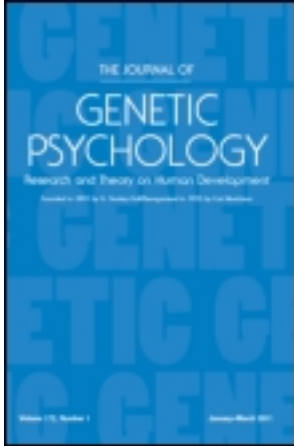


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# The Attachment and Clinical Issues Questionnaire (ACIQ): Scale Development

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**ABSTRACT.** In line with dynamic systems and dialectical theories of development, it was theorized that a psychopathology such as an addiction could have several causes (equifinality) and that more specific diagnoses and treatments of the most salient clinical issues for individuals coming from different developmental paths could increase the success rates of most therapies. Further, the issues from a developmental dynamic systems perspective should include not only individual clinical issues, but also relational, familial, peer, and organizational functioning. The Attachment and Clinical Issues Questionnaire (ACIQ) was developed as a research and clinical instrument relevant to these concerns. The 29 scales were based on naturalistic observations of patients in treatment and 12-step groups, attachment theory, and the clinical literature dealing with the addictions. The attachment scales were taken from classic attachment theory but, in line with more recent formulations, included relations to mother, father, and partner. Study 1 found the ACIQ to have good coefficient alphas (.79), and factor analyses revealed that the eight factors loaded on different attachment figures and sets of clinical issues rather than attachment styles per se. Study 2 found test–retest reliability to be, on average, .79. The results were in line with the developmental hypothesis that partner and father attachments are different than attachments to mother, and that family and peer relations as well as clinical issues need to be considered separately.

**Keywords:** addictions, attachment measure, developmental psychopathology

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Attachment theory has been a mainstay of developmental science for the past four decades (Cassidy & Shaver, 2008). Despite this central focus in developmental research and theory, there has been a rather limited development of new assessment techniques that have kept up with the observations and potential applications in the field of developmental psychopathology. This deficit in measurement is

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especially apparent with measures that can extend from adolescents through old age.

The last 40 years has also seen ample evidence that relationships and internal working models of them are far more complex than a single global model can encompass and can vary between mothers, fathers, and partners (Baldwin, Keelan, Fehr, Enns, & Koh-Rangarajoo, 1996; Bowlby, 1973; Bretherton, 1990; Cozzarelli, Hoekstra, & Bylsma, 2000; Kobak, 1994; M. Lewis, 1994, Main, Kaplan, & Cassidy, 1985; Overall, Fletcher, & Friesen, 2003; Pierce & Lydon, 2001; Solomon & George, 2009). In the last 40 years an impressive array of data has also been built, and shows that relationships are critical in helping individuals cope better with physical maladies (Salovey, Rothman, Detweiler, & Steward, 2000), and are central in the causes and effects of the most common forms of psychopathology (J. M. Lewis, 1998). Relationship variables have been found to be important in the development of alcoholism (Vaillant, 1977), depression (Brown & Harris 1978; Roy, 1981; Simpson & Rholes, 2004), and personality disorders (Fonagy et al., 1997). If approaching attachment phenomena from a dialectical perspective (Sameroff, 2010) and integrating numerous contexts and outcomes in development, these different perspectives and issues must be incorporated in new measurement instruments.

What is most problematic is that there are no widely accepted and psychometrically sound research and clinical instruments that can simultaneously explore the different contexts and outcomes of relationship development or be easily used in diagnosis and treatment monitoring for relationship and related issues for adolescents or adults. Present instruments, such as the Experiences in Close Relationships scale (ECR; Brennan, Clark, & Shaver, 1998), and the Adult Attachment Interview (AAI; Main & Goldwyn, 1984; Main et al., 1985) do not have relevant sexual arousal and intimacy scales that tap this important feature of adult relationships. Second, they only tap relationships in general, neglecting the mounting literature that it is possible to form several different types of relationships depending on the attachment figure in question (Baldwin et al., 1996; Bowlby, 1973; Bretherton, 1990; Cozzarelli et al., 2000; Kobak, 1994; M. Lewis, 1994, Main et al., 1985; Overall, et al., 2003; Pierce & Lydon, 2001; Solomon & George, 2009). Third, with the exception of the AAI, they do not readily lend themselves to clinical issue diagnosis and resulting intervention and therapy. Fourth, they do not contain the important malingering (faking good vs. bad) and social desirability checks that are essential to any psychometrically sound diagnostic instrument. Finally, because of the previously mentioned characteristics, they do not deal with developmental differences in relationship formations and targets such as those with a mother, father, family, peer, or institution for a proper assessment of various types of attachment relationships that are important in leading to resilience versus psychopathology in development (Sameroff, 2010). It was the purpose of the present research program to develop such an instrument, the Attachment and Clinical Issues Questionnaire

(ACIQ). The present study was designed to introduce the basic characteristics of the ACIQ in terms of coefficient alphas, factor analyses, and test–retest reliability.

### *Scale Development*

The scales for the ACIQ were developed over a 17-year period and came from three different classes of information. The first source came from three years of naturalistic observations of patients in outpatient treatment and 12-step recovery groups. The second source came from the attachment literature in forming the attachment scales, and the third source came from the clinical literature outlining the issues most commonly experienced by individuals suffering from alcoholism.

*Observational sources of the scales.* Observations of the outpatient group therapy sessions were observed weekly and the 12-step recovery groups were observed four times a week over a three-year period. All observations were made by Marc A. Lindberg. The group therapy sessions were for patients who had been hospitalized for eating disorders, alcoholism, or drug addiction. The therapy sessions averaged about 25 participants of roughly equal numbers of men and women with an estimated average age of about 40 years with an age range of 16–65 years. The sessions were run at different times by four different Master’s-level psychologists and counselors. The format was an open discussion of topics related to the problems faced by these patients who had come from a 28-day, hospital-based treatment center.

