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# Trends in Adult Attachment Styles and Personality Traits Disorders in Adult Male Sex Offenders

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TRENDS IN ADULT ATTACHMENT STYLES AND PERSONALITY  
TRAITS/DISORDERS IN ADULT MALE SEX OFFENDERS

A Thesis

Presented to the

Department of Counseling

and the

Faculty of the Graduate College

University of Nebraska

In Partial Fulfillment

of the Requirements for the Degree of

Master of Arts

University of Nebraska at Omaha

by

Kim Etherton

December, 1997

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THESIS ACCEPTANCE

Acceptance for the faculty of the Graduate College,  
University of Nebraska, in partial fulfillment of the  
requirements for the degree Master of Arts,  
University of Nebraska at Omaha.

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I thank God for providing me the opportunities and abilities to complete this research project.

Dedicated to  
the PBC treatment team  
at the Lincoln Regional Center  
...for there is great satisfaction in the lessons learned.

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## Abstract

### Trends in Adult Attachment Style and Personality Traits/Disorders in Adult Male Sex Offenders

The purpose of this study was to identify trends in attachment styles and personality traits/disorders in adult male sex offenders. Bartholomew's (1990) four prototypical attachment style model was used in identifying adult attachment relationship styles. Forty-five men from an inpatient sex offender treatment program were given the Relationship Questionnaire (RQ) and the Relationship Scales Questionnaire (RSQ) to measure their style of adult attachment based on Bartholomew's (1990) four theoretical attachment styles. Personality disorders and traits diagnosed through psychological testing upon admission to the hospital were taken from each patient's personal record. One hypothesis is used to predict trends in characteristics of adult attachment styles that support characteristics of personality disorders/traits in sex offenders. A frequency distribution was implemented to identify trends and patterns. No consistent trends were identified. Two out of the four attachment prototypes proposed by Bartholomew (1990) include personality disorders/traits consistent with the positive/negative self/other internal working model. The most prominent attachment pattern in

this population of sex offenders was the fearful attachment which is representative of a negative view of self and negative view of others. Many who endorsed a fearful attachment were diagnosed with antisocial personality disorder/traits. Preoccupied attached individuals most frequently were diagnosed with a dependent personality disorder/trait. These personality characteristics are in keeping with the four prototype attachment model of negative view of self and positive view of others. Those who endorsed a dismissing attachment style were also diagnosed with avoidant personality as often as dependent personality. This too is in keeping with Bartholomew's model. Four individuals identified as securely attached. All securely attached individuals received at least one personality disorder/trait diagnosis whose characteristics are not in keeping with the Bartholomew model.

## CHAPTER I

### ANALYSIS OF THE PROBLEM

#### INTRODUCTION

With increasing concern sexual offenses are recognized as frequent yet underreported crimes. There is uncertainty about the true incidence rate of sexual offenses. However, it is generally acknowledged that the available statistics underestimate the scope of the problem. Russell (1984) reports that for women the risk of being raped is approximately one in four and for young girls the risk of being sexually abused by an adult is more than one in three. Although boys are at a lower risk, the likelihood is still substantial (Finkelhor, 1979). Finkelhor (1984) reports that in nonclinical populations 5%-9% of males and 8%-28% of females report having been sexually abused during childhood. An important recognition is the pervasiveness of the negative consequences associated with sexual offenses, as well as rising public outrage, send a strong message there is an urgency about the need for solutions that will reduce the incidence of these offenses (Laws, 1989). These crimes place an indescribable strain on the victims and their families, so devastating that any decline in offense rates should be welcomed.

Frequently neglected is the issue that suffering is reduced even when

only a few of these perpetrators are prevented from reoffending. If treatment diminishes reoffending to any extent it saves innocent victims a great deal of anguish (Marshall, & Barbaree, 1990). Marshall et. al., (1990) report that most sex offenders who reoffend do so against more than one victim. Therefore, success with one offender for every 50 who are receiving treatment should be viewed as "socially valuable and, in a rather curious calculus, cost beneficial," (Marshall et. al., 1990 pp.6-7). Prentky and Burgess (as cited in Marshall et al., 1988) determined the costs involved in dealing with a single offender, starting with apprehension and ending with incarceration, along with the assessment and treatment of the victims, balanced against the cost of offering treatment to 50 offenders each year, justify in financial terms alone, the provisions of treatment. With this in mind, an argument can be made for offering treatment to sexual offenders based on both humanitarian and economic grounds.

## **BACKGROUND OF THE PROBLEM**

Among the disagreements about the causes of sexual offenses and the usefulness of offender treatment, one solution that has brought wide consensus is detection and punishment of the offender. A clear benefit of this solution is that it protects society; incarcerated offenders have reduced

access to potential victims. However, recidivism rates, though variable, have suggested that for some offenders punishment alone has been an inadequate solution, perhaps serving only to stall recurrence of the offense patterns (Greer & Stuart 1983).

There are numerous theories that attempt to explain sexual offending. They range from comprehensive approaches to theories with a single factor that focus on one causal explanation. Henry Kempe (1978) believes child abuse is nothing new and is a proponent of the 'nothing new' approach. Kempe believes child sexual abuse is not a prerogative of the 20th century.

He states:

A book on child abuse could not have been written one hundred years ago. If an investigator from the 1970's were to be transported back to the 19th century so he could survey the family scene with modern eyes, sexual abuse would be clearly visible to him. In the past, however, it was largely invisible to families and their communities. Before it could be acknowledged as a social ill, changes first had to occur in the sensibilities and outlook of our culture (p.17).

The psychoanalytic view of child sexual abuse sees the abuse

arising from unresolved Oedipal conflicts. Narcissism results from Oedipal fixation as a factor in the development of homosexual pedophilia. An immature object of the same sex is chosen while the pedophile identifies with his mother and sees himself in the child (Okami & Goldberg, 1992).

The feminist view ascribes child sexual abuse to male socialization practices. This theory places emphasis on power of men over women and subordinates (Mayes, Currie, Macleod, Gillies, & Warder, 1992). A limitation with this theory is it does not address sexual abuse against male children.

The family system theory conceptualizes sexual abuse within the family as a means of maintaining balance in the family when the sexual needs of the perpetrator (generally noted as the father or father figure) are not being met (Mayes, Currie, Macleod, Gillies, & Warder, 1992). One limitation with this theory is its sole focus on a single form of sexual abuse (Finkelhor, 1984). Another concern with this theory is unfairly blaming the victim and other family members for the behaviors of the perpetrator (Butler, 1985).

One multivariate approach, the sociological model, was introduced by Finkelhor (1984). Finkelhor suggests that four preconditions have to be met before abuse can occur. First, there must be some form of motivation. This source of motivation may come from emotional congruence which is the

idea of 'fit' between an adult's emotional needs and the characteristics of the child or the motivation may be sexual arousal. Finkelhor believes child pornography plays a role in distorting arousal patterns. The adult's own childhood experiences as well may condition them to find children sexually arousing. The third source which may motivate a potential offender is blockage when the adult being unable to form relationships with other adults targets the child to become the object of his relationship forming.

Finkelhor does not believe all three components of motivation are preconditions and that contribution from each is not required in order for sexual abuse to occur. The second precondition is overcoming internal inhibitions against acting on motivations. One common way of overcoming internal inhibitions is through the use of alcohol and drugs. The third precondition is overcoming external impediments. The child's care giver must be either physically or psychologically separated from the child. When this happens the offender has the opportunity to be alone with the child. The final precondition is overcoming the child's resistance. Finkelhor (1984) believes children who are emotionally abused, disabled or disadvantaged, or who have poor relationships with their parents are at risk. Because these children may feel more emotionally insecure, needy, or unsupported they are more vulnerable to the manipulation of a sex offender. All of this may be



irrelevant if the perpetrator is a trusted family member or someone the child trusts or if force or threats are used (Finkelhor, 1984).

## **STATEMENT OF THE PROBLEM**

Ward, Hudson, Marshall, and Siegert (1994) suggest that although single factor theories may not adequately explain a problem as complex as sexual offending, exploring the possibilities within such theories can expand our understanding and enhance the value of incorporating these factors into multiple theories. Knowledge of attachment styles of sex offenders in relationship to their personality traits or disorders may provide yet more insight into this pervasive problem.

There is a growing body of empirical research focused on the examination of attachment problems in personality disorders. For example, Sheldon and West (1990) suggest that individuals diagnosed with avoidant personality disorder are more likely to have a desire for and at the same time a fear of an attachment relationship. Combined, empirical studies underscore the clinical value of attachment problems to the understanding of personality disorders. West and Keller (as cited in Sperling & Berman, 1994) state:

The attachment point of view has many immediate implications. The notion of a person's seeking to find security in a special other, and constructing a representational world of self in relation to others through successive relationship experiences, is fundamental in explaining the personality-disordered individual's inability to feel secure within an attachment relationship. In this case, psychotherapists are allied with developmental psychologists in their concern with the antecedents and consequences of the failure to experience secure attachments (p. 316).

Marshall (1993) has proposed a theoretical framework integrating research on attachment theory, intimacy deficits, and sexual offending which notes that sex offenders fail to develop secure attachments in childhood resulting in inadequate interpersonal skills and self confidence necessary to achieve intimacy with other adults. Results from a follow up study conducted by Main (as cited in Holmes, 1993) support the view that the early years of life play a crucial part in character formation.

## **PURPOSE OF THE STUDY**

The purpose of this study is to identify patterns and trends between characteristics of adult attachment styles that support characteristics of

personality traits/disorders in adult male sex offenders who are receiving treatment, on an inpatient or out patient basis, at a Midwestern regional center Personality and Behavior Change Program.

