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Due to being at risk for a number of unfavorable environmental factors (Barcons, Abrines, Brun, Sartini, Fumadó, & Marre, 2014), adopted children have an increased likelihood of developing social, emotional, cognitive, and attachment issues (Rushton, 2010). Whether adopted domestically or internationally, adopted children are at risk for experiencing socio-emotional difficulties (Dalen & Theie, 2014; Vandivere, Malm, & Radel, 2009; Vandivere & McKlindon, 2010) that can stunt the child's ability to effectively regulate their emotions and connect with others. Adoptive parents may find it difficult to emotionally connect with adopted children who are experiencing socio-emotional difficulties (Dalen & Theie, 2014).

Adoptive parents can aid their adopted children in learning how to connect emotionally and regulate difficult emotions through *emotion coaching* (Gottman, Katz, & Hooven, 1996). Emotion coaching is a construct based in a parent's meta-emotion philosophy (PMEP), which is defined as parents' thoughts and feelings about their own emotions as well as their child's emotions. Emotion coaching is one of the four PMEPs and is considered the ideal PMEP. Emotion coaching parents accept and validate all of their children's emotions, and views their children's emotional expression as an opportunity to connect with them and teach them how to manage challenging emotions. Researchers (e.g., Ellis, Alisic, Reiss, Dishion, & Fisher, 2013) has shown that children of emotion coaching parents have higher levels of emotion regulation than children of parents with less ideal PMEPs. But how do parents develop their thoughts and feelings

about their own emotions and their children's emotions? Attachment Theory (Bowlby, 1969) may lend some answers to this question.

Attachment Theory emphasizes the importance of emotional attunement between the mother and infant when developing secure attachment: the ability to form intimate relationships with others (Bowlby, 1969; Gus, Rose, & Gilbert, 2015). According to Attachment Theory, an individual cannot respond to others with empathic attunement unless they have secure attachment (Bowlby, 1969). The very act of emotion coaching seems to require high levels of emotional attunement between mother and child. Bowlby (1969) emphasized the importance of the mother as a primary attachment figure, and so this study will be looking at the adoptive mother's attachment and PMEP.

Although researchers (e.g., Cowen, 1996; Chen, Lin, & Li, 2012) have made connections between Attachment Theory and PMEP in biological families, they have not yet explored these constructs in adoptive families. Thus, the purpose of this study was to gain a better understanding of how adult attachment may or may not influence adoptive mothers' PMEP and how adoptive adult attachment and PMEP may or may not influence adopted children's ability to emotionally regulate and attach to their adoptive parent. Because the ideal PMEP is emotion coaching, the researcher measured this type of PMEP only. Adoptive mothers completed questionnaires assessing their attachment, level of emotion coaching, and their view of their child's ability to emotionally regulate.

Utilizing Pearson's pairwise correlations, the researcher analyzed the relationships between the adoptive mothers' level of emotion coaching and her attachment; the relationship between the adoptive mothers' level of emotion coaching

and her child's emotion regulation skills; and the relationship between the adopted mothers' attachment and her child's emotion regulation skills. The researcher discovered that there was a statistically significant negative relationship between emotion coaching and adult attachment; a statistically significant positive relationship between emotion coaching and emotion regulation; and statistically significant positive relationship between attachment and lability. Finally, the researcher utilized a regression analysis to discover that the adoptive mothers' level of emotion coaching acted as a mediator between the adoptive mothers' attachment and the adopted child's level of emotion regulation. These findings indicated that emotion coaching is an effective method of aiding adopted children's ability to emotionally regulate. Furthermore, the findings indicated that even if an adoptive mother is struggling with attachment, if she is able to learn emotion coaching, she may still have a positive effect on her adopted child's emotion regulation development.

AN EXPLORATION OF THE IMACT OF ATTACHMENT,
PARENTAL META-EMOTION, AND EMOTION
REGULATION IN ADOPTIVE FAMILIES

by

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CHAPTER I

INTRODUCTION

Many adoptive families experience specific challenges that biological families may never face. Adopted children, whether domestic or international, face an increased likelihood of behavioral, emotional, developmental (Dalen & Theie, 2014; Jacobs, Miller, & Tirella, 2010), and attachment issues (Barcons, Abrines, Brun, Sartini, Fumadó, & Marre, 2014) due to a variety of reasons that are unique to their pre-adoptive conditions (Weir, Lee, Canosa, Rodrigues, McWilliams, & Parker, 2013). Many internationally adopted children spend the first months of their lives in some type of institutional care (e.g., orphanages, hospitals), settings which typically do not offer the level of care that an infant needs in order to develop at a healthy rate (Dalen & Theie, 2014). According to Barcons et al. (2014), 80% of internationally adopted children are placed in institutional care within their first year of life. Some international children stay with their family of origin until they are adopted, but they often still experience an array of problems related to poverty. Similar to international adoptees, domestic adoptees can face adverse pre-adoptive conditions (Courtney & Dworsky, 2006; Rushton, 2010). Although some domestic adoptees are adopted at birth, others are placed in foster care prior to adoption. Even prior to placement in the foster care system, these children may have experienced some form of abuse or neglect, and must deal with the impermanency of their foster

placement (Bruskas, 2008). These children often struggle with mental health issues and/or alcohol or substance abuse later as adults (Bruskas, 2008; Courtney & Dworsky, 2006).

Thus, whether the child is placed in institutional care or remains with the biological family pre-adoption, the child is at risk for experiencing a number of unfavorable environmental factors (Barcons et al., 2014; Rushton, 2010). These factors may include insufficient healthcare and medical services; inadequate prenatal, perinatal, and postnatal care; psychological deprivation; abuse or neglect; early separation from the child's mother; and malnutrition. All of these unfavorable environmental factors can contribute to difficulties later in the child's life when he/she is trying to adapt to his/her new adoptive home and connect with the adoptive family.

Both domestic and internationally adopted children are at risk for developing behavioral, social, emotional, cognitive, and attachment issues, especially if they were mistreated prior to adoption (Rushton, 2010). Researchers (e.g., Barcons et al., 2014; Dalen & Theie, 2014) have found that internationally adopted children tend to have higher levels of externalizing disorders, such as hyperactivity, conduct disorders, and internalizing disorders, than children who remain with their biological families throughout their lives. Internationally adopted children can also display patterns of emotional withdrawal (Dalen & Theie, 2014), which may make it difficult for adoptive parents to connect with their child on an emotional level. These findings indicate that the parents of adopted children may encounter more difficulty than biological parents when attempting to understand and connect with their adopted child's emotions, and when

trying to aid their adopted child in emotional expression and/or regulation. Domestic adoption is not without its challenges (Vandivere & McKlindon, 2010). Children of domestic adoption tend to be older than children adopted internationally. Age at adoption has been found to be a factor related to adjustment difficulties in adopted children (Sharma, McGue & Benson, 1996). When comparing the three types of adoption (private domestic, foster care domestic, and international), children adopted from the foster care system have been found to be more at risk for difficulties with socio-emotional well-being, educational achievement, cognitive development, and physical health than other adopted children (Vandivere, Malm, & Radel, 2009; Vandivere & McKlindon, 2010).

Indeed, all parents play a key role in shaping how their children express and regulate their emotions (Gottman, Katz, & Hooven, 1996). A primary way parents can aid their children in learning how to deal with their emotions is through emotional coaching, a construct based in a parent's meta-emotion philosophy (Gottman et al., 1996). Parental meta-emotion philosophy (PMEP) is defined as parents' thoughts and feelings about their own emotions as well as their child's emotions. Depending on the PMEP, parents may either aid their children in emotional expression and regulation, leading to a child's development of healthy emotion regulation and effective social skills, or suppress their children's emotional expression, thus hindering a child's development of emotion regulation (Gottman et al. 1996). In this way, PMEP impacts a number of child outcomes, including child behavior (e.g., disruptive behavior, adaptive skills) and child socialization (e.g., quality of relationships with peers and parents) (Daga, Raval, &

Raj, 2015; Dunsmore, Booker, & Ollendick, 2013; Gottman et al., 1996; Guss, Rose, & Gilbert, 2015; Katz, Maliken, & Stettler, 2012; Katz & Windecker-Nelson, 2004).

Four types of PMEP were identified by Gottman et al. (1996) in their original research. They labeled the ideal parental meta-emotion philosophy as “emotion coaching.” An emotion coaching parent communicates to the child an acceptance of the child’s emotion and a willingness to engage the child on an emotional level. For example, a parent with an emotion coaching PMEP would approach an upset child by asking the child open questions to discover how the child is feeling and what led to his/her feelings (Ellis & Alisic, 2013). The emotion coaching parent would also express to the child that he/she understands the child’s emotion, which conveys to the child that those feelings are valid. Children of emotion coaching parents display higher levels of emotion regulation (Ellis, Alisic, Reiss, Dishion, & Fisher, 2013) and social competence (Katz, Maliken, & Stettler, 2012) than children of parents who ascribe to less helpful PMEPs.

The second PMEP that Gottman et al. (1996) identified was labeled “emotion dismissing.” An emotion dismissing parent believes that negative emotions are potentially harmful to the child and therefore acts in ways to distance the child from the negative emotion so that the child does not experience the negative emotion. Often, this parent will try to distract the child from the negative emotion or deny that the negative emotion is valid in an effort to maintain a feeling of control and stability.

Gottman et al.’s (1996) third PMEP was known as “emotion disapproving.” The emotion disapproving parent believes that a child’s emotion needs to be controlled, and

they are often critical of a child's negative emotion. These parents often distance themselves from the child's emotion while addressing the undesirable behavior around the emotion. This produces the appearance of parental involvement in the child's emotion; however, the parent offers no helpful guidance on how the child could effectively regulate negative emotion.

The fourth and final PMEP was labeled "laissez-faire" (Gottman et al. 1996). The laissez-faire parent is accepting of all of the child's emotion (both negative and positive emotion). This parent does not judge or criticize the child for experiencing and expressing emotion. However, this parent does not become involved in the child's emotional expression. This parent does not intervene while the child is expressing emotion and does not use emotional moments as opportunities to teach emotion regulation skills. This parent passively allows the child to experience and express their emotions.

PMEP is based on the concept that parents' thoughts and feelings about their own emotions and the emotions of their child will impact how the parent interacts with his/her child (Gottman et al., 1996). But how does one form a parental meta-emotion philosophy? How does an adult learn to think and feel about emotions and the emotions of others? By looking through the lens of Attachment Theory, one can reach a better understanding of how individuals learn to relate and attune to one another (Bowlby, 1969; Gus et al., 2015). Originally developed by John Bowlby (1969), Attachment Theory is focused on the relationship between the infant and the primary caregiver.

According to Bowlby, this relationship will serve as a foundation for the child's future relationships with others – including the future parent's interactions with his/her child.

In his book on Attachment Theory, Bowlby (1982) stated that attachment is formed in an individual's first year of life. Children test out the world around them by first looking to their primary caregiver for security. When the child makes bids for the primary caregiver's attention and those bids are met with a soothing, attentive response, a sense of safety is created within this intimate relationship. If the child's bids for attention are met with a negative interaction or neglect, then the child senses a lack of safety within that intimate relationship. These early interactions with the primary caregiver are crucial for the child's ability to relate, empathize, and form bonds with others. This response to the individual's early interactions with the primary caregiver is known as the state of "attachment." Bowlby (1969) emphasized the importance of the mother as a primary attachment figure.

According to Bowlby (1969), an individual's attachment can be categorized as either "secure" or "insecure." An individual with secure attachment is able to form intimate bonds with others and maintain close relationships. Conversely, an individual with insecure attachment finds it very difficult to form bonds with others and maintain close relationships. Ainsworth and Bell (1970) proposed a more individualized view of attachment known as "attachment styles." They observed three primary attachment styles in their study on the various forms of attachment between mother and infant. They identified that some of the infants exhibited a "secure attachment." These infants appeared to feel confident that the primary caregiver (in this case, the infant's mother)

would be able to meet their physical and emotional needs. In contrast, infants with “ambivalent attachment” desired contact with the primary caregiver but disengaged when the primary caregiver attempted to make contact due to the constant anxiety that the infant felt regarding the mother. Finally, infants with “avoidant attachment” were both physically and emotionally detached from the primary caregiver. This is the ultimate form of insecure attachment. Although there is no universal consensus on whether researchers should measure attachment as dimensions versus categories, there has been empirical evidence for the use of dimensions instead of discrete categories of attachment (Fraley, Hudson, Heffernan, & Segal, 2015). Here, the categories were explained to help illustrate the potential link between attachment and parental responses to children’s emotions

An integral part of forming intimate relationships is being attuned to one’s own emotions and the emotions of others (Gus et al., 2015), and attunement is at the heart of attachment development. When the mother is fully attuned to the child’s emotional and physical needs and responds to them appropriately, the child feels safe. This felt safety allows the child to learn how to attune to others and develop a sense of empathy for the people around him/her. According to Bowlby’s (1969) theory of attachment, adults cannot respond to others with empathy and attunement unless they have developed secure attachment. This attachment perspective closely aligns with Gottman et al.’s (1996) theory of PMEP. According to PMEP, emotion coaching occurs when a parent is highly attuned to his/her child’s emotions and is able to respond to the child in a way that aids the child in dealing with his/her feelings and sets boundaries around the child’s behavior,

even while acknowledging and accepting the emotion being expressed (Gottman et al., 1996). Thus, it seems that mothers may only truly be attuned to their child and able to exhibit an emotion coaching PMEP when the mother is operating from attachment security.

Some researchers have made a similar argument. Haft and Slade (1989) found that a mother's attachment style influences how she understands and approaches both her own and others' emotions. Similarly, Cowen (1996) argued, "Gottman et al.'s analysis of emotion regulation may provide a framework for attachment researchers who are seeking to explain the correlations among adult attachment, parenting styles, and children's developmental outcomes" (p. 281).

Unfortunately, there has been very little empirical exploration of the relationship between PMEP and adult attachment. In one of the few tests of the relationship, DeOliveira et al. (2005) found that parents with secure attachment reported a more flexible and open approach toward negative and positive emotions in themselves and their children. In contrast, parents with an insecure attachment often minimized emotion in themselves and their children, and also described having difficulty regulating their own emotions. Relatedly, Chen et al. (2012), examining the impact of emotion on parent-child relationships, found that PMEP had a significant effect on children's attachment security. In brief, the more mothers rated themselves as operating from an emotion coaching PMEP, the more likely the child was to report secure attachment to his/her mother. Conversely, the more mothers rated themselves as operating from an emotion dismissing PMEP, the less likely the child was to report secure attachment to his/her mother. As

Bowlby (1969) described attachment, it is not possible for a child to securely attach to his/her primary caregiver without the primary caregiver operating from secure attachment. Chen et al. (2012) indirectly indicated that there may be a relationship between adult attachment and parental meta-emotion philosophy, while DeOliviera et al. (2005) made a direct connection between these variables. However, something important to note is that participants in both studies were from biological families. It is not clear whether the biological parents in those studies faced the same challenges around their children's behaviors and emotions that adoptive parents routinely encounter with their adopted children.

Waters, Virmani, Thompson, Meyer, Raikes, & Jochem (2010) investigated the impact of the mother's attachment style with her ability to attune to her biological child's self-reported emotional state. Their results indicated that mothers with a more secure attachment style were more likely to be able to correctly identify their children's emotions (as compared to the children's self-report of their emotional experience). In this study Waters et al. (2010) only measured the mother's attachment style because, according to the researchers' rationale, if a researcher measures the mother's attachment style, they will be able to ascertain the child's attachment style as well. However, it is unclear if the same can be said for adoptive mother-child dyads.

Purpose of the Study

To date, researchers (e.g., Cowen, 1996; Chen et al., 2012) have made connections between Attachment Theory and parental meta-emotion philosophy in biological families. However, these researchers have primarily focused on the *child's*

attachment in relation to PMEP. DeOliveira et al. (2005) did indicate that there is a relationship between adult attachment and PMEP; however, this study was conducted with biological families only. In the current study, the potential relationships between mother-child attachment and parental meta-emotion in the context of adoptive families will be explored.

Previous researchers have focused on the relationship of PMEP and children's psychosocial adjustment and emotion regulation (e.g., Dunsmore et al., 2013; Guss, et al., 2015; Katz et al., 2012). Accordingly, the child's ability to effectively regulate emotion also will be measured in this study to determine if similar relationships are found with a different population, adopted children.

Through conducting this study on the relationships between parental meta-emotion, adult attachment, and child emotion regulation with adoptive families, the researcher hopes to address a gap in the literature by investigating how adult attachment may or may not influence an individual's PMEP and how the adoptive mothers attachment and PMEP may or may not influence the adopted child's ability to emotionally regulate and attach to their adoptive mother.

Research Questions

- Research Question 1: Is there a significant relationship between the adoptive mother's parental meta-emotion philosophy and her adult attachment scores?
- Research Question 2: Is there a significant relationship between the adoptive mother's parental meta-emotion philosophy and her ratings of her child's emotion regulation?

- Research Question 3: Is there a significant relationship between the adoptive mother's adult attachment and her ratings of her adopted child's emotion regulation?
- Research Question 4: Are relationships between the adoptive mother's adult attachment and her ratings of her adopted child's emotion regulation mediated by the adoptive mother's parental meta-emotion philosophy?

Need for the Study

Parents of children with emotional issues often need counseling interventions that are specifically geared toward helping them learn how to approach their children's emotions and promote their children's development of effective behavioral expression of and regulation of emotion (Dunsmore et al., 2013). Adopted children often display a variety of behavioral issues, potentially rooted in maladaptive pre-adoption conditions (Barcons et al., 2014; Dalen & Theie, 2014; Rushton 2010). Promoting an emotion coaching PMEP with adoptive mothers could be a key to aiding these families in connecting with their adopted children and teaching their adopted children how to regulate their own emotions and behavior. This study is a first step toward investigating whether such an approach is a viable counseling intervention when working with adoptive children experiencing difficulty with emotion regulation.

Definitions of Terms

Attachment is defined as an internal system that organizes how an individual self-regulates and interacts with others (Bowlby, 1969). An individual may develop adaptive ways of self-regulation and interacting with others through forming attachment security,

or the individual may develop maladaptive ways of self-regulating and interacting with others through attachment insecurity. Attachment security and/or insecurity begins to develop during infancy through interactions with the infant's primary caregiver. An individual with secure attachment is able to form intimate relationships with others, whereas an individual with insecure attachment has difficulty forming intimate bonds.

Attachment styles were originally identified by Ainsworth and Bell (1970). Ainsworth and Bell (1970) proposed different categories of attachment known as "attachment styles," such as secure attachment, ambivalent attachment, and avoidant attachment. However, modern attachment theorists (Fraley et al., 2015) have suggested that adult attachment be considered in a more continuous than categorical way. These researchers have reported that it is more accurate to measure attachment on two dimensions: attachment avoidance and attachment anxiety. Adults exist on a spectrum from anxious to avoidant to secure attachment. For the purposes of this study, the researcher will be using a more dimensional view of attachment style as measured by the Experiences in Close Relationships-Relationship Structures Questionnaire (Fraley, Waller, & Brennan (2000).

Parental meta-emotion philosophy (PMEP) has been defined by Gottman et al. (1996) as an individual's thoughts and feelings about his/her own emotions and the emotions of his/her child. In this study, parental meta-emotion philosophy will be measured by the Emotion Related Parenting Styles Self-Test - Likert (EPRSST-L; Paterson, Babb, Comodeca, Goodwin, Hakim-Larson, Voekler, & Gragg, 2012).

Emotion regulation is defined as “internal regulatory processes used to consciously or unconsciously redirect the course of emotional responses” (Crockett, 2014, p. 18), as measured by the Emotion Regulation Checklist (Shields & Cicchetti, 1997). Emotion regulation refers to individuals’ ability to manage their internal experience and external expression of emotion in a way that enables them to function well within the current context (Dunsmore et al., 2013).

International adoption is defined as “the joining of parents and children from different countries together in adoptive families” (Levi-Shiff, Zoran, & Shulman, 1997). For the purposes of this study, the term “internationally adopted child” will refer to a child who was adopted from a country outside of the United States by parent(s) who are citizens of the United States.