The 12-step groups observed were Alcoholics Anonymous (AA) and Al-Anon. Four different AA groups were observed weekly in which the group size was between 10 and 40 individuals, with about 80% comprising men aged between 16 and 85 years. About 95% of attendees were White. The Al-Anon meetings consisted of 80% females of this large age range and only one such meeting was consistently followed over that time period. These informal observations of step, discussion, and lead meetings were made over the same three-year period as the group therapy sessions, and allowed the observation of typically reported cognitions, behaviors, and feelings reported by the participants when experiencing unpredictability, discomfort, and stress. It is important to note that because any recording is prohibited in these formats, the observations were retrospectively referred to by Marc A. Lindberg when writing the scales. Written 12-step work in AA and feeling diaries in which patients wrote down feelings they were experiencing throughout the day were also read.

The purpose of the observations was to better understand the issues that seemed to underlie the several different developmental pathways to addictive behavior and relapses. It was reasoned that if an individual could better target and remediate the attachment and clinical issues of the different developmental paths to an addiction, it would be possible to create more effective diagnostic and

multidimensional therapeutic approaches to remediation. Thus, it was theorized that a psychopathology such as an addiction or depression could have several causes (equifinality) and that diagnosis and treatment of the most salient clinical issues for different individuals coming from different developmental paths could better inform and increase the success rates of interventions. Further, the issues from a developmental dynamic systems perspective (Cicchetti & Aber, 1998; Granic & Hollenstein, 2003; Thelen & Smith, 1998), and pathway approaches to psychopathology and resilience (Sameroff, 2010), suggest that one should include not only individual clinical issues, but also relational, familial, peer, and organizational involvements in treatment and diagnosis.

From these observations by Marc A. Lindberg, the prominent themes that would be turned into scales emerged in conversations, testimonies, group discussions, reported behaviors in stressful situations, written daily logs, and work required for AA members to progress through the 12 steps. For example, one man would typically report memories of closeness with his mother, empathizing with each and seemingly every emotion she went through in her difficult life. However, his reactions to his father were quite different in that he reported cold and rejecting feelings when in conflict. Reactions to his partner were in turn represented by different themes, with jealousy, anger, and mistrust as well as preoccupied feelings heading the parade of this internal working model. Thus, to describe such an individual from an older general internal working model of attachment did not seem to work. Rather, several different themes or dimensions were necessary to capture all these variations. Observations such as these centering on qualitatively different themes therefore formed the bedrock for theme-to-scale development. When writing the items for the scales, an attempt was made to create statements that sounded similar to the clients' own words, focusing primarily on the reported behaviors, feelings, and cognitions when experiencing stressors. These initial observations were in turn contextualized and fine tuned by systems theories of development, attachment theory, and the clinical literature dealing with the addictions.

*Attachment theory.* The major source for the attachment scales was based on the attachment measures and theories developed by Bowlby, Harlow, and Ainsworth (Ainsworth, 1964, 1972, 1989; Bowlby, 1969, 1973, 1980; Harlow, 1953), and extended to adults by Hazan and Shaver (1987), Kobak and Sceery (1988), and Main et al. (1985). The first psychometrically sound measure of attachments for human infants was developed by Ainsworth (Ainsworth, Blehar, Waters, & Wall, 1978; Ainsworth & Wittig, 1969). Ainsworth et al. (1978) identified three distinct patterns of infant attachment: secure, anxious-resistant, and anxious-avoidant. Infants in the secure category, when distressed by the separation from their caregiver, actively sought contact with the caregiver and were easily comforted upon his or her return; even if they did not cry, they sought proximity. Secure infants

used their caregiver as a secure base from which they could explore their environment. The anxious-resistant infants, on the other hand, explored their environment much less than did the secure infants and had difficulty separating from their caregivers. Upon reunion, they often mixed contact seeking with resistance and had difficulty in being comforted by their caregivers. The avoidant attachment style characterized infants who actively avoided contact and proximity upon reunion.

As with Ainsworth's (1989) argument that it is theoretically possible for many of the attachment dimensions to be applied to adult levels, we attempted to create adult counterparts to these kinds of descriptions. However, we also incorporated the wording of Hazan and Shaffer's (1987) paragraph measure and the scoring terminology of the AAI. These terminologies were put in the wording of patients in the outpatient therapy sessions and 12-step meetings. A description of the development of the avoidance scale might provide a concrete example of this process. In the avoidant paragraph by Hazan and Shaffer (1987), the sentence "I am nervous when anyone gets too close" (p. 515) was combined with the AAI notion of dismissing as describing instances of being afraid to go to a parent when hurt, or to limit the influence of attachment relationships when in stress. These notions were then combined with comments from patients that appeared to fit the avoidant category with an attachment figure. Examples of such comments were statements such as "At the end of an argument with X, I wanted to basically get as far away as possible" and "At times I felt ice go through my veins when I got mad at X." Examples of subsequent sentences on the ACIQ (for partner) were "After an argument with my partner, I tried to avoid him/her. When I got really mad at my partner, I felt cold and rejecting towards him/her." This integration of these three sources of information in this fashion formed the basis for all the attachment scales.

It should also be noted that the present approach used a logic similar to that of other attachment researchers in a measure for disorganized or mixed attachment patterns (Lyons-Ruth & Block, 1996; Lyons-Ruth, Zoll, Connell, & Grunebaum, 1989; Main & Goldwin, 1984; Main & Solomon, 1990; Solomon & George, 1999, 2009). It is reasoned that if individuals were to score one standard deviation or higher on the secure and the avoidant or ambivalent-resistant scales than the control group, then they would be endorsing seemingly contradictory or mixed models of attachment. In a similar fashion, if they scored one standard deviation or higher than the control group's score on the preoccupied-codependent scale and one standard deviation higher on the avoidant or ambivalent-resistant scale for a particular attachment figure, then they would be said to have a mixed or disorganized model of attachment for that attachment figure. For example, to achieve a mixed model score, an individual would have had to endorse the items, "When my father felt sad for days, I did too" and "When I got really mad at my father, I felt cold and rejecting towards him." Another example would be endorsing the following two items: "Arguments with my father were a love-hate kind of thing" and "When I am upset, my father helps me deal with it." Those

individuals who were not mixed were scored as 1 and those scoring as mixed were scored as 2. This mixed statistic was used by Lindberg and Louder (2010) with men aged 18–21 years in a maximum security prison. It was found that the incarcerated group had significantly more cases of mixed attachments than did the controls, and there were significant point biserial correlations between the presence versus absence of a mixed model to mother and the number of violent crimes committed.