## **THEORETICAL FRAMEWORK**

This study is based on the theoretical framework of John Bowlby's attachment theory. Bowlby's study of attachment began in the early 60's as research into the developmental origins of childhood and adult psychopathology. His original intent was to find links between major life events such as parental loss or neglect and the development of psychiatric symptoms in children and adults (Holmes, 1993). Mary Ainsworth was involved in Bowlby's research and changed the focus of attachment theory toward a child development orientation using empirical research methodologies. Within the last decade clinical researchers have applied attachment theory to numerous clinical circumstances involving both normative and pathological attachment processes in adults (Sperling & Berman, 1994).

Bowlby views the inability in adults to process negative affect or to feel and resolve the pain of a separation and loss as a central mark of maladaptive behaviors (Holmes, 1993). Hence, it would follow that there is

a noticeable trend between the characteristics of adult attachment styles and the characteristics of personality traits/disorders in sex offenders although there is no direct findings in the empirical research.

Attachment theory is not a general theory of relationships. Rather, it is a theory specific to those relationships most important to our feelings of security (West & Sheldon-Keller, 1994). Bowlby's theory reveals that as time passes children internalize experiences with caretakers in ways that cause early attachment relations to form a framework for later relationships outside the family. Bowlby identified two central components of these internal working models: the first is the child's image of other people, the second is the child's image of the self. These components are referred to as internal working models (Bartholomew & Horowitz, 1991).

West and Keller (as cited in Sperling & Berman 1994) state that attachment theory offers both distal and proximal explanations of the emergence and stability of personality; it suggests that an innate "attachment behavioral system" in combination with experience-based "internal working models," forms the basis for the various motivational, cognitive, emotional, and behavioral tendencies that constitute personality (p.31). "It is easy to demonstrate that disturbed or impoverished interpersonal relationships are the hallmark of most personality disorders,"

(West & Keller cited in Sperling & Berman, 1994, p.314).

## **IMPORTANCE OF THE STUDY**

Clinical work with adults suggests strongly that the attachment styles of childhood continue into later life. If one of the components of a sexual offenders' damaging behaviors is related to their ineffective attachment strategies, directly reflected in their personality traits/disorders, then what needs to be achieved is the replacement of the maladaptive strategies by those more likely to lead to satisfying relationships with age appropriate adults (Weiss as cited in West & Sheldon-Keller, 1994).

## **RESEARCH HYPOTHESIS**

The characteristics of adult attachment styles are supported by the characteristics of diagnosed personality disorders/traits.

## **SCOPE OF THE STUDY**

This study was conducted with 45 men who are currently receiving inpatient or out patient treatment in the Personality and Behavior Change Program at A Midwestern regional center.

## **DEFINITION OF THE TERMS**

The term Personality trait refers to "...enduring patterns of perceiving, relating to, and thinking about the environment and oneself that are exhibited in a wide range of social and personal contexts." (DSM-IV, 1994, p.630). Examples of maladaptive personality traits that may be seen in this study are (but are not limited to) the following: dependent, avoidant, schizoid, antisocial, narcissistic, histrionic, avoidant, or dependent as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.

The term Personality Disorder refers to personality traits that are inflexible and maladaptive and cause significant dysfunctional impairment or subjective distress.

The essential feature of a Personality Disorder is an enduring patterns of inner experience and behavior that deviates markedly from the expectations of the individual's culture and is manifest in at least two of the following areas: cognition, affectively, interpersonal functioning, or impulse control (criterion A). This enduring pattern is inflexible and pervasive across a broad range of personal and social situations (criterion B) and leads to clinically significant distress or impairments in social, occupational, or other important areas of

functioning (criterion C). This pattern is stable and of long duration, and its onset can be traced back to adolescence or early adulthood (criterion D). This pattern is not better accounted for as a manifestation or consequence of another mental disorder (criterion E) and is not due to the direct physiological effect of a substance (e.g., a drug abuse, a medication, exposure to a toxin) or a general medical condition (e.g., head trauma) (criterion F), (DSM-IV, 1994, p.630).

Examples of personality disorders that may be seen in this study are (but not limited to) the following: dependent, avoidant, schizoid, and antisocial, histrionic, narcissistic, avoidant, or dependent as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.

The term Sex Offender (in this study) refers to any adult male who has engaged in the act of incest or child molestation. This definition is not limited to those individuals who have received a conviction as many of the men in this identified treatment facility are receiving treatment on a voluntary basis or are under a Mental Health Board commitment.

The term Adult Attachment refers to the stable tendency of an individual to make substantial efforts to seek and maintain proximity to and contact with one or a few specific individuals who provide the subjective potential for physical and/or psychological safety and security. An example

of such a relationship could be an intimate adult relationship (Sperling & Berman, 1994).

### **LIMITATIONS OF THE STUDY**

Random selection was not utilized in this study due to the nature of the population and limited access to those admitting to such behaviors. As well, this study was descriptive in nature and therefore lent itself only to the examination of the of the population at the Lincoln Regional Center.

No treatment was applied and no variables were manipulated. The instrumentation employed to measure adult attachment styles is generally used in conjunction with a structured attachment interview. This combination was not utilized therefore the reliability and validity scores for Bartholomew's (1990) attachment measures are not applicable to this research. There was no control group used to compare personality testing or attachment measures.

An additional limitation is the scope of the study. The focus was on one population of sex offenders; pedophiles. All other categories of sexual predatory behavior were excluded from this study unless these behaviors were secondary to pedophilia.



## **CHAPTER II**

### **REVIEW OF RELATED LITERATURE**

The purpose of this chapter is to provide a framework to evaluate the use of attachment theory and personality disorders to better understand their relationship to sexually deviant behaviors. Within the study of adult attachment there are a variety of models reflecting individual differences. Bartholomew (as cited in Hazan & Shaver, 1994) describes all models based on different conceptual analyses and underlying dimensions. One model is based on perceptions of attachment figures' responsiveness, another is based on the interaction of affiliation and aggression, and a third is based in part on patterns of defensiveness revealed in face-to-face interaction (Hazan & Shaver, 1994). This study focuses on adult attachment differences based on models of self and others (Bartholomew 1991).

To give direction to this inquiry the areas of the literature to be explored are: 1) attachment theory; 2) adult attachment styles based on models of self and others; 3) attachment theory related to psychopathology; 4) attachment theory and sexual offending.

## **ATTACHMENT THEORY**

Attachment theory conceptualizes the universal human need to form close affectional bonds. It serves both as a normative theory of how the inborn system functions in all humans and as an individual-difference theory of the attachment strategies that are adopted in response to different life experiences (Griffin & Bartholomew, 1994b). Attachment is viewed as a condition in which an individual is linked emotionally with another person. As well, attachment is seen as a system with the goal of regulating behaviors and is designed to obtain and maintain proximity to a preferred individual who will ensure protection particularly when under stress. Positive emotional states are maintained when attachments are renewed and the bond is maintained. Negative emotional states can occur (e.g. anxiety, anger, sorrow, or grief) when attachments are threatened or lost (Alexander, 1992). The attachment bond may be viewed as a secure base from which one would use to explore and master the environment in times of safety. As well, the secure base is also utilized as a safe haven in times of stress and danger (Crowell & Waters, 1994). The attachment is not a behavior rather it is an emotional bond. An attachment is a long lasting relationship (Colin, 1996).

The state and quality of individuals' attachment can be divided into

secure and insecure (Holmes, 1993). In general, most theorists believe there is only one secure style and numerous insecure styles (Sperling & Berman, 1994). Ainsworth (1972) identified three attachment styles: 1) secure, 2) avoidant, and 3) anxious-ambivalent (as cited in Feeney & Noller, 1990). Bartholomew (1990) has identified a four-category model including secure, preoccupied, fearful, and dismissing styles of attachment. This model emphasizes the individual's internal working model of self and other in determining the individual's experience of close relationships.

A key concept in attachment theory is that of the internal working model (Holmes, 1993), also referred to as representation model (Colin, 1996). Expectations, beliefs, and attitudes are components of what Bowlby (1973) terms the internal working model. Griffin and Bartholomew (1994b) report, "Bowlby proposed that the quality of childhood relationships with care givers results in internal representations or "working models" of the self and others that provide the prototypes for later social relations (Bowlby, 1973, 1980, 1982a)," (p.430). Although primarily cognitive in origin, the idea of the internal working model is applicable to affective life, is constructed from experiences and influenced by the need to defend against painful experiences. These internal working models are thought to be consistent across time and relationships (Holmes, 1993). Sperling and

Berman (1994) identify that attachment styles refer to particular internal working models that determine people's behavioral responses to real or imagined separations and reunion from their attachment figures.

On the basis of Bowlby's idea of the internal working model, attachment to parental figures is presumed to continue into adulthood. Certain adult relationships with peers show the same characteristics of attachment (Alexander, 1992). Colin (1996) discusses adult attachment as behaviors and affective bonds that are present and active throughout the life span. Colin states further that "principle attachments of childhood remain important, but the youth also begins to look for a new partner who may in time replace the parent as his or her principle attachment figure" (p. 293). Bowlby (1988) comments that fortitude or susceptibility to stressful life situations is determined significantly by the patterns of attachment formed early in life. For adults, like children, attachments are a form of security (Colin, 1996).

## **ADULT ATTACHMENT STYLES BASED ON MODELS OF SELF AND OTHERS**

In the 1980's, two separate programs of research were initiated to investigate patterns of attachment in adulthood. Main, Kaplan, and Cassidy (1985) focused on the possibility that adult states of mind regarding

attachment affected parenting behavior, which in turn influenced the attachment patterns of the parents' young children. This group of researchers developed the Adult Attachment Interview to interview parents about their childhood family relationships (Bartholomew, in press). The second distinct line of research, conducted by Hazan and Shaver (1987), began studying adolescent and adult loneliness, and was followed up by Weiss's (1982) idea that chronic loneliness is associated with insecure attachment. Hazan and Shaver (1987) developed a simple self-report questionnaire for adults based on Ainsworth's three patterns of childhood attachment: secure, avoidant, and anxious (Bartholomew, in press). Both lines of research by Main et al. (1985) and Hazan and Shaver (1987) are grounded in Bowlby and Ainsworth's attachment theory and focus on individual differences and classify people into categories parallel to Ainsworth's infant attachment typology (Bartholomew, in press).