Domestic adoption is defined as an adoption in which both parent(s) and child are from the same country of origin. For the purpose of this study, the term “domestic adoption” will refer to a child who was adopted from the United States by parents who are citizens of the United States.

Brief Overview

This study will be presented in five chapters. Chapter One has provided an introduction to parental meta-emotion philosophy and adult attachment in the context of adoptive families. In Chapter One, I have presented a statement of the problem, the purpose of the study, the research questions, the need for the study, definition of key terms, and a brief overview of the proposed study. The second chapter provides a review of the literature related to international and domestic adoption, parental meta-emotion

philosophy, and adult attachment, and concludes by integrating and summarizing these constructs. The third chapter will explain the methodology of the study, and will include the research questions and hypotheses, a discussion of how participants are to be selected and recruited, study procedures, the variables to be assessed and their corresponding measures, limitations of the study, and a discussion of the pilot study, as well as any adjustments that are proposed for the full study based on the pilot study. The fourth chapter will report the study data and results. The dissertation will conclude with Chapter Five, a discussion of the results and conclusions the researcher has drawn from the results, implications for practice, and suggestions for future research.

CHAPTER II

REVIEW OF THE LITERATURE

This chapter will provide the definitions, theoretical underpinnings, and relevant research pertaining to attachment, emotion regulation, parental meta-emotion philosophy, and adoptive families. In the section on Attachment Theory, the work of John Bowlby and Mary Ainsworth will be described in an effort to detail the origin and progression of Attachment Theory. The modern understanding of Attachment Theory will be discussed to demonstrate how Attachment Theory will be measured and operationalized in the current study. Research on attachment in infants, children, and adults will be reviewed.

In the section on parental meta-emotion philosophy, the foundational research of Gottman et al. (1996) will be described and the various types of parental meta-emotion philosophies they identified will be defined. Parental meta-emotion philosophy will be examined in the context of Attachment Theory and emotion regulation. Emotion regulation will also be defined. The theoretical underpinnings of emotion regulation and the development of emotion regulation in children will be discussed. Emotion regulation will be explained through the lens of Attachment Theory and parental meta-emotion philosophy.

Finally, the literature on adoptive families and adopted children will be summarized. Adoptive families' challenges regarding attachment and emotion regulation

will be explained and the importance of parental meta-emotion research in developing healthy emotion regulation in adopted children will be explored.

Attachment Theory

Development of the Attachment Theory

John Bowlby and Mary Ainsworth developed Attachment Theory (Ainsworth & Bowlby, 1991). Although Bowlby formulated many of the theoretical underpinnings of Attachment Theory, Ainsworth empirically validated the theory by conducting experimental studies that led to advancement of the theory (Bretherton, 1992). Prior to the development of Attachment Theory, Bowlby was trained in psychoanalysis and developmental psychology (Ainsworth, King, & Rayner, 1992; Bretherton, 1992). Through Bowlby's early observations of children at London's Tavistock Clinic, he began to question the idea proposed in psychoanalytic theory that the child's internal experiences are what primarily impact the child's development (Berghaus, 2011). Bowlby observed that external experiences might also be a large contributing factor in child development. Additionally, Bowlby was not entirely convinced that the only reason children bonded with their caregivers was for food, as generally believed at that time. He observed that children bonded with their caregivers to meet other needs such as affection and protection (Sroufe & Siegel, 2011). To explore these ideas further, he studied children who had been separated from their parents and placed in institutional settings or hospitalized (Bretherton, 1992). Based on his empirical observations of these children, Bowlby concluded that "the infant and young child should experience a warm, intimate,

and continuous relationship with its mother (or permanent mother substitute) in which both find satisfaction and enjoyment” (Bowlby, 1951, p. 13).

After this proclamation, Bowlby (1951) sought theoretical explanation of his conclusion. He was dissatisfied with the views of both psychoanalysis (the mother is used as a form of oral gratification for the infant, which then causes the infant to feel love for the mother) and social learning theory (the infant’s dependency on the mother is based on secondary reinforcement) (Bretherton, 1991). Instead of utilizing these theories to explain his findings, Bowlby began to explore ethological theory as a means of explaining the bond between mother and child.

Ethological theory, a theory of mammalian evolution and survival, proposes that children bond with their parents to promote survival (“Ethology,” 2013). As Bowlby continued to study child development, he became interested in the work of Konrad Lorenz (1937), Robert Hinde (1964), and Harry Harlow (Harlow, 1953, 1958; Harlow & Zimmerman, 1959), all of whom were researchers who contributed to ethological theory (Bretherton, 1991). Lorenz’s work on imprinting in birds (1937) and Hinde and Harlow’s (Hinde, 1964; Harlow, 1953, 1958; Harlow & Zimmerman, 1959) work on proximity seeking and parent-child bonding caused Bowlby to begin looking at child development through an ethological lens.

Bowlby (1973, 1980, 1982) published three volumes about attachment and loss that were a summation of his research and development of Attachment Theory. In the second edition of the first volume, *Attachment*, Bowlby (1982) discussed the connection between infant attachment and the behaviors of the primary caregiver (also known as the

attachment figure), how the child explored the world based on his/her attachment orientation, the formation of internal working models, and the development of attachment. In the second volume, *Separation*, Bowlby (1973) further described how the formation of attachment is impacted by negative emotions (e.g., anger, fear, separation anxiety), how attachment promotes survival, the implications of insecure and secure attachment, the development of personality, and how attachment can impact multiple generations within a family. In the third volume, *Loss*, Bowlby (1980), discussed the relationship between attachment patterns and the experience of grief and loss.

As mentioned previously, Bowlby was not the only founder of Attachment Theory (Ainsworth & Bowlby, 1991). Prior to working with Bowlby, Ainsworth studied developmental psychology and the formation of insecurity and security. Ainsworth also began working at the Tavistock clinic and was fascinated by Bowlby's unique ethological approach to child development. While working at the clinic, Ainsworth became interested in James Roberson's work with children and separation, which was the inspiration for her well-known study on separation and attachment (Ainsworth, 1964; Ainsworth & Marvin, 1995).

Ainsworth (1964) developed the strange situation assessment in a longitudinal study, widely known as the Baltimore Study. The goal of this study was to explore the relationships between the child's reaction to separation from his/her primary caregiver and the child's attachment security/insecurity (Ainsworth, 1964). The findings of this study validated many of the assertions of Attachment Theory, specifically distinctions between infant-mother interactions in securely attached children versus insecurely

attached children. The findings also indicated that there were different types of attachment insecurity (Ainsworth & Bowlby 1991). In addition to collaborating with Bowlby on several publications, Ainsworth also conducted her own studies focused on the applicability of Attachment Theory in other cultures, as well as the implications of Attachment Theory for other age groups and types of relationships (Ainsworth, 1989).

Theoretical Underpinnings of the Attachment Theory

In the development of Attachment Theory, Bowlby and Ainsworth drew from several pre-existing theories, such as psychoanalytic theory, social learning theory, ethology, and evolutionary biology (Ainsworth & Bowlby, 1991). Both Bowlby and Ainsworth were heavily influenced by psychoanalytic theory as they developed and researched Attachment Theory. Prior to the development of Attachment Theory, psychoanalytic and social learning theorists believed that the primary purpose of infants bonding with their primary caregiver was to seek food for survival (Cassidy & Shaver, 2008). Based on their observations of children's interactions with their primary caregivers, Bowlby and Ainsworth challenged this view by proposing that children bond with parents not only for physical nurturance, but also for emotional nurturance and affection (Ainsworth & Bowlby, 1991).

Another popular idea prior to the development of Attachment Theory was that individuals only experience fear when they are responding to events that are inherently dangerous or that they have learned to fear (Bowlby, 1991). Bowlby (1981, 1982) challenged this idea by adding that fear can also be experienced when an individual senses that there is an increased risk of danger. For example, a child might become

fearful when he/she knows that he/she will be separated from his/her primary caregiver (Crockett, 2014).

Although Bowlby and Ainsworth did challenge some key assumptions of psychoanalytic and social learning theory, Attachment Theory still shares some common ideas with these other theoretical orientations (Crockett, 2014). According to Fonagy, Gergely, and Target (2008), Attachment Theory and psychoanalytic theory share nine key assumptions: (a) the child's inward psychological existence impacts lifespan development; (b) the infant-caregiver relationship impacts the infant's cognitive and personality development; (c) the individual's subconscious impacts the individual's ability to emotionally regulate and socialize; (d) individuals' inner representation of themselves and others impact emotion regulation and social behaviors; (e) an individual's perception of unsafety can cause psychological distress; (f) an individual can form internal psychological defenses to decrease psychological distress; (g) individuals' behavior may be motivated by reasons that are unknown to them (the subconscious); (h) an effective therapeutic relationship can only occur when the therapist conveys respect, empathy, and support; (i) mental health issues are created and entrenched throughout an individual's development, and the goal of seeking clinical help is to increase mental health and healthy development.

In addition to psychoanalytic and social learning theory, Bowlby and Ainsworth drew from ethology and evolutionary theory when developing Attachment Theory (Crockett, 2014). Much like evolutionary theorists place an emphasis on behaviors that maximize survival, Bowlby (1969/1982) did see attachment as a means of survival.

Ethology is “the study of evolution and animal behavior” (Crockett, 2014, p. 32). Some ethological researchers who heavily impacted the development of Attachment Theory were Konrad Lorenz (Lorenz, 1937), Harry Harlow (Harlow, 1953, 1958), and Robert Hinde (Hinde, 1964). Lorenz (1937) worked with birds and studied the process of imprinting (the formation of the bond between a baby bird and its mother). Lorenz (1937) discovered that the early process of imprinting impacts the development of the baby’s future social development. Harlow (1958) and Hinde (1964) worked predominately with monkeys to learn more about what motivates infant monkeys to attach to their mothers. Through their experiments they discovered that, although it was commonly believed that infant monkeys would be motivated by their need for physical nurturance and care, the infant monkeys were more motivated to attach by the desire to receive affection and love. After learning about the results of these studies (Lorenz, 1937; Harlow (1958); Hinde (1964), Bowlby concluded that proximity and affection were indeed the infant’s primary developmental need and that the primary caregiver must be a safe haven for the infant, to protect the infant against danger (Ainsworth & Bowlby, 1991).

Attachment Behavioral System

The primary goal of attachment is to promote survival of the infant. In the attachment relationship, infants can develop and adapt to their surroundings (Bowlby, 1969). Through the attachment behavioral system, the interaction between the primary caregiver and infant can increase the infant’s likelihood of survival by exposing him/her to the more refined and developed systems of the primary caregiver. These interactions

impact and shape the infant's development in a variety of ways, including developing self-regulation (Bretherton, 1992), learning about safety and unsafety, and learning to how to satisfy needs for shelter and food (Cassidy & Shaver, 2008).

In order to attach, the child must be continuously seeking closeness or proximity to the primary caregiver. Bowlby (1969/1982) saw this proximity seeking behavior as necessary to attachment. These behaviors can include smiling, clinging, reaching, and/or crying as methods of seeking closeness to the attachment figure (Bowlby, 1982). The proximity seeking behaviors of individuals can be indicative of their perceived feelings of safety and their attachment security/insecurity. An individual who feels safe and secure allows him/herself to wander away from the primary caregiver to explore the surroundings. Conversely, an individual who does not feel safe and feels insecure will most likely cling to the primary caregiver out of fear that the primary caregiver will leave. When an individual feels unsafe or senses a threat, this activates the attachment behavior system, which causes him/her to respond with self-protective behaviors (also known as attachment behaviors). When the attachment behavior system is activated, the individual seeks out the attachment figure as a safe haven for safety and comfort (Ainsworth & Bowlby, 1991). The attachment figure creates that safe haven for the individual by responding appropriately to the individual's needs.

The attachment behavior system acts as a means of survival through assessing one's safety through self-regulating (Bowlby, 1982). According to Bowlby (1982), there are specific experiences that impact the formation and organization of an individual's attachment behavior system. The two most influential experiences in the activation and

organization of the attachment behavior system are experiences of perceived danger or stress and the level of the attachment figure's availability. Other experiences that may activate the attachment behavior system are experiences of basic needs (e.g., hunger, thirst, injury, illness). The attachment behavior system is activated in times of distress to minimize that distress and increase the feeling of safety and closeness with the attachment figure (Bowlby, 1982).

Attachment Styles Versus Attachment Dimensions

Attachment styles. As an infant attempts to attach with the primary caregiver, the response of that caregiver causes the infant to develop specific ways of understanding him/herself in relation to the world. As Ainsworth developed the Strange Situation assessment, she noticed certain patterns of attachment behaviors in the infants as they responded to the stressful circumstances of being separated from their primary caregiver (Ainsworth, 1964; Ainsworth & Bell, 1970). Based on these findings, she developed the idea of attachment styles. In her experiment, Ainsworth observed infants' behaviors throughout a series of separations and reunifications with their primary caregivers. First, the observer watched as the infant interacted with the primary caregiver in a playroom. Then the primary caregiver left the infant in the room as a stranger entered the room. After this, the stranger left and the primary caregiver was reunited with his/her infant. Finally, the primary caregiver left the room, leaving the infant alone. Based on her observations, Ainsworth noticed that the infants all responded in different ways to each 'strange situation.' The most noticeable difference was how the infants responded to reunification with their primary caregivers (Ainsworth & Bell, 1970). Most of the infants

began crying once the primary caregiver left the room. However, when the primary caregiver re-entered the room, there were a variety of infant responses. Although some infants were glad to receive the reassurance of the primary caregiver upon their return, others seemed ambivalent or avoidant of the primary caregiver. These observations were eventually organized into what is now known as attachment styles (Main, 1996).

Based on the original observations in the Strange Situation assessment (Ainsworth, Blehar, Waters, & Wall, 1987) and further development of Attachment Theory (Main, 1996), there are four primary attachment style categories: secure attachment, avoidant attachment, anxious/ambivalent attachment, and disorganized attachment. These categories will be described in the context of infant separation and reunification with the primary caregiver.

Securely attached infants miss the primary caregiver when they are separated (this is often expressed through crying). When reunified, the infant seeks reassurance from the primary caregiver. Once that need for reassurance is met, the infant and caregiver can continue exploratory behaviors (Main, 1996). This category represents the ideal attachment style.

The following two categories are considered to be the organized insecure attachment styles (Main, 1996). The *avoidantly attached* infant is generally void of emotional expression upon separation and reunification with the primary caregiver. This infant does not cry when separated from the caregiver, nor does the infant make bids for the caregiver's attention once reunified. This avoidant attachment may be the result of being exposed to a primary caregiver who emotionally rejected the infant. Because the

avoidantly attached infant is accustomed to receiving either a lack of care from the primary caregiver or physical and/or emotional harm because of the primary caregiver, the infant feels a complete lack of safety in the presence of the primary caregiver. The infant no longer views the primary caregiver as someone she/he can depend on to meet his/her needs or provide comfort, so he/she emotionally detaches from the primary caregiver.

When the *anxiously attached* infant is separated and then reunified with his/her primary caregiver, the resulting expression of emotion is often inconsistent. This infant seems to be absorbed with thoughts/feelings about the caregiver whether the caregiver is present or absent. However, the infant's focus on the primary caregiver does not necessarily mean that the infant expresses joy or seeks attention when the caregiver re-enters the room. The infant may exhibit a number of behaviors, such as actively resisting reunification with the caregiver, seeking the caregiver's attention, or ignoring the caregiver completely. Once reunified with the caregiver, instead of engaging in exploratory behaviors, the infant continues to pay close attention to the caregiver and may express frustration and tearfulness (Main, 1996). An unpredictable caregiver can cause this anxiety in the infant. At times the caregiver is available to the infant, while at other times the caregiver may be neglectful or harmful to the infant. This unpredictability causes the infant to feel not completely safe with the caregiver, thus resulting in the infant's inconsistent emotion and behaviors in the caregiver's presence.

Finally, there is an attachment category that represents disorganized insecure attachment, known as *disorganized/disoriented attachment* (Main & Solomon 1986;

Main, 1996). These infants may exhibit behaviors commonly found in infants who have developed secure, anxious, or avoidant attachment. The difference between the disorganized attached infant and all of the other attachment categories is the presence of apparent disorientation and contradictory behaviors. These infants may appear unsure of what they want from the primary caregiver upon reunification. Upon further investigation (Main & Solomon, 1986), it was discovered that the attachment figures of infants with disorganized attachment often exhibited frightening behavior. For example, one of the mothers examined in the study (Main & Solomon, 1986) treated her child like an animal. The primary caregiver's fear-inducing behavior caused the infant to react to the primary caregiver with confusion and uncertainty. For example, the infant may grab onto the caregiver while simultaneously leaning away from him/her to create as much physical distance as possible while still maintaining contact (Crockett, 2014).

Attachment dimensions. Researchers (Brennen et al., 1998; Fraley et al., 2000) have found that underlying all of the attachment categories are two primary dimensions: avoidance and anxiety. Although attachment categories have been largely used for research and clinical purposes, researchers are now leaning more toward a dimensional approach to measuring attachment. Dimensional measurement of attachment tends to be more sensitive to the subtle differences within each individual's attachment behaviors than categorical measures of attachment (Ravitz, Maunder, Hunter, Sthankiya, & Lancee, 2010). Connections have been made between the dimensional and categorical approaches to attachment (Fraley et al., 2000). It has been proposed that an individual categorized as having secure attachment is low in attachment avoidance and low in

attachment anxiety. The insecure attachment categories have dimensional equivalents as well: avoidant attachment (low attachment anxiety and high attachment avoidance); anxious attachment (high attachment anxiety and low attachment avoidance); disorganized (high attachment anxiety and high attachment avoidance).

Although there does seem to be an appropriate setting in which to use both dimensional and categorical approaches to adult attachment assessment, some researchers have strongly indicated that dimensional attachment is the most comprehensive approach (Fraley et al., 2015). Fraley et al. (2015) argued that dimensional attachment is more effective when working with adult individuals who do not have extreme scores on categorical measures of attachment. They also stated that a dimensional method of attachment assessment can fully allow researchers to comprehend the complexity of the individual's attachment.

The Attachment Figure

Researchers (Schoore & Schoore, 2008) have suggested that the attachment style of the primary caregiver can impact the infant's ability to express and regulate his/her emotions, a key component of Attachment Theory. The attachment style of the primary caregiver dictates how that individual responds to the needs of the infant. These responses send information to the infant about emotion that the infant then internalizes and utilizes to manage his/her own emotion (Mikulincer & Shaver, 2007). In Bowlby's first volume, *Attachment* (1982), Allan N. Schoore stated in the foreword that "Attachment can thus be conceptualized as the interactive regulation of synchrony between psychobiologically attuned organisms. This attachment dynamic underlies the dyadic

regulation of emotion...A further evolution of this concept is now found in transactional theories that emphasize the central role of the primary caregiver in co-regulating the child's facially expressed emotional states (Schorer 1994), and that define attachment as the dyadic regulation of emotion and the regulation of biological synchronicity between organisms" (pp. xvi-xvii). A primary caregiver with secure attachment understands how to respond to infant emotion in an appropriate manner. This primary caregiver soothes the infant when the infant is experiencing negative emotion and is able to engage in positive affective expression when the infant is experiencing positive emotion. This response allows the infant to learn how to self-soothe when in distress. When an infant is securely attached to the primary caregiver, he/she is better able to regulate a wide range of both negative and positive emotions (Weinfield, Sroufe, Egeland, & Carlson, 2008).

An insecurely attached primary caregiver can have an adverse effect on the emotion regulation strategies of the infant (Calkins, 2004; Diamond & Fagundes, 2010). The primary caregiver with avoidant insecure attachment responds to infant emotion by dismissing or denying the emotion. This lack of direct communication regarding the infant emotion can create a lack of emotional expression in the infant. For example, in the Strange Situation research (Ainsworth et al., 1978), infants who were identified as having avoidant attachment were not emotionally expressive when they were separated from or reunited with their primary caregivers. These infants generally ignored the primary caregiver and at times actively resisted the caregiver by leaning away from them when being held upon reunification (Main, 1996).