Returning to the older more conventional approaches to attachment measurement, it should be noted that several problems have emerged over the decades with regard to the methodology of survey techniques and overarching attachment style approaches to the measurement and conceptualization of attachment phenomena. For example, Griffin and Bartholomew (1994) pointed out two limitations of their approach, noting that their analysis did not speak to any developmental models, wherein attachment to parents may not mirror attachment to partners. Second, they suggested that their measures were vulnerable to social desirability and faking. They concluded that searching for measures that do not directly ask for self-classification should be a priority for future researchers. Further, theorizing about relationships leaves out the all important sexual arousal and intimacy dimensions (Hazan & Zeifman, 1994). In a similar vein, and in line with our observations of the clinical populations, several scholars have noted that attachment relationships to mothers, fathers, and partners are often very different (Baldwin et al., 1996; Bowlby, 1973; Bretherton, 1990; Cozzarelli et al., 2000; Kobak, 1994; Lamb, 2005; M. Lewis, 1994, 2005; Main et al., 1985; Overall, et al., 2003; Pierce & Lydon, 2001). Thus, in keeping with these kinds of observations and our observations of the clinical populations, the present attachment scales were designed to ask similar questions about mothers, fathers, and peers.

*Clinical literature.* The third source for the scales came from the clinical and self help literature dealing with the addictions, depression, personality disorders, and family issues to capture the issues they deemed important in any therapeutic interventions. In this regard, we leaned heavily at that time on the clinical book of S. A. Brown (1985) and the clinical issues she delineated that are faced by individuals suffering from the addictions. Her descriptions of issues faced by alcoholics (e.g., shame, anxiety, jealousy, anger, rumination, family rigidity vs. chaos, family suppression of feelings, abusiveness, control, denial of feelings, peer relations, perfectionism, mistrust) were written in terms of Likert-type scales with special attention to avoid problems of social desirability. These descriptions were combined with observed patient statements, as we did with the attachment scales. It was hypothesized that if an individual were to create ecologically diverse treatment approaches incorporating dynamic systems theories (Cicchetti & Aber, 1998; Granic & Hollenstein, 2003; Thelen & Smith, 1998) and pathway approaches to psychopathology and resilience (Sameroff, 2010), the individual would also have to tap into relational, peer support, family, and organizational support systems



in any therapeutic interventions. Thus, assessing these was deemed especially important.

S. A. Brown (1985) used several different vignettes of alcoholics in her words and in the words of patients themselves describing battles with the previous issues. Thus, those issues she delineated and those observed in the clinical observation phase were combined to write scales that would describe these issues in words used by the alcoholics and eating-disordered individuals. However, an additional scale was added to measure religious and spiritual practices. Because of the research of Kirkpatrick and Shaver (1992) and our observations that this was an important feature of many 12-step programs, we formed a scale of religious practices that could be used as important information to the clinician trying to tap community resources in more ecologically rich systems approaches to treatment in which such ties might be important to capitalize on. Once again, the observations of the clinical populations were important in that the wording was constructed in the vernacular informally observed over the three years to be used by the clients themselves. These scales were tested in several different pilot studies in terms of coefficient alphas.

The purpose of the present study was not to introduce the clinical, malingering, and social desirability data. Rather, our purpose here was only twofold: (a) to provide an initial description of the factor structure of the instrument and (b) to provide initial tests for scale integrity in terms of coefficient alphas and test-retest reliabilities. Thus, the purpose of this study was to provide an initial description of the scales of the ACIQ and their relationships to one another in terms of a factor analysis and the coefficient alphas for the control populations sampled to date. Several predictions were tested from the purpose. First, in line with more recent approaches to attachment theory (Baldwin et al., 1996; Bowlby, 1973; Bretherton, 1990; Cozzarelli et al., 2000; Kobak, 1994; Lamb 1977, 2005; M. Lewis, 1994, 2005; Main et al., 1988; Overall et al., 2003; Parke et al., 1979; Pierce & Lydon, 2001) and our observations, we predicted that the factors would not load on the attachment patterns, but rather that they would load on the different attachment figures and the different family, peer, and clinical scales. Further, in line with developmental risk and resilience models (Sameroff, 2010), we predicted that the factors would load separately on family scales and issues of peer support and religious practices.

## Method

### *Participants*

Table 1 presents a breakdown of the 1,221 participants of Study 1, by age and gender. They were sampled from the following organizations: 15 from a local business of office workers and middle management, 11 from a local Baptist church, 5 from a coal miner's union, 26 from a local Gold Wing Motorcycle club, 41 from

**TABLE 1. Age and Sex Distributions of the Participants in Study 1**

Age (years)	Young men/ men	Young women/ women	Total
13–17	82	157	239
17–21	196	448	644
22–35	59	90	149
36–49	21	58	79
50–65	15	41	56
66+	16	38	54
Totals	389	832	1221

a local high school, 147 from a study of college students testing how the ACIQ affects memory for abusive encounters, 65 from a study of college students looking at other measures of romantic relationships, 37 high school teachers, 185 college students enrolled in a study on predictors of happiness and drinking behavior, 8 from a pilot study investigating malingering, 80 from a High School located in a town of about 80,000, 32 from a local community college, 95 from a study looking at correlations with the Minnesota Multiphasic Personality Inventory (MMPI), 184 from a high school located in a very rural part of Appalachia, 274 from a study of college students examining religious attachments and sexual motivations, and 16 from a senior citizens' residential community. There were more women than men sampled, which might be a product of the fact that women outnumbered men in all populations sampled. In addition, it could be the case that women were generally more compliant than were men in volunteering for this project. The issue of how compliance interacts with scale scores is one that awaits further investigation.