Based on this same foundation of attachment theory, Bartholomew (1990) proposed a 4-group model of characteristic attachment styles in adulthood. This model systemized Bowlby's (1982) conception of internal working model into a four-category classification design. Four prototypic attachment patterns are defined in terms of two dimensions: positivity of a person's model of self and positivity of a person's model of others. The

positivity of the self model indicates the degree to which a person has internalized a sense of his or her self-worth versus feeling anxious and uncertain of lovability. The self model is therefore associated with the degree of anxiety and dependency on others' approval in close relationships. The positivity of other model indicates the degree to which others are generally expected to be available and supportive. The model of other is therefore associated with the tendency to seek out or avoid closeness in relationships (Bartholomew, in press).

Bartholomew's (1990) four attachment patterns include: secure, preoccupied, fearful, and dismissing. **Secure** adult attachment is characterized by the combination of a positive self model and a positive model of others. Secure individuals have an internalized sense of self-worth and are comfortable with intimacy in close relationships. **Preoccupied** attachment is characterized by a negative self model and a positive model of others. Preoccupied individuals anxiously seek to gain acceptance and validation from others. These individuals persist in the belief that they could attain safety, or security, if they could only get others to respond suitably toward them. **Fearful** attachment is characterized by negative self and other models. Fearful individuals, like the preoccupied, are highly dependent on others' acceptance and affirmation; however, because of their

negative expectations, they avoid intimacy to avert the pain of loss or rejection. **Dismissing** attachment is characterized by a positive self model and a negative model of others. Dismissing individuals also avoid closeness because of negative expectations; however they maintain a sense of self-worth by defensively denying the value of close relationships (see figure 1).

A major innovation in Bartholomew's work is the distinction between two types of avoidant attachment: fearful and dismissive (Ward, Hudson, & McCormack, 1997). The secure, preoccupied, and dismissing patterns are conceptually similar to the corresponding Adult Attachment Interview categories (Main et al., 1985). The secure, preoccupied, and fearful patterns are similar to Hazan and Shaver's (1987) secure, anxious/ambivalent, and avoidant categories.

This particular model of adult attachment styles is used in this research project based on its focus on avoidance of intimate relationships. Research suggests that sexual offenders have intimacy skill deficits that may play a significant role in the etiology and maintenance of dysfunctional sexual behavior (Ward et al., 1997). Bartholomew (1990) notes that social isolation and loneliness constitute risk factors for psychological and physical disorders. An interpersonal style characterized by a lack of desire or

capacity to become deeply involved with others combined with a personality disorder is potentially maladaptive (Ward et al., 1997).

## **ATTACHMENT THEORY AND PSYCHOPATHOLOGY**

Although there is now consensus that attachment is a prominent developmental issue throughout the life span, relatively little attention has been paid to the relation of attachment processes to the development of psychopathology beyond childhood (Rosenstein & Horowitz, 1996).

Attachment theory views development as a process of directed changes, competencies, adaptive patterns, and personality arising from the reorganization of preceding patterns, structures, and competencies (Sroufe, 1979). This viewpoint conceptualizes psychopathology as a deviation from a normal developmental pathway in an effort toward adaption.

Millon (1981) conceives personality as an organized pattern of deeply embedded, and for the most part, unconscious psychological characteristics that are revealed in most significant aspects of life functioning. These characteristics develop as a result of interacting biological dispositions and social learning experiences and ultimately form a well organized psychic system of stable structures and coordinated functions. Millon (1986) poses that normal and pathological personality styles derive from the same



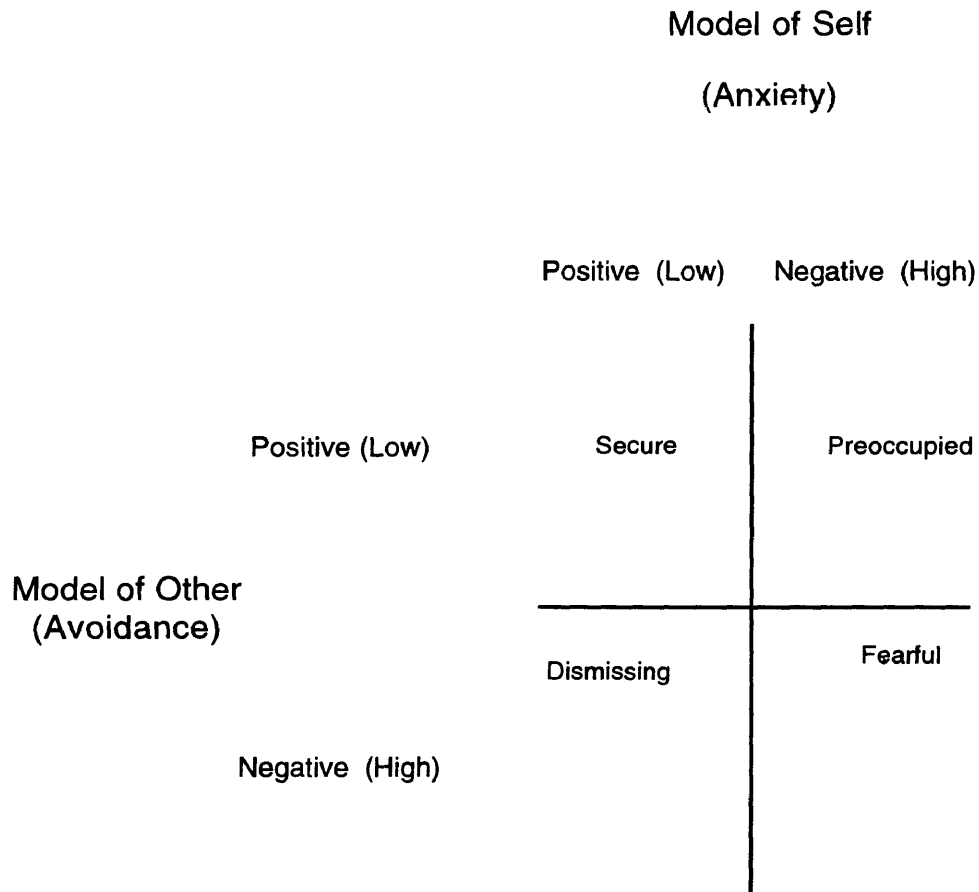


Figure 1: Four-category model of adult attachment Bartholomew (1990).

developmental influences. It is assumed that “differences in the character, timing, and intensity of these influences which lead some individuals to acquire pathological traits and others to acquire adaptive traits” (Millon, 1981, p.9). Healthy personalities are capable of meeting social responsibilities, achieving goals, and coping with inevitable stressors in a manner that is flexible and leads to personal satisfaction and goal attainment. Pathological personalities have developed few capacities for coping with the demands of life. What skills they do have tend to be applied inflexibly and in situations where inappropriate (Craig, 1993).

The quality of attachment plays a large role in determining an individual's degree of vulnerability to developmental deviations (Bowlby, 1980,1988).

Holmes (1993) cites Bowlby's view that “...the capacity to ‘process’ negative affect- to feel and resolve the pain of separation and loss- [is] a central mark of psychological health” (p.116). “From ‘maternal’ holding comes the ability to hold one's self in one's own mind: the capacity for self-reflection, to conceive of oneself and others as having minds” (Holmes, 1993, p.117). Psychological health requires a sense of security, of efficacy, of being loved, and having the capacity to love. It involves being a person in the world like others yet with one's own unique identity. Attachment becomes structuralized as an internal working model representing the

relationship among the self, the attachment figure, and the external world.

Later experience is interpreted on the basis of this internal working model so that continuity in one's sense of self is experienced (Rosenstein & Horowitz, 1996). Psychological health is about the ability to withstand the failures, the losses, and the disappointments that are inevitable in life (Holmes, 1993).

West and Sheldon-Keller (1994) discusses the issue of personality disorders as one related to difficult interpersonal relationships. Rosenstein and Horowitz (1996) cite that "the unconscious nature of internal working models of attachment and their resistance to change guides expectations and evaluations of relationships, allowing one to construct new relationships consonant with internal working models" (p.245). Colin (1996) argues the attachment system is pivotal to some forms of psychopathology citing school refusal as a symptom of a disturbance in attachment. "School refusal is persistent, very anxious behavior that truly prevents a child from attending school regularly" (Colin, 1996, p.22). Data suggests that infants of depressed mothers experience anxious attachments (Lyons-Ruth, 1991). These infants receive care which is detached and unresponsive, but it can also be hostile and intrusive. Bowlby (1980, 1988) contends that people go through all the usual developmental stages as they continue through life. However, the way in which they experience each stage and the degree and

manner in which they are prepared for each stage is dependent upon on earlier adaptations. When circumstances in infancy or early childhood result in deviant adaptations, development does not stop. Rather, it is likely to continue along an aberrant path. The shaping of personality is subject to biological, psychological, and social influences. According to social learning theory, children develop a personality by learning through experience and by modeling the actions of the people around them. Everyday activities provide the child unintended models to imitate. They repeat actions that bring rewards or permit them to escape penalties. Problems arise when the child is not provided reinforcement that allows adaptive responses. Whether or not a personality disorder develops depends on the nature and timing of these influences, each of which modifies the others (Millon & Davis, 1996).

