendrix, 1988) and Object Relations Theory (St. Clair & Wigren, 2004) emphasize ways that Caregiver inadequacy impacts perception of others, and both theories posit that how romantic relationships ideally serve as a corrective experience. Psychoanalytic Theory (Freud, 1925) and Object Relations Theory (Fairbairn, 1952) are different from IRT because they place greater emphasis on the unconscious and personality development. However, IRT does conceptualize childhood wounding as being an unconscious process (Hendrix, 1988). Hendrix (1988) cites Psychoanalytic Theory as an influence on the IRT theory of Interest selection, however, it is unclear if Object Relations Theory served as a source for the development of IRT.

The Five Factor Model

The Five Factor Model (FFM) is a theoretical model of personality that provides a taxonomy of behavioral traits (John & Srivastava, 1999). The FFM emerged through the work of multiple researchers, including Cattell, Tupes and Christal, Eysenck, Goldberg, and Costa and McCrae, among others (for review of literature see Digman, 1990). The “Big Five” personality traits included in the FFM are Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism and are often collectively referred to by the acronym OCEAN (Goldberg, 1981). The FFM is considered to be the standard model of personality in modern psychology (McCrae & Costa, 2013).

FFM personality characteristics have been found to be important components in Interest selection (Botwin, Buss, & Schakelford, 1997). One study found that couples had significantly similar personality characteristics to each other (Botwin et al., 1997), which could be viewed as evidence to support the theory of assortative mating, however research is mixed on assortative

mating based on personality characteristics (Eysenck, 1981; Jensen, 1978). Furthermore, high Openness and Agreeableness and low Neuroticism have been linked with higher marital satisfaction (Botwin et al., 1997). A study testing the Freudian concept of template matching Interest selection found that participants preferred Interests that were similar to their Caregivers on all five traits (Geher, 2000). Because it has been established in the literature as an appropriate measure of personality characteristics that can be used to evaluate personality characteristics in Interest selection, the FFM will be used in the current study.

On the other hand, not all research has demonstrated a correlation between personality characteristics of Interests and Caregivers. McCrae, Willemsen, and Boomsma (2012) found few correlations between personality traits of spouses and parents. However, one modestly significant correlation of Openness was observed for the parents and spouses of women, but not men (McCrae et al., 2012). Overall findings of this study do not support the IRT model of selecting Interests similar to Caregivers, however, the finding that Openness was correlated suggests that some personality traits may be more likely to relate than others (McCrae et al., 2012). Also, the finding that the spouses of women were more likely to have similar personality characteristics as women's Caregivers suggests that gender differences are also an important consideration (McCrae et al., 2012).

As previously stated, Hendrix (1988) presumed that individuals would not only select Interests that are similar in personality characteristics to Caregivers, but also select Interests whose personality characteristics would compensate for deficits in personality characteristics of the self. Therefore, there should be similarities in personality characteristics of the Caregiver and Interest, but not between the Caregiver and self or the Interest and self. However, meta-analysis on heritability of personality estimates that personality is approximately 40% genetically

heritable and 60% environmentally driven (Vukasović & Bratko, 2015). This finding is contrary to the proposition of IRT because it indicates that there are similarities between Caregivers and the self. Overall, because of the current conflicting findings in the literature, more research is needed to fully understand potential similarities in personality characteristics of Caregivers and Interests.

Attachment Theory

Attachment Theory was originally proposed by John Bowlby and attachment was originally defined as the connection made between an infant and Caregiver (Bowlby, 1969). Bowlby (1969) theorized that early attachment was an integral part of childhood development that impacts a person's life in a myriad of different areas, including interpersonal functioning. Ainsworth, Blehar, Waters, and Wall (1978) expanded on Bowlby's ideas by distinguishing different attachment styles; including secure, anxious, and avoidant. A fourth attachment style, disorganized, was later identified (Main & Solomon, 1986). Secure attachment is considered to be the healthiest attachment style and demonstrates that an individual feels a sense of security and trust for another person, even when the other person is absent (Ainsworth et al., 1978). Anxious, avoidant, and disorganized styles are considered to be insecure attachment styles (Ainsworth et al., 1978; Main & Solomon, 1986). Anxious attachment is characterized by an individual fearing abandonment by another person, which perpetuates over-dependence on the other person (Ainsworth et al., 1978). Avoidant attachment is characterized by an individual avoiding, or dismissing, relationships with others (Ainsworth et al., 1978). Disorganized attachment is characterized by unpredictability in relationships with others (Main & Solomon, 1986).

Later models of adult attachment have moved away from conceptualizing attachment behaviors as styles, which implies fixed categories or types. Instead, research has demonstrated that it is more accurate to conceptualize attachment as continuous and dimensional in nature (Brannen, Clark, & Shaver, 1988; Fraley, Hudson, Heffernan, & Segal, 2015; Fraley & Waller, 1988;). Research has also demonstrated that attachment dimensions more accurately describe both general attachment approaches and specific relationships with Caregivers and Interests (Fraley et al., 2015). In other words, attachment dimensions can be used to describe the way a person approaches relationships and the specific behaviors demonstrated in a particular relationship (Fraley et al., 2015).

The importance of early attachment has been empirically demonstrated in many studies since the time Bowlby initially suggested the concept (Bartholomew & Shaver, 1998; Shapiro & Levendosky, 1999). Collins and Read (1990) found that childhood attachment impacted later dating behaviors. They found that individuals tend to select Interests that validate their own attachment dimension (Collins & Read, 1990). For instance, if a person was insecurely attached to his or her parents they tended to seek out Interests that would activate that sense of insecurity (Collins & Read, 1990). An example of this tendency is if a person was abandoned by his/her Caregiver in childhood, they will choose Interests that also cause him/her to feel abandoned. Furthermore, research has found that adolescents with more secure parental relationships tend to perceive their romantic relationships as being more secure (Fraley & Roisman, 2015; Furman, Simon, Shaffer, & Bouchey, 2002). Additionally, Hazan and Shaver (1987) demonstrated that adult romantic relationships are also a form of attachment, thus demonstrating that attachment dimensions can be observed in adulthood as well as childhood. Insecure attachment dimensions have been found to be predictive of low trust (Givertz, Woszidlo, Segrin, & Knutson, 2013;

Hazan & Shaver, 1987) and loneliness (Givertz et al., 2013) in romantic relationships. Research has also found that insecure attachment dimensions are predictive of termination of romantic relationships (Givertz et al., 2016). Longitudinal research spanning from childhood to adulthood found that childhood Strange Situation security was predictive of secure adult romantic relationships (Roisman, Collins, Stroufe, & Egland, 2005). Additional research has also found that attachment dimensions are consistent and stable over time (Waters et al., 2000).

It is important to note that Hazan and Shaver (1987) did not include disorganized attachment in their study of adult attachment. Adult attachment theory only considers secure, anxious, and avoidant attachment styles. Bartholomew and Horowitz (1991) expanded on adult attachment, adding a working model of adult attachment styles based on the intersection of thoughts about others and thoughts about self. They outlined four attachment dimensions, including secure, dismissive-avoidant, fearful-avoidant, and preoccupied-anxious. Like childhood attachment, secure attachment in adulthood is considered the ideal and is characterized by positive views of self and others, appropriate trustfulness in relationships, and feelings of satisfaction in relationships. Dismissive-avoidant individuals tend to avoid close relationships and have a more negative perception of others, perhaps in an effort to avoid rejection. Fearful-avoidant individuals also tend to avoid relationships with others, but are less likely to deny the desire for relationships than dismissive-avoidant individuals. Finally, preoccupied-anxious individuals tend to seek greater levels of intimacy with others in an effort to gain approval from them. They tend to be more doubting and anxious in relationships due to fear that the attachment figure will reject them.

In this study, insecure attachment dimensions are conceptualized as an indicator of childhood wounding as proposed by Hendrix (1988), however, it is not considered to be

synonymous with childhood wounding. Because Hendrix (1988) conceptualizes childhood wounding as a result of unmet needs, and childhood and adulthood insecure attachment approaches seem to result from deficiencies in emotional support or abuse from Caregivers (Ainsworth, 1978; Unger & De Luca, 2014), it is likely that higher levels childhood wounding could be indicated by insecure attachment styles. Theoretically, it can be assumed if a person has a more insecure attachment approach then they are more likely to have experienced greater childhood wounding. In addition, Caregiver personality characteristics, particularly neuroticism, and insecure attachment have been shown to be positively correlated (Shavers & Brennan, 1992). The relationship between Caregiver personality characteristics and attachment may provide insight into the validity of IRT's concept of childhood wounding. Due to a lack of measures looking at childhood wounding directly, in this study an adult attachment measure will be used as an indicator for childhood wounding.

Furthermore, research has failed to demonstrate differences in occurrence of attachment dimensions according to gender (Feeny & Noller, 1990; Hazan & Shaver, 1987), which seems to indicate a lack of gender differences in selecting Interests based on childhood wounding. In other words, if one gender is no more likely to have insecure attachment styles than the other (Feeny & Noller, 1990; Hazan & Shaver, 1987), it may suggest that no gender is more likely to select certain Interests due to childhood wounding.

Rurality

Individuals living in rural areas often face physical and mental health disparities when compared to urban counterparts (Smalley & Warren, 2012a). With fewer mental health professionals serving rural areas (Smalley & Warren, 2012a), many couples may not be receiving treatment for issues related to their romantic relationships. Moreover, it is important to

understand the unique cultural needs of individuals in rural areas when providing psychotherapy (Smalley & Warren, 2012b). Individuals living in rural areas often place great emphasis on familial relationships (Wagenfeld, 2003). The cultural emphasis on familial relationships may suggest that rural residents are more likely to value similarities between Caregivers and Interests, however, this is currently unknown.

Another consideration is that most rural cultures value binary and traditional gender roles (Brown et al., 2012; Bushy, 1998; Kosberg & Sun, 2010; Wagenfeld, 2003). Research has demonstrated that Interest selection strategies may be dependent on cultural perception of gender (Eagly & Wood, 1999; Hrdy, 1999; Kasser & Sharma, 1999; Pederson et al., 2011). This is important to consider, because the treatment needs of rural couples may be different from urban counterparts (Smock, McWey, & Ward, 2006; Weigel & Baker, 2002), perhaps, in part, due to differences in gender roles and expectations. It has been established that therapy has better outcomes when cultural influences are taken into account (Smalley & Warren, 2012b; Sue, 1998; Sue, 2003). When researching couples therapy modalities, it is important to consider potential differences between urban, suburban, and rural areas in order to take into consideration cultural variations. Therefore, the current study seeks to evaluate potential differences in the occurrence of seeking Interests similar to Caregivers between individuals originating from rural, urban, and suburban areas.

Current Hypotheses

The goal of this study is to evaluate the validity of theoretical assumptions of Interest selection as proposed by Hendrix (1988) in order to evaluate the theoretical efficacy of IRT. The specific aim of the current study is to appraise the proposed tendency for individuals to select Interests that have similar personality characteristics as their Caregivers in an effort to heal

childhood wounding. Based on the available literature, the following hypotheses will be considered in the current study: a) there are similarities in personality characteristics of Caregivers and Interests as perceived by the participants, particularly, all BFI personality characteristics of Caregivers and Interests will positively correlate; b) insecure adult attachment dimensions of the participants are related to negative personality characteristics (i.e., Neuroticism) of the Caregivers and secure attachment dimensions of the participants are related to positive personality characteristics (i.e., Openness, Conscientiousness, Extraversion, and Agreeableness) of the Caregivers; and c) women are more likely than men to be attracted to Interests similar to their Caregivers.

Additional exploratory variables include the relationship between similarities of Caregivers and Interests in those from rural, urban, and suburban geographical locations in childhood. The study will consider if there are identifiable themes when comparing experiences with Caregivers and experiences with Interests based on geographical location in childhood. Rural participants are expected to demonstrate this trend at a greater extent than urban and suburban participants. Furthermore, attention will be given to potential similarities in themes within participant narratives of pleasurable and hurtful experiences with Caregivers and Interests. Similarities in themes from participant narratives provide greater depth and nuance to the current literature by identifying what specific behaviors and emotions are occurring between individuals, Caregivers, and Interests. It is predicted that there will be co-occurring themes in negative and positive experiences with Caregivers and Interests.

CHAPTER THREE: METHODOLOGY

Participants

Participants included students enrolled in undergraduate psychology classes at Georgia Southern University ($N = 147$). Participants received class credit as compensation for participation. Eight participants were excluded from analysis after failing to correctly answer one of four attention checks that were given at varying times throughout the survey. Of the remaining participants ($N = 139$), reported ages ranged from 18-40 years ($M = 19.4$; $SD = 2.42$). Twenty-eight participants identified as men and 109 identified as women. Eighty-five participants identified as European-American/White, 38 identified as African-American/Black, 8 identified as Latino/Hispanic, 3 identified as Asian/Pacific Islander, and 3 identified as biracial. Ninety-eight participants reported having an Interest and 39 participants denied having an Interest at the time of the survey. Participants were asked to self-identify their childhood geographical location of being rural, urban, or suburban. Seventy-eight participants identified as being from a suburban geographical location, 32 identified as being from a rural geographical location, and 27 identified as being from an urban geographical setting. Two participants did not complete the demographics questionnaire.