In Study 2 we sought to examine the ACIQ's test-retest reliability. The participants were 20 male and 47 female college students who earned extra credit in exchange for volunteering. The sample was 96% White, 3% Black, and 1% other. Overall, 89.7% of subjects were aged 17–21 years, 8.8% were aged 22–35 years, and 1.5% were aged 36–49 years.

### *Measures and Procedure*

The participants rated the extent to which each statement described their thoughts and feelings on a 4-point Likert-type response scale ranging from A (*never*) to D (*always*). The scales and representative questions of the 29 scales can be seen in Appendix A. There were 242 ACIQ items and the whole instrument can be seen in Appendix B. In the instructions, *partner* was defined as the respondent's

spouse, fiancé, steady date, or significant romantic interest. If not involved in such a relationship at the time of study, respondents were instructed to think of their most significant past partner and refer to that relationship when answering questions referring to partners. If they had never had a meaningful romantic relationship, respondents were instructed to leave the questions referring to partners blank. The ACIQ was administered to groups of participants, and they filled out Scantron bubble sheets typically used by college students when taking a multiple-choice exam that were then read into the computer. The participants were specifically told to not put their name on the sheets. This and all other studies were approved by the university's Institutional Review Board.

To examine the ACIQ's test-retest reliability, five undergraduate students trained together to administer the ACIQ. Participants were informed that the nature of the study required their commitment to two separate hour-long test-taking sessions scheduled one month apart. Eight of the responses were invalid, making the total number of participants 59.

## Results

### *Coefficient Alphas*

Cronbach's coefficient alpha values were obtained for each scale of the ACIQ and correlations for each item with its respective scale were determined. The 29 scales had a mean Cronbach's alpha of .79. The coefficients can be seen in Table 2.

### *Factor Analyses*

To test whether attachment patterns centered around the patterns of secure, avoidant, codependent-enmeshed, and anxious-ambivalent, or around particular attachment figures and related clinical issues, and to provide initial descriptions of how the scales are generally related, a principal components factor analysis was performed. Using a promax rotation and Kaiser's criterion of eliminating any factor with an eigenvalue less than 1 to determine the number of factors, the analysis yielded eight factors accounting for 68% of the variance, which can be seen in Table 2. It should be noted that scree plots revealed the same number of factors. We subsequently discuss the factors found.

Factor 1 involved clinical issues and insecure partner relations because of the following scales loading on it: rumination, denial of feelings, anxiety, withdraw-engagement, perfectionism, mistrust, control, anger, jealousy, ambivalent partner, avoidant partner, shame, and family suppression of feelings. This factor somewhat resembled Main's (1990) and Mikulincer and Shaver's (2003) notions of secondary attachment strategies with several different kinds of hyperactivation and deactivation substrategies. Factor 2 involved insecure mother

**TABLE 2. Factors From the Factor Analysis, Factor Loadings, Alphas, Number of Participants (*n*), and Means and Standard Deviations for Each of the ACIQ Scales from Study 1, and Test–Retest Reliabilities (T-RT) From Study 2**

Scale	Factor loading	$\alpha$	T-RT	<i>n</i>	<i>M</i>	<i>SD</i>
Factor 1: Clinical issues and insecure partner						
Rumination	.80	.84	.76	1218	2.44	0.51
Denial	.77	.75	.73	1218	2.37	0.57
Anxiety	.72	.78	.77	1219	2.05	0.51
Withdraw/engage	.70	.79	.78	1218	2.32	0.42
Perfectionism	.48	.73	.75	1218	3.00	0.43
Mistrust	.51	.70	.78	1220	2.19	0.51
Control	.73	.72	.86	1177	2.08	0.42
Anger	.67	.77	.79	1173	2.04	0.47
Jealousy	.55	.83	.65	1174	2.41	0.61
Ambivalent partner	.62	.82	.77	1169	1.91	0.55
Avoidant partner	.64	.81	.82	1172	1.95	0.49
Shame	.58	.76	.81	1219	1.69	0.42
Family suppression feelings	.52	.66	.77	1216	2.08	0.55
Factor 2: Insecure mother attachments						
Avoidant mother	.86	.87	.79	1214	2.06	0.57
Ambivalent mother	.89	.82	.82	1206	1.85	0.58
Secure mother	-.84	.90	.88	1215	3.04	0.75
Factor 3: Insecure father attachments						
Ambivalent father	.88	.79	.86	1193	1.89	0.65
Avoidant father	.83	.86	.85	1197	2.14	0.69
Secure father	-.81	.91	.92	1200	2.68	0.88
Factor 4: Secure partner attachments						
Secure partner	.83	.83	.64	1174	2.94	0.70
Sexual intimacy	.71	.81	.62	1124	3.12	0.65
Codependent partner	.60	.80	.70	1168	2.56	0.47
Factor 5: Preoccupied codependent/enmeshed mother and father						
Codependent father	.75	.77	.79	1186	2.08	0.48
Codependent mother	.69	.81	.87	1205	2.30	0.44
Factor 6: Sex and aggression						
Sexual arousal	.73	.70	.85	1186	2.33	0.55
Abusiveness	.72	.68	.86	1217	1.85	0.50
Factor 7: Peers and religious practices						
Peer support	.79	.85	.79	1218	3.03	0.61
Religious practices	.53	.81	.87	1218	2.92	0.75
Factor 8: Family rigidity versus chaos						
Family rigidity vs. chaos	.75	.66	.73	1220	2.47	0.54

*Note.* ACIQ = Attachment and Clinical Issues Questionnaire. Alpha values refer to the coefficient alpha of the scale. The variance explained by each factor was the following: Factor 1 = 6.97, Factor 2 = 4.46, Factor 3 = 4.22, Factor 4 = 2.83, Factor 5 = 4.15, Factor 6 = 3.90, Factor 7 = 2.55, Factor 8 = 1.48.