The primary caregiver with anxious insecure attachment responds inconsistently to infant emotion and often has difficulty understanding how to respond to more subtle displays of infant emotion (Weinfield et al., 2008). Because the primary caregiver is so unpredictable in his/her responses, the infant is often confused and unsure of how to express or regulate his/her own emotion. In the Strange Situation research (Ainsworth et al., 1978), infants who were identified as anxiously attached were often focused on the primary caregiver. Upon reunification with the primary caregiver, these infants displayed a conflicted emotional response. They would simultaneously seek the attention of the caregiver and then resist the caregiver when the attention was given, often becoming tearful and showing signs of emotional distress.

A primary caregiver with disorganized attachment has a tendency to fail to provide for the infant's needs and protect the infant from harm (Main, 1996; Schore, 2001a). At times the primary caregiver may even be the direct means of causing the infant harm. These primary caregivers are completely unpredictable in their reaction to infant emotion. Often, they impose harsh discipline practices and report that they do not feel in control of their actions as a parent. This unpredictable parenting can cause the infant to feel unsafe and lack the ability to cope with or regulate his/her own emotion (Schore, 2001a). This infant may develop Post Traumatic Stress Disorder and could begin to dissociate during extreme emotional distress (Schore, 2001a).

Attachment in Adulthood

Attachment Theory applies not only to infants and children (Crockett, 2014). Researchers have discovered that attachment behaviors and processes continue on into

adulthood, impacting the adult individual's relationships (Ainsworth, 1989; Ainsworth & Bowlby, 1991; Martin, Paetzold & Rholes, 2010). As a child grows into an adult, the attachment figure is no longer the individual's primary caregiver. An adult's attachment figure is usually a close friend or a romantic partner (Main, 1996). As an adult, the attachment figure still represents a safe haven (Feeney, 2008), and proximity with the attachment figure may be physical and/or psychological (Pistole & Fitch, 2008).

Adults' attachment styles can impact the quality of their romantic relationships (Butner, Diamond, Hicks, 2007; Diamond, 2005). Researchers (Butner et al., 2007; Diamond, 2005) have shown that adults with secure attachment are able to maintain physiological and emotional homeostasis when their romantic partner is distressed, which can de-escalate the distress of the partner. Adults with insecure attachment have been found to experience greater distress when their romantic partner is in distress, which can escalate the distress of the partner. Researchers also have indicated that insecure attachment can result in social incompetence (Belsky, 1988), irrational negative beliefs about relationships, and lower relationship satisfaction in young adults (Stackert & Bursik, 2003). Conversely, individuals with secure attachment were found to have closer relationships to peers (Belsky, 1988), leadership skills, and higher relationship satisfaction than young adults with insecure attachment (Stackert & Bursik, 2003). Bowlby (1969) acknowledged that, while attachment behaviors change throughout the life cycle, certain circumstances could activate the attachment system.

Researchers (Nathanson & Manohar, 2012; Raiffe & Murphy, 2016; Rholes, Simpson, & Blakely, 1995; Weinfield et al., 2008) have indicated that adults' attachment

can impact how they parent their children. Adults with avoidant attachment typically prefer emotionally distant relationships due to feelings of rejection from others. Researchers have shown that adults with avoidant attachment may tend to reject their children in trying or distressing times (Weinfield et al., 2008). Adults with insecure attachment have also reported feeling emotionally distant from their children and described their interactions with their children as non-supportive and negative (Rholes et al., 1995). Nathanson and Manohar (2012) found that insecurely attached parents tend to misinterpret their child's needs and can become frustrated with their children. Raiffe and Murphy (2016) discovered that young adults with secure attachment have more positive attitudes about interacting with children in general, not just children in their family. Conversely, Raiffe and Murphy (2016) found that insecurely attached young adults were more likely to have a negative attitude toward interacting with children.

Central to this study is how adults' attachment styles impact their interactions with their children, particularly around how their responses to their children's emotions help – or do not help – the child develop emotional regulation skills. This process of a parent responding to a child's emotion has been termed “parental meta-emotion philosophy” (Gottman et al., 1996). This construct is described in the following section.

Parental Meta-Emotion Philosophy

Meta-Emotion

Gottman and Declaire (1997) defined meta-emotion as “emotion about emotion” (p. 6). For example, people may have certain feelings about being angry (Gottman & Declaire, 1997). Some may become ashamed when they feel anger, while others may

feel good when they become angry because they view anger as something that is natural. Individuals experience emotions and then have emotional reactions to that emotional experience. Meta-emotions are not random. Everyone has a meta-emotion structure or a specific set of organized emotions about emotions. This structure could also be referred to as a philosophy. Each individual has a unique set of beliefs about emotions, which then translates into how he/she feels about his/her emotions, as well as the emotions of others. For example, a child's tears might repulse one parent because he/she believes that children do not have anything to be sad about. Another parent might see his/her child crying and view that as an opportunity to connect with his/her child because crying is a natural response to being upset or sad. Why do these parents respond differently to the same emotional stimulus? Because each parent has his/her own meta-emotion philosophy.

Parental Meta-Emotion Philosophy

All parents play a role in shaping how their children express and regulate their emotions (Gottman & Declaire, 1997). A primary way parents can aid their children in learning how to deal with their emotions is through emotion coaching, a construct based on a parent's meta-emotion philosophy (Gottman & Declaire, 1997). Parental meta-emotion philosophy (PMEP) is defined as parents' thoughts and feelings about their own emotions as well as their child's emotions. Depending on the PMEP, parents may either aid their children in emotional expression and regulation, leading to a child's development of healthy emotion regulation and effective social skills, or suppress their children's emotional expression and regulation, thus hindering the child's development of

emotion regulation. In this way, PMEP impacts several child outcomes, including child behavior (e.g., disruptive behavior, adaptive skills), emotion regulation, and child socialization (e.g., quality of relationships with peers and parents) (Daga et al., 2015; Dunsmore et al., 2013; Gottman & DeClaire, 1997; Guss, et al., 2015; Katz et al., 2012; Katz & Windecker-Nelson, 2004).

Four types of PMEP were identified in Gottman, et al.'s (1996) original research. The ideal parental meta-emotion philosophy has been labeled *emotion coaching*. An emotion coaching parent communicates to the child an acceptance of the child's emotion and a willingness to engage the child on an emotional level. For example, a parent with an emotion coaching PMEP would approach an upset child by asking the child open ended questions to discover how the child is feeling and what caused his/her feelings (Ellis et al., 2013). The emotion coaching parent also would express to the child that he/she understands the child's emotion, which conveys to the child that those feelings are valid. Children of emotion coaching parents display higher levels of emotion regulation (Ellis et al., 2013) and social competence (Katz et al., 2012) than do children of parents who ascribe to less helpful PMEPs.

The second PMEP that Gottman et al. (1996) identified was labeled *emotion dismissing*. An emotion dismissing parent believes that negative emotions are potentially harmful to the child and therefore will act in ways that will distance or distract their child from the negative emotion so that the child does not experience the negative emotion. Often, this parent will try to distract the child from the negative emotion or deny that the negative emotion is valid in an effort to maintain a feeling of control or stability. In their

pilot study, Gottman et al. (1996) found that emotion dismissing parents would often belittle the cause of the sadness. These parents expressed beliefs that children should not be sad because there is nothing to be sad about when one is a child. This dismissal of the child's emotion is not meant to be harmful to the child. Emotion dismissing parents believe that by denying or distracting from the emotion they are fixing a problem (the problem being the negative emotion). Unfortunately, in dismissing the emotion, the parent inadvertently dismisses the child.

The third PMEP was originally known as "emotion dysfunction" (Gottman & Declaire, 1996) but was later renamed "emotion disapproving" (Gottman & Declaire, 1997). The emotion disapproving parent strongly believes that negative emotion is dangerous to the child. However, this parent does not know how to manage this problem of negative emotions and often feels out of control of their own emotions. The emotion disapproving parent believes that emotion is something that needs to be controlled. Often, they view the child's negative emotion critically. For example, an emotion disapproving parent might believe that the child's expression of sadness is merely an attempt to manipulate the parent. Although this parent appears to be involved in the child's emotion, there is a level of distancing that occurs between the parent and child. The parent acknowledges what is wrong with the behavior surrounding the negative emotion, rather than attending to the emotion itself. Interestingly, Gottman and Declaire (1997) suggested that emotion disapproving parents have low awareness of their own negative emotion, which may translate into their inability to understand or effectively process negative emotion in their child.

The fourth PMEP was known as “laissez-faire” (Gottman & Declaire, 1996). Parents who adopt a laissez-faire attitude toward their child’s emotions are accepting of their child’s emotions but do not use these moments of emotionality as teaching opportunities. For example, a laissez-faire parent may see that their child is becoming angry and may not judge their child for their anger, but they will not intervene to aid their child in learning how to express their anger in a constructive way or help the child to regulate their emotion.

Parental Meta-Emotion Philosophy and Attachment

Individuals learn how to understand, regulate, and respond to emotion through their early relationship with their attachment figure (Bowlby, 1982). This relationship is individuals’ earliest experience with emotional transactions, and it shapes how they understand and regulate emotion throughout their life (Schoore & Schoore, 2008). Although to date no research has been conducted on the relationship between PMEP and attachment, the research conducted on attachment and emotion regulation may lead to hypotheses about how attachment may influence an individual’s PMEP. For example, one might hypothesize that insecure attachment does not allow for the emotional closeness that is needed to become an effective emotion coach as a parent. When an individual with insecure attachment becomes a parent, she/he may create emotional distance from the child. These individuals may struggle to experience emotional closeness with their child, which may make it difficult for them to engage in emotion coaching behaviors.

Parental Meta-Emotion Philosophy and Emotion Regulation

As children grow and develop, they learn how to understand and cope with their own emotions (Grievenberger, Kelly, & Slade, 2005). A child who has learned to effectively engage in emotion regulation can monitor, evaluate, and modify emotional reactions. Child emotion regulation is an important part of the child's psychological and social development (Morris, Silk, Steinberg, Myers & Robinson, 2007). Lack of development in child emotion regulation can lead to the child experiencing both internalizing and externalizing disorders.

There are two different aspects of emotion regulation: emotion lability and adaptive regulation (Dunsmore et al., 2013). Emotional lability is an individual's sensitivity to emotion eliciting situations. For example, a child with high emotional lability would respond to an emotion-eliciting event with high levels of emotion very quickly and would have difficulty de-escalating his/her emotion once the event has passed. Adaptive regulation is an individual's ability to manage his/her emotions in the current context. Children with a high level of adaptive regulation are able to understand the emotion they are experiencing and manage how to appropriately express that emotion in the given context. For the purpose of this study, emotion regulation will be defined as an overarching construct that includes both emotional lability and adaptive regulation.

Researchers (Ellis et al., 2013) found that maternal emotion coaching has been significantly and positively associated with child emotion regulation. In this study, the researchers were interested in discovering if maternal emotion coaching acted as a mediator between family risk and child emotion regulation. The children in this study

were preschool age. The researchers assessed the mother-child dyads for family risk (e.g., family distress, economic distress, maltreatment), child emotion regulation, and mother-child interactions that would indicate the mother's PMEP. Once the researchers collected the data, they indicated that the children of mothers with an emotion coaching PMEP had significantly higher levels of emotion regulation than children with mothers who were not identified as emotion coaching. The researchers also found that maternal emotion coaching partially mediated the relationship between family risk and child emotion regulation.

Emotion Regulation

Theoretical Underpinnings of Emotion Regulation

Previous research on emotion has generated two primary schools of thought: (1) emotions can be identified as harmful or destructive to our thoughts and behaviors (Young, 1943), and (2) emotions can be identified as adaptation mechanisms that aid us in discerning what is harmful or helpful to our well-being (Lazarus, 1991). Recently, the second school of thought has gained more popularity and emotions are generally thought to serve the purpose of aiding the individual to interact, change, or end relationships between themselves and their environment (Bariola, Gullone, & Hughes, 2011). The past three decades have produced a large amount of research on the functionality of emotion. This research has contributed to the understanding of the management and control of emotions. Effective emotion management can lead to a variety of positive outcomes, such as secure attachment (Waters et al., 2010), positive physical health (Miller, Chen, & Cole 2009), wellness (Karreman & Vingerhoets, 2012), and healthy psychosocial and

emotional functioning (Bridges, Denham & Ganiban, 2004). Deficits in skills to manage one's emotions can lead to externalizing and internalizing psychological disorders (Bariola et al., 2011). According to Gross and Levenson (1997), an inability to regulate emotions is a symptom of several mood disorders and is often a symptom of personality disorders.

As researchers began to see the benefits of emotion management, the construct of emotion regulation (ER) was born (Bariola et al., 2011). In 1994, Thompson (Thompson, 1994) defined emotion regulation as “extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features, to accomplish one's goals” (p. 27). As this construct has developed, researchers have come to accept that ER manages both negative and positive emotions, and that the process of ER can be both controlled and automatic (Barriola et al., 2011; Gross, 1998b). For example, if an individual is playing poker and is dealt a good hand, he/she will automatically experience the positive emotion of excitement (Barriola et al., 2011). But because this is a game where players must keep their hand a secret, the player must control this positive emotion so as not to reveal his winning hand. In another example, an individual has lost a loved one. The automatic emotional reaction to this loss is sadness. However, in an effort to not be consumed by this sadness, the individual controls it by thinking of good memories of the loved one to elicit different emotions.

Gross's (1998) process-oriented model of ER was founded upon the belief that emotions serve a functional purpose that aid us in maximizing our well-being (Bariola et al., 2011). According to Gross (1998, 2002), at the beginning of the generation of

emotions, an individual assesses emotion-eliciting events and, based on that assessment, will generate response tendencies. The individual's response tendencies can be behavioral or psychological in nature. This response can either hinder or help the individual adapt to the emotion-eliciting event. Gross (1998, 2002) stated that an individual can change these response tendencies, thereby changing the emotional outcome.

Gross (1998, 2002) proposed that there are two main types of ER strategies. The first type of ER strategies are the *antecedent-focused strategies of cognitive reappraisal* (Gross, 1998, 2002; Gross & John, 2003). An individual who utilizes this strategy redefines an emotion-eliciting event, which then changes the emotional impact of that event. For example, an individual who narrowly escapes a car accident may experience a variety of emotions initially after the event, such as anger, fear, and confusion. An individual who is not accustomed to using a reappraisal strategy for emotion regulation may think, "This is the worst day and this is proof that I should have just stayed home today!" In contrast, an individual who uses reappraisal for emotion regulation may think, "Wow that was scary but it could have been so much worse! Thank goodness no one was hurt!" This individual has now completely shifted the meaning of the event from what could have been a purely negative interpretation (e.g., "I almost got in an accident, which means this whole day is doomed") to an interpretation that helps to effectively regulate their emotions (e.g., "I almost got in an accident, and I'm grateful that I was protected from being hurt").

The second type of ER strategy is the *response-focused strategy of expression suppression*. An individual who utilizes this strategy attempts to control his/her emotional response after an emotion-eliciting event has occurred (Gross, 2002). In other words, once an individual is experiencing an undesirable emotion, they attempt to suppress that emotion. An example of this strategy is a parent who is trying to hold back tears and put on a brave face as they drop their child off for the first day of kindergarten. While the parent is experiencing sadness, she/he believes it is best to suppress this emotion so as not to upset the child. As the previous example illustrates, a response-focused strategy of expression can be adaptive in certain circumstances. However, when this strategy becomes the only strategy used to regulate emotion, there can be negative outcomes for the individual's mental health (Gross & John, 2003).

Researchers (Gross & John, 2003) have indicated that *antecedent focused strategies* are more adaptive than *response-focused strategies* and that suppressors tend to report more symptoms of depression and express less positive emotion than reappraisers. Gross and John (2003) postulated that the reason for suppressors reporting more symptoms of depression might be due to findings from a previous study where researchers (Sheldon, Ryan, Rawsthorne, & Ilardi, 1997) found that suppressors tend to ruminate more and lack social support, which can increase the risk of developing depression. Considering these findings, it is important to contextualize the strategies to understand their adaptive implications (Bariola et al., 2011). For example, a doctor in the middle of surgery may employ an adaptive use of the *response-focused strategies* by stifling any expression of anxiety or fear to perform the surgery with precision and

accuracy (Bariola et al., 2011). Additionally, it is important to consider an individual's culture when assessing for the impact of emotion regulation strategies. Butler, Lee, and Gross (2007) found that individuals with Western European values who suppressed emotion tended to experience more difficulty in social interactions than Asian individuals who suppressed emotion. When researching ER strategies, the researcher must be mindful of cultural and contextual implications.

In addition to Gross's (2002) understanding of emotion regulation, other researchers (Cicchetti, Ganiban, & Barnett, 1991; Shields & Cicchetti, 1997) believe that emotion lability is part of the definition of emotion regulation. Emotion lability is essentially the degree to which individuals cannot effectively regulate their emotions (Hill & Updegraff, 2012). An individual who is emotionally labile will present as emotionally unstable, easily irritated, and overly sensitive to emotionally triggering stimuli. Often, these individuals experience intense negative emotions, like anger or sadness, and find that they have difficulty recovering from these negative emotions (Kim-Spoon, Cicchetti, & Rogosch, 2013). Emotion lability impacts many areas of the individual's life. Individuals who exhibit a high level of emotion lability often will experience difficulties socially, as their intense expression of emotion may at times go against the social/cultural norm. A child who is emotionally labile may tend to become upset easily. Unfortunately, the emotionally labile child usually cannot employ any effective coping skills to de-escalate his/her emotion (Garner & Hinton, 2010).

Emotion Regulation Development

Much like the development of attachment, the development of ER begins with the relationship between the infant and the primary caregiver (Bariola et al., 2011). Through nonverbal exchanges with the caregiver, infants begin to learn how to express and manage their emotions (Grienenberger et al., 2005). The primary caregiver fosters effective emotion regulation by staying closely attuned to the child's emotional needs as the two communicate nonverbally (Trevvarthen & Aiken, 2001). For example, a mother may draw close to her infant and smile while playing peek-a-boo. A mother who is attuned to her child's emotional state will note the child's reaction to the game and then act accordingly. So, if the child begins to cry or pull/look away as she plays the game, the mother may end the game and make soft comforting sounds to soothe the infant. Conversely, if the infant responds to the game by smiling and laughing, the attuned mother will know that she can continue the game because the child is communicating nonverbally that the child is experiencing positive emotion because of this interaction. These kind of sensitive responses convey to the infant that the mother is not overwhelmed by the child's emotional response and that, together, they can manage any emotion (Grienenbrger et al., 2005).

As the infant grows into childhood, the parent is still very influential in the development of emotion regulation skills (Bariola et al., 2011). When children are able to utilize verbal communication, the parent's verbal and nonverbal response to the child's emotion shape how the child learns to express and manage emotion (Gottman et al., 1996). Middle childhood in particular holds important implications for emotion

regulation development (Eisenberg & Morris, 2003). In the first decade of life, children experience rapid development in their ability to regulate and express emotion. While this first decade builds children's foundation for emotion regulation, it is only when children grow older that they are able to develop a more sophisticated understanding and awareness of their own emotion. In middle childhood (ages 8-12), children experience an increased understanding of emotion and an increased ability to make decisions about coping and regulation strategies. Five year olds are less likely than eight year olds to understand that people can make themselves feel happy by thinking positive thoughts.

With this increased understanding comes an increase in the child's emotional self-awareness (Eisenberg & Morris, 2003). Children at this age can understand that they can make decisions that may decrease their negative emotional state when they are upset. As children reach middle childhood, they are usually able to identify which emotion regulation strategies are the most acceptable and effective within their current context. During this age range, children are typically more aware of what they cannot control and how they can utilize effective emotion regulation to adapt to adverse circumstances rather than attempting to change their circumstances. For example, an older child who is about to undergo surgery may adapt by attempting to think of the positive outcomes of having the surgery, whereas a younger child may try to change the circumstances by insisting that she/he does not need the surgery.

Emotion Regulation and Attachment

Attachment is a foundational component of emotion regulation development (Calkins & Hill, 2007). A parent who is emotionally attuned to his/her child not only

teaches the child emotion regulation skills, but also promotes secure attachment (Ainsworth & Bowlby, 1991; Schore & Schore, 2008). Because it is impossible to stay attuned to the child during every single interaction, the caregiver will occasionally “mis-attune” to the child. When this happens, it is important that the caregiver notices the “mis-attunement” and then repairs the relationship and aids the child in recovering from a negative emotional state by “re-attuning” to the child (Schore & Schore, 2008).