The majority of participants listed their mother (61.3%) or father (17.3%) as their Caregiver. Other identified Most Influential Caregivers included childcare provider (5.8%), grandmother (5%), aunt (1.4%), and step-father (0.7%). Eleven participants (7.9%) listed that their Caregiver was someone other than the options provided. One hundred twenty-four participants identified as heterosexual/straight, eight participants identified as bisexual, two participants identified as pansexual, and two participants identified as “other.” Three

participants did not report the sexual orientation portion of the questionnaire, but completed the other components

Power analysis procedures were performed using G*Power analysis software (Faul, Erdfelder, Lang, & Buchner, 2007). According to the standard proposed by Cohen (1992), a medium effect size of 0.30, alpha level of 0.05, and power level 0.80 were used to calculate the N . A priori power analysis for the bivariate correlations, the independent samples t-tests, and the one-way, between groups ANOVA were performed. Results revealed that an $N=85$ would be needed for adequate power for the bivariate correlations, $N=128$ for the independent samples t-tests and an $N=28$ would be needed for adequate power for the one-way, between groups ANOVA. It was determined that at least an $N=128$ would need to be collected overall in order to achieve adequate power for the proposed analyses. A target of $N=150$ was set to allow for participants who do not complete the study entirely. Therefore, the $N=139$ that was collected was determined to have sufficient power for the proposed analyses.

Design

The study used mixed methods of cross-sectional correlations and quantitative inferential statistics. An online survey method (SurveyMonkey.com) was used for the data collection of this study. The online survey method has been demonstrated to be valid option for data collection with comparable results to the paper-and-pencil method (Gosling, Vazire, Srivastava, & John, 2004). Gosling et al. (2004) outlined multiple advantages to online surveys including reduced social desirability, larger sample sizes, and more representative samples. Nosek, Banaji, and Greenwald (2002) also found that online data collection has fewer validity concerns related to researcher influence, or demand characteristics, than in-person methods. However, there are also disadvantages, including potential loss of anonymity of the participant, participant distraction,

greater survey incompleteness, and inadequate debriefing (Nosek et al., 2002). Nevertheless, the convenience and access to a larger sample size contributed to the conclusion that the online survey method would be the best choice for the current study.

Qualitative methods were used to better understand specific events and emotions that participants experienced. In the current research, grounded theory was utilized in order to facilitate better understanding of how and why specific phenomena occur (Glaser & Strauss, 1967; Nolas, 2011). Grounded theory was originally developed by Barney G. Glaser and Anselm L. Strauss in order to evaluate the process of dying (Glaser & Strauss, 1965; Nolas, 2011) and was expanded on in their book *The Discovery of Grounded Theory* (1967). Grounded theory uses a ‘ground up’ approach to data interpretation that does not typically begin with a hypothesis. Instead, researchers seek to identify themes in the data, then use the identified themes to inform theory development (Glaser, 1978; Glaser & Strauss, 1967). In the present research, qualitative data provided an opportunity to evaluate potential commonalities in experiences with Caregivers and Interests. Consistent with grounded theory (Nolas, 2011), the participants were presented with open-ended questions that allowed them to describe their specific experiences with Caregivers and Interests.

Measures

Big Five Inventory. The Big Five Inventory (BFI, John, Donahue, & Kentle, 1991) is a brief measure evaluating participants’ personalities according to the FFM. The FFM is the most commonly used and researched model for describing personality (Gosling, et al., 2003; John & Naumann, 2010; John & Srivastava, 1999) and is considered the gold standard personality theory (McCrae & Costa, 2013). The BFI contains 44 items that are measured on a 5-point Likert scale (1 = Strongly Disagree, 2 = Disagree a Little, 3 = Neither Agree nor Disagree, 4 = Agree a Little,

5 = Strongly Agree). Each item contributes to the average score of one of the Five Factor personality characteristics (Openness, Conscientiousness, Agreeableness, Extraversion, and Neuroticism, OCEAN). Scores indicate the degree to which each characteristic is represented. John and Srivastava (1999) reported good overall reliability of the BFI, with an average alpha level of .80. Test-retest reliability is also good, with an average alpha level of .85. Convergent and discriminant validity are well established in comparison to other personality inventories (John & Srivastava, 1999).

The first section of the inventory consists of statements that begin “I am someone who...” with each item providing a potential end to the sentence. Participants rank their agreement to each item (John et al., 1991; John, Naumann, & Soto, 2008). In the second section, the beginning sentence stem was modified in order to facilitate scales of the Interests’ and Caregivers’ personality traits. For Caregivers, the sentence stem was changed to “My Caregiver is someone who...” For Interests, the sentence stem was changed to “My Interest is someone who...”. The order of items were randomized. Having participants complete the BFI for Caregivers and Interests is considered to be a valid way to assess for the personality characteristics of others. In fact, Balsis, Cooper, and Oltmanns (2015) found that personality assessment is more reliable if the assessment is completed by an informant, rather than self-report. All BFI subscales for Caregivers, Interests, and Self demonstrated acceptable to good internal reliability in the current sample (See Table 1.), according to standards set by Nunally (1978).

Experiences in Close Relationships-Revised. Experiences in Close-Relationships-Revised (ECR-R, Fraley, Waller, & Brennan, 2000) is an adult attachment measure of the degree to which a person experiences insecure attachment dimensions. Insecure attachment is broken

down into two different dimensions, Anxious and Avoidant. Each dimension is measured by a scale that describes the extent to which the participant experiences anxiety and avoidance (Fraley et al., 2000). An overall low score on both anxiety and avoidance dimensions indicates secure attachment (Fraley et al., 2000). The ECR-R contains 36 items. The first 18 items make-up the anxious attachment portion, and the last 18 items make-up the avoidant attachment portion. Items were rated on a 7-point Likert scale (1 = Strongly Disagree, 7 = Strongly Agree). Items were in the form of statements concerning perspectives in close emotional relationships and were randomized across the two portions (Fraley et al., 2000). The ECR-R has been demonstrated to show good internal reliability, with alpha levels of 0.95 and 0.93 for anxious and avoidant dimensions, respectively (Sibley & Lui, 2004). In addition, it has also been shown to have sufficient convergent and discriminant validity (Sibley et al., 2005). Both ECR-R subscales of anxiety and avoidance demonstrated high overall internal reliability in the current sample (See Table 1.).

Qualitative Questions. For the qualitative component of the study, participants were asked to describe an emotionally hurtful and an emotionally pleasant experience with their Caregiver and with their Interest. Participants were asked to be as detailed as possible and to include information regarding where they were, who they were with, what happened, what they felt, what they were thinking, and what bodily sensations resulted during the event. Following data collection, responses were coded by the researcher. The Feeling Wheel developed by Gloria Willcox (1982) was consulted to inform codes for emotional content. The Feeling Wheel is a clinical tool that was developed to help clients identify their emotions. It includes five primary emotions at the center of the wheel and two outer rings of secondary emotions that are related to the primary emotions (Willcox, 1982). It was used in the current study in order to provide

structure and consistency in code development for emotional content. Behavioral content was coded by observational identification of themes and specific events reported by the participants.

Procedures

Recruitment & Implementation. Participants were recruited using the SONA system, an organizational system administered by the Georgia Southern University Psychology Department that facilitates research participation. The study was listed as a research option on the SONA website for students to select. The participants received credit for their participation which could be used as an option to meet research requirements or extra credit opportunities for psychology classes at Georgia Southern University. After accessing the SONA system, a link to SurveyMonkey.com was provided. Once SurveyMonkey.com was accessed, students were provided with an informed consent page that outlined their rights as a participant, the purpose of the study, confidentiality of data, Institutional Review Board approval number for the study, risks and benefits of the study, and contact information for the researchers. The participants were provided the option to agree or disagree to the informed consent before proceeding with the surveys.

Participants that agreed to the informed consent were then provided with instructions for completing the study. The participants were asked to complete four surveys, write four paragraphs about their experiences, and complete one demographics questionnaire. The participants were asked to complete the BFI (John et al., 1991) three times, first for their Caregiver, second for their Interest, and third for themselves. Fourth, participants were asked to complete the ECR-R (Fraley et al., 2000). Next, the participants were asked to describe both a positive and negative interactions with both the Caregiver and the Interest. Finally, participants were given a demographics questionnaire.

Data Storage. The data was stored on SurveyMonkey.com under password protection until the completion of the data collection. After the data were collected, the data were transferred to an SPSS file that was saved on a secure, password protected external drive. At that time, the data were deleted from SurveyMonkey.com. The external drive was stored in a locked file cabinet in the Psychology Department of Georgia Southern University. The data were de-identified.

Statistical Analyses of Data

In order to evaluate the research questions, multiple statistical analyses were used. First, to evaluate similarities in the Big Five personality characteristics of the Caregiver, Interest, and self, three bivariate correlations were computed. Caregiver and Interest personality characteristics were expected to be positively correlated.

Second, to evaluate how adult attachment dimensions are related to the Big Five personality characteristics of Caregivers, bivariate correlations were used to construct a correlation matrix consisting of correlations between anxiety and avoidance with each of the five personality characteristics. Neuroticism was expected to be positively correlated with both anxiety and avoidance, while Openness, Conscientiousness, Agreeableness, and Extraversion were expected to be negatively correlated with both of the insecure attachment styles.

Third, to examine differences between the genders in the correlations between romantic Interest and Caregiver, the correlations were calculated separately for men and women for each of the five personality characteristics (OCEAN). Then, a paired samples t-test compared these correlations for participants identifying as men and women. Participants identifying as women were expected to have stronger correlations between Caregivers and Interests than participants identifying as men.

Fourth, data were sorted according to Geographical Location. Correlations were computed for Self and Interest, Self and Caregiver, and Interest and Caregiver, separately for each of the three geographical locations (rural, urban & suburban). A one-way, between groups (Geographical Location) ANOVA examined differences among personality characteristics for the Caregiver and Interest according to geographical location, followed by three paired-samples t-tests to compare correlations for rural-suburban, rural-urban, and suburban-urban. Participants from rural areas were expected to have stronger correlations between Caregiver and Interest than urban and suburban participants.

Fifth, participant-constructed narratives of positive and negative experiences with Caregivers and Interests were evaluated for commonalities in themes using MAXQDA12 qualitative analysis software. Participant responses were coded by labeling Caregiver and Interest behaviors and resulting participant emotional responses. To begin, substantive coding procedures were used in order to determine common themes. Codes were then evaluated using frequency statistics and the co-occurrence model. The co-occurrence model is a way to visually map the frequency and intersections of codes and sub-codes, or co-occurring behaviors and emotions, within and across participants. For ease of interpretation, thicker lines on co-occurrence maps represent greater co-occurrence between codes and sub-codes. These visual maps will be referred to as Map 1, Map 2, etc. throughout the remainder of the document. Experiences with Caregivers and Interests were expected to have similar themes.

CHAPTER FOUR: RESULTS

Quantitative Analysis

Big Five Inventory: Most Influential Childhood Caregiver-Most Recent Romantic Interest. Bivariate correlations were computed to evaluate relations among the Big Five personality characteristics of the Caregiver and Interest. Agreeableness was significantly correlated, as was Neuroticism and Openness. All correlations demonstrated small to moderate effect sizes according to Cohen's (1992) interpretive guidelines. Extraversion and Conscientiousness were not significantly correlated. Full correlations with significance levels for all personality characteristics of Caregivers and Interest are represented in Table 2.

Big Five Inventory: Self- Most Influential Childhood Caregiver and Self-Romantic Interest. Furthermore, bivariate correlations were also computed to evaluate similarities in the Big Five personality characteristics of the Caregiver and the Self, as well as the Interest and the Self. All Caregiver and Self personality characteristics were significantly correlated (i.e., Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness) with moderate effect sizes. Correlations for Caregiver and Self are displayed in Table 3. Some Interest and Self personality characteristics were significantly correlated, including Extraversion, Agreeableness, and Openness, with small to moderate effect sizes. However, Conscientiousness and Neuroticism were not significantly correlated. Correlations for Interest and Self are demonstrated in Table 4.