Colin (1996) states that it is conceivable that personality disorders in adulthood, as well as depression stem from disturbances in early attachment relationships. The idea of personality implies that people's attitudes and behavior differ characteristically in ways that persist through changing situations and over long periods of time. These traits or habits are assumed to be largely unconscious approaches to the world expressed in everything a person thinks, feels, and does (Millon & Davis, 1996). Persons with

personality disorders respond poorly to stress and change. They are seriously deficient in their capacity for love and work and social relationships. To others they often seem disconcerting, obnoxious, or even enraging. These reactions from others intensify their problems (Personality and Personality Disorders, 1987).

## **ATTACHMENT THEORY AND SEXUAL OFFENDING**

Based on early attachment experiences infants develop expectations about their role and the role of the other person in the attachment relationship (Hartup, 1986). These “internal working models” effect the way a child interprets interpersonal events and rules for behavior (Main et al., 1985). Because of the biasing effect on incoming information internal working models, once established, are actively self-perpetuating. Individuals tend to select and create environments that confirm their existing beliefs (Collins & Read, 1990). Marshall (1993) proposes that the failure of sex offenders to develop secure attachments in childhood results in a failure to learn the interpersonal skills and self confidence necessary to achieve intimacy with adults. Marshall (1993) states men who are insecurely attached will attempt to meet intimacy needs primarily through sex. Research by Seidman, Marshall, Hudson, and Robertson (1994) shows that

a lack of intimacy is a significant distinguishing feature of sex offenders.

While there is considerable research related to attachment style in adults there has been a dearth of research specifically looking at attachment style and sexual offending in adult males. According to Ward et al. (1997) a survey of the empirical literature indicates that many sexual offenders have experienced some form of disruption to their early interpersonal relationships. There is evidence that family variables, specifically the quality of early interpersonal relationships and the experience of sexual deviation and abuse, play a major role in the development and severity of later sexual aggression (Prentky et al., 1989).

## **SUMMARY**

This chapter outlines relevant literature which provides a framework to evaluate the use of attachment theory and personality disorders in better understanding sexually deviant behaviors. Specific theoretical attachment patterns are identified and discussed to give direction to this study. Detailed research shows individual attachment styles in adults are influenced by the experiences in childhood. The internal working models formed based on attachment experiences can be view as developing in tandem with personality characteristics and ultimately directing the personality structure.

As well, the likelihood that these internal working models are carried over into adulthood and impact an individual in establishing or avoiding forming similar attachments is addressed as one factor influencing deviant sexual behavior.

## **CHAPTER III**

### **METHODS AND PROCEDURES**

The methods and procedures used in this study are presented in this chapter. The research design is outlined and the hypothesis is restated. Finally, this chapter will include a description of the subjects, instrumentation, and the instructional procedure that were used in this study.

#### **RESEARCH DESIGN**

This study is a descriptive research project. The study was designed to look for trends between characteristics of personality disorders/traits (axis II diagnoses) and characteristics of adult attachment styles in sex offenders. Personality testing results were used to identify personality disorders or traits. Self report questionnaires were utilized to ascertain attachment styles.

#### **RESEARCH HYPOTHESIS**

The features which are characteristic of adult attachment styles will be supported by the features of diagnosed personality disorders/traits. Three questions were asked to assist in addressing the research hypothesis: 1) "is there a trend in attachment styles among sex offenders diagnosed with



personality disorders?” ; 2) “is there a specific personality disorder that presents itself with frequency within these attachment styles?” ; 3) “are there attachment styles absent from the personality disorder/trait categories?”

## **SUBJECTS**

Participants in this study were 45 sex offenders receiving inpatient or outpatient treatment at a Midwestern regional center in their (PBC) Personality and Behavior Change Program. All sex offenders who are in the PBC treatment program for their deviant sexual behaviors were recruited for this research. Sex offenders diagnosed with thought disorders and those with a full scale I. Q. below 80 were not included in this study. This step was taken to ensure all participants were competent to respond to questions on the attachment questionnaires. Individual without a diagnosis of pedophilia (e.g. someone in treatment for rape, exhibitionism, etc...) were also not included in this research.

All subjects were male and at least 19 years of age. The age range of participants was 19 to 74 years. Participants in this study were placed in treatment by one of three means: 1) as a convicted sex offender from the State Correctional Institutions and voluntarily opting for treatment while serving their sentence; 2) on a mental health board hold from counties

throughout the state where the person is seen as mentally ill and/or dangerous to themselves or others by virtue of their sexually deviant behavior, and; 3) on a voluntary admission by the individual because of their deviant sexual behavior.

## **INSTRUMENTATION**

Personality disorders were measured by the Minnesota Multi Phasic Personality Inventory (MMPI II) and Millon Clinical Multiaxial Inventory (MCMI II). The MMPI II is a 567-item true-false personality inventory measuring psychopathology (Levin & Stave, 1987). The MMPI II alone does not appear sufficient to discriminate among subtypes of personality variables in as refined a manner as would be desirable (Antoni, 1993). The authors of the MMPI II and Oscar Buros anticipated the MMPI's replacement by instruments which used psychometric and theory advances in the following four decades (Widiger, 1985). The psychology department in the Personality and Behavior Change Program does not replace the MMPI II rather uses the MMPI II and the MCMI instruments in diagnosing a personality disorder/trait.

The MCMI II is a 157-item true-false inventory which is designed to answer the question: "Which type of chronic psychopathology does the

respondent have?” Where the MMPI will identify if psychopathology exists, the MCMI narrows the scope to a specific type of psychopathology or personality disorder. A major advantage of the MCMI over the MMPI is its apparent relationship to current diagnostic terminology (Widiger, 1985).

These psychological inventories were administered and interpreted by a clinical psychologist upon admission to the Personality and Behavior Change Program. The results of these tests are stored in the client file within the psychological evaluation section. Any diagnosis of personality disorders/traits was retrieved from this section of the client file.

Attachment styles were measured using the Relationship Questionnaire and the Relationship Scale Questionnaire developed by Kim Bartholomew at Simon Fraser University Vancouver, B.C. , Canada. The Relationship Style Questionnaire is a 30 item questionnaire which utilizes a Likert Scale to measure the extent to which the individual describes beliefs about close relationships as “like them” to “not at all like them”. The Relationship Questionnaire is a two item questionnaire. The first question evaluates four general relationship styles that people often report. This test asks the individual to circle the letter corresponding to the style that best describes or is closest to the way the individual generally regards himself in

close relationships. The second question rates each relationship style described on the instrument. Participants rate these relationship styles on a seven point Likert Scale to the extent to which the individual thinks each description corresponds to their general relationship style (see Scharfe & Bartholomew, 1994 for reliability and stability data).

## **PROCEDURE**

The subjects of this research were asked to participate in a study to identify their attachment styles. 45 male sex offenders were given the attachment measure instruments in small groups of no more than 10 or on an individual basis if the group time was not conducive to their schedule or they preferred to test without others in close proximity. Instructions to these questionnaires were read to the participants by the researcher. Participants were then given the opportunity to ask questions about the instructions prior to beginning the questionnaires. The researcher remained in the testing area during testing process to answer any other questions that might arise.

Personality testing results were obtained from hospital records. Specifically, personality diagnoses were taken from the Psychological Assessment section of the file rather than any diagnosis that may have been given by the attending psychiatrist. The rationale for this decision was based

on the knowledge that clinical psychologists are trained to administer and interpret psychological testing where a psychiatrist may not have such training or qualifications in this area. No secondary personality testing was conducted.

Four of the individuals who volunteered for this study were not included. Three individuals scored below 80 on the full scale I.Q. testing and one individual was not diagnosed with pedophilia.

## **DATA ANALYSIS**

Frequency distribution was utilized to examine the collected data and identify trends. Three questions were asked to assist in addressing the research hypothesis. The first question asked was, “is there a trend in attachment styles among sex offenders diagnosed with personality disorders?” The next question asked was, “is there a specific personality disorder that presents itself with frequency within these attachment styles?” The third question asked was “are there attachment styles absent from the personality disorder/trait categories?”

## CHAPTER IV

### DATA ANALYSIS

#### RESULTS AND DISCUSSION

This chapter presents the results of the analysis of the data collected using the Relationship Questionnaire (Bartholomew, 1990), the Relationship Scale Questionnaire (Bartholomew, 1990) and psychological diagnosis of personality disorders using the MCMI (Millon, 1981) and the MMPI II.

The attachment style questionnaires were hand scored using the appendix scoring guide included in The Metaphysics of Measurement (Griffin & Bartholomew, 1994a). The MCMI and MMPI II were administered, scored and interpreted by a clinical psychologist employed at the Lincoln Regional Center. The results of these tests were used to formulate an Axis II diagnosis (personality disorder/trait) and are documented in the psychological evaluation which is filed in each patient's record. This chapter answers the primary research question:

Are the characteristic of adult attachment styles supported by the characteristics of personality disorders/traitis?

In analyzing these findings it is important to recognize that an individual can be diagnosed with one or more personality disorders/traitis.

The maximum number of personality disorders/traits diagnosed in any one individual in this study was four, the average was two. Three individuals had no personality disorder/trait diagnoses. A frequency distribution of all sex offenders (figure 2) shows the following: 39% (16/41) of the individuals identify as fearfully attached; 27% (11/41) identify as preoccupied; 24% (10/41) identified as dismissing; 10% identified as securely attached. When the three undiagnosed sex offenders are deleted from the distribution (see figure 3) the percentages change as follows: fearfully attached= 42% (16/38); preoccupied= 24% (9/38); dismissing= 24% (9/38); secure= 10% (4/38).