Synchrony, the parent’s promotion of the child’s positive emotional state, and re-attunement, the parent’s moderation of the child’s negative emotional state, are fundamental to the formation of secure attachment. An attachment injury can occur when there is a lack of attunement between the child and parent (Crockett, 2014). This break in the relationship between the child and primary caregiver can be traumatic for the child, and can alter children’s understanding of themselves, the world, and their ability to regulate their emotions. As mentioned previously, attachment is a process of co-regulation between the infant and the primary caregiver. Ideally, this co-regulation has taught the child how to regulate emotion effectively. “As a child ages and neural connections are solidified, he or she practices the regulatory skills learned in his or her early dyadic relationships. The regulatory process changes from one of co-regulation to one of self-regulation... Ideally, the child has learned how to employ the same regulatory strategies modeled by the caregiver to develop an effective and adaptive set of regulatory techniques” (Lincoln, 2014, p. 8)

Adoption

Based on a national survey of adoptive families completed in 2007 by the Donaldson Adoption Institute, there are 1.5 million adopted children in the United States (Evan B. Donaldson Adoption Institute, 2007). Every year approximately 127,000 adoptions occur in the United States, with 15% of those adoptions being international, 39% of those adoptions being through publicly funded agencies, and 46% of those adoptions being private adoptions (Child Welfare Information Gateway, 2004b). International adoptions and adoptions that occur through foster care equate to approximately one-third of the adoptions that occur in the US.

The constructs described in the above sections are all relevant to adoptive families and their functioning. Adoptive mothers' attachment may have an impact on how they feel about their adopted children's emotional reactions. Adoptive mothers' attitudes about their adopted children's emotional reactions (the parental meta-emotion philosophy) may impact adopted children's ability to emotionally regulate. These proposed relationships will be described in the following sections.

Adoption and Attachment

When looking at adoption through Bowlby's (1973, 1980, 1982) Attachment Theory lens, all adoptions could be considered a form of attachment disruption. "Adoption, regardless of age or circumstance, can be a traumatic event because of the break in attachment from at least one primary caregiver" (Carnes-Holt & Bratton, 2014, p. 329). However, although all adoptions could be considered a form of attachment disruption, international and foster care adoptions are at the highest risk for experiencing

attachment difficulties due to the high likelihood of multiple losses of an attachment figure (Carnes-Holt & Bratton, 2014).

Multiple placements prior to adoption, and prolonged periods of institutionalized care, abuse, and/or neglect are circumstances that many adopted children, especially those adopted internationally or through foster care, experience before placement with the adoptive family. These experiences increase the likelihood that an adopted child will experience attachment disruption (Hughes, 1999). Adoptive children who have experienced attachment difficulties will usually display a variety of behavioral problems (Carnes-Holt & Bratton, 2014). These behavioral problems can be very confusing to the adoptive mother and may even impair their ability to connect with and attune to their adopted child.

As outlined by Bowlby (1982), attunement is a vital component of creating secure attachment between child and primary caregiver. The attachment of the adoptive mother, however, also has an impact on the mothers' ability to create a secure attachment between themselves and the adopted child. Researchers (Pace & Zavattini, 2011) have found that adoptive mothers with secure attachment are more likely to have securely attached adopted children at six months after adoption than mothers classified as having insecure attachment.

Adoption and Emotion Regulation

Since all adoption can be considered a disruption of attachment (Carnes-Holt & Bratton, 2014) and attachment is foundational to the development of emotion regulation (Calkins & Hill, 2007), adopted children may experience varying degrees of difficulty in

the area of emotional understanding (Barone & Lionetti, 2012), which is an umbrella term that includes emotion regulation. Researchers (Tottenham et al., 2010) have indicated that adopted children who were previously in institutionalized care may experience increased difficulty with emotion regulation. This lack of effective emotion regulation in adoptive children who have been in institutionalized care can be due to a variety of causes. Researchers (Williams, Matthews & Macleod, 1996) have found that individuals who have experienced maltreatment at an early age have an increased sensitivity to negative information or stimuli. Their brains have adapted to place greater significance on negative events due to their over-exposure to negative experiences as children. This adaptation may result in difficulty with emotion regulation when faced with negative information. Children who have been placed in institutional care are at risk of experiencing maltreatment (Tottenham et al., 2010). Typically, institutional care is comprised of paid employees who regularly rotate shifts and each employee is responsible for a high number of children (Gunner & van Dulman, 2007). This lack of a stable caregiver as well as the high staff-to-child ratio can impact the child's social and emotional well-being for years post-adoption (Hodges & Tizard, 1989).

Late adoption, with prolonged exposure to adversity, also has been identified as a risk factor for a lack of effective emotion regulation skills (Palacios & Sánchez-Sandoval, 2003). Calkins and Hill (2007) highlighted the importance of contextual variables, such as emotion socialization within the family, when developing emotion regulation. Of course, children who are adopted experience a discontinuity of this context when they are moved from their pre-adopted family to their post-adopted family. Although the post-

adopted context may be a healthy breeding ground for adaptive emotion regulation, the pre-adopted context may have been fraught with negative experiences that hindered the child from developing effective emotion regulation skills (Eisenberg, Cumberland, & Spinrad, 1998).

In a study of adoptive children's emotion regulation, researchers (Soares, Barbosa-Ducharne, Palacios, & Pacheco, 2017) discovered that the average adopted child displayed adequate emotion regulation skills. The researchers stated that this result indicated that emotion regulation was not problematic for the average adopted child. However, the researchers also found that there was a link between exposure to early adversity and the adoptive child's emotional lability/negativity. Soares et al. (2017) did recognize that there has not been adequate research conducted in adoption and emotion regulation development and that, while their findings added to this gap, their sample size ($N = 70$) did limit the generalizability of their results. The current study will attempt to further add to the information gap that exists regarding adoption and emotion regulation development. What the research that has presented thus far does indicate is that adopted children (particularly late-adopted children and children who were once in institutional care) may have a greater need than the general population for instruction and modeling in emotion regulation.

Adoption and Parental Meta-Emotion Philosophy

The area of adoption and PMEP has not yet been studied. Therefore, this section will be comprised of conjecture about the links between these two constructs based on what has been discovered about these two constructs individually. Adopted children

(especially those who have experienced adverse circumstances prior to adoption) may have hurdles to overcome when developing emotion regulation. As mentioned in the previous section, emotion regulation development in children is either encouraged or stifled by the familial context (Calkins & Hill, 2007). Although adoptive parents cannot erase any negative experiences their adopted child may have endured prior to adoption, they can provide corrective experiences that may enable the child to develop a more effective way of emotion regulation and expression.

Adoptive parents' ability to provide this corrective experience may be largely based on their PMEP. An emotion coaching parent can provide an emotionally encouraging environment for the child that lets the child know that all feelings are permissible and that there are effective and ineffective ways of processing and expressing emotion. The emotion coaching parent is essentially acting as a teacher and model of effective emotion regulation. If the parent ascribes to another PMEP (such as emotion dismissing, emotion disapproving, or laissez-faire), the parent may be continuing the negative familial context that originally caused the child to become stunted in her/his emotion regulation. A parent who invalidates emotion, distracts from emotion, or ignores emotion altogether is not encouraging the child to understand her/his own emotion and learn how to process and express emotion in a healthy way. It is of vital importance that adoptive parents display emotion-coaching tendencies to aid their adopted child in learning how to effectively regulate emotion.

Summary

As this chapter has illustrated, relationships have been found between attachment and emotion regulation, between attachment and adoption, between parental meta emotion philosophy and emotion regulation, and between emotion regulation and adoption. However, there have been no studies considering the relationships among attachment, PMEP, and emotion regulation with adoptive families. The three constructs of attachment, PMEP, and emotion regulation have never been analyzed together within the adoption context. By including all three constructs in this study, the researcher hopes to gain a more complex and in-depth understanding of how each of these areas impacts adoptive mothers and children. Furthermore, this study will attempt to fill the gap that exists in the area of PMEP and attachment. Thus far, no one has investigated whether there is a relationship between the various PMEPs and attachment. In this study, the researcher hopes to discover if there is a relationship between PMEP and an individual's attachment. This study will also address the gap that exists in the area of PMEP and adoption. Researchers have not yet explored the effect that the various PMEPs may have on adopted children. By studying these two constructs in relation to one another, the researcher hopes to determine if certain PMEPs will encourage the development of adoptive children. Such results could serve as the foundation for creating counseling interventions to aid adoptive mothers' efforts to help their adopted children develop effective emotion regulation, and thus healthier social relationships and greater well-being.

CHAPTER III

METHODOLOGY

The purpose of this study was to explore the possible relationships between adult attachment, PMEP, and child emotion regulation in the context of adoptive families, with the hope of increasing researchers' and clinicians' knowledge of how these constructs impact this population. This chapter provides a layout of the research questions and hypotheses for this research study, the population and participants, and procedures, and variables and measures.

Research Questions and Hypotheses

The research questions and hypotheses for this study are focused on the relationships of key constructs in adoptive families, including the relationship between the mother's PMEP and her adult attachment scores; the relationship between the mother's PMEP and her adoptive child's emotion regulation; the relationship between the mother's adult attachment scores and her adoptive child's emotion regulation; and the relationship between the mother's PMEP and the adoptive child's emotion regulation as mediated by the mother's adult attachment scores.

Research Question 1: Is there a significant relationship between the adoptive mother's parental meta-emotion philosophy and her adult attachment scores?

Hypothesis 1: There is a significant relationship between the adoptive mother's parental meta-emotion philosophy and her adult attachment scores.

Research Question 2: Is there a significant relationship between the adoptive mother's parental meta-emotion philosophy and her ratings of her child's emotion regulation?

Hypothesis 2: There is a significant relationship between the adoptive mother's parental meta-emotion philosophy and her ratings of her adopted child's emotion regulation.

Hypothesis 2.1: Adoptive mothers with an emotion coaching parental meta-emotion philosophy will score their adopted child high on the Emotion Regulation Checklist, thus reporting their children have effective emotion regulation skills.

Research Question 3: Is there a significant relationship between the adoptive mother's adult attachment and her ratings of her adopted child's emotion regulation?

Hypothesis 3: There is a significant relationship between the adoptive mother's adult attachment scores and her ratings of her adopted child's emotion regulation.

Research Question 4: Are relationships between the adoptive mother's adult attachment and her ratings of her adopted child's emotion regulation mediated by the adoptive mother's parental meta-emotion philosophy?

Hypothesis 4: The relationships between the adoptive mother's adult attachment scores and her ratings of her adopted child's emotion regulation will be mediated by the adoptive mother's parental meta-emotion philosophy.

Population and Participants

Participants will be the mothers of adopted children ages 8-12; this age range was chosen due to children's increases in emotional understanding and ability to make decisions regarding emotion regulation that occur during these years (Eisenberg & Morris, 2002; Shields & Cicchetti, 1997). The child must have been adopted at least 6 months prior to the mother's participating in this study; this requirement is due to researchers' assertions that if a mother is able to securely attach, she will be able to securely attach to her adopted child by six months post-adoption (Pace & Zavattini, 2011).

An appropriate power analysis for mediation will be used to determine the minimum number of participants required for the study. In order to access this population, the researcher will utilize Qualtrics for B2B, a national database of individuals who have volunteered to participate in research to recruit participants who meet the inclusion criteria. Qualtrics for B2B recruits participants through website portals, permission-based networks, and social media. Participants are verified through a double-opt-in process and agree to take part in surveys for an incentive. Qualtrics for B2B participants are also subject to other quality control measures such as LinkedIn matching, phone calls made to the participant's place of business, and other third-party verification methods. Using profile information provided by the participants, they are sent specific email invitations for applicable surveys. If they elect to participate, the participants are informed and agree at the beginning that they will only receive compensation upon completion of the survey. If they elect to stop before the survey is

finished they are not compensated. Upon accepting the invitation, participants enter the survey instrument link prepared by the researcher and complete the survey. Participants join from a variety of sources. They may be airline customers who chose to join in reward for sky miles, they may be retail customers who opted in to get points at their favorite retail outlet, or general consumers who participate for cash. Based on their profile data, they were compensated individually at different values (e.g., doctors get more for their time than undergrad students), reflecting how they enrolled in the panel.

Variables and Measures

To measure the variables of interest, I will be administering the Experiences in Close Relationships – Relationship Structures Questionnaire, the Emotion Regulation Checklist, and the Emotion Related Parenting Styles to participants in this study.

The Experiences in Close Relationships – Relationship Structures (ECR-RS)

The Experiences in Close Relationships Scale (ECR; Brennan, Clark, & Shaver, 1998) was originally developed to measure adult attachment (specifically romantic attachment). The original questionnaire contained 323 items with 60 subscales (Fairchild & Finney, 2006). Although Brennan et al. wanted to create a measure based on Ainsworth's (1978) two-dimensional model of attachment (anxiety and avoidance), they also believed that four attachment categories could be derived from the two attachment dimensions (Fairchild & Finney, 2006). Later, Fraley et al., (2000) utilized Item Response Theory to analyze the ECR and, based on their findings, they chose items with the highest discrimination values to include in the Experiences in Close Relationships-Revised (ECR-R). The ECR-R includes 36 items to assess for adult romantic attachment

(18 items to assess attachment-related anxiety and 18 items to assess attachment-related avoidance). Because the ECR-R measures both the dimensions and categories of attachment, the results of the measure do not miss the nuances of an individual's attachment that can be lost when respondents are categorically assigned to one style (Fraley Heffernan, Vicary, & Brumbaugh, 2011).

The ECR-RS (Fraley et al., 2011) was designed to assess for attachment across multiple types of relationships (relationships with mother, father, friends, and romantic partners) utilizing some of the same items contained in the ECR-R. The ECR-RS contains 9 items that assess for attachment in each of the four types of relationships, making for a total of 36 items (see Appendix C: Experiences in Close Relationships – Relationships Structures. When selecting items for the ECR-RS, the authors chose from the pre-existing items on the ECR-R and only included items that had good item discrimination values and excluded items that contained wording that could only pertain to romantic relationships. Respondents rate the items on a 7-point Likert scale to indicate how much or how little they agree with the item (1 = *strongly disagree*; 7 = *strongly agree*). The ECR-RS contains four sections, each containing the same 9 items. At the beginning of each section, the participant is directed to answer regarding a specific relationship (mother, father, dating or marital partner, and best friend). Like the ECR-R, the ECR-RS was designed to assess for attachment across the 2 dimensions of attachment: anxiety (e.g., “I often worry that this person doesn't really care for me”) and avoidance (e.g., “I prefer not to show this person how I feel deep down”). The dimension of attachment anxiety measures how much an individual worries about attachment (i.e.,

the availability and responsiveness of the attachment figure). The dimension of attachment avoidance measures how comfortable the individual is around being vulnerable with others and relying on others. The items are keyed as follows: the first 6 items address avoidance with the first 4 items reverse scored; the last 3 items address anxiety.

The ECR-RS was originally tested for psychometric properties on a sample of 21,838 participants in the United States who reported being in a romantic relationship (Fraley et al., 2011). In the 2011 study, the authors found that, although the ECR-RS was shorter than other multi-item attachment assessments, the alpha reliability estimates of the scores were comparable to those of longer assessments. The results of this initial study indicated that the relationship between anxiety and avoidance across domains were positive but not strong. In other words, individuals who report avoidance with their mother are moderately (not highly) likely to report avoidance in romantic relationships. This result indicates that, although there can be a common theme of attachment that runs throughout the various relationships in an individual's life, there can also be within-person variation (i.e., people who are secure with their mother may be insecure with a romantic partner).

The authors created composite scores for avoidance and anxiety based on all items across the four domains (Fraley et al., 2011). They discovered that the reliabilities of these composite scores were high (.88 for avoidance and .85 for anxiety). So, although there were only small-moderate correlations across the four relationship domains to the two attachment dimensions, "a composite designed to capture the variance that is

common across those domains is relatively reliable” (p. 619). In addition to these findings, the authors discovered relatively high correlations between anxiety and avoidance in each type of relationship. For example, individuals who scored high on avoidance in their relationship with their mother also scored high on anxiety about their mother’s availability and responsiveness.

In 2014, the authors of the ECR-RS (Fraley et al., 2011) discovered that if they attempted to get an individual’s general attachment score based on a combination (mean) of the relationship-specific scores, they would lose some of the complexity of how general attachment and relationship-specific attachment may change concurrently. Because of this limitation, they developed a 5th section to the ECR-RS specifically asking the focus on close relationships in general. This section contains the same 9 items that are present in the other sections, but the wording has been changed to reflect the assessment of general relationships (e.g., “It helps to turn to people in times of need”). This general attachment section is organized and scored in the same way as the other sections are organized (the first 6 items address avoidance with the first 4 items reverse scored; the last 3 items address anxiety). This new section allows researchers to compare a person’s general attachment scores to relationship-specific attachment scores. Fraley (personal communication, August 17, 2017) indicated that if a researcher is only interested in a general attachment score, it is appropriate to use only these 9 general items.

The Emotion Regulation Checklist (ERC)

The ERC (Shields & Cicchetti, 1997) is a parent/caregiver-report measure designed to assess the child's ability to manage and regulate emotion. The ERC contains 24 items that are divided into two subscales: Lability/Negativity and Emotion Regulation. Lability/Negativity refers to emotion dysregulation. This subscale contains items assessing for inflexibility, emotional intensity, lability, dysregulated negative affect, and angry reactivity (e.g., "responds angrily to limit-setting adults"). Higher Lability/Negativity scores indicate higher levels of lability. The Emotion Regulation subscale contains items assessing for appropriate expression of emotion, awareness of emotion, and the ability to show empathy for others (e.g., "can modulate excitement in emotionally arousing situations"). Parents/caregivers are asked to indicate the degree to which their child exhibits certain emotion regulation qualities on a 4-point scale (1 = *never*, 4 = *almost always*). Higher Emotion Regulation scores indicate higher levels of emotion regulation.

When originally developing and testing the psychometric properties of the ERC, Shields and Cicchetti (1997) found that the Cronbach's alpha for the Lability/Negativity subscale was .86 and for the Emotion Regulation subscale was .92. In this same study, Shields and Cicchetti (1997) tested for convergent validity of the ERC by comparing ERC scores to observer ratings and other commonly used measures of emotion regulation. They found that the ERC had high convergent validity when compared to other measures of emotion regulation. The correlation coefficients for emotion regulation were $r = .44$, $p < .001$, and the correlation coefficients for Lability/Negativity were $r =$

-.97, $\rho < .001$. The correlations between the ERC and other emotion regulation measures were found to be stronger than the correlations between the ERC and autonomy measures and ego resiliency measures, thus indicating that the ERC had discriminate validity.

The Emotion Related Parenting Styles Self-Test – Likert (ERPSST-L)

In the original study of PMEP, Gottman et al., (1996) utilized a lengthy meta-emotion interview that allowed parents to describe their beliefs and attitudes regarding the emotional expression of anger and sadness. Although this method of assessment was helpful in identifying the four PMEPs, Gottman (1996) recognized that this was not the most practical method of assessing PMEP in future research. Later in 1997, Gottman developed an 81-item true/false self-report version of the original meta-emotion interview, now known as the Emotion Related Parenting Styles Self-Test—True/False version (ERPSST-T/F). The psychometric properties of the ERPSST-T/F were tested and, in an effort to improve the scale's internal consistency, the Emotion Related Parenting Styles Self-Test–Likert (ERPSST-L) was created (Hakim-Larson, Parker, Lee, Goodwin, & Voelker, 2006) (see Appendix D: Emotion Related Parenting Styles Self-Test – Likert). When testing the psychometric properties of the ERPSST-T/F, Hakim-Larson and colleagues (2006) found that the Cronbach's alpha coefficient for the four parenting styles ranged from .33 to .87. The ERPSST-L Cronbach's alpha coefficients for the four parenting styles ranged from .71 to .91, thus suggesting it was an improved version of the ERPSST-T/F.

Although the researchers (Hakim-Larson et al., 2006) had made improvements on the measurement, there were still several limitations to this newer version of the ERPSST (Patterson et al., 2012). First, the assessment might be too lengthy and limit the ability to administer additional measures to participants. Second, the wording of the items referred to either sons or daughters, limiting the participant to respond in a way that fit a binary view of gender. In response to these limitations, Patterson et al. (2012) revised items and created a short form of the ERPS and tested its psychometric properties.