Most Influential Childhood Caregiver Big Five Inventory and Attachment Dimension. In order to evaluate the relationship between Caregiver personality characteristics and Attachment, bivariate correlations were computed. Caregiver Extraversion was negatively correlated with Avoidant and Anxious Attachment. Caregiver Agreeableness and Conscientiousness were also negatively correlated with Anxious Attachment, but were not significantly related to Avoidant

Attachment. Neuroticism was positively correlated with both Anxious and Avoidant Attachment. Openness was not significantly correlated with Anxious nor Avoidant Attachment. Correlations for Caregiver personality characteristics and Attachment are presented in Table 5.

Gender. Bivariate correlations were calculated separately for men and women for each of the five personality characteristics. It should be noted that the sample size collected for men was below the recommended number based on the power analysis, therefore, results should be interpreted with caution. For men, Caregiver and Interest Agreeableness, $r(26) = 0.53, p = 0.004$, and Caregiver and Interest Openness, $r(26) = 0.43, p = 0.021$, were significantly correlated, with large and moderate effect sizes, respectively. Similarly for women, Caregiver and Interest Agreeableness, $r(107) = 0.26, p = 0.006$, and Openness, $r(107) = 0.22, p = 0.023$ were significantly correlated, both with small effect sizes. In contrast, Caregiver and Interest Neuroticism were correlated for women, $r(107) = 0.24, p = 0.011$, but not for men, $r(26) = 0.06, p = 0.75$. The correlation for Caregiver and Interest Neuroticism for women demonstrated a small effect size. Caregiver and Interest Extraversion was not significantly correlated for women, $r(107) = 0.09, p = 0.37$, nor men, $r(26) = 0.19, p = 0.33$. In addition, Caregiver and Interest Conscientiousness was not significantly correlated for women $r(107) = 0.06, p = 0.57$ nor men $r(26) = 0.31, p = 0.11$.

Then, paired samples *t*-test were administered to compare the correlations of personality characteristics of Caregivers and Interests for participants identifying as men and those identifying as women. The purpose of this statistical analysis was to evaluate potential similarities and differences between the correlations for personality characteristics of Caregivers and Interests when comparing men and women. No significant difference was found for

correlations of women ($M = 0.17$, $SD = 0.09$) and men ($M = 0.30$, $SD = 0.19$), $t(4) = -1.58$, $p = 0.19$.

Geographical Location. Bivariate correlations were calculated separately for rural, suburban, and urban participants for each of the five personality characteristics. Rural Caregiver and Interest Agreeableness, $r(30) = 0.61$, $p = 0.001$, Neuroticism, $r(30) = 0.55$, $p = 0.001$, and Openness, $r(30) = 0.57$, $p = 0.001$, were all positively correlated with large effect sizes. Rural Caregiver and Interest Extraversion, $r(30) = 0.26$, $p = 0.15$, and Conscientiousness, $r(30) = 0.26$, $p = 0.15$, were not significantly correlated. None of the Caregiver and Interest personality characteristics were correlated for participants that grew up in suburban (Extraversion, $r(76) = 0.05$, $p = 0.66$; Agreeableness $r(76) = 0.15$, $p = 0.20$; Conscientiousness, $r(76) = -0.03$, $p = 0.82$; Neuroticism, $r(76) = 0.12$, $p = 0.30$; and Openness, $r(76) = 0.10$, $p = 0.36$) and urban (Extraversion, $r(25) = -0.02$, $p = 0.93$; Agreeableness $r(25) = 0.25$, $p = 0.21$; Conscientiousness, $r(25) = 0.20$, $p = 0.31$; Neuroticism, $r(25) = 0.01$, $p = 0.95$; and Openness, $r(25) = 0.17$, $p = 0.41$) areas.

To compare the correlations of personality characteristics between Caregivers and Interests a one-way between groups (Geographical Location) ANOVA was administered. There was a significant effect of geographical location on correlations of Caregiver and Interest personality characteristics, $F(2, 12) = 12.65$, $p = 0.001$ (See Figure 1.). Three paired samples t -test were then administered in order to determine differences between rural, urban, and suburban. There was a significant difference between correlations of personality characteristics between Caregivers and Interests for participants growing up in rural ($M = 0.45$, $SD = 0.17$) and suburban ($M=0.08$, $SD=0.03$) areas, $t(4) = 7.18$, $p = 0.002$ and between correlations for rural and urban (M

= 0.12, $SD = 0.12$) areas, $t(4) = -4.13$, $p = 0.015$. There was no significant difference between correlations for urban and suburban participants, $t(4) = 0.70$, $p = 0.52$.

Qualitative Analysis

Negative Experiences Frequency Analysis. General frequencies of negative emotional experiences elicited by Interest and Caregiver can be found in Table 6 and Table 7, respectively. Examples of negative emotional experiences reported by participants can be found in Table 10 and Table 11, respectively.

Related to Interests, participants most commonly endorsed feelings of sadness ($n = 43$) and anger ($n = 51$). The theme of sadness contained seven sub-codes: abandonment, boredom, depression, despair, grief/loss, guilt, and loneliness. All but boredom and grief/loss were endorsed by participants. The theme of Interest-related anger included eight sub-codes: aggressiveness, critical, distant, frustration, hateful, hurt, mad, and threatened. Threatened, hateful, and critical were not endorsed by participants. Also related to Interest, participants endorsed feelings of disgust ($n = 22$) and fear ($n = 22$). The theme of disgust contained seven sub-codes: avoidant, awful, betrayed, disappointed, disapproval disrespected, and uncomfortable. Only four of the seven sub-codes were described by participants, including mad, hurt, and frustration. The theme of Interest-related fear included seven sub-codes: anxious, humiliated, insecure, jealousy, rejected, scared, and submissive. Participants endorsed all sub-codes, with the exception of submissive and humiliated.

Related to Caregiver, participants most commonly endorsed feelings of sadness ($n = 54$) and anger ($n = 40$). The theme of sadness contained seven sub-codes: abandonment, boredom, depression, despair, grief/loss, guilt, and loneliness. All but boredom were endorsed by participants. The theme of Caregiver-related anger included eight sub-codes: aggressiveness,

critical, distant, frustration, hateful, hurt, mad, and threatened. Only three of the eight sub-codes were described by participants, including mad, hurt, and frustration. Also related to Caregiver, participants endorsed feelings of disgust ($n = 18$) and fear ($n = 54$). The theme of disgust contained five sub-codes: avoidant, awful, betrayed, disappointed, and disapproval. All were endorsed by participants. The theme of Caregiver-related fear included six sub-codes: anxious, humiliated, insecure, jealousy, rejected, scared, and submissive. All were endorsed by participants, with the exception of submissive and jealousy.

Negative Experiences Co-occurrence Analyses. A series of co-occurrence analyses failed to reveal overlapping emotional and behavioral themes within participants' narratives. That is, when prompted to recount Caregiver hurts and Interest hurts, participants did not describe similarities in emotional or behavioral experiences. Neither emotional nor behavioral content was demonstrated to co-occur within participant narratives. Taking into account Interests and Caregivers separately, there were overlapping themes in emotions and behaviors that were demonstrated. Themes among Interests and Caregivers will be discussed in turn.

Feelings of Disgust Elicited by Most Recent Romantic Interest. Concerning the overarching emotion of disgust elicited by Interests, participants reported feeling betrayed most frequently ($n = 15$), and disappointed second most frequently ($n = 5$). Participants also reported feeling uncomfortable ($n = 1$) and disrespected ($n = 1$). All sub-codes of disgust did not co-occur with each other or behaviors. See Map 1 for co-occurrence map of Interest-elicited disgust.

Feelings of Fear Elicited by Most Recent Romantic Interest. For the overarching emotion of fear elicited by Interests, participants reported feeling scared ($n = 7$) and rejected ($n = 8$) most frequently. They also reported feeling anxious ($n = 3$), insecure ($n = 2$), and

jealous ($n = 2$). All sub-codes of fear did not co-occur with each other. In addition, sub-codes of fear did not co-occur with behaviors with the exception of insecure. Feeling insecure was co-occurring with the behavior of the Interest withholding information from the participant ($n = 1$). See Map 2 for co-occurrence map of Interest-elicited fear.

The following excerpt from one participant highlights the co-occurrence with feeling insecure and the behavior of the Interest withholding information: “He hid the fact that his lab partner was a female, I wouldn't care if he had just mentioned it but he deliberately hid her gender from me, which gave me cause for concern that maybe they might be doing romantic things on the side.”

Feelings of Sadness Elicited by Most Recent Romantic Interest. For the overarching emotion of sadness elicited by Interests, participants reported feeling depressed ($n = 26$) most frequently. They also reported feeling guilty ($n = 10$), despair ($n = 4$), abandoned ($n = 5$), and lonely ($n = 1$). Feeling depressed and guilty co-occurred with each other. Subcodes of sadness did not co-occur with behaviors with the exception of feeling depressed. Feeling depressed was highly co-occurring with the behavior of lack of follow through ($n = 10$) by the Interest. Lack of follow through was also co-occurring with the Interest accusing the participant ($n = 8$). See Map 3 for co-occurrence map of Interest-elicited sadness.

The following excerpt highlights the co-occurrence with feeling depressed and lack of follow through by the Interest: “He forgot me at school. He was supposed to come get me and drive me somewhere but he forgot about me. I felt very sad and like I did not matter and therefore I was very angry at him.”

Feelings of Anger Elicited by Most Recent Romantic Interest Anger. Regarding the overarching emotion of anger elicited by Interest, participants reported feeling mad most frequently ($n = 29$), and hurt second most frequently ($n = 18$). Participants also reported feeling frustrated ($n = 8$), aggressive ($n = 1$), and distant ($n = 1$). All sub-codes of anger did not co-occur with each other. In addition, sub-codes of anger did not co-occur with behaviors with the exception of hurt. The most frequently co-occurring behavior with hurt was the actual ending of the romantic relationship ($n = 13$). The actual ending of the romantic relationship most often co-occurred with the behavior of the Interest ignoring the participant ($n = 15$) and the Interest having feelings for someone else ($n = 7$). Other behaviors that co-occurred with hurt include the Interest telling an untruth ($n = 4$) and Interest non-reciprocation of the participant's feelings ($n = 1$). See Map 4 for co-occurrence map of Interest-elicited anger.

The following excerpt highlights the co-occurrence of feeling hurt and the actual ending of the romantic relationship: "My last emotionally hurtful experience with my most recent romantic partner was when they broke up with me. They are confused about their feelings for me and continue to treat me as their girlfriend without having the titles and feelings of a relationship. They don't want me to move on, but they won't call us a couple and that is continuously hurtful every day."

An additional excerpt highlights the co-occurrence of feeling hurt and Interest non-reciprocation of the participant's feelings: "My most recent Interest was with a guy who I met at the summer camp I've worked at the past four summers. It was his first summer working there and we really hit it off as friends. After a couple of weeks getting to know each other (really well I might add, we had some deep and personal

conversations), I thought we were on the same page about the feelings I had for him. Unfortunately, I was wrong. I finally had the courage to ask him if he felt the same way about me that I felt about him, but he didn't. This was a guy who for the past several weeks I had become so close too and shared things I don't normally share with people. It was the same on his end too, he told me things he said he doesn't even tell his closest friends. When I was with him I felt like I could be relaxed and calm, but flustered all at the same time. Being close to him definitely made me sexually aroused, not at first, but after I really got to know him. I mean, I thought he was attractive from the get-go, but I was really attracted after we became closer as friends. Thing is, the worst part wasn't telling him I had stronger feelings for him that he didn't reciprocate. The worst part was the fact that we told each other we would stay close friends even after my awkward confession of love, but he slowly and surely stopped speaking to me and has ignored my existence for months now. That hurt the worst.”

Feelings of Disgust Elicited by Most Influential Childhood Caregiver. For the overarching emotion of disgust elicited by Caregiver, participants reported feeling betrayed ($n = 8$) and disappointed ($n=7$) most frequently. Participants also reported feeling disapproval ($n = 1$), avoidant ($n = 1$), and awful ($n = 1$). All sub-codes of disgust failed to co-occur with each other. In addition, feeling disapproval, avoidance, and awful did not co-occur with behaviors. Feeling disappointed co-occurred with other emotions, including; highly co-occurring with feeling mad ($n = 19$) and co-occurring with humiliated ($n = 9$). Feeling mad also strongly co-occurred with feeling abandoned ($n = 15$) and moderately with feeling depressed ($n = 18$), and moderately with feeling hurt ($n = 17$). Feeling mad also co-occurred with the behaviors of the Caregiver ignoring the

participant ($n = 5$) and hovering over the participant ($n = 1$). Hovering co-occurred with the Caregiver and participant arguing ($n = 14$).