The findings in this study (see figure 4) revealed that within the securely attached sex offenders (N=4) there were seven different personality disorders/traits diagnosed. The most frequent diagnosed personality disorder/trait was antisocial (n=2). The remaining five disorders and traits were evenly distributed (n=1 for each). Within the fearfully attached individuals (N=16) there were nine different personality traits diagnosed. The most frequently diagnosed personality disorder/trait was antisocial (n=11) and the second most frequently diagnosed personality disorder/trait among this group was passive aggressive (n=5). The antisocial personality disorder/trait was represented by two individuals in this category and the

remainder of the disorders/traits were evenly represented ( $n=1$  for each). (see figure 5). Examination of the preoccupied attachment style ( $N=10$ ) reveals nine disorders/traits diagnosed. The most frequently diagnosed personality disorder/trait is dependent ( $n=7$ ). Five of these individuals have the diagnosis of avoidant and two individuals have the diagnosis of antisocial (see figure 6).

The sex offenders with a dismissing attachment style ( $N=11$ ) are representative of eleven personality disorders/traits. Two personality disorder/traits (see figure 7) were noted as most frequently occurring among this group; avoidant and dependent ( $n=5$  in both).

Antisocial personality disorder occurred in each of the attachment styles (see figure 8). Avoidant and dependent personality disorders/traits were also represented in all attachment styles with passive aggressive personality disorder/traits being represented in each of the four attachment styles but the least often. The remaining nine categories of personality disorders/traits (including no diagnosis made) did not manifest in all attachment styles.

These findings partially support the hypothesis that characteristics of adult attachments style will be supported by the characteristics of personality disorders/traits. The secure and fearful adult attachment prototypes are not



consistent with their most frequently diagnosed personality disorder/trait.

The preoccupied and dismissing adult attachment prototypes are consistent with the most frequently diagnosed personality disorder/trait. The strength of the personality disorder/trait may have an impact on the attachment style endorsement. These issues will be discussed further in chapter IV.

Figure 2

Attachment Styles of Pedophiles in Treatment

N=41  
Secure attachment=10%  
Fearful attachment= 39%  
Preoccupied attachment= 27%  
Dismissing attachment=24%

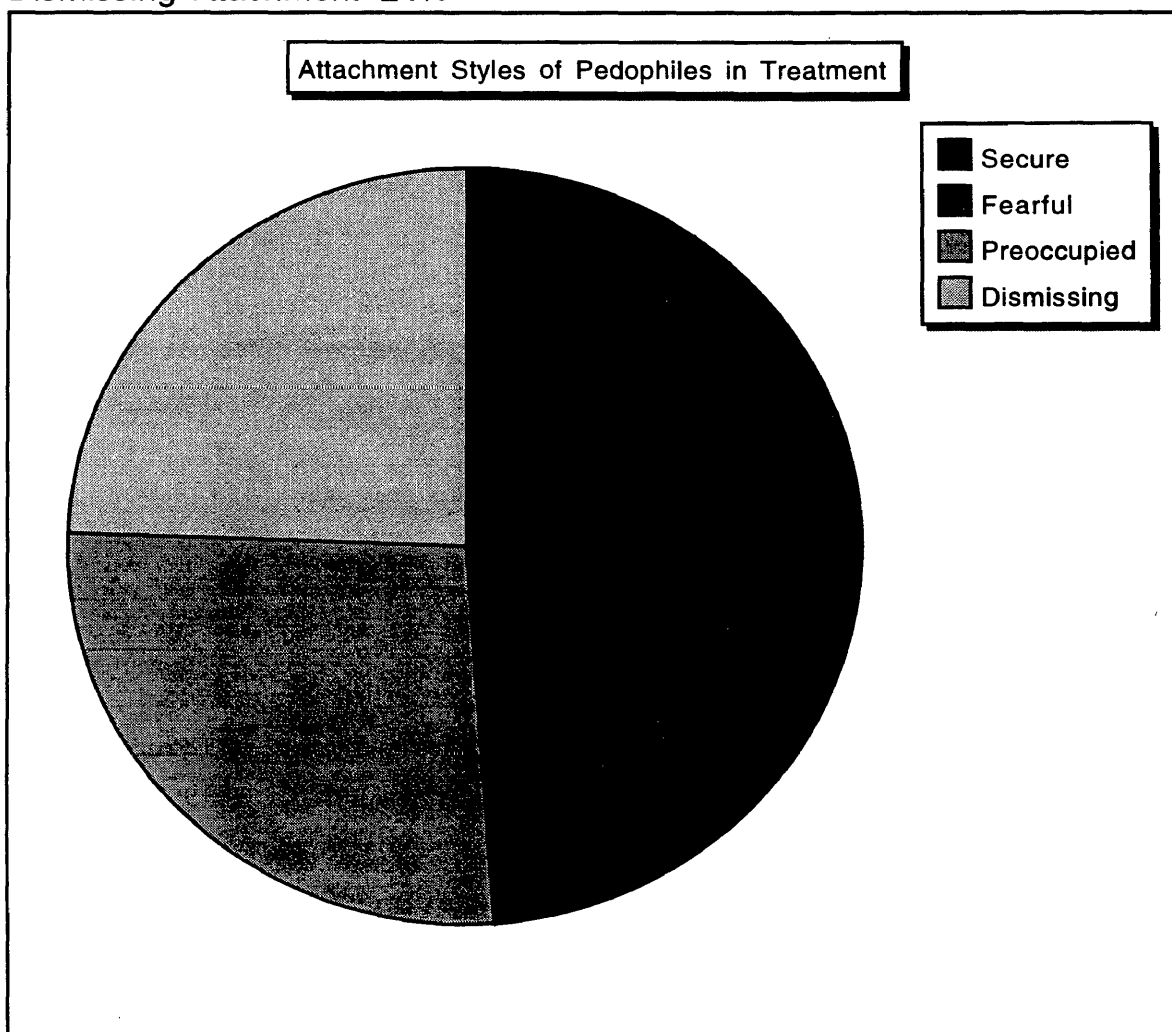


Figure 3

Attachment Styles of Pedophiles in Treatment With Axis II Diagnosis

N=38  
Secure attachment=10%  
Fearful attachment=42%  
Preoccupied attachment=24%  
Dismissing attachment=24%