**TABLE 3. Correlations Between the Eight Factors**

Factor	1	2	3	4	5	6	7	8
1.	—	-.16	-.32	0	-.40*	-.29	-.01	-.13
2.		—	-.10	.08	-.05	-.20	.25	.02
3.			—	.01	-.03	.01	.16	.10
4.				—	.06	.07	-.24	-.12
5.					—	-.04	-.16	.13
6.						—	-.06	-.13
7.							—	.11
8.								—

\* $p < .05$ .

attachments, and had the avoidant mother and ambivalent mother scales loading positively and the secure mother scale loading negatively. Factor 3 involved insecure father attachments, and had ambivalent father and avoidant father loading positively and the secure father scale loading negatively. Factor 4 was the secure partner factor. It consisted of the secure partner scale, the sexual intimacy scale, and codependent–enmeshed partner scale. Factor 5 was the preoccupied codependent–enmeshed mother and father factor, and consisted of the preoccupied codependent father and mother scales. It was interesting that the preoccupied codependent partner scale did not load on this factor, but rather on the secure partner scale. This seems to point out the common-sense notion that behaviors that are considered intimate and caring with a partner would be considered as unhealthy when applied to a parent in the same fashion.

Factor 6 was labeled the sex and aggression factor. It was loaded positively with the sexual arousal scale and the abusiveness scale. Factor 7 was the peer support and religious practices factor, and religious practices loaded significantly on this factor and could be thought of as something tapping community involvement and support. Factor 8, the last factor, was occupied by the family rigidity versus chaos scale.

Reference axis correlations were calculated and can be seen in Table 3. The only correlation that was significant was the negative one between Factor 1, clinical issues and insecure partner relations, and Factor 5, codependency to mother and father.

It was interesting that the partner attachment scales were divided into two different factors, with the avoidant and ambivalent partner scales loading significantly with the clinical issues factor and the secure partner scale loading with sexual intimacy. Given the other scales present, it is also interesting that the hyper-activating and deactivating strategies loaded on the same factor, and they loaded

on the insecure partner scale rather than either of the parent scales. The parent scales, conversely, loaded separately with respect to each parent. It was especially significant that factors for the original styles of attachment first noted by Hazan and Shaver (1987) for adults were not found. Rather, in line with other attachment researchers and theorists (Baldwin et al., 1996; Bowlby, 1973; Bretherton, 1990; Cozzarelli et al., 2000; Kobak, 1994; M. Lewis, 1994; Main et al., 1988; Overall et al., 2003; Pierce & Lydon, 2001), these strategies were found to load on attachment figures rather than some ubiquitous overarching style that transferred across all relationships similar to a theorized personality trait.

It should be emphasized that estimates of commonality revealed that the 29 different scales appeared to be independent, and that further validity testing for discriminant evidence (American Educational Research Association, 1999) in later studies showed that scales within factors tapped different constructs. Therefore, the above factor structures should be regarded as initial descriptions and not automatically assume that the 29 variables are totally reducible to just 8.

### *Age and Gender Analyses*

To test for the influences of gender and age on the ACIQ scales, 29 multiple-regression analyses were performed with sex and the 10 ages entered as independent variables. It was found that age and gender combined to only account for an average of 4% of the variance across the 29 scales. Only two scales had gender and age combine to account for more than 7% of the variance: abuser and sexual arousal. In a 2 (Gender)  $\times$  10 (Age) analysis of variance (ANOVA) on the abuser scale, it was found that there were significant effects of age,  $F(1, 1675) = 10.09, p < .01$ , and gender,  $F(1, 1675) = 132.72, p < .01$ . Student Newman Keuls post hoc tests showed that the men ( $M = 2.12$ ) scored significantly higher than the women ( $M = 1.82$ ) ( $MSE = .27$ ). It was also found that the high school students differed from the college and beyond sample in which the average high school score was 2.16 and the average score for ages beyond was 1.82 ( $MSE = .27$ ). The other scale in which gender had some impact was on the sexual arousal scale. Not surprisingly, men scored higher than women,  $F(1, 1610) = 165.42$ , where men scored ( $M = 2.70$ ) and women scored ( $M = 2.14$ ) ( $MSE = .26$ ). Such corrections must be kept in mind when using these scales as a function of age and gender. However, what stands out is the lack of potency of age and gender on these scales, attesting to the poignancy of Bowlby's (1969, 1988, 1973, 1980) notions of attachment as extending from womb to tomb.

### *Test-Retest Reliabilities*

The test-retest reliabilities can be seen in Table 2 alongside the coefficient alphas. The average test-retest reliability coefficient ( $r$ ) was .79 ( $p < .01$ ). Thus,

over this time period, the test–retest reliability coefficient was acceptable. However, longer time intervals should be tested as well.

### Discussion

These studies were only introductory in making a preliminary case for the psychometric fidelity of the ACIQ. The factor analysis revealed eight factors, with the major loadings on attachment figures and clinical issues rather than ubiquitous attachment styles. The average coefficient alpha of the scales was .79, as was the test–retest reliability ( $r$ ). The results were in line with the developmental hypothesis that partner and father attachments are different than attachments to mother, and that family and peer relations as well as clinical issues need to be considered separately.

However, several issues need to be resolved if the present approach is to achieve stature in the attachment and clinical communities. First, studies showing that the attachment scales predict to whom an individual turns in times of stress and for affective sharing need to be published, as well as studies showing discriminate validity for the different attachment scales showing that mother, father, and partner are predicted by different variables. It is also necessary to publish the ACIQ's malingering scales and its demonstrations that it is fairly independent from social desirability as well as that it can detect those who are taking it less than seriously by filling it out randomly. It must also be shown that the attachment and related scales are empirically similar to the AAI and ECR. This should be a fruitful path of investigation that might allow for even more developments and mathematical precision in attachment theory. Furthermore, validity studies for each of the other scales need to be published.