Feeling depressed co-occurred the behavior of the Caregiver arguing with a spouse in front of the participant ($n = 3$). Feeling depressed also co-occurred with the participant feeling guilty ($n = 18$), which in turn co-occurred with the behavior of the participant taking perspective on the event ($n = 11$). Also, feeling depressed co-occurred with feeling rejected ($n = 11$), which in turn co-occurred with the behavior of the Caregiver disowning the participant ($n = 4$). Feeling rejected also co-occurred with feeling scared ($n = 9$). Feeling disappointed did not co-occur with any specific behaviors directly.

Feeling betrayed co-occurred with multiple other emotions, including feeling mad, abandoned ($n = 15$), hurt ($n = 17$), and scared ($n = 9$). Feeling betrayed also co-occurred with the behavior of favoritism ($n = 5$) demonstrated by the Caregiver to someone other than the participant. For review of the co-occurrences for feeling mad, please see the above paragraph. As stated above, feeling abandoned co-occurred with feeling mad. Feeling abandoned also strongly co-occurred with feeling hurt, and co-occurred with the behavior of alienation ($n = 1$), the behavior of Caregiver lack of follow through ($n = 4$), and feeling insecure ($n = 3$). Caregiver lack of follow through and Caregiver insecurity were also co-occurring. Feeling abandoned was also co-occurring with feeling scared. Feeling scared and feeling hurt were also co-occurring. Finally, feeling hurt was co-occurring with the Caregiver discounting the participant achievements ($n = 2$). See Map 5 for co-occurrence map of Caregiver-elicited disgust.

The following excerpt demonstrates an example of the co-occurrence in feeling disappointed and feeling mad as elicited by the Caregiver: “Two days before this past Christmas in the early afternoon I received a phone call from my father, my parents have been divorced since I was two. I was sitting in my room alone when I was told that my mother was suing my father for willfully refusing to pay child support. My father is currently my sole financial support for school despite my mother and stepfather being extremely well off, my mother doesn't work. And finding this out was infuriating and disappointing and a range of other bad emotions. I felt a pit in my stomach and felt like crying. I didn't want to believe that my mother would do this, though I believe my stepfather had something to do with it. It's extremely disappointing and still is.”

An additional excerpt demonstrates the co-occurrence in feeling betrayed, scared, and hurt as elicited by the Caregiver: “There have been times before when my mother would bad-mouth my father and step-mother. I was home with her when this happened and I felt scared, betrayed and overall hurt. I thought that I wouldn't want to be with my mother any longer and I cried.”

Feelings of Fear Elicited by Most Influential Childhood Caregiver. For the overarching emotion of fear elicited by the Caregiver, participants reported feeling rejected ($n = 11$), scared ($n = 9$), humiliated ($n = 9$), insecure ($n = 3$), and anxious ($n = 1$). Of the sub-codes for fear, only feeling anxious failed to demonstrate co-occurrences. Feeling scared and rejected were co-occurring. Feeling rejected was co-occurring with feeling depressed ($n = 18$) and the behavior of Caregiver actually disowning the participant ($n = 4$). Feeling depressed was co-occurring with the behavior of the Caregiver arguing with a spouse in front of the participant ($n = 3$), feeling mad ($n = 19$), and feeling guilty ($n = 18$), which in

turn was co-occurring with the behavior of the participant reconsidering, or taking perspective about, the situation ($n = 11$). Feeling mad was strongly co-occurring with feeling disappointed ($n = 7$) and abandoned ($n = 15$). It was also co-occurring with feeling betrayed ($n = 8$), hurt ($n = 17$), the behavior of the Caregiver ignoring the participant ($n = 5$), and behavior of hovering ($n = 1$) over the participant. The Caregiver hovering over the participant was also co-occurring with the behavior of the Caregiver and participant arguing ($n = 14$), which was strongly co-occurring with the behavior of the Caregiver blaming the participant ($n = 3$) and co-occurring with Caregiver discounting the lovability of the participant ($n = 1$). Feeling disappointed was also co-occurring with the fear sub-code of feeling humiliated.

Feeling scared was co-occurring with feeling abandoned, hurt, and betrayed. Feeling abandoned strongly co-occurred feeling hurt and feeling mad. Feeling hurt was also co-occurring with feeling betrayed and co-occurred with the behavior of the Caregiver discounting achievements of the participant ($n = 2$), which in turn was co-occurring with feeling frustrated ($n = 5$). Feeling abandoned was also co-occurring with the behavior of Caregiver alienation from the participant ($n = 1$) and feeling betrayed. Feeling betrayed also co-occurred with the behavior of the Caregiver demonstrating favoritism to someone other than the participant ($n = 5$). The fear sub-code of feeling insecure also co-occurred with feeling abandoned. Both feeling insecure and feeling abandoned co-occurred with the behavior of Caregiver lack of follow through ($n = 4$). See Map 6 for co-occurrence map of Caregiver elicited fear.

An example of the co-occurrence of feeling scared and rejected as elicited by the Caregiver is as follows: “The most emotionally hurtful moment was when my Caregiver

threatened to break my bone as a punishment. It made me feel unsafe and unwanted. I cried myself to sleep that night.”

The following excerpt demonstrates the co-occurrence of feeling insecure, abandoned, and lack of follow through as elicited by the Caregiver: “My dad cheated on my mom when I was in third grade. That really hurt me. He drove me to school that day and was supposed to pick me up, I waited and waited, until my principle had to drive me home. My mom caught my dad cheating on her and he had forgotten about me. I didn't quite understand, but I was so hurt. I felt like I was losing the two people I loved and looked up too. Eventually my parents got back together, but as a result I now have trust and abandonment issues.”

Feelings of Sadness Elicited by Most Influential Childhood Caregiver. For the overarching feeling of sadness elicited by the Caregiver, the most commonly occurring emotions were guilt ($n = 18$), depression ($n = 18$), and abandoned ($n = 15$). Participants also reported feeling despair ($n = 4$), grief/loss ($n = 4$), and lonely ($n = 1$). Most of the subcodes co-occurred with other feelings and some occurred with other behaviors. Feeling depressed and feeling guilty co-occurred. Feeling lonely only co-occurred with the behavior of the Caregiver physically distancing from the participant ($n = 8$). Grief/loss co-occurred with the death of a Caregiver ($n = 4$). Feeling despair co-occurred with the behavior of the Caregiver betraying the participant ($n = 1$). Feeling guilty co-occurred with the behavior of the participant taking perspective on the situation ($n = 11$). Feeling depressed co-occurred with the behavior of the Caregiver arguing with a spouse in front of the participant ($n = 3$), feeling mad ($n = 19$) and rejected ($n = 11$). Feeling

rejected co-occurred with the behavior of the Caregiver actually disowning the participant ($n = 4$).

Feeling abandoned highly co-occurred with feeling mad, scared ($n = 9$), betrayed ($n = 8$), and hurt ($n = 17$). Also, feeling abandoned co-occurred with the behavior of the Caregiver alienating from the participant ($n = 1$), the behavior of Caregiver lack of follow through ($n = 4$), and feeling insecure ($n = 3$). Caregiver and lack of follow through and feeling insecure were co-occurring. Feeling mad and hurt were also co-occurring. Feeling mad highly co-occurred with feeling disappointed ($n = 7$), which in turn co-occurred with feeling humiliated ($n = 9$). In addition, feeling mad also co-occurred with the behavior of the Caregiver ignoring the participant ($n = 5$), the behavior of the Caregiver hovering over the participant ($n = 1$), and feeling betrayed. The behavior of the Caregiver hovering over the participant also co-occurred with the behavior of the Caregiver and participant arguing ($n = 14$), which in turn highly co-occurred with the Caregiver blaming ($n = 3$) the participant and co-occurred with the behavior of the Caregiver discounting the lovability of the participant ($n = 1$). Feeling hurt was co-occurring with the behavior of the Caregiver discounting the achievements of the participant ($n = 2$), which in turn was co-occurring with feeling frustrated ($n = 5$). Feeling hurt also co-occurred with feeling betrayed and feeling scared. Feeling betrayed was also co-occurring with feeling scared. In addition, feeling betrayed co-occurred with the behavior of the Caregiver demonstrating favoritism towards someone other than the participant ($n = 5$). Feeling scared was also co-occurring with feeling rejected. See Map 7 for co-occurrence map of Caregiver-elicited sadness.

The following excerpt is an example of the co-occurrence of feeling guilty and depressed: “Probably when my Caregiver caught me sneaking out. She was so upset she wouldn’t even look at me. This took place at her home. It was just me and her. My cousins were there along with my aunt. I was sad because I let her down.”

An additional excerpt demonstrated the co-occurrence of feeling abandoned with both feeling mad and Caregiver lack of follow through: “My mom is always late no matter what. Even when me and my brother were in day care we would be the last kids to be picked up. So recently, she made me take my car to the body shop to get fixed and promised me she was only going to be a few minutes behind me to pick me up. After calling her 30 times and about two hours later. She showed up and told me not to be mad. I was feeling very very angry and abandoned as usual when she can't be on time to pick me up.”

Feelings of Anger Elicited by Most Influential Childhood Caregiver. Regarding the overarching emotion of anger elicited by the Caregiver, the most commonly occurring sub-code was feeling mad ($n = 19$), followed by hurt ($n = 17$) and frustrated ($n = 5$). Feeling hurt and feeling mad were co-occurring. Feeling frustrated had the least co-occurrences, only co-occurring with the behavior of the Caregiver discounting the achievements of the participant ($n = 2$). Caregiver hurt also co-occurred with the behavior of the Caregiver discounting the achievements of the participant. In addition, hurt strongly co-occurred with feeling abandoned ($n = 15$) and co-occurred with feeling scared ($n = 9$) and betrayed ($n = 8$). Feeling scared and betrayed were also co-occurring, as well as scared and abandoned, and abandoned and betrayed. Feeling betrayed also co-occurred with the behavior of the Caregiver demonstrating favoritism towards someone other than

the participant ($n = 5$). Feeling scared co-occurred feeling rejected ($n = 11$), which in turn co-occurred with the behavior of the Caregiver disowning the participant ($n = 4$) and feeling depressed ($n = 18$).

Feeling mad toward one's Caregiver highly co-occurred with feelings of abandonment and co-occurred with feeling betrayed. Furthermore, feeling abandoned co-occurred with the behavior of the Caregiver alienating from the participant ($n = 1$), the behavior of Caregiver lack of follow through ($n = 4$), and feeling insecure ($n = 3$). Lack of follow through and feeling insecure were also co-occurring. Feeling mad was also highly co-occurring with feeling disappointed ($n = 7$), which in turn was co-occurring with feeling humiliated ($n = 9$). Furthermore, feeling mad was co-occurring with feeling depressed, which was co-occurring with the Caregiver arguing with a spouse in front of the participant ($n = 3$) and feeling guilty ($n = 18$). Feeling guilty co-occurred with the participant taking perspective on the situation ($n = 11$). As far as behaviors, feeling mad co-occurred with the Caregiver ignoring ($n = 5$) the participant and the Caregiver hovering over the participant ($n = 1$). Caregiver hovering was co-occurring with the behavior of the Caregiver and participant arguing ($n = 14$), with was highly co-occurring with the behavior of the Caregiver blaming the participant ($n = 3$) and co-occurring with the Caregiver discounting the lovability of the participant ($n = 1$). See Map 8 for co-occurrence map of Caregiver elicited anger.

The following excerpt demonstrates the co-occurrence of feeling mad, hurt, and abandoned as elicited by the Caregiver: "My mother recently left for a six week long trip to Vietnam and did not call before she left to say goodbye. I was hurt and angry."

An additional excerpt demonstrates the co-occurrence of feeling mad and the Caregiver hovering, which in turn co-occurred with arguing: “The last time I got hurt by my father is when he told me that a girl I was dating at the time wasn't "the one" for me based off a very petty reason. We argued about it for weeks and I was mad because even if she wasn't the one I felt like he should let me discover that myself.”

Positive Experiences Frequency Analysis. General frequencies of positive emotional experiences elicited by Interest and Caregiver can be found in Table 8 and Table 9, respectively. Examples of positive emotional experiences reported by participants can be found in Table 12 and Table 13, respectively.

Related to Interests, participants most commonly endorsed feelings of joy ($n = 59$). The theme of joy contained sub-codes: altruistic, amused, cheerful, creative, energetic, enthusiastic, excited, happy, hopeful, optimistic, playful, sensuous, and surprised. Participants only endorsed feeling amused, excited, happy, optimistic, and surprised. Also, the theme of Interest-related peace ($n = 52$) included sub-codes: content, infatuated, intimate, loved, nurtured, pleased, relieved, safe, supported, thankful, thoughtful, trusting and understood. Participants endorsed all of the sub-codes with the exception of intimate, thoughtful, and trusting. Finally, the theme of Interest-related power ($n = 19$) included subcodes: appreciated, aware, confident, faithful, important, proud, special, respected, and validated. Participants endorsed all of the subcodes with the exception of respected, faithful, and aware.