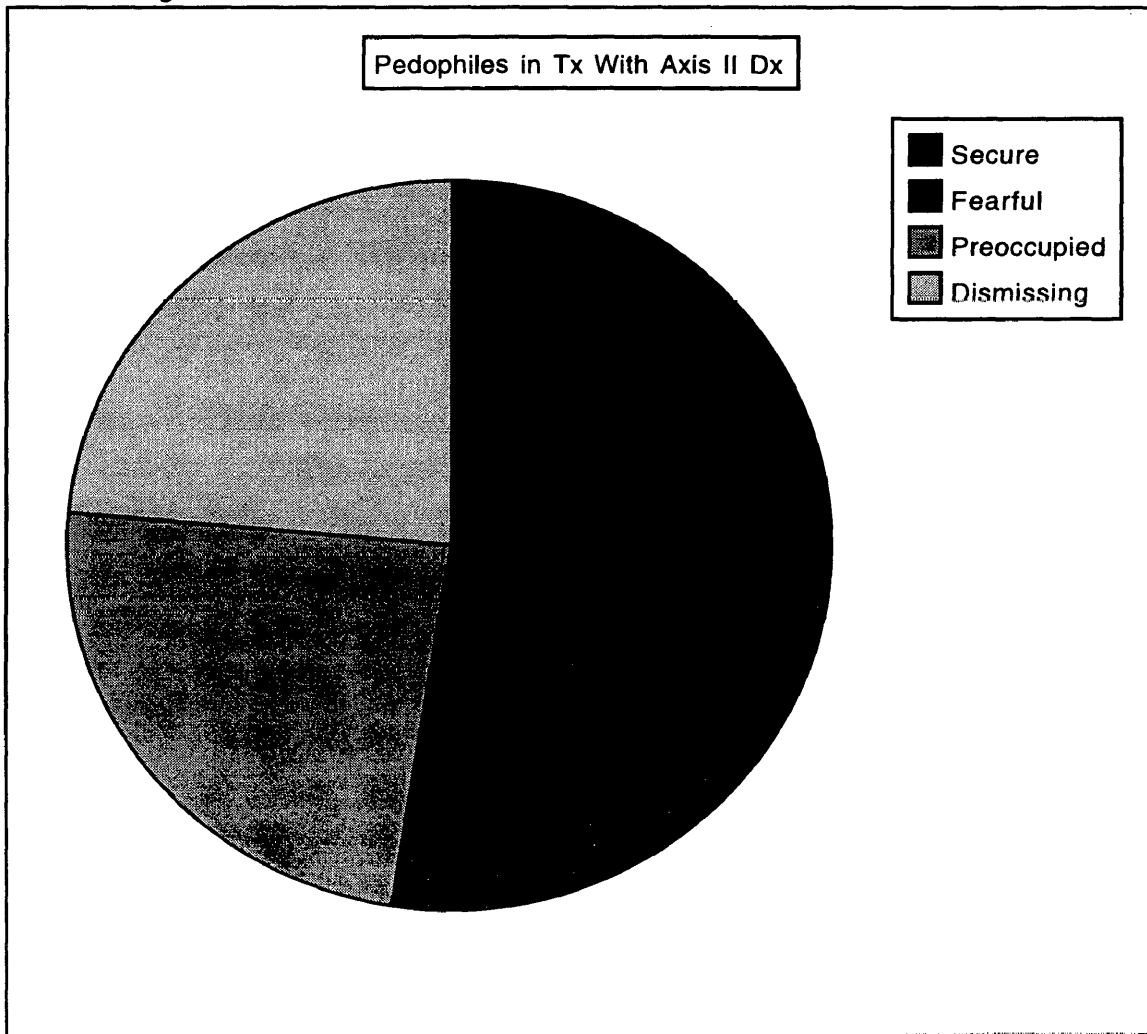


Figure 4

Secure Attachment Prototype

Personality Disorder/Traits

Ans=antisocial

Para=paranoid

Avd=avoidant

Pas=passive

Dep=dependent

Schiz=schizoid

Nar=narcissistic

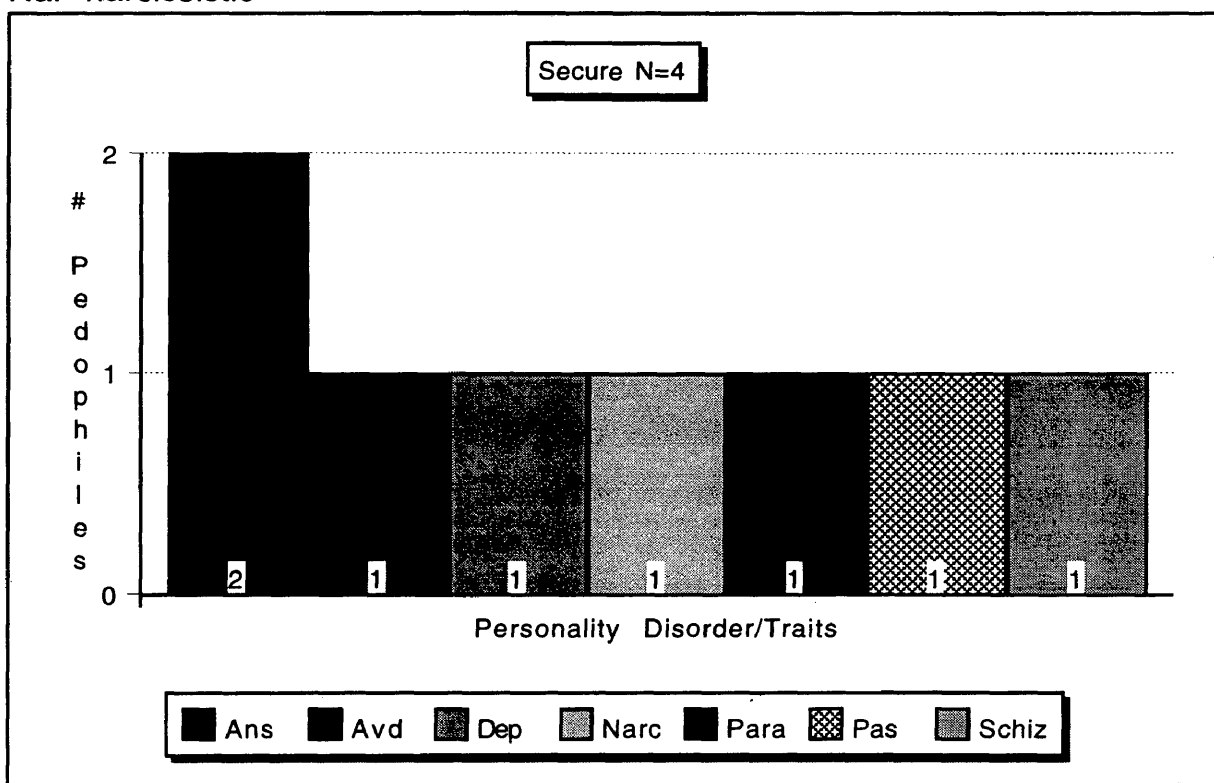


Figure 5

Fearful Attachment Prototype

Personality Disorders/Traits

Ans=antisocial                      Narc=narcissistic  
 Avd=avoidant                      PA=passive aggressive  
 Brdln=borderline                  Schiz=schizoid  
 Dep=dependent                      SD=self-defeating  
 Hist=histrionic

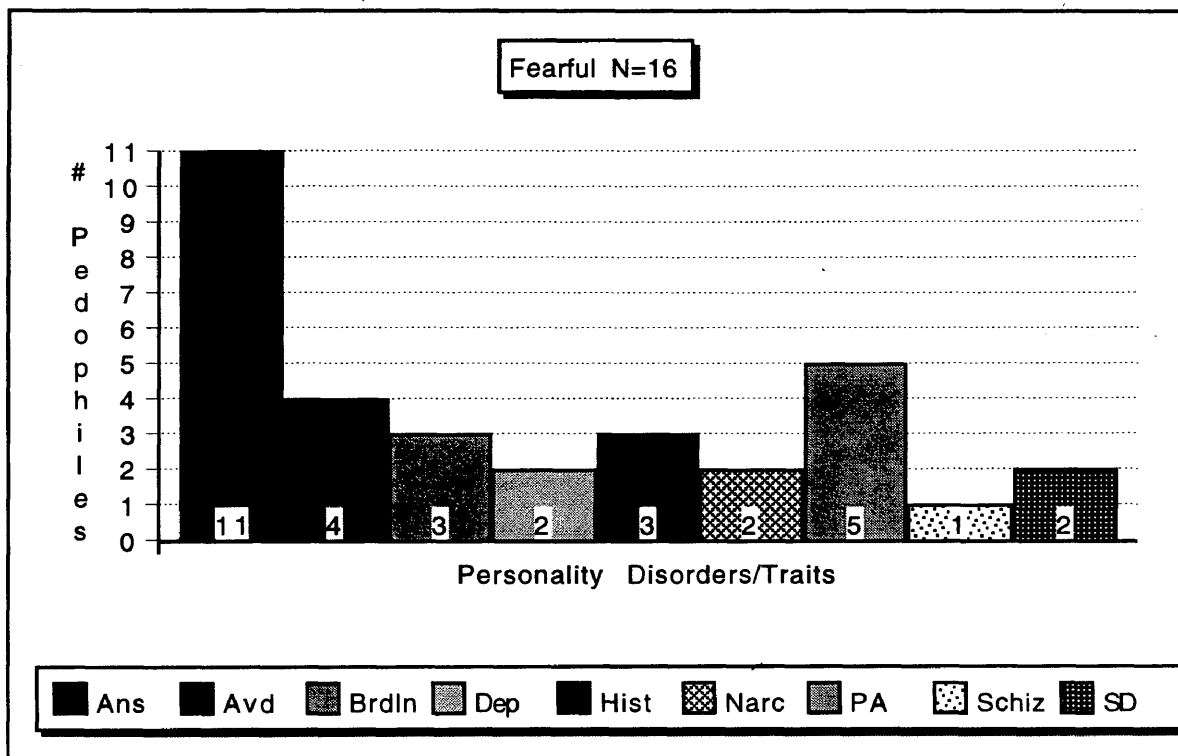


Figure 6

Preoccupied Attachment Prototype

Personality Disorders/Traits

- Ans=antisocial
- Avd=avoidant
- Comp=compulsive
- Dep=dependent
- Hist=histrionic
- Narc=narcissistic
- Obs=obsessive
- PA=passive aggressive
- No dx=no diagnosis made