To develop the ERPS short form, the researchers (Patterson et al., 2012) administered the ERPSST-L to parents of children who had been diagnosed with a developmental disorder (DD) and parents of typically developing children (non-DD). Results from the ERPSST-L indicated that there were three overlapping factors between the DD and the non-DD samples: (a) emotion coaching (EC), (b) parental rejection of negative emotion (PR), and (c) parental acceptance of negative emotion (PA). In addition to these, the DD sample had one more factor: feelings of uncertainty/ineffectiveness in emotion socialization (UI). The researchers (Patterson et al., 2012) decided to keep all four factors in the ERPS short form so that the assessment could be used with DD and non-DD populations in future research. After analyzing the factor-loadings of each item in the ERPSST-L, it was determined that the ERPS short form would retain five items for each of the four factors, resulting in a total of 20 items.

Patterson et al. (2012) ran correlation analyses between the ERPS short form's subscales and the ERPSST-L's subscales. The EC (emotion coaching subscale) on the ERPS was positively correlated with the emotion coaching subscale on the ERPSST-L (r

= .75, $p < .01$) and negatively correlated with the dismissing ($r = -.18, p < .05$) and disapproving ($r = -.18, p < .05$) subscales on the ERPSST-L. The PA (parental acceptance of emotion) subscale on the ERPS was positively correlated with emotion coaching ($r = .67, p < .01$) and laissez-faire ($r = .32, p < .01$) subscales on the ERPSST-L and negatively correlated with the dismissing ($r = -.27, p < .01$) and disapproving ($r = -.31, p < .01$) subscales on the ERPSST-L. The PR (parental rejection of negative emotion) subscale on the ERPS correlated positively with the dismissing and disapproving subscales of the ERPSST-L. The UI (uncertainty/ineffectiveness in emotion socialization) subscale was negatively correlated with the emotion coaching ($r = -.24, p < .01$) subscale of the ERPSST-L and correlated positively with the laissez-faire ($r = .38, p < .01$), dismissing ($r = .47, p < .01$), and disapproving ($r = .45, p < .01$) subscales on the ERPSST-L. Overall, the ERPS short form was found to be a valid measurement when compared to the ERPSST-L. The researcher decided to only utilize the Emotion Coaching subscale of the ERPSST-L. It was determined that this subscale was the most relevant to the research questions and the researcher's desire to learn more about how to promote the ideal PMEP (emotion coaching). By only using the Emotion Coaching subscale, the researcher was also able to manage the length of the survey.

Demographics Questionnaire

The researcher collected demographic information about participants themselves and their adopted child (see Appendix E: Demographics Questionnaire). The Demographics Questionnaire included items that ask about the adopted child's age, length of adoption, age at adoption, birth country, number of placements, race/ethnicity,

and how the child was adopted. The Demographics Questionnaire asked participants to report their race/ethnicity, what state they live in, if they are a single parent, and how many children they have (biological and adopted).

Procedures

Prior to conducting this study, the researcher received full approval from the Institutional Review Board (IRB). The researcher recruited individuals based upon the inclusion criteria from Qualtrics B2B, a national database of individuals who have volunteered to be participants in research. Those who agree to participate in the study after reading the informed consent (see Appendix A: Informed Consent) were directed to an online survey packet comprised of the ECR-RS General Attachment Scale, the ERC, the ERPSST-L Emotion Coaching Scale and a demographics questionnaire (see Appendix E: Demographics Questionnaire). The survey packet contained a total of 81 items and took less than 10 minutes to complete. The researcher will follow this procedure until sufficient data have been gathered.

Data Analysis

Prior to testing the research questions, the researcher ran a series of preliminary analyses. The researcher ran Analysis of Variance (ANOVA) to determine if there were significant differences in the mean scores of adoptive mothers who identified as single versus two-parent families, and the source of adoption (e.g., agency adoption, private adoption, adoption through foster care, etc.). If there were not significant differences, the researcher proceeded with future testing using the sample as a whole. To begin testing the hypotheses, the researcher ran a series of pairwise correlations to lead up to a

meditational analysis. First, correlation analyses were defined and explained in the context of the hypotheses. Then meditation analysis was defined and explained in the context of the hypothesis tested.

“Correlational research involves collecting data to determine whether, and to what degree, a relationship exists between two or more quantifiable variables” (Gay, Mills, Airasian, 2012, p. 203). Correlation is not an indication of causality (Gay et al., 2012). A typical correlation design is as follows: scores representing at least two variables are obtained from each member of the sample. The paired scores are correlated resulting in a correlation coefficient. This correlation coefficient indicates if and to what degree the variables have a linear relationship. A correlation is considered significant when the probability of getting a chance correlation as extreme or more, assuming none exists, is very low. In this study, the researcher used a significance level of .05, meaning that the likelihood that the correlation found is a chance occurrence are 5 out of 100. Researchers may use correlational research if they are conducting a relationship study or a prediction study. In the current study, the researcher conducted correlational research. In the behavior sciences, correlation has been used in a variety of ways, a few of which are to discover the efficacy of different forms of treatment when utilized with certain disorders (Thompson, Diamond, McWilliam, Snyder, & Snyder, 2005), to measure the relationship between individual identities and mental health in students (Sharifi, 2015), and to determine if parental acceptance-rejection is related to depression and self-esteem in individuals struggling with substance abuse (Tufail, Majeed, Khan, 2015). In this study, correlations were conducted to test Hypotheses #1, 1.1, 2, 2.1, 3, and 3.1.

Mediation analysis is a cause and effect process (Hayes, 2017; Howell, 2013). Mediation is used when the researcher wants to learn more about how X effects Y . X is the causal antecedent that has an effect on the outcome variable (Y). For example, X could be a method of therapy and Y could be the severity of symptoms. Previous correlational analyses have shown that this particular method of therapy (X) does decrease the severity of symptoms (Y). Now the researcher wanted to know how this form of therapy decreases symptomology. The researcher's theory was that this form of therapy is effective because it helps clients change negative thinking patterns. The researcher identified the change in negative thinking patterns as the mediating variable (M). So the researcher's theory was that the form of therapy (X) decrease the client's symptoms (Y) because the form of therapy (X) affects the client's negative thinking patterns (M). In other words, if conditioning on M (or controlling for M), X would not have an affect on Y . This is known as a mediation model: "a set of two or more causal events chained together in sequence of the form $X \rightarrow M \rightarrow Y$ " (Hayes, 2016, p. 7). The relationship is diagrammed below in figure 1:

Figure 1. Mediation Model

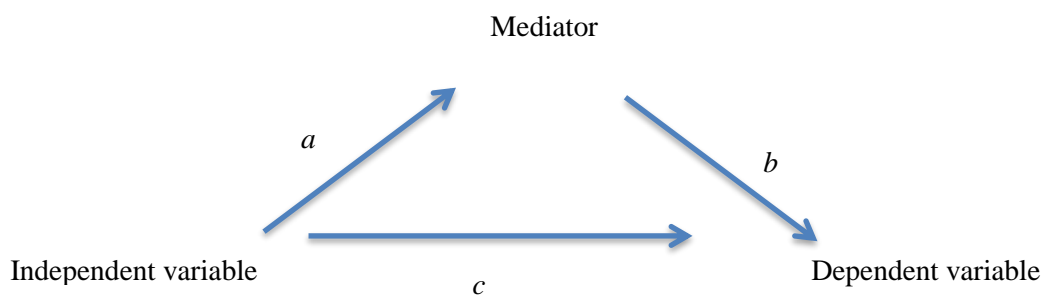
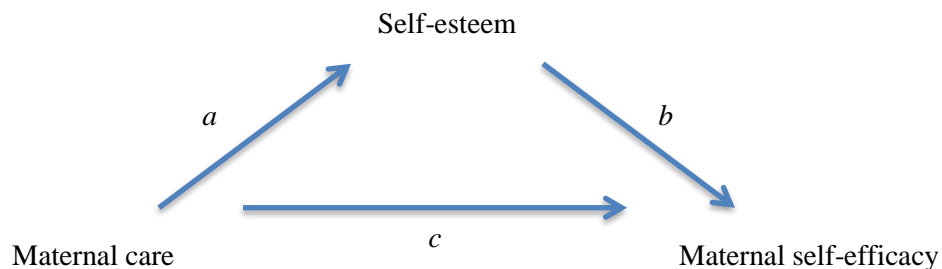


Figure 1 shows relationships between the following variables: between the independent variable and the mediator (path a), between the mediator and the dependent variable (path b), and between the independent variable and the dependent variable (path c) (Howell, 2013). This last step of looking at the significance between the independent and dependent variable (path c) is an initial predictor that does not take into account the impact that the mediator may have on this relationship. Correlational analyses would test all of these relationships. Traditionally, if researchers wish to run a mediational analysis, they must make sure that all three of these paths (a , b , and c) are individually significant. Preacher and Hayes (2004) made the argument that testing the significance of path c might not be necessary, “as the product of the $X \rightarrow M$ and $X \rightarrow Y$ paths (ab), which is equivalent to $(c - c')$ in most situations. Therefore, a significance test associated with ab should address mediation more directly than a series of separate significance tests not directly involving ab ” (page 719).

The next step to analyze a mediational relationship is to demonstrate that, when the independent and mediator variables are used together to predict the dependent variable, the significant relationship between the independent and dependent variable (c) becomes noticeably reduced or nonsignificant. The researcher’s hope is that if the mediator variable were to be removed from the equation, the relationship between the independent variable and dependent variable (c') would not appear to be as strong, thus proving that the mediator variable is necessary when linking the independent variable to the dependent variable.

An example of how mediational analysis has been used in the behavior sciences can be found in a study conducted by Leerkes and Crockenberg (1999). Leerkes and Crockenberg (1999) studied the relationship between the maternal care that children received when they were young and how this impacted maternal self-efficacy when children had grown up and become mothers themselves. Leerkes and Crockenberg (1999) hypothesized that higher levels of maternal care would result in higher maternal self-efficacy later in life. Leerkes and Crockenberg (1999) also hypothesized that a third variable was impacting this relationship: self-esteem. They hypothesized that a high level of maternal-care as a child would translate into the child experiencing high self-esteem, which would then result in high maternal self-efficacy when that child had grown and became a mother. Similarly, they postulated that low levels of maternal care would lead to the child experiencing low self-esteem, later resulting in low maternal self-efficacy once the child had grown and become a mother. This relationship is diagrammed below in figure 2:

Figure 2. Mediation Model (Leerkes & Crockenberg, 1999)

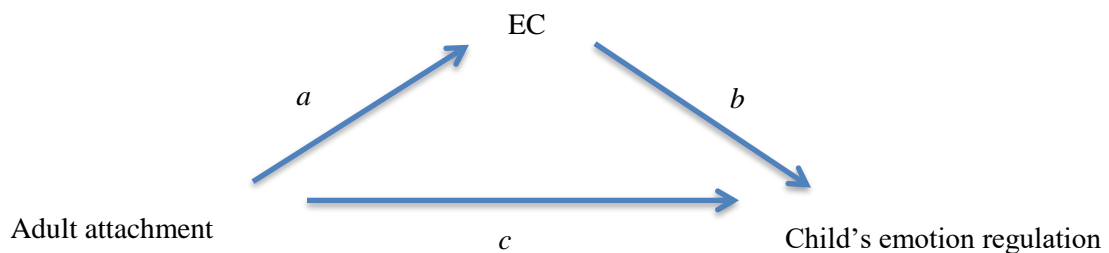


This study required a mediational analysis (Leerkes & Crockenberg, 1999). After running a correlational analysis on each of the three paths (*a*, *b*, and *c*'), the researchers

found all three were positively correlated, thus satisfying the basic prerequisites for a mediational analysis. However, Leerkes and Crockenberg (1999) found that when they correlated both maternal care and self-esteem together to predict maternal self-efficacy, the relationship between maternal care and maternal self-efficacy decreased in strength and was no longer significant. These results supported Leerkes and Crockenberg's (1999) hypothesis that self-esteem served as a mediator between maternal care and maternal self-efficacy.

In the current study, X was the adoptive mother's adult attachment, M was the adoptive mother's level of emotion coaching (EC), and Y was the adoptive mother's ratings of her child's ability to regulate emotion. This study tested the theoretical model indicating that parents' adult attachment affects their level of emotion coaching (EC), which in turn affects their child's ability to emotionally regulate ($X \rightarrow M \rightarrow Y$). This relationship is diagrammed below in figure 3:

Figure 3. Proposed Mediation Model



To set up the mediation analysis, the researcher first ran three different correlation analyses to determine if the relationships between all three of the variables were significant (adult attachment, EC, and the child's ability to regulate emotion). The

researcher then ran a mediation analysis. All of these analyses will be run using PROCESS, which is an add-on program for SPSS (Hayes, 2013).

Pilot Study

The purpose of the Pilot Study was to receive feedback from adoptive mothers of adopted children between the ages of 7-12 who had been adopted into their family for a minimum of 6 months. The researcher asked participants to give her feedback on the clarity of her informed consent and measurements so that she could make any appropriate changes prior to beginning the main study.

Methodology

The researcher's initial goal was to recruit a minimum of 6 adoptive mothers from the Charlotte area to participate in a focus group for the Pilot Study. The researcher consulted with the Institutional Review Board (IRB) Office and was informed that the Pilot Study did not require IRB approval. The researcher began the search for participants by sending a request to the Adoption Support Alliance in Charlotte, NC, to send out the recruitment e-mail to all adoptive mothers who fit the inclusion criteria of the Pilot Study (see Appendix B: Recruitment Message). The inclusion criteria were as follows: the participant must be an adoptive mother, have an adopted child between the ages of 7-12 who has been in the family for a minimum of 6 months. The researcher widened the age range (for the main study) by 1 year for the Pilot Study in the hopes of recruiting more participants without compromising the relevance of the results to the main study.

In the recruitment e-mail, the researcher stated that she would be donating \$10.00 to the Donaldson Adoption Institute (DAI) in honor of each participant who completed the Pilot Study. The researcher received two e-mails from adoptive mothers who met the criteria of the study.

In an effort to recruit more participants, the researcher e-mailed a request to send out the recruitment e-mail to the following Charlotte-based adoption organizations: Bethany Christian Services, Eckerd Kids, Catholic Charities, Nathanson Adoption Services, Children's Home Society of North Carolina, and Christian Adoption Services. The researcher received responses from Catholic Charities, Children's Home Society of North Carolina, and Bethany Christian Services informing her that they were unable to aid in recruitment for the Pilot Study. The researcher did not receive responses from the other adoption organizations. After consultation with the doctoral/dissertation chair, the researcher decided to meet with the two adoptive mothers who had volunteered to participate to gather their feedback. The researcher determined that if the feedback of the 2 adoptive mothers differed drastically, that she would then begin to seek out more participants. The researcher e-mailed the participants to schedule a day and time when they could both meet together. Unfortunately, due to conflicting schedules, the two participants were unable to meet at the same time. The researcher scheduled a time to meet with each adoptive mother separately.

The researcher attempted to find a note-taker who could attend both meetings but, due to scheduling conflicts, found that it was necessary to recruit two note-takers so that she would have a note-taker for each meeting. The researcher recruited two Counselor

Education graduate students from the University of North Carolina at Charlotte to assist with note-taking during the Pilot Study meetings.

The researcher met with each participant at different branches of Charlotte Mecklenburg Libraries in private rooms. The researcher notified the participants in advance that a note-taker would be attending the meeting. The researcher provided refreshments, a notepad, and a pen for each participant. In each meeting the note-taker was provided with copies of the pilot study procedures, the informed consent, and all of the measurements as well as a pad of paper and a pen. Each note-taker decided to take notes on their computer.

When participants arrived, the researcher and note-taker greeted them. The researcher and note-taker introduced themselves and then invited the participant to take a seat. The researcher began by informing them that the note-taker would only be taking notes on the responses to the questions and would not write down any identifying information. The participants were reminded of the aim of the researcher's main study and the purpose of the Pilot Study. The researcher reminded the participant that, upon completion of the questions, the participant would be receiving an e-mail of a \$10.00 donation to the Donaldson Adoption Institute in their honor. The participants were reminded that they would not be completing any of the questionnaires but would be providing answers to questions regarding the clarity of and their emotional responses to the questionnaires.

The researcher began each meeting by reading aloud the informed consent (for the main study) to the participant. Prior to reading the informed consent, the researcher

reminded the participants that they would not be signing this consent form but they would be asked questions regarding the clarity of the form. After reading the consent form to the participant, the researcher asked the following questions:

1. Were the instructions regarding the Informed Consent clear?
2. Was there any part of the Informed Consent that was unclear to you?
3. Did you experience any difficult emotions while listening to the Informed Consent?

The researcher then informed the participant that they would be given four questionnaires (one at a time) to read to themselves and that they would be asked questions regarding the questionnaire after they completed reading each questionnaire. The researcher reminded the participants that they would not be filling out the questionnaire, but they were welcome to make any notes necessary on the questionnaire. The researcher informed the participants that the questionnaires would be shredded after this meeting.

The researcher proceeded to allow the participants to read the Demographics Questionnaire to themselves. When the participants were finished reading through the questionnaire, the researcher asked the participant the following questions:

1. Are the instructions clear?
2. Were there any items that were unclear?

3. Are there any demographic items that I did not include about your adopted child and/or your family that you think might be important for my research?
4. Did you experience any difficult emotions while reading through this questionnaire?

Next, the researcher proceeded to allow the participants to read the following measurements to themselves in this order: the Emotion Regulation Checklist, the Experiences in Close Relationships – Relationship Structures, and the Emotion Related Parenting Styles Self-Test Likert. The researcher handed the participants one questionnaire at a time and when the participants were finished reading through each questionnaire, asked the participants the following questions:

5. Are the instructions clear?
6. Were there any items that were unclear?
7. Did you experience any difficult emotions while reading through this questionnaire?

After the participants answered these questions, the researcher took the questionnaire away and then gave the participants the next questionnaire, until they had covered all three of the questionnaires.

Finally, the researcher asked the following question:

As parents take these questionnaires, difficult feelings may arise. I have compiled a list of resources that parents may utilize if they need support after completing

these measurements. Please look over these resources and let me know if there are any additional resources you would add to this list.

The researcher then pulled up the Child Welfare Gateway website as well as an article from Child Welfare Gateway entitled *Finding and Using Postadoption Services* (Child Welfare Gateway, 2012). Once the participants had finished reading through these resources, they responded with any recommendations they had for additional resources. Once the participants had completed their feedback, the meeting ended with the researcher expressing her gratitude for their participation and an assurance that they would be receiving a confirmation of the donation to DAI soon.

Results

The researcher organized the results into two categories for each questionnaire: clarity and emotional response. In response to the informed consent one participant expressed concern that some of the language may be confusing for individuals who are not familiar with research studies. Neither participant reported an emotional response to the informed consent. In response to the demographics questionnaire, both participants reported that the instructions and items were clear. The participants did suggest that some questions be added (e.g., “Were you (the parent) adopted?” “Do you (the parent) have information regarding your adopted child’s biological family?” “Is the adoption an open or closed adoption?” “Does your child know any information about their adopted family?” “Does your child know that he/she is adopted?” “Have you or your child received any counseling or mental health services? If so, what services did you

receive?"). Neither participant reported an emotional response to the demographics questionnaire.

In response to the ERC, one participant expressed concern that the vocabulary might be confusing for individuals without a higher education. She shared that she was unsure if all participants would know the definition of the words "exuberant," "flat affect," and "impulsive." One participant expressed that some of the items caused her to have positive emotions as a result of seeing that her child is not the only child who struggles with emotion regulation. In response to the ECR-RS, one participant shared that she was unsure of what the phrase "mentally represent" meant. One participant shared that, after reading the section regarding the father, she felt sad because she did not have a close relationship with her father. She also reported that she felt good after reading the sections regarding the spouse and best friend because she did feel close to these people.