Related to Caregivers, participants also most commonly endorsed feelings of joy ($n = 46$). The theme of joy contained sub-codes: altruistic, amused, cheerful, creative, energetic, enthusiastic, excited, happy, hopeful, optimistic, playful, sensuous, and surprised. Participants endorsed all sub-codes with the exception of cheerful, playful, sensuous, and creative. Also, the

theme of Caregiver-related peace ($n = 48$) included sub-codes: content, infatuated, intimate, loved, nurtured, pleased, relieved, safe, supported, thankful, thoughtful, trusting, and understood. Participants endorsed all of the sub-codes with the exception of infatuated, understood, thoughtful, and trusting. Finally, the theme of Caregiver-related power ($n = 27$) included sub-codes: appreciated, aware, confident, faithful, important, proud, respected, special, and validated. Participants endorsed all of the sub-codes with the exception of faithful, respected, and aware.

Positive Experiences Co-occurrence Analyses. A series of co-occurrence analyses failed to reveal overlapping emotional and behavioral themes within participants' positive narratives. That is, when prompted to recount pleasant experiences with the Caregiver and pleasant experiences with the Interest, participants did not describe similarities in emotional or behavioral experiences. Neither emotional nor behavioral content was demonstrated to co-occur between and within participant narratives. Taking into account Caregivers and Interests separately, there were overlapping themes in emotions and behaviors that were demonstrated. Themes among Interests and Caregivers will be discussed in turn.

Feelings of Power Elicited by Most Recent Romantic Interest. For the overarching emotion of power elicited by Interest, participants reported feeling confident ($n = 6$), important ($n = 5$), and appreciated ($n = 5$) most frequently. They also reported feeling special ($n = 2$), proud ($n = 2$), and validated ($n = 1$). Feeling appreciated and feeling proud co-occurred. Feeling confident, important, special, and validated did not co-occur with any other emotions or behaviors. Feeling proud also co-occurred with feeling loved ($n = 24$), with in turn co-occurred with the participant experiencing nostalgia ($n = 3$).

Feeling appreciated also co-occurred with feeling loved. In addition, feeling appreciated co-occurred with feeling happy ($n = 47$). In turn, feeling happy strongly co-

occurred with the behavior of having intimate conversations ($n = 16$). Having intimate conversations co-occurred with both the behavior of physical touch ($n = 21$) and the behavior of sharing meals ($n = 19$). Both the behavior physical touch and sharing meals strongly co-occurred with the behavior of spending time together, or “hanging out” ($n = 30$). Hanging out and physical touch were also co-occurring with the Interest showing affection for the participant ($n = 17$) and kissing ($n = 11$). Hanging out also co-occurred with the Interest doing nice gestures for the participant ($n = 16$). Kissing co-occurred with the behavior of the Interest surprising the participant ($n = 6$). Sharing meals also co-occurred with the interest surprising the participant. In turn, the Interest surprising the participant was co-occurring with the behavior of giving presents ($n = 8$) and purchasing items for the participant ($n = 1$). See Map 9 for co-occurrence map of Interest elicited power.

The following excerpt demonstrated the co-occurrence of feeling appreciated, proud, and loved: “My boyfriend and I have been together for a little over two years, the other day we were laying in bed talking about our future and that makes me incredibly happy. The smile he gets when he talks about happy times he wants to share with me and tears that form in his eyes when he talks about how he never wants to lose; these things make me feel loved, valued, appreciated, and wanted.”

Feelings of Peace Elicited by Most Recent Romantic Interest. For the overarching emotion of peace elicited by the Interest, participants most frequently reported feeling loved ($n = 24$). Participants also reported feeling content ($n = 16$), safe ($n = 8$), thankful ($n = 8$), supported ($n = 5$), relieved ($n = 2$), understood ($n = 2$), nurtured ($n = 2$), pleased ($n = 1$), and infatuated ($n = 1$). Feeling content and safe were co-occurring. With the

exception of feeling loved, none of the emotions co-occurred with other emotions or behaviors.

Feeling loved co-occurred with the participant experiencing nostalgia ($n = 3$), proud ($n = 2$), and appreciated ($n = 5$). Feeling appreciated was co-occurring with feeling happy ($n = 47$). Additional co-occurrences with feeling happy were the same as for Interest elicited power. See the above section for a complete description of additional co-occurrences with feeling happy. See Map 10 for co-occurrence map of Interest peace.

The following excerpt demonstrates the co-occurrence of feeling content and feeling safe: “Before the breakup, my Interest and I took a trip to Myrtle Beach. We drove to the Boardwalk one of the nights that we were there and walked around a little. It was nice for both of us to have a good time somewhere new. We went to the beach and laid on a blanket and talked about life and listened to music. It was just us two alone on the beach and it was romantic. Emotionally, I was happy and felt like we still had a really strong connection. I was thinking that maybe we were in love? Or maybe we could be together for a really long time. Physically I didn't want to leave. I didn't want to let go of him because I felt really comfortable and safe where I was at the time. (if that makes sense?)”

Feelings of Joy Elicited by Most Recent Romantic Interest. For the overarching feeling of joy elicited by the Interest, participants endorsed feeling happy ($n = 47$) most frequently. They also endorsed feeling excited ($n = 6$), surprised ($n = 5$), optimistic ($n = 5$), and amused ($n = 2$). None of the subcodes co-occurrence with one another. With the exception of feeling happy, none of the subcodes co-occurred with other emotions or behaviors. Co-occurrences for happy were the same as for Interest elicited power and

peace. See above for a complete description of co-occurrences with feeling happy. See Map 11 for co-occurrence map of Interest joy.

The following excerpt demonstrates the co-occurrence of feeling happy and having an intimate conversation: “We were talking on the phone before going to bed and realized we had been talking for hours. We then admitted that we both had not talked to anyone so extensively in a long time. It made me feel happy knowing I was becoming close and comfortable to someone so much so that I enjoyed and was able to talk to him for 3+ hours. I felt all warm and tingly inside...”

Feelings of Power Elicited by Most Influential Childhood Caregiver. For the overarching feeling of joy elicited by the Caregiver, participants endorsed feeling proud ($n = 12$) most frequently. They also endorsed feeling important ($n = 4$), confident ($n = 4$), validated ($n = 4$), and appreciated ($n = 3$). None of the sub-codes co-occurred with one another. With the exception of feeling proud and important, none of the sub-codes co-occurred with other emotions or behaviors. Both feeling proud and important co-occurred with feeling happy ($n = 33$). Feeling proud also co-occurred with feeling loved ($n = 15$), which in turn co-occurred with feeling nurtured ($n = 2$) and happy.

Feeling happy was also co-occurring with the behavior of the Caregiver and participant “hanging out” ($n = 22$). Hanging out co-occurred with experiencing nostalgia ($n = 3$), feeling content ($n = 10$), feeling thankful ($n = 15$), playing together ($n = 8$), and strongly co-occurred with sharing meals ($n = 18$). Playing and sharing meals were also co-occurring. Feeling thankful was also co-occurring with the behavior of the Caregiver teaching the participant ($n = 8$), physical touch ($n = 8$), feeling altruistic ($n = 2$), and the Caregiver purchasing something of the participant ($n = 6$). Purchasing an item was also

co-occurring with feeling excited ($n = 8$), which in turn co-occurred with the Caregiver and participant sharing pleasant events ($n = 10$). See Map 12 for co-occurrence map of Caregiver power.

The following excerpt demonstrates the co-occurrence of feeling proud and loved: “Going to dairy queen after baseball practices when I as 8 was quite pleasant. After a hard practice my dad would always reward me with some frozen treats that I always looked forward to. I was always filled with excitement and pleasure. It would make me feel accomplished that I did something good enough to get ice cream. Also I felt loved that my dad spent the time to go to practice with me on top of going out of his way to spend more time and money on me to make me feel good.”

An additional excerpt demonstrates the co-occurrence of feeling important and happy: “I am usually working long hours so I don't get to see my mother very often but there was one week during my winter break where I was working 62+ hours a week and my mom was leaving for Vietnam for a few weeks. I thought that I wasn't going to see her before I left to go back to college but she ended up visiting my work just for a minute. Unfortunately I couldn't stay and talk to her much but the minute I had to hug her and tell her goodbye was a really meaningful moment. I thought to myself at first that she wasn't going to come but she did with made me feel happy and important. The relationship I usually have with my mom isn't always the best but there are times that I am really grateful that I have a mom like her.”

Feelings of Peace Elicited by Most Influential Childhood Caregiver. For the overarching feeling peaceful elicited by the Caregiver, participants endorsed feeling loved ($n = 15$), thankful ($n = 15$), content ($n = 10$), supported ($n = 9$), relieved ($n = 6$), nurtured ($n = 2$),

intimate ($n = 1$), safe ($n = 1$), and pleased ($n = 1$). Feeling loved and nurtured were co-occurring. Feeling supported, relieved, safe, and intimate were not co-occurring with any additional behaviors or emotions. Feeling pleased was co-occurring with the Caregiver and participant attending a special outing or event ($n = 12$). In turn, attending a special outing or event was co-occurring with feeling surprised ($n = 2$) and the behavior of the Caregiver surprising the participant ($n = 1$). Feeling surprised and being surprised were also co-occurring.

Feeling loved also co-occurred with feeling proud ($n = 12$) and feeling happy ($n = 33$). Feeling proud and happy were also co-occurring. In turn, feeling happy co-occurred with feeling important ($n = 4$) and the behavior of the Caregiver and participant hanging out ($n = 22$). Hanging out also co-occurred with both feeling content and feeling thankful. In addition, hanging out co-occurred with experiencing nostalgia ($n = 3$), playing ($n = 8$), and strongly co-occurred with sharing meals ($n = 18$). Sharing meals and playing were also co-occurring. Feeling thankful also co-occurred with the Caregiver teaching the participant ($n = 8$), physical touch ($n = 9$), feeling altruistic ($n = 2$), and the Caregiver purchasing an item for the participant ($n = 6$). In turn, purchasing an item was also co-occurring with feeling excited ($n = 8$). See Map 13 for co-occurrence map of Caregiver peace.

The following excerpt demonstrates the co-occurrence of feeling nurtured and feeling loved: “A really emotionally pleasant time for me with my mom was this past Christmas break. My mom, dad, and I were all sitting at a table playing board games. It really took me back to when I was younger and they would play with me all the time. It had been a while since we all had time to just relax and have fun. I was mostly thinking

about how wonderful it was to have parents as loving and caring and mine are. It made me feel really happy but also somewhat sad because I knew I would be coming back to school in just a few short weeks. Being away from them is hard and I call them almost every day to catch up. During the game we all laughed and just really got into it, not caring at all about what we looked like or if we sounded dumb. It was a really awesome memory that I can carry with me forever.”

An additional excerpt demonstrates the co-occurrence of feeling content, hanging out, and sharing meals: “On 1/23 I went to a family steak dinner. All of my dad's side of the family was there, and of course my mother was there as well. It was nice to be able to catch up with her since I haven't seen her in awhile, even though we talk almost daily on the phone with each other.”

Feelings of Joy Elicited by Most Influential Childhood Caregiver. For the overarching feeling of joy elicited by the Caregiver, participants endorsed feeling happy ($n = 33$), excited ($n = 8$), optimistic ($n = 2$), altruistic ($n = 2$), hopeful ($n = 1$), energetic ($n = 1$), surprised ($n = 1$), amused ($n = 1$), and enthusiastic ($n = 1$). None of the sub-codes co-occurred with one another. Feeling surprised co-occurred with being surprised by the Caregiver ($n = 2$) and attending a special outing or event ($n = 12$). Attending a special outing or event was also co-occurring with feeling pleased ($n = 1$).

Feeling excited co-occurred with the Caregiver and participant sharing pleasant events ($n = 10$) and the Caregiver purchasing an item of the participant ($n = 6$). In turn, purchasing an item co-occurred with feeling thankful ($n = 15$). Feeling altruistic was also co-occurring with feeling thankful. In addition, feeling thankful co-occurred with physical touch ($n = 8$), the Caregiver teaching the participant ($n = 8$), and hanging out ($n = 22$).

Hanging out also co-occurred with feeling happy and additional other co-occurrences that were previously discussed. Feeling happy also co-occurred with feeling important ($n = 4$), proud ($n = 12$), and feeling loved ($n = 15$). Feeling proud and loved were also co-occurring. Feeling loved also co-occurred with feeling nurtured ($n = 2$). See Map 14 for co-occurrence map of Caregiver joy.