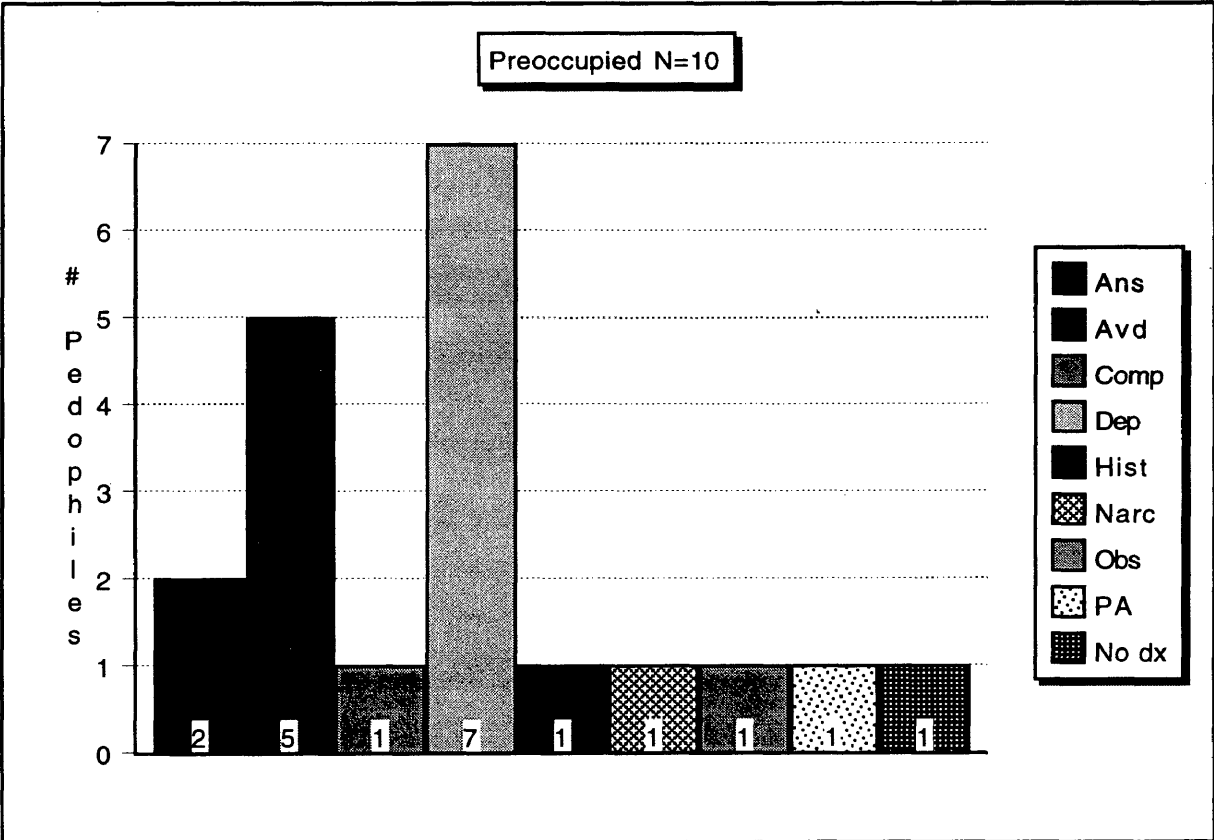


Figure 7

Dismissing Attachment Prototype

Personality Disorder/Trait

Ans=Antisocial

Pass=passive

Avd=Avoidant

PA=passive Aggressive

Comp=Compulsive

Schiz=schizoid

Dep=Dependent

SD=self-defeating

Obs=obsessive

No dx=no diagnosis made

Par=paranoid

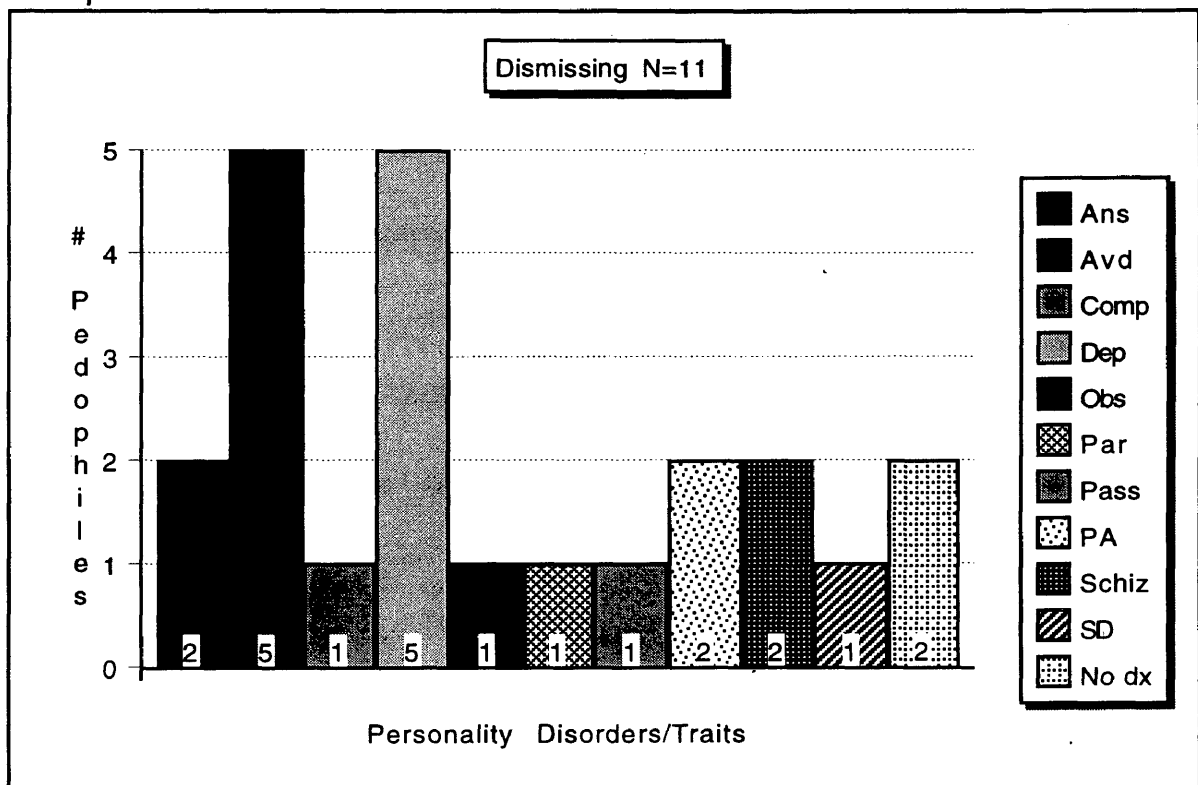
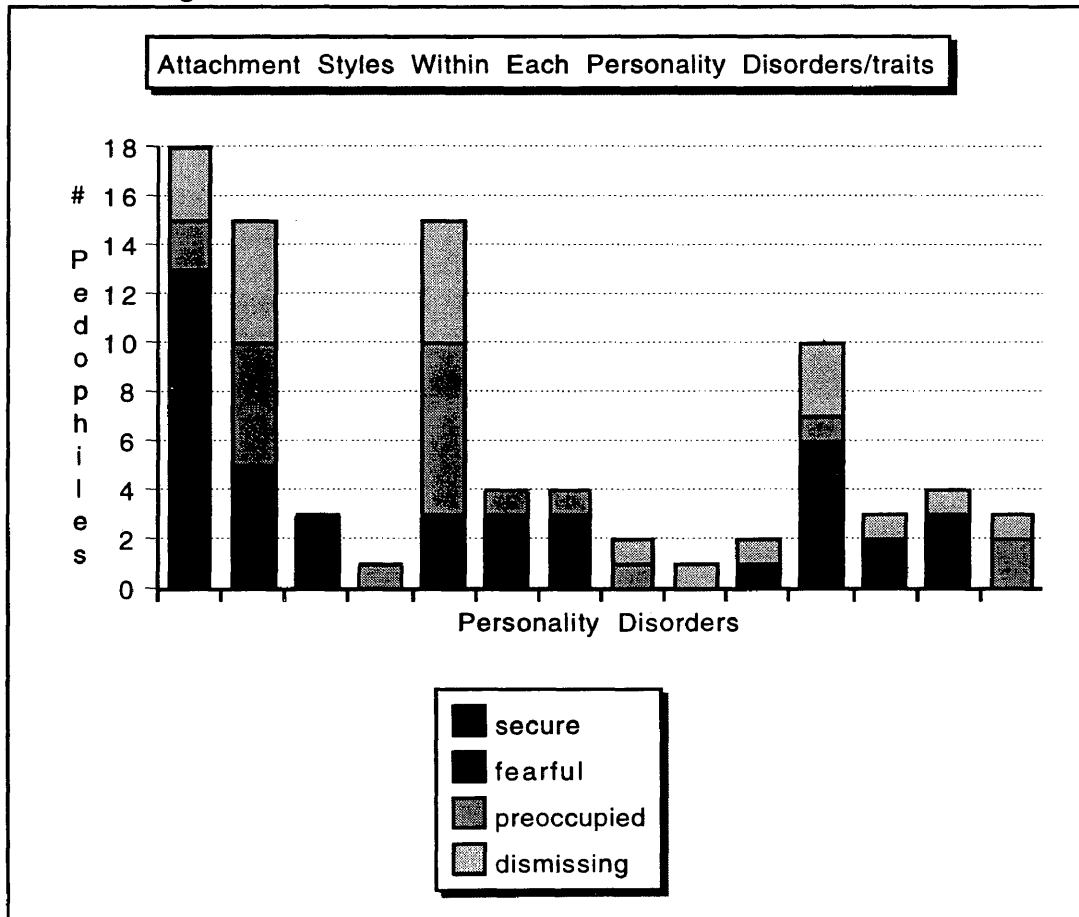


Figure 8

Attachment Styles Within Each Personality Disorder/Trait

Personality Disorders

1=antisocial, 2=avoidant, 3=Borderline, 4=Compulsive, 5=Dependent  
6=Histrionic, 7=Narcissistic, 8=Obsessives, 9=Passive, 10=Paranoid,  
11=Passive Aggressive, 12=Schizoid, 13=Self Defeating,  
14=No Diagnosis Made





## **CHAPTER V**

### **SUMMARY**

Seeds fly away from their parent stems but carry with them a genetic endowment that all but determines their future form and splendor. The lake on whose shore I live has many islands, some of them no more than granite outcrops with seemingly no soil, but on every one of those is a plant or a tree growing out of tiny cracks in the face of the apparently arid rock. These plants and trees are, to all obvious appearances, identical to their brethren on the shore. Despite harsh circumstances, foreign to those of their parents, the island trees grow according to their genetic program. Not so you and I (Marshall, 1996. p. 317).

Clinical psychologists working from many different theoretical perspectives often regard the earliest years of childhood as a “sensitive period” for determining both the individual’s personality and the types of relationships the individual will engage in as an adult (Colin, 1996). Trust is a crucial aspect in the development of secure attachments during the early stages of development ( Millon, 1996). Millon discusses this concept further stating...

through the quality and consistency of this support, deeply ingrained feelings of trust are etched within the child. Thus, feelings and expectancies arising from specific experiences become highly generalized and come to characterize the child’s image of the entire environment. Because children are unable to make fine discriminations, their early attachments become pervasive and widespread (pp.110-111).

Early life experiences become the basis of an internalized representation of attachment. Internal working models persist when they encounter attachment strains of a quality and intensity consistent with the individuals earliest attachment experience.

Current psychological theorists believe that personality is something that develops slowly and at different points in life (Kamler, 1994). It is well

accepted among professionals that early interpersonal experiences within the family play a definitive role in the development of psychopathology (Millon, 1996). It is important to have an understanding of the tendencies in the representational world (internal working model) that persist through time and enter into the determination of later attachment outcomes. This requires more rather than less attention to the individuals' on going relationships (West & Sheldon-Keller, 1994).

This research study was based on Bartholomew's adult attachment model (1990) which introduces an internal working model based on two independent dimensions; the image of self (positive or negative) and the image of others (positive or negative). These two dimensions underlie four attachment styles: secure (positive image of self and others), fearful (negative image of self and others), preoccupied (negative image of self, positive image of others) , and dismissing (positive image of self, and negative image of others).