In response to the ERPSST-L, one participant reported that she was unsure which child she should be thinking of as she was reading the questionnaire. She said she might answer the questionnaire differently depending on the child. One participant reported that it was difficult to understand if she should be filling out the questionnaire based on what she should do or what she actually does. She shared that the instruction to choose the answer that "best fits how you feel" seemed too vague to her. One participant expressed that she felt guilty as she was reading the questionnaire because she realized that some of her responses to her child's emotion might not be ideal.

Finally, in response to the researcher's request for participants' thoughts on her list of resources and any additional resources they would recommend, both participants commented on the fact that the researcher's current list did not contain any specific suggestions on where to find support in whatever geographical area the participant might be living. One participant suggested adding information on the Adoption Support Alliance in Charlotte, NC. One participant noticed that some of the links on the Child Welfare Gateway website seemed to be broken and suggested that the researcher bring this to CWG's attention. This participant also suggested that the researcher provide directions for participants to visit the topics section of CWG's website and then click on the "adoption" section as she found these articles to be helpful. This participant suggested that the researcher also include some resources for children with anxiety disorders.

Modifications for the Full Study

After consulting with the doctoral/dissertation chair, the researcher determined that the additions suggested by the participants to the demographics questionnaire could not be justified by the purpose research and so the demographics questionnaire would remain the same for the main study. All suggestions made regarding the wording of the instructions or items in the ERC, ECR-RS, and the ERPSST-L could not be changed without impacting the validity and reliability of the measurements. The researcher and the doctoral/dissertation Chair decided that the words and phrases that the participant identified as possibly unclear to individuals with less education, were either already clarified in the measurement or a common word or phrase that did not need further

explanation. The researcher did decide to add directions to the resource list to visit CWG's website, then click on the topics section and then click on "adoption." The researcher revisited the website to check for broken links and did not find any broken links.

CHAPTER IV

RESULTS

The purpose of this study was to explore the relationships between maternal attachment, maternal emotion coaching, and child emotion regulation in adoptive families. In the current chapter, the demographic characteristics of the sample, descriptive statistics of the measurements, results of preliminary analyses, and results of analyses for each research question are discussed.

Description of the Sample

In an effort to recruit an adequate sample size, Qualtrics B2B was used to recruit participants from all over the United States. 115 participants accepted the informed consent and completed the survey. The researcher did not have access to information stating how many participants were sent the survey and thus could not determine the response rate. The complete demographic information for this sample is described in Table 1. All participants were female ($n = 115$, 100%) and adoptive parents ($n = 115$, 100%). The majority of participants were Caucasian ($n = 101$, 87.8%), middle class ($n = 76$, 66.1%), and non-single parents ($n = 88$, 76.5%) who had adopted through non-private agencies/organizations ($n = 65$, 56.5%). The average age of the participant's adoptive child was 10.90 ($SD = 1.351$). The participants reported that the majority of their adopted children were Caucasian (66.7%). The remainder of the participants reported that their adopted child was African-American/Black (11.1%), Other (8.5%), Asian (5.1%), or

American Indian/Alaskan Native (5.1%). The average age of the children at adoption was 9.26 years old.

Table 1. Sample Demographics (N=115)

Variable	Mean (Range)	<i>n</i>	%
Age of Adopted Child	10.9 (9-13)		
Length of Adoption	9.26 (3-15)		
Age of Child at Adoption	3.32 (1-13)		
Race/Ethnicity of Adopted Child			
African-American		13	11.1
Black Asian		6	5.1
Caucasian/White		78	66.7
American Indian			
Alaska Native		6	5.1
Other		10	8.5
Race/Ethnicity of Adopted Parent			
African-American		5	4.3
Black Asian		3	2.6
Caucasian/White		101	87.8
American Indian			
Alaska Native		2	1.7
Other		4	3.5
Gender of Adopted Child			
Male		62	53.0
Female		53	45.3
Adoption Source			
Non-Private		65	56.5
Private		15	13.0
Missing		35	30.4
Socio Economic Status			
Lower Class		15	13.0
Middle Class		76	66.1
Upper Middle Class		21	18.3
Upper Class		3	2.6
Parenting Status			
Non-Single Parent		88	76.5
Single Parent		27	23.5
Education^{19.1}			
Less than high school		3	2.6
High School Degree or GED		18	15.7
Some College		22	19.1
2 year Degree		18	15.7
4 year Degree		32	27.8
Master's Degree		16	13.9
Advanced Graduate Work or Doctorate		6	5.2

Descriptive Statistics

Each participant completed the online survey packet, including the ECR-RS General Attachment Subscale, ERC, ERPSST-Likert Emotion Coaching Subscale, and the demographics questionnaire, totaling 83 questions. The complete descriptive statistics for the measurements used can be found in Table 3. The informed consent and survey data were collected online through Qualtrics B2B. The data were downloaded into an Excel spreadsheet and were inspected for missing values. No missing values were found. SPSS version 25 was used to complete the preliminary tests. Pearson's pairwise correlations were run for research questions and hypotheses 1-3, and a mediation analyses was run for research question and hypothesis 4 (shown in Table 4).

The Lability scores had a mean of 31.27 ($SD = 6.52$). The average Lability score was slightly higher than the middle of the range of possible scores. The distribution of the Lability scores was found to be highly skewed to the right ($s = 1.581$), so the distribution is skewed toward the scores indicating lower levels of lability. The Emotion Regulation scores had a mean of 21.46 ($SD = 2.96$). The average Emotion Regulation score was very close the middle of the range of possible scores. The distribution of the Emotion Regulation scores was found to be approximately symmetrical ($s = -.234$). The Emotion Coaching scores had a mean of 3.83 ($SD = .53$). The average Emotion Coaching score was slightly higher the middle of the range of possible scores. The distribution of the Emotion Coaching scores was found to be approximately symmetrical ($s = -.008$). The General Attachment scores had a mean of 3.32 ($SD = .96$). The average General Attachment score was very close to the middle of the range of possible scores.

The distribution of the General Attachment scores was found to be approximately symmetrical ($s = -.413$).

Table 2. Descriptive Statistics of Measurements

Scale	Mean	SD	Median	Range	Alphas	# of items
ERC						
TOTAL	52.73	7.41	52		.72	25
Liability		6.52	30	14-56		
Emotion	31.27					
Regulation	21.46	2.96	21	8-32		
ECR-RS						
General Attachment						
TOTAL	3.32	.96	3.44	1-7	.71	9
ERPSST-L - EC						
TOTAL	3.83	.53	3.82	1-5	.90	23

Preliminary Analyses

Initial analyses included exploring single versus non-single parents and the source of adoption (private versus non-private adoption). The researcher ran a series of ANOVAs to determine if there were any significant differences between the scores of single parents and non-single parents on each of the measurements, and to determine if there were any significant differences between participants who had undergone private and non-private adoption. The researcher found that there was a significant difference in scores on the Liability subscale of the ERC for single versus non-single parents ($F(1, 115) = 10.754, p = .001$) (see Table 4). Through further analysis, it was found that the mean Liability score was higher for non-single parents ($M = 32.33$) than single parents ($M = 27.82$) (see Table 5). In addition to this, it was also discovered that there

was a significant difference in attachment scores for private versus non-private adoption sources ($F(2, 115) = 5.806$) (see Table 6). Through further analysis, it was discovered that the mean attachment score was higher for private ($M = 3.64$) than non-private ($M = 3.06$) adoption sources (see Table 7).

The researcher discovered that the ECR-RS general attachment scale had a Cronbach's alpha of .71, indicating that internal consistency for this measure was modest but acceptable for social science research. Previous studies have not yet explored the reliability of this 9-item version of the ECR-RS. For the 36-item ECR-RS, Cronbach's alpha was always near or above .90 (Mulkiner & Shaver (2007)). No researchers prior to the current study have used the 9-item ECR-RS subscale for general attachment alone. The researcher found that the Emotion Regulation subscale of the ERC had a Cronbach's alpha of .72 indicating that internal consistency for this measure was moderately strong. The researcher also found that the Lability subscale of the ERC had a Cronbach's alpha of .90 indicating that the internal consistency for this measure was modest but acceptable for social science research. Originally, Shields and Cicchetti (1997) found that the Cronbach's alpha for the entire measurement was .96. Lunkenheimer, Shields & Cortina (2007) found that the internal consistency was high for each of the ERC's subscales (emotion regulation = .83; lability = .96.) However, their study consisted of 87 families, with each father, mother and each child's teacher completing the ERC, which may explain why the internal consistency of the ERC for this study was slightly higher than the internal consistency of the ERC for the current study. None of the previous studies have tested the internal consistency of the ERC with adoptive families. Finally, the

researcher discovered that the ERPSST-L emotion coaching subscale had a chronbach's alpha of .90 indicating that the internal consistency for this measurement is strong. This is consistent with the findings of Hakim-Larson and colleagues (2006) who discovered that the emotion coaching subscale of the ERPSST-L in their study consisting of 71 parents had a chronbach's alpha of .82.

When assessing the linearity assumption for the correlations, it was discovered that the assumption regarding a linear relationship between the two variables had been violated for all 3 correlations. According to the distributions, none of the scales looked normally distributed (see Appendix J). The researcher also found outliers for the correlation between the emotion coaching and lability scores. These two outliers scored higher on lability and emotion coaching than the remainder of the participants. These outliers affect the assumption that there should be no significant outliers and lessen the quality and generalizability of the results.

Table 3. One-way ANOVA with Lability and Single/Non-Single Parents

Source	<i>SS</i>	<i>Df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between	421.126	1	421.126	10.753	.001
Within	4425.517	113	39.164		
Total	4846.643	114			

Table 4. Descriptives with Lability and Single/Non-Single Parents

	<i>N</i>	<i>M</i>	<i>Standard Deviation</i>
Non-single	88	32.33	6.78
Single	27	27.81	4.06
Total	115	114	6.52

Table 5. One-way ANOVA with Attachment and Adoption Source
(Private vs. Non-Private)

Source	<i>SS</i>	<i>Df</i>	<i>MS</i>	<i>F</i>	<i>Sig.</i>
Between	9.828	2	4.914	5.806	.004
Within	94.787	112	.846		
Total	104.614	114			

Table 6. Descriptives with Attachment and Adoption Source (Private vs. Non-Private)

	<i>N</i>	<i>M</i>	<i>Standard Deviation</i>
Missing	35	3.66	.95
Non-Private	65	3.06	.87
Private	15	3.64	1.05
Total	115	114	.96

Table 7. Descriptions of Research Questions and Data Analyses

Research Question	Hypothesis	Independent (predictor) Variables	Dependent (criterion) Variables	Data Analysis
1. Is there a significant relationship between the adoptive mother's emotion coaching and her adult attachment scores	1.1 There is a significant relationship between the adoptive mother's emotion coaching and her adult attachment score.		Emotion Coaching Adult attachment	Pearson correlation
2. Is there a significant relationship between the adoptive mother's emotion coaching ratings and her ratings of her child's emotion regulation?	2.1 There is significant relationship between the adoptive mother's emotion coaching and her ratings of her adopted child's emotion regulation. 2.2 Adoptive mothers with an emotion coaching parental meta-emotion philosophy will score their adopted child high on the Emotion Regulation Checklist, thus reporting their children have effective emotion regulations skills.		Emotion Coaching Child Emotion Regulation	Pearson correlation
3. Is there a significant relationship between the adoptive mother's adult attachment and her ratings of her adopted child's emotion regulation?	1.1 There is a significant relationship between the adoptive mother's adult attachment scores and her ratings of her adopted child's emotion regulation.		Adult attachment Child Emotion Regulation	Pearson correlation
4. Are relationships between the adoptive mother's adult attachment and her ratings of her adopted child's emotion regulation mediated by the adoptive mother's emotion coaching?	4. The relationship between the adoptive mother's adult attachment scores and her ratings of her adopted child's emotion regulation will be mediated by the adoptive mother's emotion coaching.	Adult attachment Child Emotion Regulation	Parental Meta-Emotion Philosophy	Regression

Research Question One

The first research question (Is there a significant relationship between the adoptive mother's emotion coaching and her adult attachment scores?) had one hypothesis. Pearson correlations were used to evaluate hypothesis 1.1. The first hypothesis was that there is a significant relationship between the adoptive mother's parental meta-emotion philosophy and her adult attachment score. There was a statistically significant negative relationship between emotion coaching and adult attachment ($r = -.308, p < .01$) (see Table 9). This indicates that adoptive mothers who report more secure attachment (lower scores) are more likely to report that they practice emotion coaching.

Table 8. Pearson's Correlations for Emotion Coaching and Attachment (N=115)

		EC	Attachment
EC	Pearson Correlation	1	-.308**
	Sig. (2-tailed)		.001
Attachment	Pearson Correlation	.308**	1
	Sig. (2-tailed)	.001	

**Correlation is significant at the .01 level (2-tailed). Abbreviations: EC = Emotion Coaching.

Research Question Two

The second research question (Is there a significant relationship between the adoptive mother's emotion coaching ratings and her ratings of her child's emotion regulation?) had two hypotheses. The first hypothesis was that there would be a significant relationship between the adoptive mother's emotion coaching scores and her

ratings of her adopted child’s emotion regulation. The second hypothesis was that adoptive mothers with an emotion coaching parental meta-emotion philosophy would score their adopted child high on the Emotion Regulation Checklist, thus reporting their children have effective emotion regulation skills. There was a statistically significant positive relationship between Emotion Coaching and Emotion Regulation ($r = .366, \rho < .01$) (see Table 10), suggesting that adoptive parents who ascribed more to an emotion coaching PMEP were more likely to have children with effective emotion regulation skills.

Table 9. Pearson’s Correlations for Emotion Coaching and Emotion Regulation (N=115)

		EC	ER	Lability
EC	Pearson Correlation	1	.366**	-.059
	Sig. (2-tailed)		.000	.528
ER	Pearson Correlation	.366**	1	.095
	Sig. (2-tailed)	.000		.311
Lability	Pearson Correlation	-.059	.095	1
	Sig. (2-tailed)	.528	.311	

**Correlation is significant at the .01 level (2-tailed). Abbreviations: EC = Emotion Coaching; ER, = Emotion Regulation.

Research Question Three

The third research question (Is there a significant relationship between the adoptive mother's adult attachment and her ratings of her adopted child's emotion regulation?) had one hypothesis. The hypothesis was that there would be a significant relationship between the adoptive mother's adult attachment scores and her ratings of her adopted child's emotion regulation. There was a statistically significant positive relationship between Attachment and Lability ($r = .205, \rho < .05$) (see Table 11). This relationship indicates that the adoptive mothers who reported less secure attachment (higher scores) were more likely to report that their adopted child had a high level of lability (higher scores).

Table 10. Pearson's Correlations for Emotion Regulation and Attachment (N=115)

		ER	Lability	Attachment
ER	Pearson Correlation	1	.095	-.046
	Sig. (2-tailed)		.311	.626
Lability	Pearson Correlation	.095	1	.205*
	Sig. (2-tailed)	.311		.028
Attachment	Pearson Correlation	-.046	.205*	1
	Sig. (2-tailed)	.626	.028	

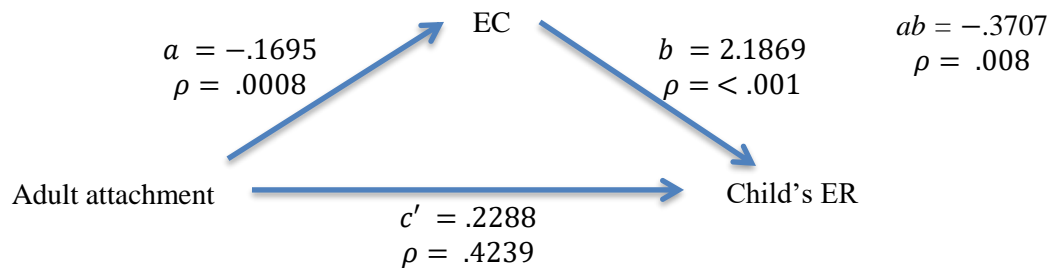
*Correlation is significant at the .05 level (2-tailed). Abbreviations: EC = Emotion Coaching; ER - Emotion Regulation.

Research Question Four

The fourth research question (Are relationships between the adoptive mother's adult attachment and her ratings of her adopted child's emotion regulation mediated by

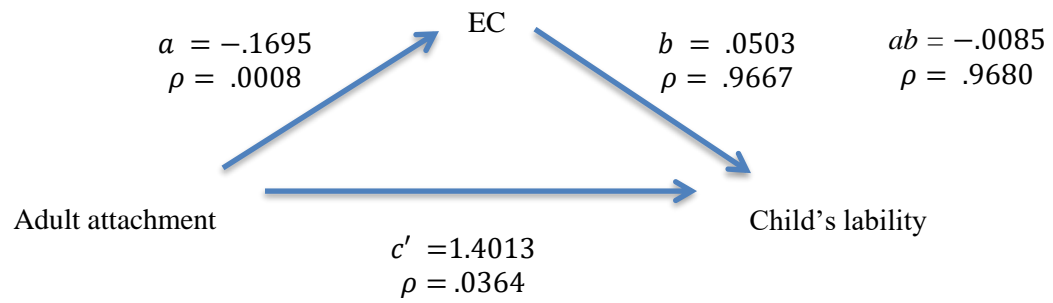
the adoptive mother's parental meta-emotion philosophy?) had one hypothesis. The hypothesis was that the relationships between adoptive mother's adult attachment scores and her ratings of her adopted child's emotion regulation would be mediated by the adoptive mother's parental meta-emotion philosophy. As Table 12 indicates, there was a significant effect of the adoptive mother's attachment on her ability to practice emotion coaching ($a = .1695$; $\rho = .0008$); there was a significant effect of the adoptive mother's ability to practice emotion coaching on the child's level of emotion regulation ($b = 2.1869$; $\rho = < .001$); the adoptive mother's attachment was not the only variable predicting the child's level of emotion regulation ($c' = .2288$; $\rho = .4239$). Therefore, emotion coaching did mediate the relationship between the mother's attachment and the child's ability to emotionally regulate ($ab = -.3707$; $\rho = .008$). Because some of the items on the ERC general attachment scale were reverse scored, a lower score indicates more secure attachment, whereas higher scores on the emotion regulate subscale of the ERC indicate effective emotion regulation. Based on these results, participants with more secure attachment were estimated to differ by $-.3707$. Therefore, participants having more secure attachment had higher emotion regulation scores as a result of the effect of adopted mother's attachment on her ability to utilize emotion coaching, which in turn affected the child's level of emotion regulation. As attachment scores went down (increase in attachment security), the child's emotion regulation increased (increase in ability to emotionally regulate).

Figure 4. Mediation between Adult Attachment, Emotion Coaching, and Child's Emotion Regulation



As Figure 4 indicates, there was a significant effect of the adoptive mother's attachment on her ability to practice emotion coaching ($a = .1695$; $\rho = .0008$); there was not a significant effect of the adoptive mother's ability to practice emotion coaching on the child's level of lability ($b = .0503$; $\rho = .9667$); the adoptive mother's attachment was the only variable predicting the child's level of lability ($c' = 1.4013$; $\rho = .0364$). Therefore, emotion coaching did not mediate the relationship between the mother's attachment and the child's ability to emotionally regulate ($ab = -.0085$; $\rho = .9680$). A higher score on the lability subscale of the ERC indicated an increase in lability. Based on these results, increasing attachment by 1 point, holding emotion coaching constant, increased lability score by 1.4013 ($\rho = .0364$). As attachment scores went up (decrease in attachment security) child lability increased (decrease in ability to emotionally regulate effectively). These results indicated that the mother's emotion coaching did impact the two outcomes (i.e., child's emotion regulation and lability) differently, such that in one model (Table 12) emotion coaching was a mediator and in the other model (Table 13) emotion coaching was not a mediator.

Figure 5. Mediation between Adult Attachment, Emotion Coaching, and Child's Liability



CHAPTER V

DISCUSSION

This chapter will discuss the implications of the results in Chapter 4. First, the findings of the main analyses will be discussed as well as the possible explanations of the findings and their similarities or differences with the previous literature. Next, research and clinical implications of the study will be discussed. Finally, limitations of the study will be explained.

Hypothesis 1.1 stated “that there is a significant relationship between the adoptive mother’s emotion coaching and her adult attachment score.” The hypothesis was supported by the results. There was a statistically significant negative relationship between the adoptive mother’s emotion coaching scores and their attachment. The higher the adoptive mothers scored on the attachment avoidance and attachment anxiety dimensions, the less likely they were to subscribe to an emotion coaching PMEP.