Another excerpt demonstrates the co-occurrence of feeling surprised, being surprised, and attending a special outing/event: “In 2013, I began playing varsity basketball my junior year of high school. It was our very first game and I was extremely nervous. I wasn't a starter, but I knew I was getting in the game eventually and didn't want to mess up. My dad, who taught me all I knew about basketball, was supposed to come but told me he wouldn't be able to make it. When the coach called my name to sub a player out, my heart dropped. I walked on the court and got into my rhythm with the rest of the team but I was still nervous. I made my very first shot, a three pointer. My teammates patted me on the back and the crowd cheered for me, one person in particular cheering louder than everyone else. I looked in the stands to see my dad standing up yelling my name and cheering for me. I felt unstoppable. I later finished the game with 15 points, a few assists and rebounds. I didn't think I would do as well as I did but I definitely feel having my dad there to support me made the nervousness go away and propelled me to another level of confidence I didn't think was possible.”

An additional excerpt demonstrates the co-occurrence of feeling altruistic, thankful, and the Caregiver purchasing an item for the participant: “My aunt and I went on a shopping trip and she told me to buy whatever I wanted for myself. Instead I

purchased gifts for other important people in my life including her because they deserve it after everything they give me. I felt great afterward and not deprived.”

CHAPTER FIVE: DISCUSSION

The goal of the study was to evaluate the validity of theoretical assumptions of Interest selection as proposed by Hendrix (1988) in order to evaluate the theoretical efficacy of IRT. The following hypothesis were considered a) there are similarities in personality characteristics of Caregivers and Interests as perceived by the participants, particularly, all BFI personality characteristics of Caregivers and Interests will positively correlate; b) insecure adult attachment dimensions of the participants are related to negative personality characteristics (i.e., Neuroticism) of the Caregivers and secure attachment dimensions of the participants are related to positive personality characteristics (i.e., Openness, Conscientiousness, Extraversion, and Agreeableness) of the Caregivers; and c) women are more likely than men to be attracted to Interests similar to their Caregivers.

The study also considered if there are identifiable themes when comparing experiences with Caregivers and experiences with Interests based on geographical location in childhood. Rural participants were expected to demonstrate this trend at a greater extent than Urban and Suburban participants. Furthermore, attention was given to potential similarities in themes within participant narratives of pleasurable and hurtful experiences with Caregivers and Interests. It was predicted that there will be co-occurring themes in negative and positive experiences with Caregivers and Interests.

Most Influential Caregiver and Most Recent Romantic Interest Personality Characteristics

The hypothesis stating there are similarities in personality characteristics of Caregivers and Interest was partially supported. Previous research found similarities in Caregivers and Interests for all five personality traits (Greher, 2000); however, that finding was not duplicated in the current study. Bivariate correlations revealed some similarities in personality characteristics,

including Caregiver and Interest Agreeableness, Neuroticism, and Openness. However, no relationship was found for Caregiver and Interest Extraversion and Conscientiousness. These findings somewhat support the proposition of IRT that individuals select Interests that are similar to their Caregivers, but not completely.

Perhaps the most supportive finding was the positive relationship for Caregiver and Interest Neuroticism. Characteristics common to Neuroticism, such as negative affect, emotional distress, worry, and higher self-consciousness (McCrae & Costa, 1987), may be factors that are more likely to contribute to childhood wounding. Therefore, it is possible individuals seek out Interests with similar negative personality characteristics as their Caregivers in an effort to heal childhood wounding. This finding is in line with propositions made by Hendrix (1988) stressing the importance of negative characteristics.

Hendrix (1988) stated that negative personality characteristics would be more likely to occur than positive personality characteristics. He also stated that by doing so, childhood wounding is only aggravated and healing comes by both individuals becoming aware of one another's childhood wounding (Hendrix, 1988). Much of the therapeutic practice of IRT is focused on bringing attention to childhood wounding (Hendrix, 1988). A relationship between Caregiver and Interest Neuroticism was found, but correlations were also found for both Agreeableness and Openness. Therefore, the current research failed to support this assertion that negative personality traits have a stronger relationship.

Finding relationships between some personality characteristics of Caregiver and Interests, but not others, is reflective of previous research. McCrae and colleagues (2012) found a modest relationship between Caregiver and Interest Openness. However, they only found Openness to be correlated for women (McCrae et al., 2012). In contrast, the current study found correlations in

Openness for women and men. McCrae, and colleagues (2012) proposed the commonality in Caregiver and Interest Openness is due a ‘stratification artifact,’ or the tendency for people to “live in social worlds (or strata) defined by similar political, religious, and aesthetic views” (McCrae et al., 2012, p. 456). Openness is considered to be a determining factor for the emergence of stratification artifacts (McCrae, 1996; McCrae et al., 2012). For instance, more Open Caregivers are more likely to expose their children to experiences that then in turn also perpetuate Openness. Likewise, less Open Caregivers are more likely to expose their children to experiences that discourage Openness (McCrae et al., 2012). It is possible that stratification artifacts could explain the relationship between personality characteristics of Caregivers and Interests. Individuals select Interests similar to their Caregivers because a potential Interest matches the person’s strata. IRT does not directly address perpetuating factors for positive personality characteristics, however, it may be beneficial to consider for future directions of IRT theory.

Most Recent Romantic Interest and Self Personality Characteristics

IRT theory states that another driving force behind romantic interest selection is the tendency to select individuals that compensate for deficiencies in the self (Hendrix, 1988). Therefore, theoretically, personality characteristics of the self should be different from those of Interests and Caregivers. However, the current research failed to find negative correlations between personality characteristics of the Interest and Self. In fact, three positive relationships were found, including Extraversion, Agreeableness, and Openness. This finding was supportive of the previously observed phenomenon of positive assortative mating that posits that individuals seek out Interests with similar personality characteristics as themselves (Le Bon, et al., 2013). However, in the current research neither Conscientiousness nor Neuroticism demonstrated this

trend, suggesting the possibility that individuals may seek out Interests that are similar to their own personality characteristics in some ways, but not others. Specifically, these findings suggest that individuals may be more prone to select Interests that are similar to themselves in positive characteristics, but not negative characteristics.

Most Influential Caregiver and Self Personality Characteristics

In addition, the current research found that all personality characteristics were positively correlated for Caregivers and the self. These findings are supportive of other research that demonstrates the genetic heritability of personality characteristics (Vukasović & Bratko, 2015) and the concept of romantic interest selection based on stratification artifacts (McCrae et al., 2012). IRT is not supported by these findings because it contradicts the idea that romantic interest selection is a way to compensate for deficiencies in the self (Hendrix, 1988). The current research found there are more similarities than differences between the Self and Interest while the Self and caregiver are remarkably similar. Therefore, it seems unlikely that compensation for deficiencies in the Self is a driving force for romantic interest selection.

Attachment Dimensions and Most Influential Caregiver Personality Characteristics

As predicted, Caregiver personality characteristics were correlated with Self anxious and avoidant attachment. In the current study, insecure attachment was conceptualized as an indicator of childhood wounding as described by Hendrix (1988). A greater number of positive personality characteristics were negatively correlated with attachment insecurity, particularly anxious attachment. This finding demonstrates that Caregiver personality traits like Extraversion, Agreeableness, and Conscientiousness may be protective factors that reduce the risk of insecure attachment and childhood wounding. However, the finding that Agreeableness and Conscientiousness were negatively related to anxious attachment but not avoidant attachment

indicated that personality characteristics may play a role in the experience of anxious insecurity in relationships, but not avoidant insecurity. Furthermore, Openness was not related to either anxious or avoidant attachment, also indicating that some personality characteristics may have a greater relationship with attachment than others. That Neuroticism was positively correlated with attachment insecurity is indicative that negative Caregiver personality characteristics, such as negative affect, worry, and higher self-consciousness (McCrae & Costa, 1987), may be risk factors for childhood wounding. Previous research also demonstrated a relationship between parental Neuroticism and attachment insecurity (Shaver & Brennan, 1992).

However, there are alternative explanations for the relationship between Caregiver Neuroticism and attachment insecurity. For instance, it is possible that insecure attachment could influence retrospective perceptions of Caregivers. In other words, it is possible that individuals with more insecure attachment will perceive their Caregivers as being more neurotic when they are asked to recall what their Caregivers were like when the individual was a child. Furthermore, it is possible that additional variables not assessed in the current study could be influencing this relationship. Future research should seek to further evaluate the relationship between Caregiver Neuroticism and attachment insecurity, perhaps by seeking additional informant ratings of Caregiver personality characteristics.

Gender Differences

Gender differences were observed in similarities between Caregiver and Interest personality. Caregiver and Interest Neuroticism was related for women, but not for men. However, additional analyses failed to find significant overall differences between men and women for the five personality characteristics. Therefore, women were not more likely to select Interests similar to their Caregivers than were men. However, McCrae et al. (2012) found that

women were more likely than men to select Interests that are similar to their Caregivers (McCrae et al., 2012). Therefore, the current findings are more congruent with research demonstrating that there are more similarities between men and women than differences (Hyde, 2005; Pederson et al., 2011; Smiler, 2011).

Geographical Location

The current research found significant differences between individuals from urban, suburban, and rural settings. Only participants from rural areas demonstrated correlations in personality characteristics for Caregivers and Interests. For rural participants, Agreeableness, Neuroticism, and Openness were positively correlated, but Extraversion and Conscientiousness were not correlated. Correlations for rural participants were significantly different from both urban and suburban participants, however, there was no significant difference between urban and suburban participants. These findings are supportive of previous literature stating that there are cultural differences depending on geographic location (Smalley & Warren, 2012b). These findings may be reflective of the tendency for individuals in rural areas to place greater emphasis on familial relationships than suburban and urban counterparts (Wagenfeld, 2003). Stronger familial ties may perpetuate a tendency to seek Interests similar to Caregivers.

Emotional Co-occurrence in Narratives

No co-occurrences in participant narratives of negative or positive experiences with Caregivers and Interests were observed. These findings failed to demonstrate repeated themes in participant experiences with their Caregiver and Interest. These findings are unsupportive of IRT because they do not reflect an elicitation of similar emotions when interacting with Caregivers and Interests, as IRT suggests (Hendrix, 1988).

Several co-occurrences in emotions and behaviors within negative and positive narratives for Caregivers and Most Recent Romantic Interests were observed independently. Overall, co-occurrences in emotions and behaviors were more complex when evaluating experiences with Caregivers than Interests. Caregiver co-occurrence maps revealed greater co-occurrences in emotions, which highlights more complex emotional responses than by Interest co-occurrence maps. It is likely that this finding reflects the greater longevity of relationships with Caregivers than relationships with Interests. It may be presumed that most, if not all, participants have known their Caregivers over much longer periods of times than they have known their Interests, although this was not directly assessed. In addition, it is likely that the depth of the relationships with Caregivers is much greater than with Interests. The overwhelming majority of participants were in young adulthood, therefore, their romantic relationships may be more casual than if the participants had been older and in long-term partnerships (Meier & Allen, 2009).

Negative emotions that co-occurred with other emotions and behaviors for both Interests and Caregivers included: insecurity, depressed, guilty, and hurt. Feeling insecure co-occurred with Interests withholding information from participants, which is unsurprising considering withholding of information could be viewed as a form of deception (Metts, 1989). Dishonesty has been shown to increase insecurity in relationships (Gillath, Sesko, Shaver, & Chun, 2010).

Feeling depressed strongly co-occurred with the behavior of Interests failing to follow through on commitments, which in turn co-occurred with Interests accusing participants of behaviors. Interest lack of follow through may be seen as a disappointing behavior. Disappointment is often associated with negative emotions, such as depression (Dijk, Zeelenberg, & Pligt, 1999). For Caregivers, lack of follow through was associated with the participant feeling abandoned and insecure, rather than depressed. In the Caregiver context, it

appeared that lack of follow through was also distressing for participants, but in a different way than in the Interest context. For Caregivers, feeling depressed also co-occurred with feeling rejected, mad, and two Caregivers arguing in front of the participant. Based on this finding, it appears that the experience of feeling depressed in the context of relationships with Caregivers is more complex than relationships with Interests.

Co-currently feeling depressed and guilty was demonstrated in both Interest and Caregiver narratives. For Interests, feeling guilty only co-occurred with feeling depressed for participants. In contrast, Caregivers feeling guilty co-occurred with feeling depressed and the participant taking perspective about an event. This finding is evidence that guilt in the Caregiver relationship was associated with the participant feeling guilty because they believed they had done something wrong, whereas this is not demonstrated in the Interest relationship. However, the finding co-occurrences in feeling depressed and guilty in both Caregiver and Interest relationships suggests a greater likelihood for guilt and depression to co-occur in general.

The experience of feeling hurt also seemed to be different for relationships with Interests and relationships with Caregivers. Feeling hurt co-occurred with Interests telling an untruth, not reciprocating romantic feelings, and the actual ending of the romantic relationship. The actual ending of the romantic relationship co-occurred with the Interest having feelings for someone else and the behavior of ignoring the participant. It may be seen as unsurprising for participants to report feeling hurt in response to types of rejections, like non-reciprocation of feelings and the ending of the romantic relationships. In addition, feeling hurt in response to the Interest telling an untruth may not be surprising based on previous research on the impact of dishonesty on romantic relationships and its association with lower satisfaction (Peterson, 1996). In contrast,

feeling hurt co-occurred with the Caregiver discounting the participant's achievements, feeling scared, mad, abandoned, and betrayed in the context of participant relationships with Caregivers.