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### AUTHOR NOTES

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## APPENDIX A

### Scales, Number of Items in the Scale, and Representative Items of the ACIQ

1. ABUSER SCALE (ABUSER) (6)  
I feel like hitting those people who are close to me.  
Some people deserve to be put in their place.
2. AMBIVALENT ATTACHMENT: FATHER (AMBDAD) (6)  
My feelings for my father were confusing.  
Arguments with my father were a love-hate kind of thing.
3. AMBIVALENT ATTACHMENT: MOTHER (AMBMOM) (8)  
My feelings for my mother were confusing.  
Arguments with my mother were a love-hate kind of thing.
4. AMBIVALENT ATTACHMENT: PARTNER (AMBPART) (9)  
My feelings for my partner are confusing  
Arguments with my partner are a love-hate kind of thing.
5. ANGER (9)  
I feel resentful because I cannot pursue my own interests.  
When I get angry, I explode.

6. ANXIETY (ANX) (6)
  - I feel that something bad is about to happen.
  - I use a lot of energy worrying about my problems.
7. AVOIDANT ATTACHMENT: FATHER (AVDAD) (7)
  - After an argument with my father, I tried to avoid him.
  - When I got really mad at my father, I felt cold and rejecting towards him.
8. AVOIDANT ATTACHMENT: MOTHER (AVMOM) (9)
  - After an argument with my mother, I tried to avoid her.
  - When I got really mad at my mother, I felt cold and rejecting towards her.
9. AVOIDANT ATTACHMENT: PARTNER (AVPART) (9)
  - After an argument with my partner, I tried to avoid him/her.
  - When I got really mad at my partner, I felt cold and rejecting towards him/her.
10. CODEPENDENCE-ENMESHED MOTHER (CODMOM) (14)
  - I changed my feelings to make my mother happy.
  - When my mother felt sad for days, I did too.
11. CODEPENDENCE-ENMESHED FATHER (CODDAD) (15)
  - I changed my feelings to make my father happy.
  - When my father felt sad for days, I did too.
12. CODEPENDENCE-ENMESHED PARTNER (CODPART) (14)
  - I changed my feelings to make my partner happy.
  - When my partner felt sad for days, I did too.
13. CONTROL (CTRL) (11)
  - I avoid situations that I can not control.
  - If people would just change a little bit then most of my problems would go away.
14. DENIAL (5)
  - It is good to keep a stiff upper lip even when I hurt inside.
  - I say I am happy when I really am not.
15. FAMILY RIGIDITY VS. CHAOS (FAMRIGID) (5)
  - My family believed that family rules should not change.
  - Family rules were clear.
16. FAMILY SUPPRESSION OF FEELINGS (FSUP) (6)
  - People in my family had firm expectations for how we were supposed to feel.
  - It was good to keep your feelings to yourself in our family.
17. JEALOUSY SCALE (JEAL) (8)
  - I worry that my partner will find somebody else.
  - I get angry when others flirt with my partner.
18. RUMINATION-OBSESSIVE-PREOCCUPIED THINKING (OB) (9)
  - Once I start thinking about a problem, I think about it over and over again.
  - I am distracted in conversations with others because I am thinking about something else that is important.
19. PEER RELATIONS (PEER) (7)
  - My friends will always be there when I need them.
  - My friends know how I feel.
20. PERFECTIONISM (PERF) (10)
  - I like to be the best at things.
  - I like to do things right or not do them at all.
21. RELIGION (RELG) (5)
  - I attend a place of worship/church.
  - A higher power/God is important to me.

22. SEXUAL AROUSAL (SAR) (6)  
I am turned on if I see a pornographic movie.  
I am easily turned on sexually.
23. SECURE FATHER (SECDAD) (6)  
My father was there when I needed to talk about a problem.  
When I was upset, my father helped me deal with it.
24. SECURE MOTHER (SECMOM) (7)  
My mother was there when I needed to talk about a problem.  
When I was upset, my mother helped me deal with it.
25. SECURE PARTNER (SECPART) (5)  
My partner is there when I need to talk about a problem.  
When I am upset, my partner helps me deal with it.
26. SHAME (10)  
I feel ashamed when I feel sad, rejected, fearful, lonely, dependent or hurt.  
I do not amount to much as a person.
27. SEXUAL INTIMACY (SEXINT) (6)  
I talk about what turns me on sexually with my partner.  
Sex is best when it is accompanied by warm feelings
28. MISTRUST (MTR) (6)  
It is good to be suspicious about the motives of others.  
If I don't trust other people then I will not be disappointed.
29. WITHDRAW/ENGAGEMENT (WITHDRAW) (9)  
I like to withdraw from people when I am stressed.  
I do not want others to know what is going on in my life.

## APPENDIX B

### ACIQ Questionnaire

#### ACIQ

Thank you for agreeing to fill out this survey for Marshall University. Do not put your name on this, as all responses will be confidential. (We are interested in averaging your responses with others at this point in time.)

The word "partner" refers to your most important spouse, fiancé, steady date or a significant romantic interest in your life. If you are not currently involved in such a relationship, think about your most significant past partner and answer the questions with that relationship in mind. If you never had a steady or meaningful relationship in your life, leave the questions on partners blank.

Questions about your family, mother, and father refer to the family you grew up in. When answering questions about members of your family, think about who or what was true, typical, or most important while you were growing up (during the school age years). If you didn't have a mother or father figure, leave those questions blank. Although it may seem as if you are answering the same questions over and over, you are not. It is just that the same question is asked about different people.

Write your answers on the scoring sheets by filling in the appropriate circle. When you get to item 201, please start on the next answer sheet with # 1. Please use the following scale to estimate how often these statements apply to you.

A = never B = sometimes C = often D = always (Note: this scale appeared at the top of all subsequent pages.)