Based on Attachment Theory and Parental Meta-Emotion Philosophy, these findings are consistent with what one might expect, but this is the first time this relationship has ever been empirically supported. As previous studies have indicated, adults’ attachment does impact their ability to parent (Nathanson & Manohar, 2012; Raiffe & Murphy, 2016; Rholes, et al., 1995; Weinfield et al., 2008). Researchers have discovered that adults with insecure attachment have difficulty understanding their child’s emotions and often feel emotionally disconnected from their children (Nathanson

& Manohar, 2012; Rholes, et al., 1995). The findings of the current study are congruent with findings from these previous studies. The more securely attached parents are, the more likely they will be able to connect emotionally with their child, model effective emotion regulation skills, and guide their child in finding healthy ways of expressing and regulating their own emotion, thus functioning as a parent high in emotion coaching skills.

Hypothesis 2.1 stated that there would be a significant relationship between the adoptive mother's emotion coaching scores and her ratings of her adopted child's emotion regulation. Hypothesis 2.2 stated that adoptive mothers with an emotion coaching parental meta-emotion philosophy would score their adopted child high on the Emotion Regulation Checklist, thus reporting their children had effective emotion regulation skills. Both of these hypotheses were partially supported by the results. There was a statistically significant positive relationship between the adoptive mother's emotion coaching and the child's ability to emotionally regulate. This finding is consistent with previous research on biological families that indicates that children of parents who operated from an emotion coaching PMP were more likely to display effective emotion regulation (Ellis, Alisic, Reiss, Dishion, & Fisher, 2013).

However, there was no statistical significance found between the adoptive mother's emotion coaching and her ratings of her adoptive child's lability scores. As we know from previous studies (Hill & Updegraff, 2012), level of lability refers to the child's level of sensitivity and reaction to emotion-eliciting events and a child's level of emotion/adaptive regulation. An individual with a high score on the lability subscale will

experience very intense emotions and will have difficulty regulating them. The emotion regulation subscale of the ERC is scoring the individual's ability to manage their emotions effectively. So, individuals with a high level of emotion regulation would be able to understand their emotion and be able to express it and regulate it appropriately. It is unclear why emotion coaching would have a statistically significant relationship with the emotion regulation subscale and not the lability subscale. One could hypothesize that this indicates that perhaps the influence of an emotion coaching adoptive parent may increase the adopted child's ability to manage their emotion, but does not impact the child's level of emotional sensitivity. So, while the child may have an increased amount of tools with which they can regulate emotion, they may still have intense emotional reactions to emotion eliciting events. However, according to Garner and Hinton (2010), the emotionally labile child has difficulty utilizing effective emotion regulation skills. Previous researchers have indicated that adopted children may be at risk for developing behavioral, social, emotional, cognitive, and attachment issues, especially if they experienced neglect or abuse prior to adoption (Rushton, 2010). Other researchers have indicated that the average adopted child does not struggle with emotion regulation (e.g., Soares, Barbosa-Ducharme, Palacios, & Pacheco, 2017). However, it is important to remember that this study had a relatively small sample size ($N = 70$) and is to be interpreted and generalized with caution. Previous researchers (e.g., Soares et al.) also found a relationship between exposure to early adversity and the adoptive child's

emotional lability/negativity. More research is needed to discover why emotion coaching in adoptive families only seems to have an impact on the child's emotion regulation and not lability.

Hypothesis 3.1 stated that there would be a significant relationship between the adoptive mother's adult attachment scores and her ratings of her adopted child's emotion regulation. This hypothesis was supported by the results; however, the strength of the relationship was minimal ($r = .205, \rho < .05$) and therefore does not have a lot of practical implications. The results would indicate that there is a statistically significant, albeit small, positive relationships between attachment and lability. This would indicate that higher levels of anxious or avoidant attachment in adoptive mothers are related to their adopted child's level of emotional instability and inability to regulate (lability). But again, the effect size was small, so this result should be viewed with caution.

Hypothesis 4.1 stated that the relationships between the adoptive mother's adult attachment scores and her ratings of her adopted child's emotion regulation would be mediated by the adoptive mother's level of emotion coaching. This hypothesis was partially supported by the results. The results indicated that the adoptive mother's emotion coaching acted as a mediator for adult attachment and the adopted child's emotion regulation. This finding indicates that while the adoptive mothers attachment does have an impact on the adopted child's ability to emotionally regulate, it is not the only variable that has an impact. The adoptive mother's ability to emotion coach also plays a role in her adopted child's emotion regulate development. So, for mothers who may be struggling with attachment, there is still hope that, if she is able to learn how to

become an emotion coaching parent, she may still be able to positively impact her adopted child's emotion regulation development.

The adoptive mother's emotion coaching did not act as a mediator between adult attachment and the adopted child's lability. These results indicated that the adoptive mother's emotion coaching does not significantly mediate or impact the relationship between the adoptive mother's attachment and the child's lability. So, again it seems we have a disconnect between emotion coaching's ability to impact the child's emotion regulation and its lack of impact on the child's lability. Based on the results, they indicate that the adopted child's lability is negatively related to the adoptive mother's emotion coaching, but not statistically significantly related. This could mean that adoptive mother's emotion coaching can have a very minor impact on decreasing the adopted child's lability. These findings could also indicate that the adoptive mother's emotion coaching does not change the adopted child's level of lability (sensitivity to emotion eliciting events), but does improve the child's ability to regulate emotion. More research needs to be done with this population to better understand how adoptive parents can impact the adopted child's lability.

Limitations

As with all studies, this study had several limitations. Although Qualtrics B2B was a highly effective means of reaching the required sample size, it was convenience sampling and therefore, the sample may not be representative of adoptive families in the United States. This limits the researcher's ability to generalize the results of the study. The participants of this study were predominately white and had high levels of education.

This sample is representative of white adoptive parents, but not of all adoptive parents (Vandivere, Malm, Trends & Radel, 2007). The researcher found statistically significant differences between participants who had adopted privately and non-privately on their attachment scores, and between participants who were single and non-single parents on their lability scores. However, the differences between these groups may not be reliable because the sizes of each subgroup varied and, in both cases, one subgroup was much larger than the other (Henson, personal communication, March 13, 2018) The results of this study do not speak to how parenting, emotion regulation, attachment and adoption could be different in families of color.

The researcher made some errors in the construction of the survey packet. Item number 6 of the ERPSST-L (“I want my child to experience sadness”) was accidentally omitted in the survey. The researcher discovered this after she had received all of the data. The researcher still scored the measurement by calculating the mean of each participant’s scores, but instead of adding the scores and dividing the sum by 23 (the original number of items), she added the scores and divided the sum by 22 (the number of items included in the survey packet). Also, the researcher intended to ask the participants if they had adopted domestically or internationally, but forgot to include that question in the demographics survey. Unfortunately, because of this omission, the researcher could not calculate if there was a significant difference in the mean scores of international versus domestic adoptions nor test any potential impact of source of adoption on the dependent variables.

The alpha coefficients for the ECR-RS and ERC were moderately strong but acceptable for social science research because they were over .70 (Heppner, Kivlighan & Wampold, 2008). Out of the three measurements utilized in this study, two of them were self-report measures (ECR-RS and ERPSST-L) and one was parent report (ERC). Because the self-report measures were assessing the participant's ability to connect with and attach to others (ECR-RS) and their ability to effectively aid their children in emotional struggles (ERPSST-L), participants may have answered the questions based on how they wished they would parent or interact with others instead of how they actually parent or interact with others. The parent report method of assessing for the adopted child's emotion regulation also has own limitations. Participants may have been prone to under-report some of their child's behaviors. It is also been possible that participants may have over-reported their child's behaviors, depending on how challenged they feel by their child.

Implications for Counseling

This study has added to the knowledge about the effectiveness of emotion coaching parenting. Based on the results of this study, it appears that emotion coaching parenting may increase an adopted child's ability to emotionally regulate. The Gottman Institute has a published 5-step method to aid parents in learning to increase their emotion coaching abilities (<https://emotioncoaching.gottman.com>). The program can be purchased and contains 6 video modules and a workbook. Given the results of this study, this program could be a helpful tool for clinicians who are working with adoptive families struggling with emotion regulation. This program could be used as a helpful

resource that counselors can refer their clients to, or the counselor could facilitate the learning process by practicing and processing the modules with parents. The results of this study point to another helpful tool that clinicians can access when working with adoptive families and emotion regulation.

Suggestions for Future Research

For the sake of creating a study that would be manageable to complete for a dissertation, the researcher simplified the mediational analyses by only measuring one PMEP and by keeping the attachment score as one score instead of separating the scores by the two dimensions (anxiety and avoidance). In the future, researchers could create a more complex mediation model by including all four PMEPs and by looking at each attachment dimension and how they relate to the adoptive child's emotion regulation. This could allow researchers to have a more complex and richer understanding of the relationships shown in this study.

Again, in an effort to create a manageable dissertation study, the researcher decided to avoid using any child-report measures. In the future, it could be helpful to continue researching these constructs but include children's reports of their own attachment and emotion regulation. It would also be interesting to see if the mediation model analyzed in this study would apply to biological families. Continuing to replicate this study with various types of families could increase the validity and use of The Gottman Institute emotion coaching program (<https://www.gottman.com/product/emotion-coaching-the-heart-of-parenting-video-program/>). Researchers may find it helpful to complete experimental studies in which

parents are trained to be emotion coaches, with pre-post, and perhaps longitudinal, tests for changes in the children's ability to emotionally regulate after parents begin implementing emotion coaching. Future research with families of color, who may support a different parenting style (Haltigan et al., 2014) also is needed. It could also be helpful for this study to be replicated with adoptive fathers to explore their role and level of influence on their adopted child's emotion regulation development.

Conclusion

Based on the preceding discussion of the results, various conclusions were drawn from this study. First, it appears that this study accomplished its goal of serving as an initial step toward validating emotion coaching parenting as an effective means of improving adopted children's ability to emotionally regulate in adoptive families. Although this study did validate the findings of previous research on the relationships between emotion coaching and child emotion regulation, it is the first study to do so with adoptive families. This study also contributed new information to the field in the area of adult attachment and its relationship with the parent's ability to emotion coach. This study also confirmed that the relationship between the adoptive mother's attachment and her adopted child's emotion regulation is mediated by the mother's ability to emotion coach. Thus, there is an indication that, even if the adoptive mother has some struggles with her attachment, learning how to emotion coach could still have a positive impact on her adopted child's ability to emotionally regulate. By focusing more on how the adoptive parent's behaviors and attitudes can facilitate growth and healing for adopted children, the researcher hopes to continue to shift the perspectives of researchers and

clinicians from focusing predominately on the adopted child to looking at the larger dynamics within the family and how they can best support the adoptive family as a system.

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APPENDIX A

INFORMED CONSENT FOR MAIN STUDY

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

CONSENT TO ACT AS A HUMAN PARTICIPANT

Project Title: An Exploration of the Impact of Attachment, Parental Meta-Emotion, and Emotion Regulation in Adoptive Families

Principal Investigator and Faculty Advisor (if applicable): Erin K. Merchant and Dr. L. DiAnne Borders

Participant's Name: _____

What are some general things you should know about research studies?

You are being asked to take part in a research study. Your participation in the study is voluntary. You may choose not to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. There may not be any direct benefit to you for being in the research study. There also may be risks to being in research studies. If you choose not to be in the study or leave the study before it is done, it will not affect your relationship with the researcher or The University of North Carolina at Greensboro.

Details about this study are discussed in this consent form. It is important that you understand this information so that you can make an informed choice about being in this research study.

You will be given a copy of this consent form. If you have any questions about this study at any time, you should ask the researchers named in this consent form. Their contact information is below.

What is the study about?

This is a research project. Your participation is voluntary. The purpose of this research project is to understand how adoptive parents' Parental Meta-Emotion Philosophy and attachment impact the adopted child's ability to regulate emotion.

Why are you asking me?

You are being asked to participate in this study because you are an adoptive parent of an 8-12 year old child and you have been this child's adoptive parent for a minimum of 6 months.

What will you ask me to do if I agree to be in the study?

If you agree to participate in this study, you will be asked to complete a survey packet on your close relationships with significant people in your life, your emotional response to your adopted child's emotions, and your adopted child's ability to handle emotions. Participating in this study is not likely to cause you any stress, pain, or any other unpleasant reactions (*see risks below*). This study will take approximately 20 minutes to complete and your responses are confidential. If you have questions now or at any time during the study, you may contact Erin K. Merchant (contact information below).

What are the risks to me?

The Institutional Review Board at The University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants. Thinking about close relationships with others and your interaction with your child has the potential to bring up pleasant and unpleasant reactions. If this happens, you have the right to withdraw at any time without penalty. If any question in this study makes you uncomfortable, you may choose not to respond. If upon reading/completing the study you are left feeling emotionally upset or would like to access resources regarding adoption and parenting, please contact your adoption agency and/or visit the following website: childwelfare.gov (Child Welfare Information Gateway), click on "topics" and under the topics section click on "adoption." Please also read this article if you are interested in learning more about how to find and utilize post-adoption services: <http://bit.ly/2wx1Ait> If you have questions or want more information, please contact Erin K. Merchant at egkilpat@uncg.edu.

If you have any concerns about your rights, how you are being treated, concerns or complaints about this project or benefits or risks associated with being in this study please contact the Office of Research Integrity at UNCG toll-free at (855)-251-2351.

Are there any benefits to society as a result of me taking part in this research?

Benefits to society may include a better understanding of how adoptive parents can increase their adopted child's ability to handle emotions and how counselors can help them around that goal.

Are there any benefits to *me* for taking part in this research study?

There are no direct benefits to participants in this study.

Will I get paid for being in the study? Will it cost me anything?

There are no costs to you for participating in this study.

How will you keep my information confidential?

All information obtained in this study is strictly confidential unless disclosure is required by law.

Absolute confidentiality of data provided through the Internet cannot be guaranteed due to the limited protections of Internet access. Please be sure to close your browser when finished so no one will be able to see what you have been doing.

What if I want to leave the study?

You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state. The investigators also have the right to stop your participation at any time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped.

What about new information/changes in the study?

If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

Voluntary Consent by Participant:

By signing this consent form/completing this survey/activity you are agreeing that you read, or it has been read to you, and you fully understand the contents of this document and are openly willing consent to take part in this study. All of your questions concerning this study have been answered. By signing this form, you are agreeing that you are 18 years of age or older and are agreeing to participate, in this study described to you by Erin K. Merchant. If you would like to contact Erin K. Merchant, please e-mail her at egkilpat@uncg.edu. Please feel free to print out a copy of this document for your records.

Signature: _____ Date: _____

APPENDIX B

RECRUITMENT MESSAGE FOR PILOT STUDY

Hello,

My name is Erin Merchant and I am currently earning my PhD in Counselor Education at The University of North Carolina at Greensboro. As a counselor and researcher, I am passionate about providing support and resources to adoptive families. Through my research I hope to increase knowledge and awareness of adoptive families' needs and how mental health providers can better support these families.

I am in the process of seeking participants for my pilot study. My goal is to get feedback from adoptive parents prior to beginning the main study. The aim of my study is to better understand how adoptive parents can help their children learn to manage their feelings. I believe that this study may provide mental health professionals with a greater understanding of adoptive families and how to meet their needs more effectively.

For this pilot study, I am looking for mothers of adopted children (ages 7-12) who have been adoptive parents for a minimum of 6 months. Participants in the pilot study will be meeting with myself and an assistant and together participants will read through 3 questionnaires and 1 demographics survey. The 3 questionnaires and 1 demographics survey may take up to 15 minutes to read. After reading through the questionnaires and survey, there will be a brief discussion about the clarity of the material. You will not be asked to complete any measures or provide any information about you or your family. The total time of this meeting will be no longer than 30 minutes.

I realize that all of you are busy parents and that your time is valuable. To thank you for your time and effort, I will be donating \$10 to The Donaldson Adoption Institute for each participant who joins the pilot study. To participate please send an e-mail to egkilpat@uncg.edu with the subject line "Pilot Study Participation."

Thank you for your time!

Erin Merchant

APPENDIX C

EXPERIENCES IN CLOSE RELATIONSHIPS – RELATIONSHIP STRUCTURES

The Experiences in Close Relationships – Relationship Structures

This questionnaire is designed to assess the way in which you mentally represent important people in your life. Please read each of the following statements and rate the extent to which you believe each statement best describes your feelings about **close relationships in general**. Please indicate the extent to which you agree or disagree with a statement by selecting a number for each item.

Strongly Disagree Strongly Agree
1 2 3 4 5 6 7

1. It helps to turn to people in times of need.

1 2 3 4 5 6 7

2. I usually discuss my problems and concerns with others.

1 2 3 4 5 6 7

3. I talk things over with people.

1 2 3 4 5 6 7

4. I find it easy to depend on others.

1 2 3 4 5 6 7

5. I don't feel comfortable opening up to others.

1 2 3 4 5 6 7

6. I prefer not to show others how I feel deep down.

1 2 3 4 5 6 7

7. I often worry that other people do not really care for me.

1 2 3 4 5 6 7

8. I'm afraid that other people may abandon me.

1 2 3 4 5 6 7

9. I worry that others won't care about me as much as I care about them.

1 2 3 4 5 6 7

APPENDIX D

EMOTION RELATED PARENTING STYLES SELF-TEST - LIKERT

NOTE: YOU MUST HAVE PERMISSION FROM SIMON & SCHUSTER TO USE THIS MEASURE IN YOUR RESEARCH

Emotion-Related Parenting Styles Self Test–Likert (ERPSST-L)

(Gottman, 1997; as modified by Hakim-Larson & Lee (1999); adapted with the permission of Simon & Schuster, Inc. from THE HEART OF PARENTING: Raising an Emotionally Intelligent Child by John Gottman, Ph.D. Copyright©1997 by John Gottman, Ph.D. All rights reserved.)

This questionnaire asks questions about your feelings regarding sadness, fear and anger both in yourself and in your children. For each item, please circle the choice that best fits how you feel. If you're not sure, go with the answer that seems the closest.

- 1= Always False**
- 2= Mostly False**
- 3= Somewhat True/False**
- 4= Mostly True**
- 5= Always True**

1. When my child is sad, it's a time to problem solve.
1 2 3 4 5

2. Anger is an emotion worth exploring.
1 2 3 4 5

3. When my child is sad, it's a chance to get close.
1 2 3 4 5

4. When my child is sad, I try to help the child explore what is making him sad.
1 2 3 4 5

5. When my child is sad, I show my child that I understand.
1 2 3 4 5

6. I want my child to experience sadness.
1 2 3 4 5

7. The important thing is to find out why a child is feeling sad.
1 2 3 4 5
8. When my child is sad, we sit down to talk over the sadness.
1 2 3 4 5
9. When my child is sad, I try to help him figure out why the feeling is there.
1 2 3 4 5
10. When my child is angry, it's an opportunity for getting close.
1 2 3 4 5
11. When my child is angry, I take some time to try to experience this feeling with my child.
1 2 3 4 5
12. I want my child to experience anger.
1 2 3 4 5
13. I think it's good for kids to feel angry sometimes.
1 2 3 4 5
14. The important thing is to find out why the child is feeling angry.
1 2 3 4 5
15. When my child is angry, I try to be understanding of his mood.
1 2 3 4 5
16. When my child is angry, it's time to solve a problem.
1 2 3 4 5
17. Anger is exciting for a child to express.
1 2 3 4 5
18. A child's anger is important.
1 2 3 4 5
19. Children have a right to feel angry.
1 2 3 4 5
20. When my child is mad, I just find out what is making her mad.
1 2 3 4 5

21. It's important to help the child find out what caused the child's anger.

1 2 3 4 5

22. I want my child to get angry, to stand up for himself.

1 2 3 4 5

23. When my child is angry, I want to know what she is thinking.

1 2 3 4 5

APPENDIX E

DEMOGRAPHICS QUESTIONNAIRE

Information About Your Adopted Child

1. What is the current age of your child?
2. What is your child's gender?
3. How long has your adopted child been placed with you?
4. How old was your child when he/she was placed with you?
5. Where was your child born?
6. Was your child in foster care prior to adoption?
 - a. If yes, then how many times was your child placed in foster care?
 - b. Were you one of your child's foster care placements prior to adoption?