A higher rate of negative emotions co-occurred for Caregivers in contrast to Interests. The most frequently co-occurring emotions included feeling hurt and abandoned, feeling abandoned and mad, and feeling mad and disappointed. The theme between these three co-occurrences is an emotional reaction based on being somehow let down by caregivers. In other words, participants described a higher frequency of negative experiences when they perceived their Caregivers somehow let them down.

Co-occurrence narratives about positive experiences with Interests and Caregivers were more similar in complexity compared to narratives about negative experiences. Similarities in map complexity for positive experiences between Caregivers and Interests creates an interesting juxtaposition when comparing differences in complexity for negative experiences. Similarities in map complexity for positive experiences indicate differences in longevity of relationships may not have as much, if any, impact for positive emotions. Perhaps this is due to the more simplistic nature of positive emotions compared to negative emotions (Ekman 1992), resulting in less variation in reported emotional experiences in the current study.

One of the most commonly co-occurring positive emotions and behaviors included feeling happy and having intimate conversation with Interests. This finding provides evidence for the important role that positive communication has in building satisfying relationships, which is also a primary tenant in IRT (Hendrix, 1988) and other couples therapy modalities (Gottman, 1976; Johnson, 2012). For both Interests and Caregivers, sharing meals together was a behavior that frequently co-occurring with positive emotions. This finding demonstrates the importance of

meal sharing on relationship building, which has been documented by other researchers (Cappellini & Parsons, 2012; Fulkerson, Neumark-Sztainer, & Story, 2006).

Physical touch was also a commonly co-occurring behavior with positive emotions for both Caregivers and Interests. However, it was more frequently occurring with positive emotions for Interests than Caregivers. Overall, it appeared that spending quality time with both Interests and Caregivers was particularly related to the experience of positive emotions for participants. This finding is similar to previous research that states spending quality time spent with Caregivers is particularly important for establishing positive attachment that persists in later romantic relationships (Dinero, Conger, Shaver, Widaman, & Larsen-Rife, 2011). Hendrix (1988) does not seem to particularly emphasize quality time as an imperative part of his theory; however, his theory does emphasize quality time as part of a tertiary component of building relational satisfaction.

The current research on co-occurrences between emotions and behaviors supplements previous research demonstrating the impact individual relational experiences have on emotional well-being (Diener & Ryan, 2009; Kahneman & Krueger, 2006). Although emotional and behavioral similarities in narratives between Caregivers and Interests were not found, the current research provides insight into commonly occurring experiences related to both positive and negative emotional experiences.

Application to Clinical Psychology

The current research is applicable to clinical psychology because it focuses on evaluating the theoretical validity of IRT, a couple's therapy treatment modality. As previously stated, IRT has historically received media attention (Zielinski, 1999) and is currently used in clinical settings to treat relationship concerns, but it has not been empirically validated (Jakubowski et

al., 2004). Empirical validation of therapeutic models is imperative for managed care reimbursement (Sanderson, 2003) and helps guide clinician selection of treatment modality (Chambliss & Hollon, 1998). In the future, the current research can be compiled with the pre-existing outcome data in order to help bolster the scientific understanding of IRT therapy and theory validity.

In addition, the current research provides insight into rural mental health, and serves to fill the current deficit in research comparing geographical differences (Smalley & Warren, 2012c). Understanding cultural implications is an important part in providing mental health care (Smalley & Warren, 2012b). The current research may be used to further understand the cultural influence of rurality on client functioning. Therefore, it serves to decrease the mental health disparities often faced by rural residents (Smalley & Warren, 2012a).

Limitations and Future Directions

The current research has several limitations worth consideration. First, the current research employs a correlational design, prohibiting the derivation that Caregiver personality characteristics and childhood wounding cause individuals to select Interests similar to their Caregivers. In the future, it would be beneficial for the IRT concept of romantic interest selection to be evaluated using an experimental design that observes romantic interest selection in a controlled environment in order to determine if individuals are selecting Interests similar to their Caregivers.

Another limitation is the lack of an assessment to directly test childhood wounding. It would have been beneficial to directly observe childhood wounding, rather than using an attachment measure in order to determine childhood wounding. There is no current method of directly observing childhood wounding. Therefore, it would be helpful to develop a measure to

test childhood wounding in future research. Furthermore, only assessing the most influential Caregiver may have limited the research because childhood wounding could have resulted from a secondary Caregiver, or from a combination of multiple Caregivers' behaviors, instead. Previous unpublished pilot data revealed correlations in personality characteristics between both primary and secondary Caregivers. Future research should continue to evaluate the influence of secondary and tertiary Caregivers on childhood wounding and romantic interest selection.

In addition, future research should consider evaluating Caregiver personality characteristics as perceived by informant ratings from someone else other than the individual. This would bring more clarity about the relationship between Caregiver Neuroticism and insecure attachment. It would also be beneficial to consider alternative variables that were not considered in the current research to check for potential mediating and moderating factors.

It is important to note that the sample size collected for men was below the recommended sample size determined by the power analysis. This is a limitation to the current research. Future research evaluating romantic interest selection according to gender should be collected utilizing a larger, perhaps more balanced, sample size. Furthermore, future research evaluating gender and romantic interest selection should consider dating behaviors of non-binary and gender non-conforming individuals in order to determine the role of gender in romantic interest selection from a more gender fluid perspective.

For the qualitative component, one researcher identified and labelled all of the codes. Having multiple individuals coding data is considered to be beneficial because it provides an opportunity for multiple opinions, therefore, greater likelihood of consistent interpretation (Barbour, 2001). In the future, it may be beneficial to have two or more researchers coding the data in order to verify interpretive accuracy. An additional limitation to the qualitative

component is the phrasing of the questions. Participants were asked to describe emotionally hurtful and emotionally pleasant experiences with Interests and Caregivers. Participants may have been primed to report feeling hurt because that specific word was used in the prompt. Therefore, the frequency of participants feeling hurt may be over represented. In addition, feeling “happy” was much more frequently reported than other positive emotions. It is possible that participants did not report more nuanced positive emotions because any positive emotion was interpreted as happiness. In the future, it may be helpful to rework qualitative questions in order to better elicit more nuanced descriptions of emotions.

In addition, the participants were all college-students with an average age of 19.4 years. Because the sample was relatively young, they may have limited experience with dating, therefore, more of the findings may have been significant if an older sample with more dating experience had been assessed. IRT may be more applicable to older, more established, couples rather than individuals in emerging and young adulthood. Also, the sample represented a limited demographic that may not be representative of the greater population. The majority of participants identified as European-American/White, heterosexual/straight, women, from a suburban geographical location. Future research should aim to include a more diverse sample in order to understand the unique multicultural considerations for different subgroups based on age, ethnicity, sexual orientation, gender identity, and geographic location of origin in order to improve external validity.

The emotional intelligence of the current sample may have also impacted the results of the study. Research evaluating emotional intelligence has found that it tends to peak in middle adulthood, following a period of lower emotional intelligence in young adulthood, then declining in older adulthood (Cabello, Sorrel, Fernández-Pinto, Extremera, Fernández-Berrocal, 2016).

Considering this research, it is likely that the sample evaluated may have lower emotional intelligence since the majority of participants were in young adulthood. Therefore, it is possible that participants were not able to identify and articulate their emotional experience to the same extent that middle adults would. This could have impacted the participants' abilities to label their emotional experience when describing negative and positive experiences with Caregivers and Interests. Future research should utilize a sample with greater variance in the age of participants and include a measure of emotional intelligence in order to better evaluate how age and emotional intelligence may impact the ability of participants to report emotional experiences with Caregivers and Interests.

Moreover, another limitation is utilization of self-report in the current study. Self-report has been found to be problematic at times, particularly because of participant motivation to be seen favorably by the researcher (Achenbach, Krukowski, Dumenci, & Ivanova, 2005) and due to participant lack of insight into their own functioning (Clark, Livesley, & Morey, 1997). However, Balsis and colleagues (2015) found that having other people evaluate personality characteristics of the participant is a more reliable measure of personality characteristics than self-report. Therefore, participant self-report of their own personality characteristics is a limitation to the current study, but participants reporting the personality characteristics of Caregivers and Interests is not. Nonetheless, future research limiting or eliminating self-report would be beneficial for increasing the accuracy of the research.

Conclusion

The current research demonstrates that Interest selection is a nuanced process. The current research partially supported the IRT theory of Interest selection, but did not fully support all of the components. Some similarities were found for Caregiver and Interest personality

characteristics, perhaps most importantly Neuroticism. However, Neuroticism did not demonstrate a stronger relationship than positive characteristics, contrary to IRT theory. The proposition that individuals select Interests as a way to compensate for deficits in childhood was not supported. In fact, there seemed to be more similarities than differences between Caregivers, Interests, and the self. There also seemed to be more similarities than differences when it comes to gender. However, geographical location does seem to be an important factor for Interest selection. Participant narratives of negative emotional events failed to demonstrate co-occurrences in themes for Caregivers and Interests. More research is warranted to better understand the impact of geographical location on Interest selection. Overall, the current study suggests that describing and explaining the process of Interest selection may require integration of multiple theories of Interest selection, including but not limited to those offered by IRT.

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Table 1. *Descriptive statistics for measures.*

		Descriptive Statistics				
		<i>M</i>	Minimum	Maximum	<i>SD</i>	Cronbach's α
Measures	CBFI					
	O	34.522	2.348	4.022	6.320	.795
	C	40.044	2.457	4.638	5.457	.722
	E	29.118	3.051	3.890	6.216	.837
	A	38.507	1.807	4.436	6.761	.800
	N	21.645	1.972	3.348	7.398	.872
	IBFI					
	O	35.460	2.727	4.230	5.982	.747
	C	32.287	2.765	4.213	7.342	.863
	E	28.607	3.043	3.957	6.530	.827
	A	34.177	3.383	4.191	8.291	.910
	N	21.421	1.886	3.157	7.027	.853
	SBFI					
	O	37.118	2.353	4.515	6.000	.756
	C	33.007	2.299	4.667	5.810	.802
	E	26.525	2.645	3.922	7.090	.869
	A	35.394	3.345	4.415	6.038	.773
	N	25.393	2.483	3.779	6.823	.841
	ECR-R					
	ANX	53.453	2.387	4.102	22.525	.947
AVD	69.460	2.708	4.562	22.645	.921	

Legend: CBFI = Caregiver Big Five Inventory; IBFI = Interest Big Five Inventory; SBFI = Self Big Five Inventory; ECR-R= Experiences in Close Relationships-Revised; O = Openness; C = Conscientiousness; E = Extraversion; A = Agreeableness; N = Neuroticism; ANX = Anxious Attachment; AVD = Avoidant Attachment

Table 2.

Correlation matrix demonstrating correlations and p-values between Most Influential Childhood Caregiver and Most Recent Romantic Interest Big Five Inventory personality characteristics.

		Most Recent Romantic Interest				
		O	C	E	A	N
Most Influential Childhood Caregiver	O	.238** .005				
	C		.089 .298			
	E			.096 .261		
	A				.277** .001	
	N					.182* .032

* = Correlation is significant at the 0.05 level (2-tailed)

** = Correlation is significant at the 0.01 level (2-tailed)

Legend: O = Openness; C = Conscientiousness; E = Extraversion; A = Agreeableness; N = Neuroticism

Table 3.

Correlation matrix demonstrating correlations and p-values between Most Influential Childhood Caregiver and Self Big Five Inventory personality characteristics.

		Self				
		O	C	E	A	N
Most Influential Childhood Caregiver	O	.299** .001				
	C		.375** .001			
	E			.295** .001		
	A				.297** .001	
	N					.335** .001

* = Correlation is significant at the 0.05 level (2-tailed)

** = Correlation is significant at the 0.01 level (2-tailed)

Legend: O = Openness; C = Conscientiousness; E = Extraversion; A = Agreeableness; N = Neuroticism

Table 4.

Correlation matrix demonstrating correlations and p-values between Most Recent Romantic Interest and Self Big Five Inventory personality characteristics.

		Self				
		O	C	E	A	N
Most Recent Romantic Interest	O	.177* .038				
	C		.083 .330			
	E			.225** .008		
	A				.266** .002	
	N					.131 .124

* = Correlation is significant at the 0.05 level (2-tailed)

** = Correlation is significant at the 0.01 level (2-tailed)

Legend: O = Openness; C = Conscientiousness; E = Extraversion; A = Agreeableness; N = Neuroticism

Table 5.