1. When my mother felt sad for days, I did too.
2. When it comes to anger, those close to me have a short fuse.
3. If I don't trust other people then I will not be disappointed.
4. I like to withdraw from people when I am stressed.
5. I satisfy my partner's sexual needs.
6. I feel scared.
7. I felt bad when I did not include my father in things.
8. I need a close relationship with my partner.
9. When I had an argument with my mother, I got very angry.
10. Some people deserve to be hit.
11. The same thoughts run through my head for days.
12. I am worthless.
13. When I have an argument with my partner, I get very angry.
14. My father had hostile feelings towards me.
15. Family rules were unclear.
16. I liked being taken care of by my mother.
17. I go to great lengths to prevent my partner from being angry with me.
18. My family followed rules.
19. I worry that my partner will find somebody else.
20. It was good to keep your feelings to yourself in our family.
21. I had a safe secure relationship with my father.
22. I like to be the best at things.
23. I change my feelings to make my partner happy.
24. I feel better about myself when I win.
25. A higher power/God is important to me.
26. My partner and I have a special sexual connection.
27. I was more committed than my mother in our relationship.
28. My family did things the same way each time.
29. I had a good relationship with my father.
30. I tried to please my mother.
31. I feel good when I change my partner for his/her own good.
32. I feel fearful.
33. I do not amount to much as a person.
34. My father tried to change me for my own good.
35. I can usually depend on other people when I need them.
36. I like to get away from everyone when there is too much confusion.
37. My mother got angry with me.
38. I try to figure out what my partner wants.
39. I created an image of who I thought I was supposed to be in my own family.
40. It is important for me to be right.
41. I tried to like the same things that my mother did.
42. My father and I were close in every way.
43. I feel like a punching bag for other people.
44. My family made decisions the same way every time.
45. I feel uncomfortable with my friends.
46. I am distracted in conversations with others because I am thinking about something else that is important.
47. I feel like hitting those people who are close to me.

48. When I was stressed, I liked to stay away from my father.
49. It was good to keep feelings from my family.
50. It is important for me to know what my partner is doing.
51. I feel resentful because I can not pursue my own interests.
52. I needed a close relationship with my father.
53. My partner makes me angry.
54. I went to great lengths to get my mother to like me.
55. A disagreement with my partner ends in a shouting match.
56. I like to be alone when I am troubled.
57. I had a safe secure relationship with my mother.
58. I feel guilty for not taking care of my family's duties.
59. My partner gets hostile feelings towards me.
60. I say I am fine when I am really not.
61. Being by myself without my father was painful.
62. When my partner feels sad for days, I do too.
63. After an argument with my father, I tried to avoid him.
64. I try harder in our relationship than my partner.
65. I feel tense.
66. I miss what others say because I am working on something else in my head.
67. I went to great lengths to prevent my mother from being angry with me.
68. I had the greatest father in the world.
69. I like to do things right or not do them at all.
70. I am turned on if I see a pornographic movie.
71. People in my family had firm expectations for how we were supposed to feel.
72. It is important for me to achieve.
73. I wish others would not call or talk to me when I am upset.
74. When it comes to anger I am patient.
75. When someone is mean to me I feel like hitting them.
76. I liked being taken care of by my father.
77. Other people should work hard.
78. I worry about what my partner is doing during the day.
79. I am turned on sexually when I see someone in a magazine half undressed.
80. It is good to trust other people.
81. Being by myself without my partner is painful.
82. My anger is a good cover-up for other feelings that I have.
83. If I am really upset, my partner is not good at helping me deal with it.
84. I trust other people.
85. My mother did not fully understand me.
86. I have a hard time getting my mind off of problems.
87. I say I am happy when I really am not.
88. Other people feel better about themselves when they win.
89. I tried to please my father.
90. After an argument with my partner, I try to avoid him/her.
91. It was important to look good in my family.
92. I worry about being left alone without my partner.
93. I was more committed than my father in our relationship.
94. When it comes to anger, I have a short fuse.
95. I tried harder in our relationship than my mother.
96. My family believed that family rules should not change.
97. My partner is there when I need to talk about a problem.
98. When I got angry with my father, I liked to get away from him for awhile.

99. I do not want others to know what is going on in my life.
100. My feelings for my father were confusing.
101. A higher power/God is not important to me.
102. When I was stressed, I liked to stay away from my mother.
103. My church/place of worship is important to me in my life.
104. When I had an argument with my father, I got very angry.
105. My partner and I are close in every way.
106. I am afraid of losing control.
107. I tried to like the same things my father did.
108. Some people deserve to be put in their place.
109. I say I am not angry when I really am.
110. My partner is sexually appealing to others.
111. When I was really upset, my mother was not good at helping me deal with it.
112. Some people deserve to be criticized.
113. A higher power/God guides my life.
114. I try to like the same things that my partner does.
115. I changed my feelings to make my mother happy.
116. Emotional extremes were frowned upon in my family.
117. I go to great lengths to get my partner to like me.
118. I have fun with friends.
119. When I was upset, my father helped me deal with it.
120. It is good to be suspicious about the motives of others.
121. I am easily turned on sexually.
122. My mother had hostile feelings towards me.
123. I wish others would leave me alone.
124. My partner does not fully appreciate me.
125. Sex is best when it is accompanied by warm feelings.
126. I had the greatest mother in the world.
127. I should work hard.
128. I worried about being left alone without my mother.
129. When I got really mad at my father, I felt cold and rejecting towards him.
130. Arguments with my mother involved a shouting match.
131. I hate it when my partner is around people who might flirt.
132. My friends know how I feel.
133. It is good to keep a stiff upper lip even when I hurt inside.
134. Once I start thinking about a problem, I think about it over and over again.
135. Basically I am good.
136. I have pressed for and gotten sex even though my partner wasn't interested at the time.
137. Being by myself without my mother was painful.
138. I am very concerned about details.
139. I went to great lengths to get my father to like me.
140. I am more strongly committed in our relationship than my partner.
141. I feel afraid, but do not know why.
142. I went to great lengths to prevent my father from being angry with me.
143. I tried to figure out what my mother wanted.
144. My partner does not understand me fully.
145. Others are turned on sexually when they see someone in a magazine half undressed.
146. I use a lot of energy trying to get people to do what I want them to do.
147. After an argument with my mother, I tried to avoid her.