This study utilized relationship questionnaires and personality instruments to establish trends in characteristics of adult attachment styles and personality disorders/traits of sexual offenders. Assessment of attachment styles within the population of the subjects with personality disorders revealed a tendency toward a fearful attachment style. Fearful

attachment styles indicate a negative view of self and others which is not conducive to forming intimate, meaningful relationships. The inability to form close, intimate relationships places men who are sexually attracted to children at a higher risk to meet their intimacy needs in inappropriate yet non-threatening ways (e.g. sexually assaulting children). Only four out of 41 individuals identified as securely attached.

Examination of each attachment style independently reveals two out of the four attachment style prototypes developed by Bartholomew (1990) include personality disorders/traits that compliment the positive/negative internal working model view of self and other. Those identified as securely attached (n=4) were all diagnosed with a personality disorder; two of the four individual's were diagnosed as antisocial. This group's attachment prototype is not consistent with their personality disorder characteristics. Bartholomew's model of secure attachment includes the view of self and others as positive. Antisocial personalities do not view others in a positive light. Their self-centered view of themselves is not consistent with Bartholomew's positive view of self in her attachment style prototypes.

All individuals identifying as fearfully attached had at least one personality disorder/traIt dIagnosis. The most prominent personality disorder was antisocial. The internal working model of fearfully attached

individuals is a negative view of others and negative view of self. Antisocial individuals tend to live in a world laden with little love and much frustration. They believe they must be on guard against the indifference or cruelty of others. They believe others will abuse or exploit their power and be indifferent to their needs. To avoid this antisocials act in ways to seize all the power they can (Millon, 1996). This personality disorder however, is inconsistent with Bartholomew's fearful attachment prototype. Although the antisocial personality trait is interpersonally imbalanced, viewing others as negative, their positive appraisal of themselves is a self-inflated view.

Nine out of the ten individuals in the study who identified as preoccupied were diagnosed with at least one personality disorder/trait. One individual in this group did not receive a personality disorder/trait diagnosis. The majority of sex offenders with the preoccupied attachment style were represented with dependent personality disorder/traits. Preoccupied individuals have a positive view of others and negative view of themselves. This view of self and others is in keeping with the dependent personality disorder traits where individuals lack self confidence and feel incompetent. They search for assurances of acceptance and approval. These individuals discount themselves and their accomplishments. They manipulate their environment by acting weak, expressing self doubt, and are

willing to comply and submit. These behaviors elicit the nurturance and protection they seek. Their sense of self lies in others not themselves (Millon, 1996).

Bartholomew's dismissing attachment style was endorsed by 11 individuals in this study. Two out of the eleven individuals in this group did not receive a personality disorder/trait diagnosis. The dismissing individual's view of other is negative and their view of self is positive. Interestingly, individuals who endorsed this category received as many diagnoses of avoidant personality traits/disorder as dependent personality traits/disorders. The avoidant personality distances from others to avoid being shamed and humiliated. Any event which entails a personal relationship with others, unless it ensures uncritical acceptance, constitutes a potential threat to their fragile security (Millon, 1996). This fits with the negative view of others in Bartholomew's prototypes. On the other hand, the dependent personality discounts themselves and their accomplishments and their sense of self lies in others. This fits with the dismissing attached individuals view of others as positive and is therefore consistent with the dismissing prototype.

Out of the 13 personality disorders/traits depicted in this study, each of the four attachment styles were not represented in nine of the disorder/traits.

Anti-social, avoidant, dependent, and passive aggressive personality disorders/traits were represented in all four attachment styles. The nine remaining personality disorders/traits were found present in an average of two attachment styles. An issue not addressed in this study is that the strength of the personality disorder/trait may impact which attachment style the individual endorsed. For example, four out of 38 individuals in this study with personality disorders identified as securely attached. However, if the positive view of self is too high or low and the view of others is also distorted the secure attachment may be bordering on another form of attachment (see Bartholomew & Horowitz, 1991).

This study did not identify clear trends in attachment style and personality disorders in this group of pedophiles. The findings in this study were not empirically sound. No control group was used and there are currently no studies conducted using the RSQ and RQ without a structured interview. This study used the RSQ and RQ without a structured interview and because of this the reliability and validity findings (Scharfe & Bartholomew, 1994) related to Bartholomew's (1990) four prototype attachment model cannot be inferred in this study. The findings from this study cannot be applied to other populations of pedophiles receiving treatment for their deviant sexual behavior. Future research could focus on

use of the RSQ and RQ in conjunction with a structured interview and utilize a control group in order to establish a mean to draw upon in analyzing and comparing data.

Other confounding variable may have played into the results obtained in this study. First, all of these individuals were given the battery of personality testing upon admission to the program. The relationship questionnaires were not administered upon admission. Most of the individuals who participated in this study had been in the program receiving a cognitive-behavioral form of treatment targeting change in personality for a period of time prior to this research being conducted. The therapy received may have had an impact on the way these pedophiles view current and past relationships. Ideally, these adult relationship (adult attachment style) questionnaires should be administered upon admission to the program concurrent with the personality testing.

## **RECOMMENDATIONS**

Future studies could show a trend in personality disorders/traits and adult attachment styles. Empirically sound methods involving control groups, reliability and validity data, and application of testing at appropriate times will be necessary to draw sound conclusions. Clearly, sexual



aggression against children is a prominent societal problem. It will continue to require the innovative efforts of research if we are to improve the types of treatment provided to those with deviant sexual behaviors. This may be more easily accomplished if we acquire some understanding of the interpersonal skills these individuals access in their adult relationships. When we identify the personality patterns in specific attachment styles we will be better directed in providing the type of therapy pedophiles need to make meaningful and necessary changes in their lives. The self confidence necessary for sex offenders to achieve intimacy with others adults may be deficient as a result of the interaction of their views of themselves and others (as positive or negative).

At this point it appears that these changes will need to be identified on an individual basis. This makes the concept of group therapy in treating the attachment deficits less practical if the group content is not applicable to all involved. Those with a fearful attachment will need to address issues related to improving their self concept and their trust in others. The preoccupied individuals would benefit from learning about the intrinsic dynamics underlying this attachment style and ways to avoid becoming over involved in close relationships and being dependent on others' acceptance for a sense of personal well being. The dismissing pedophile could explore

why he downplays the importance of close relationships, restricts his emotional connection, and work to decrease his need for independence to a level which is healthy and rewarding.

The primary aim of this research was to define how the personality and attachment style played a role in sexually abusing children and how this information can be used to prevent reoffense. The inability to manage life stress, relate to others on a meaningful level, and meet personal needs effectively is a major concern when providing therapy to individuals who have engaged in sexually assaultive behaviors toward children.

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## APPENDICES

Appendix A  
Relationship Style Questionnaire  
(RSQ)

## RSQ

Please read each of the following statements and rate the extent to which each describes your feelings about close relationships. Think about all of your close relationships, past and present, and respond in terms of how you generally feel in these relationships.

	Not at all like me		Somewhat like me		Very much like me
1. I find it difficult to depend on other people.	1	2	3	4	5
2. It is very important to me to feel independent.	1	2	3	4	5
3. I find it easy to get emotionally close to others.	1	2	3	4	5
4. I want to merge completely with another person.	1	2	3	4	5
5. I worry that I will be hurt if I allow myself to become too close to others.	1	2	3	4	5
6. I am comfortable without close emotional relationships.	1	2	3	4	5
7. I am not sure that I can always depend on others to be there when I need them.	1	2	3	4	5
8. I want to be completely emotionally intimate with others.	1	2	3	4	5
9. I worry about being alone.	1	2	3	4	5
10. I am comfortable depending on other people.	1	2	3	4	5
11. I often worry that romantic partners don't really love me.	1	2	3	4	5
12. I find it difficult to trust others completely.	1	2	3	4	5
13. I worry about others getting too close to me.	1	2	3	4	5
14. I want emotionally close relationships.	1	2	3	4	5
15. I am comfortable having other people depend on me.	1	2	3	4	5
16. I worry that others don't value me as much as I value them.	1	2	3	4	5
17. People are never there when you need them.	1	2	3	4	5
18. My desire to merge completely sometimes scares people away.	1	2	3	4	5
19. It is very important to me to feel self-sufficient.	1	2	3	4	5
20. I am nervous when anyone gets too close to me.	1	2	3	4	5
21. I often worry that romantic partners won't want to stay with me.	1	2	3	4	5
22. I prefer not to have other people depend on me.	1	2	3	4	5
23. I worry about being abandoned.	1	2	3	4	5
24. I am somewhat uncomfortable being close to others.	1	2	3	4	5
25. I find that others are reluctant to get as close as I would like.	1	2	3	4	5
26. I prefer not to depend on others.	1	2	3	4	5
27. I know that others will be there when I need them.	1	2	3	4	5
28. I worry about having others not accept me.	1	2	3	4	5
29. Romantic partners often want me to be closer than I feel comfortable being.	1	2	3	4	5
30. I find it relatively easy to get close to others.	1	2	3	4	5

Appendix B  
Relationship Questionnaire  
(RQ)

**RELATIONSHIP QUESTIONNAIRE****PLEASE READ DIRECTIONS!!!**

1) Following are descriptions of four general relationship styles that people often report. Please read each description and **CIRCLE** the letter corresponding to the style that best describes you or is closest to the way you generally are in your close relationships.

- A. It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.
- B. I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.
- C. I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.
- D. I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

2) Please rate each of the following relationship styles according to the extent to which you think each description corresponds to your general relationship style.

- A. It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.
- B. I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.
- C. I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.
- D. I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

	Not at all like me			Somewhat like me			Very much like me
Style A.	1	2	3	4	5	6	7
Style B.	1	2	3	4	5	6	7
Style C.	1	2	3	4	5	6	7
Style D.	1	2	3	4	5	6	7