Correlation matrix demonstrating correlations and p-values between Most Influential Childhood Caregiver Big Five Inventory personality characteristics and Experiences in Close Relationships-Revised scores.

		Most Influential Childhood Caregiver				
		O	C	E	A	N
Attachment	Anxious	-.031 .720	-.172* .044	-.182* .032	-.275** .001	.261** .002
	Avoidant	-.079 .353	-.093 .274	-.178* .036	-.138 .106	.206* .015

* = Correlation is significant at the 0.05 level (2-tailed)

** = Correlation is significant at the 0.01 level (2-tailed)

Legend: O = Openness; C = Conscientiousness; E = Extraversion; A = Agreeableness; N = Neuroticism

Table 6.

Codes, Subcodes, Frequencies, and Percentages for Negative Emotions Elicited by Most Recent Romantic Interests Narratives.

Emotion Codes & Subcodes	Frequency	Percentages (%)
Interest Anger	51	36.96
Aggressive	1	0.70
Critical	0	0
Distant	1	0.70
Hateful	0	0
Hurt	17	12.32
Frustrated	8	5.80
Mad	29	21.01
Threatened	0	0
Interest Disgust	22	15.94
Avoidance	0	0
Awful	0	0
Betrayed	15	10.87
Disappointed	5	3.62
Disapproval	0	0
Disrespected	1	0.70
Uncomfortable	1	0.70
Interest Fear	22	15.94
Anxious	3	2.17
Humiliated	0	0
Rejected	8	5.80
Insecure	2	1.45
Jealousy	2	1.45
Scared	7	5.07
Submissive	0	0
Interest Sadness	43	31.16
Abandoned	5	3.62
Bored	0	0
Depressed	26	18.84
Despair	4	2.90
Guilty	10	7.25
Grief/Loss	0	0
Lonely	1	0.70

Table 7.

Codes, Subcodes, Frequencies, and Percentages for Negative Emotions Elicited by Most Influential Childhood Caregivers Narratives.

Emotion Codes & Subcodes	Frequency	Percentages (%)
Caregiver Anger	40	24.10
Aggressive	0	0
Critical	0	0
Distant	0	0
Frustrated	5	3.01
Hateful	0	0
Hurt	17	10.24
Mad	19	11.46
Threatened	0	0
Caregiver Disgust	18	10.84
Avoidance	1	0.60
Awful	1	0.60
Betrayed	8	4.82
Disappointed	7	4.22
Disapproval	1	0.60
Disrespected	0	0
Uncomfortable	0	0
Caregiver Fear	54	32.53
Anxious	1	0.60
Humiliated	9	5.42
Insecure	3	0.18
Jealously	0	0
Rejected	11	6.63
Scared	9	5.42
Submissive	0	0
Caregiver Sadness	54	32.53
Abandoned	15	9.04
Bored	0	0
Depressed	18	10.84
Despair	4	2.41
Grief/Loss	4	2.41
Guilty	18	10.84
Lonely	1	0.60

Table 8.

Codes, Subcodes, Frequencies, and Percentages for Positive Emotions Elicited by Most Recent Romantic Interests Narratives.

Emotion Codes & Subcodes	Frequency	Percentages (%)
Interest Power	19	14.66
Appreciated	5	3.85
Aware	0	0
Confident	6	4.62
Faithful	0	0
Important	5	3.85
Proud	2	1.54
Respected	0	0
Special	2	1.54
Validated	1	0.77
Interest Peace	52	40.00
Content	16	12.31
Intimate	0	0
Infatuated	2	1.54
Loved	24	18.46
Nurtured	5	3.85
Pleased	1	0.77
Relieved	2	1.54
Safe	8	6.15
Supported	8	6.15
Thankful	8	6.15
Thoughtful	0	0
Trusting	0	0
Understood	2	1.54
Interest Joy	59	45.38
Altruistic	0	0
Amused	2	1.54
Cheerful	0	0
Creative	0	0
Energetic	0	0
Enthusiastic	0	0
Excited	6	4.62
Happy	47	36.15
Hopeful	0	0
Optimistic	5	3.85
Playful	0	0
Sensuous	0	0
Surprised	5	3.85

Table 9.

Codes, Subcodes, Frequencies, and Percentages for Positive Emotions Elicited by Most Influential Childhood Caregivers Narratives.

Emotion Codes & Subcodes	Frequency	Percentages (%)
Caregiver Power	27	22.31
Appreciated	3	2.48
Aware	0	0
Confident	4	3.31
Faithful	0	0
Important	4	3.31
Proud	12	9.92
Respected	0	0
Special	0	0
Validated	4	3.31
Caregiver Peace	48	39.67
Content	10	8.26
Infatuated	0	0
Intimate	1	0.83
Loving	15	12.40
Nurtured	2	1.65
Pleased	1	0.83
Relieved	6	4.96
Safe	1	0.83
Supported	9	7.44
Thankful	15	12.40
Thoughtful	0	0
Trusting	0	0
Understood	0	0
Caregiver Joy	46	38.01
Altruistic	2	1.65
Amused	1	0.83
Cheerful	0	0
Creative	0	0
Energetic	1	0.83
Enthusiastic	1	0.83
Excited	8	6.61
Happy	33	27.27
Hopeful	1	0.83
Playful	0	0
Optimistic	2	1.65
Sensuous	0	0
Surprised	1	0.83

Table 10.

Examples of Negative Emotional Codes from Most Recent Romantic Interests Narratives.

Emotion Codes	Examples
Interest Anger	
Aggressive	“I felt like I was on fire inside because I wanted to punch him.”
Distant	“All I wanted to do was drive away and not look back. Never look back.”
Hurt	“This hurt me because it made me feel like he did not trust me and it made me question my relationship.”
Frustrated	“After he left, I just felt very tense and agitated.”
Mad	“I was angry with him for having such feelings of animosity toward his child.”
Interest Disgust	
Betrayed	“I felt like I had just been betrayed by the one person I would have least expected.”
Disappointed	“I knew she couldn't control it but I was disappointed that she can't come anymore.”
Disrespected	“My partner told me that if I were another race, specifically his, he would probably treat me better. I know he didn't mean it the way it sounded. But at that moment, I was hurt.”
Uncomfortable	“I was able to mask how uncomfortable I was with my personality (happy go-lucky).”
Interest Fear	
Anxious	“I was extremely nervous spilling my feelings and standing up to him, but it was what I needed to do for me to be happy.”
Rejected	“I felt as if I was unimportant and that his family was more important than mine.”
Insecure	“This made me feel insecure and doubtful about myself.”

Jealousy “I honestly felt jealous and kind of worthless, like I wasn't really worth his time.”

Scared “I felt very scared and hurt as to why this would happen.”

Interest Sadness

Abandoned “I felt kinda deserted and like he just cared about fun with friends and not enough about me to even ask how my day was.”

Depressed “I felt very sad and like I did not matter.”

Despair “I was beyond hurt and heartbroken.”

Guilty “I...felt guilty for not having a connection with him anymore.”

Lonely “I felt very lonely and ignored for hours on end.”

Table 11.

Examples of Negative Emotional Codes from Most Influential Childhood Caregiver Narratives.

Emotion Codes	Examples
Caregiver Anger	
Frustrated	“I called my mom multiple times to ask questions regarding bills, work, school etc and she didn't answer any of them... This frustrated me because I wanted to catch up with her and even tell her my accomplishments so she would be proud of me.”
Hurt	“I've always been very close to my mom and fighting with her was painful because I felt like she was pushing me away.”
Mad	“I remember she slapped my little brother for walking too slow and it made me very upset and angry to see her do that.”
Caregiver Disgust	
Avoidance	“My emotional response was that I was hurt, I shut down and just wanted to go home.”
Awful	“I just kind of stood there in my underwear just feeling disgusted with myself.”
Betrayed	“I felt betrayed and that it was an invasion of my privacy.”
Disappointed	“I didn't want to believe that my mother would do this, though I believe my stepfather had something to do with it. It's extremely disappointing and still is.”
Disapproval	“I just want her to be proud of me, so it her reaction to it hurt a little.”
Caregiver Fear	
Anxious	“I felt a very high sense of anxiety creep up on me.”
Humiliated	“It was very embarrassing and traumatizing for me.”
Insecure	“I felt like I was losing the two people I loved and looked up too.”
Rejected	“However, during that time and each time she made a comment I felt very inadequate and like I did not reach her expectations.”

Scared “...It makes me not want to have children of my own because of fear of me not being the best mother to them.”

Caregiver Sadness

Abandoned “I remember thinking, "why did she leave me? Does she not want to be with me anymore?"

Depressed “Leaving my mother to go to college... I felt really really sad, and I cried for a few days after she left.”

Despair “I was also devastated that she didn't believe me.”

Grief/Loss “My mom had called me to tell me my uncle had passed away. I was in my car and I pulled over and cried.”

Guilty “It hurt me that I had not been responsible enough to handle alcohol around her and I drank so much to the point of her hating me for the night.”

Lonely “My birthday was recent and she wasn't here with me to make it even better.”

Table 12.

Examples of Positive Emotional Codes from Most Recent Romantic Interests Narratives.

Emotion Codes	Examples
Interest Power	
Appreciated	“I felt very...appreciated.”
Confident	“...he always made it a point to make me feel good about myself.
Important	“It made me feel important to her.”
Proud	“I felt proud that I was able to be there for her...”
Special	“...it made me feel very special.”
Validated	“He showed me that I really did deserve to be treated better than past romantic interests had.”
Interest Peace	
Content	“It was really relaxing and really nice to just feel his chest under my head.”
Infatuated	“I also felt infatuated with him.”
Loved	“This was a pleasant feeling for me because I felt we were connected. We could feel our love through merely grilling beef ribs.”
Nurtured	It felt great that someone cared enough to set up such a great day.”
Pleased	“I felt light and I wasn't happy, more so pleased.”
Relieved	“I felt relieved and in a mental state of peace.”
Safe	“I just know I felt...secure that night.”
Supported	“He is constantly looking out for my needs and I realized that day he was there to support all my goals and dreams.”
Thankful	“I almost had tears in my eyes because it meant a lot to me, because he treats me so well.”

Understood “It made me feel so much better and it showed how well he really does know me.”

Interest Joy

Amused “...it was really fun to just be around him the whole night laughing and having a great time together.”

Excited “I was shaking from excitement and being nervous.”

Happy “I was happy that I felt so comfortable that he and I were close enough to just lay there naked with one another.”

Optimistic “I felt like it was a step closer to stronger more trustful relationship by letting down his guard and showing me a side of him.”

Surprised “I was so floored that he asked me first, and at how genuinely happy he seemed when I said yes.”

Table 13.

Examples of Positive Emotional Codes from Most Influential Childhood Caregivers Narratives.

Emotion Codes	Examples
Caregiver Power	
Appreciated	“I felt like I was better appreciated when I came home to visit and when I called home to talk.”
Confident	“The words were very meaningful and made me feel like he really believed in me and what I could do in the future.”
Important	“I felt like I really was important...”
Proud	“It was a very proud and memorable day.”
Validated	“She...made me feel like I was smart and had great ideas.”
Caregiver Peace	
Content	“I felt at peace and whole as I left for college the next day because she had made the day so special.”
Intimate	“When we do things like this I feel closer to my mom and better about our relationship.”
Loving	“I felt loved and spoiled at the same time.”
Nurtured	“I always felt...cared for.”
Pleased	“...it was a fun and pleasant time for the both of us...”
Relieved	“...I felt better about all my problems.”
Safe	“I felt like...I was in the most safe place ever, her arms.”
Supported	“Even though she is far away at the moment, whenever I get stressed out I know I can call her and she will make it all better.”
Thankful	“I would...think how privileged I was to get opportunities like that.”

Caregiver Joy

Altruistic	“Instead I purchased gifts for other important people in my life including her because they deserve it after everything they give me. I felt great afterward and not deprived.”
Amused	“I couldn't stop laughing and smiling from how much fun we were having.”
Energetic	“I felt less exhausted and more energetic.”
Enthusiastic	“I...enthusiastic.”
Excited	“My brain was running wild with excitement...”
Happy	“I was overjoyed and tears were shed because I missed her so much.”
Hopeful	“I felt...hopeful.”
Optimistic	“Just thinking about it now still fills me with joy and hope for my future, hoping that one day I'll be as phenomenal a woman as my teacher believed I could be at even that age.”
Surprised	“My dad, who taught me all I knew about basketball, was supposed to come but told me he wouldn't be able to make it...I made my very first shot, a three pointer...I looked in the stands to see my dad standing up yelling my name and cheering for me.”

Figure 1. *Mean of Correlation Differences for Rural, Suburban, and Urban Geographical Locations for Caregivers and Romantic Interests.*