148. I feel ashamed when I feel sad, rejected, fearful, lonely, dependent or hurt.
149. I feel comfortable with my friends.
150. I try to change my partner for his/her own good.
151. I needed a close relationship with my mother.
152. Other people like me.
153. If I have an argument with my partner, I want to run away from them for awhile.
154. It is hard to get some things out of my mind.
155. Keeping busy helps me ignore my feelings.
156. When I had an argument with my mother, I wanted to run away from her for awhile.
157. I changed my feelings to make my father happy.
158. I avoid people who do not do what I expect them to do.
159. My feelings for my partner are confusing.
160. My mother was there when I needed to talk about a problem.
161. When my father felt sad for days, I did too.
162. I enjoy playing or going out with my friends.
163. Sex with my current partner is good.
164. When I am upset, my partner helps me deal with it.
165. I think about every little detail of a problem, and then think about it again and again.
166. My mother and I were close in every way.
167. When bad feelings come to me, I want to be by myself.
168. It is hard to know what my partner wants.
169. Arguments with my mother were like a love-hate kind of thing where feelings went back and forth.
170. I feel better about myself when I lose.
171. I tried harder in our relationship than my father.
172. I get angry when others flirt with my partner.
173. My father was there when I needed to talk about a problem.
174. I go from one thing to another trying to be satisfied.
175. I am concerned with being moral.
176. I like sex.
177. I want to be alone.
178. My partner and I are equally committed in our relationship.
179. My mother tried to change me for my own good.
180. I think about sex with others.
181. It is easy to ask my friends for help.
182. I can think about the same person or thing for days.
183. When I got angry with my mother, I liked to get away from her for awhile.
184. I worry about little things.
185. My father did not fully understand me.
186. Sometimes I fear getting too close to my partner.
187. It was hard to know what my mother wanted.
188. I worried about being left alone without my father.
189. My mother was supportive when I had a problem.
190. My partner gets angry with me.
191. It is best to avoid situations that I can not control.
192. I attend a place of worship/church.
193. Family rules were clear.
194. When I am sick or upset, I like to be with my partner.
195. I had a good relationship with my mother.



196. My partner satisfies my sexual needs.
197. I repeat the same habits over and over.
198. I am a bad person.
199. My friends will always be there when I need them.
200. A disagreement with my mother ended in a shouting match.

GO TO NEXT ANSWER SHEET AND PUT QUESTION 201 ON 1, 202 ON 2 ETC.

A = never B = sometimes C = often D = always

201. When I had an argument with my father, I wanted to run away from him for awhile.
202. I feel bad when I do not include my partner in things.
203. When I was upset, my mother helped me deal with it.
204. If I get angry with my partner, I like to get away from him/her for awhile.
205. I felt good when I changed my father for his own good.
206. I feel ashamed when I have to stand up for myself.
207. I need to know where my partner is.
208. I wish others would come over and visit when I am upset.
209. When I got really mad at my mother, I felt cold and rejecting towards her.
210. I have a lot to be ashamed of.
211. My father was supportive when I had a problem.
212. When I get angry, I explode.
213. Arguments with my partner are like a love-hate kind of thing where feelings go back and forth.
214. I felt bad when I did not include my mother in things.
215. A disagreement with my father ended in a shouting match.
216. I use a lot of energy worrying about my problems.
217. My partner is supportive when I have a problem.
218. I talk about what turns me on sexually with my partner.
219. Arguments with my partner involve a shouting match.
220. My feelings for my mother were confusing.
221. I make my partner angry.
222. I feel that something bad is about to happen.
223. When I get really mad at my partner, I feel cold and rejecting towards him/her.
224. If people would just change a little bit then most of my problems would go away.
225. I try to please my partner.
226. I tried to figure out what my father wanted.
227. I avoid situations that I can not control.
228. When I was really upset, my father was not good at helping me deal with it.
229. It is important for me to know what my partner is doing.
230. When I am angry, I take it out on others.
231. My partner has a bad temper.
232. I have a lot of good friends.
233. When I was sick or upset, I liked to be with my mother.
234. I like being taken care of by my partner.
235. I hate it when someone does something the wrong way.
236. If someone treats you too well, it is wise to be suspicious of them.
237. If I was answering the above questions about my relationship with my mother, based on our present relationship, I would still respond the same way.

238. If I was answering the above questions about my relationship with my father, based on our present relationship, I would still respond the same way.
239. If I was answering the above questions about my relationship with my family, based on our present relationship, I would still respond the same way.
240. Your sex: a) Male b) Female
241. Your age: a) 17–21 years b) 22–35 c) 36–49 d) 50–65 e) 66+
242. Did either of your parents die while you were growing up? a) mother b) father c) both d) neither
243. Were your parents divorced? a) Yes b) No
244. If yes on parental death or divorce, how long ago was it? a) 0–2 years b) 3–5 c) 8–12 d) 13–20 e) 21+
245. If yes on parental death or divorce, who did you live with? a) mother b) father c) relative d) friends e) others
246. How long did you live in a single parent home? a) 0 b) 1–2 years c) 2–5 years d) 6–10 years e) 11+ years
247. How many brothers and/or sisters do you have? 0 b) 1 c) 2 d) 3 e) 4 or more
248. Were you the: a) oldest b) middle c) youngest
249. Your father's education a) 3–11 grade b) high school grad. c) some college d) college grad. e) graduate school.
250. Your mother's education a) 3–11 grade b) high school grad. c) some college d) college grad. e) graduate school.
251. Your race: a) Hispanic b) Black c) Native American d) White e) other
252. Are you married? a) Yes b) No c) Divorced d) Widowed
253. If not married, are you currently in a relationship? a) Yes b) No
254. If yes, to the above questions (#252 or #253), how long? a) 0–6 mo. b) 7 mo.–1 year c) 1–2 years d) 2–4 years e) 5+ years
255. Your religion a) Christian b) Jewish c) Muslim d) other religion not listed e) no religion
256. Family income growing up a) \$1,000–10,000 b) \$11,000–20,000 c) \$21,000–50,000 d) \$51,000–100,000 e) \$100,000+
257. Family income now a) \$1,000–10,000 b) \$11,000–20,000 c) \$21,000–50,000 d) \$51,000–100,000 e) \$100,000+
258. Your education a) 3–11 grade b) high school grad. c) some college d) college grad. e) graduate school