How many placements did your child experience prior to you adopting him/her (including foster care, orphanage, or any other form of institutional care)?

7. Do you know if your child experienced any type of abuse or neglect prior to adoption?
8. What agency/organization did you use to facilitate the adoption of your child?
9. What is the race/ethnicity of your adopted child?

Information About You, the Parent

10. What is your race/ethnicity?
11. When your child was placed with you, were you a single parent?
12. Are you currently a single parent?
13. In what state do you currently reside?

14. Do you have any other children living in your home?
 - a. If yes, then how many of these children have been adopted or have been placed with you through foster care?
 - b. If yes, then how many of these children are biological?

APPENDIX F

EVIDENCE THE EXPERIENCES IN CLOSE RELATIONSHIPS – RELATIONSHIP STRUCTURES IS NOT COPYRIGHTED

<http://internal.psychology.illinois.edu/~rcfraley/measures/ecrr.htm>

Information on the Experiences in Close Relationships-Revised (ECR-R) Adult Attachment Questionnaire

R. Chris Fraley University of Illinois at Urbana-Champaign

Q: Do I need permission to use these scales in my research?

A: No. The scales were published in a scientific journal for use in the public domain. You do not need to contact any of the authors for permission to use these scales in non-commercial research. You may *not* use the scales for commercial purposes without permission.

<https://internal.psychology.illinois.edu/~rcfraley/measures/relstructures.htm>

Relationship Structures (ECR-RS) Questionnaire

R. Chris Fraley University of Illinois at Urbana-Champaign

Overview

The Relationship Structures (ECR-RS) questionnaire is a self-report instrument designed to assess attachment patterns in a variety of close relationships. The same 9 items are used to assess attachment styles with respect to 4 targets (i.e., mother, father, romantic partner, and best friend). The items were written in a way that allows them to be used for a variety of interpersonal targets (not just romantic relationships) and for a variety of age groups. If desired, the 9 items can be used to target only one kind of relationship and, therefore, this instrument can be used as a 9-item version of the [ECR-R](#).

In our research, the ECR-RS has proven to be quite useful. The test-retest reliability (over 30 days) of the individual scales are approximately .65 for the domain of romantic relationships (including individuals who experienced breakups during the 30-day period) and .80 in the parental domain. Moreover, research from our lab indicates that the scales are meaningfully related to various relational outcomes (e.g., relationship satisfaction, likelihood of experiencing a breakup, the perception of emotional expressions), as well as to one another. You can learn more about general measurement issues in adult attachment

(e.g., whether to classify people or use dimensions, how to analyze these kinds of data) via some of the publications listed below or [here](#).

The first article to be published from our lab using the ECR-RS was the following, which was based on a global composite of the individual relational domain scores:

Fraley, R. C., Niedenthal, P. M., Marks, M. J., Brumbaugh, C. C., & Vicary, A. (2006). Adult attachment and the perception of emotional expressions: Probing the hyperactivating strategies underlying anxious attachment. *Journal of Personality, 74*, 1163-1190.

A full report on the ECR-RS itself was published in *Psychological Assessment*. This report discusses the development of the measure and shows the associations between attachment across a variety of relational domains. This paper also reports the associations between the ECR-RS and the ECR-R and a variety of other measures of interpersonal and relational functioning (e.g., depressive symptomology, relationship satisfaction, the Big Five personality traits).

Fraley, R. C., Heffernan, M. E., Vicary, A. M., & Brumbaugh, C. C. (2011). The Experiences in Close Relationships-Relationship Structures questionnaire: A method for assessing attachment orientations across relationships. *Psychological Assessment, 23*, 615-625.

Information on the stability of ECR-RS scores when used as a "state" measure of attachment is reported in the following article:

Fraley, R. C., Vicary, A. M., Brumbaugh, C. C., & Roisman, G. I. (2011). Patterns of stability in adult attachment: An empirical test of two models of continuity and change. *Journal of Personality and Social Psychology, 101*, 974-992.

Additional data (e.g., large sample means, SDs) and information on types vs. dimensions:

Fraley, R. C., Hudson, N. W., Heffernan, M. E., & Segal, N. (2015). Are adult attachment styles categorical or dimensional? A taxometric analysis of general and relationship-specific attachment orientations. *Journal of Personality and Social Psychology*.

Scoring information

Relationship-specific attachment

Two scores, one for attachment-related avoidance and the other for attachment-related anxiety, should be computed for each interpersonal target (i.e., mother, father, partner, friend). The avoidance score can be computed by averaging items 1 - 6, while reverse keying items 1, 2, 3, and 4. The anxiety score can be computed by averaging items 7 - 9. These two scores should be computed *separately* for each relationship target.

General or global attachment

[Note: See update below] To create relationship-general or global attachment scores, simply average the scores computed above across domains. The global avoidance score would be the mean of avoidance with mother, avoidance with father, avoidance with partner, and avoidance with friend. Similarly, the global anxiety score would be the mean of anxiety with mother, anxiety with father, anxiety with partner and anxiety with friend. This particular method, however, weights each relationship domain equally. This may or may not be advisable, depending on your interests. An alternative is to administer the 9 RS items separately with the instruction for people to rate them with respect to "important people in their lives," leaving the target purposely vague.

Questionnaire items

1. It helps to turn to this person in times of need.
2. I usually discuss my problems and concerns with this person.
3. I talk things over with this person.
4. I find it easy to depend on this person.
5. I don't feel comfortable opening up to this person.
6. I prefer not to show this person how I feel deep down.
7. I often worry that this person doesn't really care for me.
8. I'm afraid that this person may abandon me.
9. I worry that this person won't care about me as much as I care about him or her.

Instructions used for each relationship domain

- A. Please answer the following questions about your mother or a mother-like figure.
- B. Please answer the following questions about your father or a father-like figure.
- C. Please answer the following questions about your dating or marital partner. Note: If you are not currently in a dating or marital relationship with someone, answer these questions with respect to a former partner or a relationship that you would like to have with someone.
- D. Please answer the following questions about your best friend.

Example of a formatted RS questionnaires

[Items that can be copied and pasted.](#)

[An on-line, self-scoring version of the measure.](#)

Update on Global/General Attachment - August 2014

We have recently begun supplementing the ECR-RS with an item set that is designed to more explicitly probe people's general attachment styles. We did not want our general

measure to be a literal linear combination of the relationship-specific measures because that operation made it difficult to study how general and relationship-specific representations may change together.

The instructions we are currently using to assess "general" or "global" attachment are as follows: "Please read each of the following statements and rate the extent to which you believe each statement best describes your feelings about **close relationships in general.**" We then follow those instructions with 9 items that are similar in theme to those used to assess relationship-specific attachment. (Moreover, they are keyed in a similar way. The first 6 items tap avoidance with the first 4 items reverse keyed; the last 3 items tap anxiety.)

1. It helps to turn to people in times of need.
2. I usually discuss my problems and concerns with others.
3. I talk things over with people.
4. I find it easy to depend on others.
5. I don't feel comfortable opening up to others.
6. I prefer not to show others how I feel deep down.
7. I often worry that other people do not really care for me.
8. I'm afraid that other people may abandon me.
9. I worry that others won't care about me as much as I care about them.

APPENDIX G

EVIDENCE OF PERMISSION TO USE ONLY THE EXPERIENCES IN CLOSE RELATIONSHIPS – RELATIONSHIP STRUCTURES GENERAL ANXIETY SUBSCALE

UNCG Mail – Question regarding ECR-RS 8/17/17, 2:13 PM

<https://mail.google.com/mail/u/1/?ui=2&ik=556d358d04&jsver=z3kH...l=15bf52bb6bc3a864&siml=15c3789857b0ffc9&siml=15c691d659d9e150>

Erin Kilpatrick egkilpat@uncg.edu

Question regarding ECR-RS

Erin Kilpatrick <egkilpat@uncg.edu> Thu, Aug 17th 2017 at 2:13 PM

To: rcfraley@uiuc.edu

Hello Dr. Fraley,

I am a doctoral student at the University of North Carolina Greensboro and I am conducting a dissertation study entitled "An Exploration of the Impact of Attachment, Parental Meta-Emotion, and Emotion Regulation in Adoptive Families." I am hoping to use the ECR-RS to measure the general attachment of adoptive mothers.

I see in the link below that you recommend supplementing the ECR-RS with 9 items focused on "close relationships in general" to explore general attachment. If I only want to measure general attachment (not attachment related to any specific person), would it be possible to do this by using/administering only these 9 general items that you mention at the end of this article?

<https://internal.psychology.illinois.edu/~rcfraley/measures/relstructures.htm>

Thank you,

Erin Merchant

From: "R. Chris Fraley" <rcfraley@gmail.com>
To: Erin Kilpatrick <egkilpat@uncg.edu>
Cc:
Bcc:
Date: Thu, 17 Aug 2017 14:47:15 +0000
Subject: Question regarding ECR-RS

Yes, that should work. Good luck with your research!

R. Chris Fraley
University of Illinois at Urbana-Champaign
Department of Psychology
603 East Daniel Street
Champaign, IL 61820
Internet: <http://www.psych.uiuc.edu/~rcfraley/>

APPENDIX H

EVIDENCE OF PERMISSION TO USE THE EMOTION REGULATION CHECKLIST

UNCG Mail – Request permission to use ERC 8/16/17, 3:32 PM

<https://mail.google.com/mail/u/1/?ui=2&ik=556d358d04&jsver=z3kH...l=15bf52bb6bc3a864&siml=15c3789857b0ffc9&siml=15c691d659d9e150>

Erin Kilpatrick <egkilpat@uncg.edu>

Request permission to use ERC

Erin Kilpatrick <egkilpat@uncg.edu> Wed, Aug 16th 2017 at 9:10 AM

To: cicchett@umn.edu

Dear Dr. Cicchetti,

I am a doctoral student at the University of North Carolina Greensboro and I am conducting a dissertation study entitled "An Exploration of the Impact of Attachment, Parental Meta-Emotion, and Emotion Regulation in Adoptive Families." I am writing to request your permission to use the Emotion Regulation Checklist in this study.

Thank you,

Erin Merchant

From: "Cicchetti, Dante" <cicchett@umn.edu>
To: Erin Kilpatrick <egkilpat@uncg.edu>
Cc:
Bcc:
Date: Wed, 16 Aug 2017 11:28:35 +0000
Subject: Request permission to use ERC

Dear Erin,

Please find attached the ERC packet containing the ERC measure and supporting documentation. You may use the measure. Please note that you may not make any changes to the measure or scoring.

Good luck with your research.

All best,

Karlyn Wegmann
Assistant to Dante Cicchetti

Dante Cicchetti, Ph.D.
McKnight Presidential Chair
William Harris Professor
and Professor of Child Psychology and Psychiatry
Institute of Child Development
University of Minnesota

APPENDIX I

EVIDENCE OF PERMISSION TO USE THE EMOTION RELATED PARENTING STYLES SELF-TEST - LIKERT

UNCG Mail - Permission for ERPSST-Likert 8/16/17, 11:14 AM
<https://mail.google.com/mail/u/1/?ui=2&ik=556d358d04&jsver=z3kH...l=15bf52bb6bc3a864&siml=15c3789857b0ffc9&siml=15c691d659d9e150>

Erin Kilpatrick <egkilpat@uncg.edu>
Permission for ERPSST-Likert

Erin Kilpatrick <egkilpat@uncg.edu> Tue, Mar 21, 2017 at 3:08 PM
To: permissions@simonandschuster.com

Hello,

I am a doctoral student at The University of North Carolina at Greensboro. I am currently in the dissertation phase of my studies and I am interested in using the Emotion Related Parenting Styles Self Test – Likert as part of my study. My dissertation will be titled "An Exploration of the Impact of Attachment, Parental Meta-Emotion, and Emotion Regulation in Adoptive Families". I will be the sole author of my dissertation. As of right now I am not publishing my dissertation and no market rights will be required. Please let me know how I can obtain permission to use the ERPSST-Likert in my study.

Thank you for your time,

Erin Merchant

--

Erin Kilpatrick Merchant, MA, LPCA
Doctoral Student
Department of Counseling & Educational Development
The University of North Carolina at Greensboro

From: "Lee, Christine" <Christine.Lee@simonandschuster.com>
To: Erin Kilpatrick <egkilpat@uncg.edu>
Cc:
Bcc:
Date: Tue, 25 Apr 2017 21:25:34 +0000
Subject: AN EXPLORATION OF THE IMPACT OF ATTACHMENT - Dissertation
Study - Gottman Agreement

Dear Erin,

Please sign the attached agreement and return 1 copy with payment by May 15.
Please let me know if you decide not to use our material so I can cancel the agreement.

Best Regards,

Christine

UNCG Mail - Permission for ERPSST-Likert 8/16/17, 11:14 AM
<https://mail.google.com/mail/u/1/?ui=2&ik=556d358d04&jsver=z3kH...l=15bf52bb6bc3a864&siml=15c3789857b0ffc9&siml=15c691d659d9e150>

Erin Kilpatrick <egkilpat@uncg.edu> Tue, May 23, 2017 at 6:59 PM
To: "Lee, Christine" <Christine.Lee@simonandschuster.com>

Hi Christine,

I hope this email finds you well. I sent in the signed form and the check. I see the check has been successfully delivered and cashed. Do I need to wait for any further documentation before I am able to use the measurement?

Thank you,

Erin

Erin Kilpatrick Merchant, MA, LPCA
Doctoral Student
Department of Counseling & Educational Development
The University of North Carolina at Greensboro
[Quoted text hidden]

Lee, Christine <Christine.Lee@simonandschuster.com> Fri, Jun 2, 2017 at 10:02 AM

To: Erin Kilpatrick egkilpat@uncg.edu

UNCG Mail - Permission for ERPSST-Likert 8/16/17, 11:14 AM

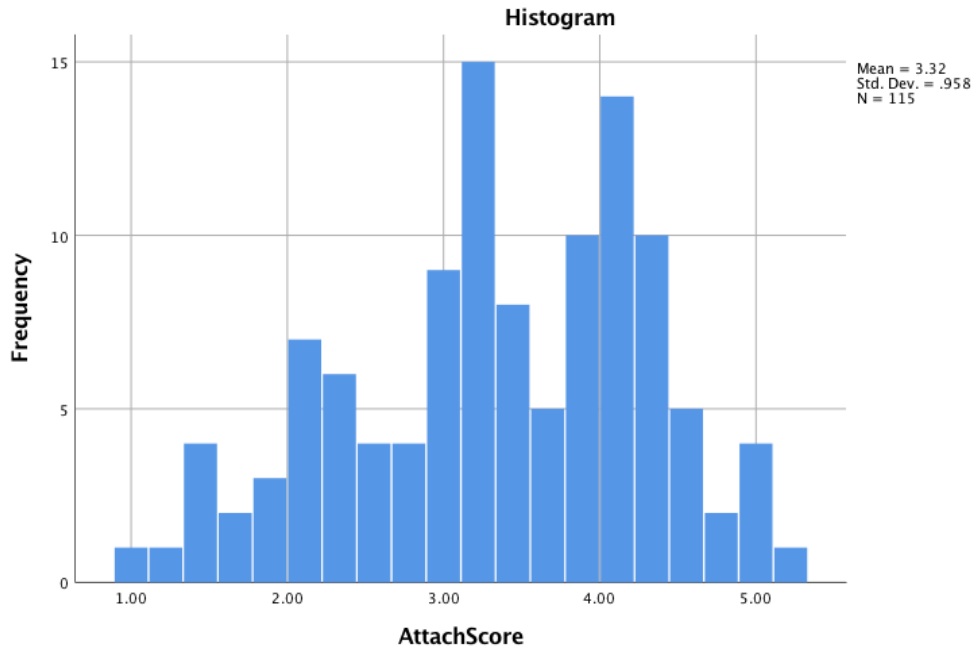
<https://mail.google.com/mail/u/1/?ui=2&ik=556d358d04&jsver=z3k...l=15bf52bb6bc3a864&siml=15c3789857b0ffc9&siml=15c691d659d9e150>

You're all set.

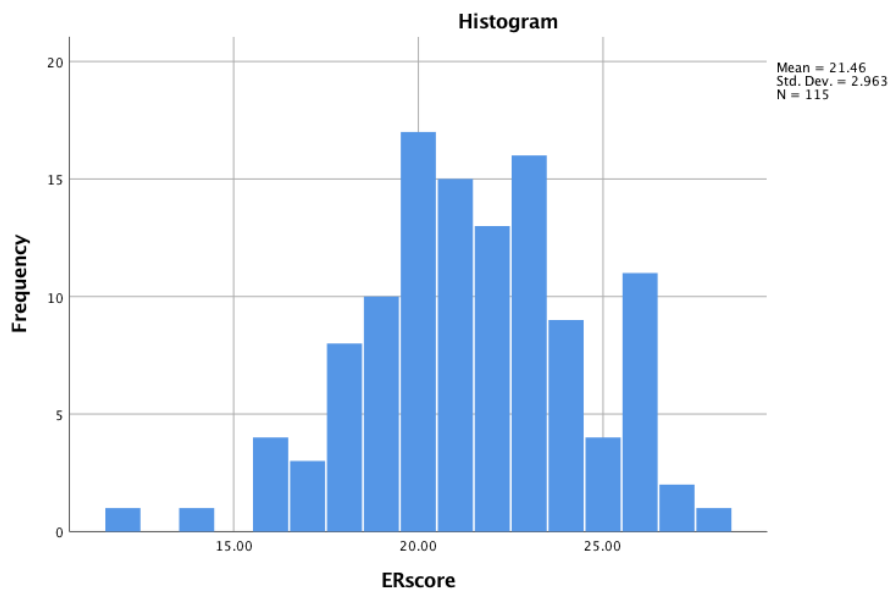
APPENDIX J

HISTOGRAMS

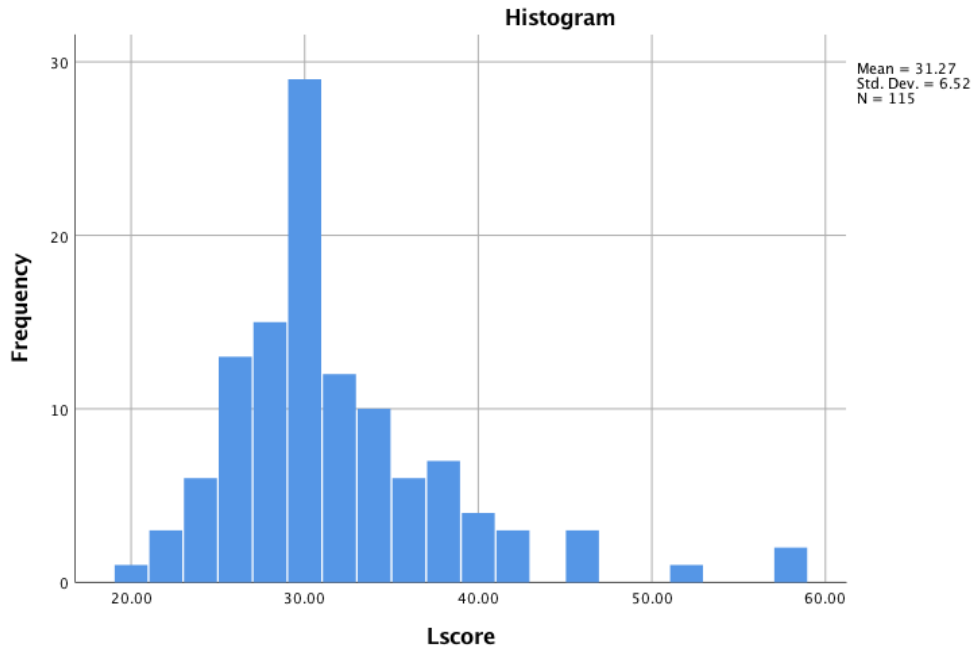
Experiences in Close Relationship – Relationships Structure, General Attachment



Emotion Regulation Subscale of Emotion Regulation Checklist



Lability Subscale of Emotion Regulation Checklist



Emotion Coaching Subscale of ERPSST-L

