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Eating Disorders and Attachment

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Abstract

Eating disorders have become extremely common in today's society. The individuals most commonly affected by eating disorders have been women. This is often the result of societal demands, and can be greatly influenced by the relationships a woman has with her parents. The purpose of this study was to focus specifically on the father-daughter relationship of college women diagnosed with an eating disorder compared to those without a diagnosed eating disorder. Additionally, the romantic attachment styles of both sets of young women were explored. College women from a private university in the southeast were administered a demographic survey, the Adult Parental Acceptance-Rejection/ Control Questionnaire, and the Intimate Partner Acceptance-Rejection/ Control Questionnaire. It was hypothesized that there would be a significant relationship between having an eating disorder and the quality of both the father-daughter relationship and adult romantic attachment style, as compared to those surveyed without an eating disorder. Finally, there will be a significant effect of being diagnosed with an eating disorder on the scores of the APARQ/C and IPAR/CQ.

Eating Disorders and Attachment

On college campuses today, eating-related problems are a significant health concern for women. Eating disorders are among the most common psychopathologies on college campuses (Arriaza & Mann, 2001). For instance, among normal-weight college students, body image dissatisfaction, weight preoccupation, and unhealthy weight management are frequent (Schwitzer, Bergholz, Dore, & Salimi, 1998). This often reflects societal influence and the stress of the transitional time while in college. In addition, college students express concerns about body image, body shape, body size, and weight control. Specifically, research has found that generally disordered eating behaviors and attitudes are prevalent among female undergraduates (Schwitzer, Rodriguez, Thomas, & Salimi, 2001). Since many factors influence an eating disorder, one should explore the quality of relationship a daughter has with her father, and how this influences future romantic attachment styles and depression scores. Eating disorders are multifaceted, and can develop from a number of outlets.

Eating Disorders

Anorexia

The three most common types of eating disorders are anorexia, bulimia, and binge-eating. Each type has distinct characteristics, and all are prevalent on college campuses. According to Schwitzer et al. (2001) and Natenshon (1999), a diagnosis of anorexia requires the following criteria to be met: refusal to maintain a normal body weight, maintenance of less than eighty-five percent of expected body weight, and the absence of at least three consecutive menstrual cycles. Women who have anorexia

experience an intense fear of gaining weight and have a disturbed body image. Furthermore, anorexia is a potentially life-threatening disorder that occurs when a person chooses to restrict food, sometimes to the point of starvation. Anorexic women have an extreme fear of becoming obese, which relates to a fear of gaining weight. They are also obsessed with being thin, tying directly to a distorted body image. Furthermore, anorexia occurs between the ages of ten and forty, with the average age being between seventeen and eighteen. Over ninety percent of anorexia cases occur in females (Thorpe & Olson, 1997). These females are often girls who are bright, high achievers, and perfectionists (Pipher, 1995). They become obsessed with losing weight, and then continue this mindset after they have surpassed their goal. This obsession with losing weight can be evidence through such behaviors as calorie counting, numbers on a scale, and cultural comparisons to women in media. Young women who suffer from anorexia often are seeking control. They feel that they can control the amount of food they eat, and the amount of weight they gain. This lifestyle change often occurs in response to the fear of becoming fat or having a distorted body image (Natenshon, 1999). These misconceptions frequently stem from societal norms, or from the preconceived ideals in the individual's mind. Anorexic women often become exactly what society wants them to be: thin and nonthreatening (Pipher, 1995). They consistently find themselves wanting to have the perfect body image. This habitually involves balancing the pressure to fit in and the desire to stand out.

Anorexics deny their bodies of the food they need as an effort not only to control their appetite, but their world as well. While they may have the physical effects of

starvation, they are preoccupied with food. While not eating is often a means of seeking control, anorexics are often suppressing other emotions as well. For example, anorexics may also be concealing emotions such as depression (Abramson, 1998).

Bulimia

While anorexia is prevalent throughout society, bulimia is the most common eating disorder among young women (Pipher, 1995). Over ninety percent of bulimia cases involve females (Thorpe & Olson, 1997), and twenty percent of college women suffer from bulimia (Lelwica, 1999). Women diagnosed with bulimia engage in the following behaviors: binge eat and then vomit, use laxatives, or exercise excessively to compensate. This is done at least twice a week, for at least three consecutive months. Bulimics are overwhelmingly concerned with body image (Schwitzer et al., 2001). Bulimia starts as a means to control weight, however, along the way, ends as irrepressible binge eating followed by self-induced purging (Thorpe & Olson, 1997). Young women who suffer from bulimia become preoccupied with eating, purging, and their weight (Pipher, 1995). Moreover, bulimia can include fasting or excessive exercise in order to compensate for the intake of calories (Natenshon, 1999). Bulimia can occur in individuals who may be normal weight, obese, or suffering from anorexia. Bulimics may have an extreme fear of becoming obese, which is often combined with an intense sensitivity to gaining weight (Thorpe & Olson, 1997). Bulimia is often seen as an addiction because it is compulsive, self-destructive, and progressive. For instance, bulimics use food as the driving substance that encourages participation in addictive behaviors such as binging and purging. Furthermore, binging and purging are seen as the

addictive behaviors, and food is the narcotic. Unlike others who may be addicted to alcohol or drugs, bulimics cannot avoid their drug of choice: food. Bulimia, like all addictions, is a way to get away from pain (Pipher, 1995).

Though bulimia may start as a means to control body weight, it becomes a way to control one's mood. Women who participate in binging often find solace in purging (Natenshon, 1999). Their personalities begin to change as they grow to enjoy binging above anything else. They often become guilty about their habit, while obsessed and secretive. Even though they are trying to remain in control of their eating, they are really losing control. This lack of control leads to depression, irritability, and withdrawal not only from life, but those around them, especially family members. In contrast to anorexic women who are perfectionistic and controlled, bulimic young women are impulsive and persistently out of control. Like those suffering from anorexia, bulimics are obsessed with the societal image of women. They are often the ultimate people pleasers, attractive, socially skilled, and straight-A students (Pipher, 1995). While these qualities in themselves are not destructive, they are when combined with the bulimic lifestyle. Bulimics destroy their central core, which causes them to lose their true self in their eagerness to please.

Binge-eating

Though anorexia and bulimia may be the most popular types of eating disorders, there is another type, binge-eating disorder. According to Thorpe & Olson (1997), this disorder refers to a pattern of maladaptive eating in individuals that do not fit criteria for either anorexia or bulimia. The individuals who participate in this lifestyle often have

frequent compulsive binges, without the presence of food restriction. Binge eaters become compulsive eaters, and commonly eat when they are not hungry, or continually eat without regard to psychological cues (Natenshon, 1999). This behavior is often done in secret with feelings that the behavior is out of control (Abramson, 1998). Binge eaters find it hard to stop or control their eating behavior and habitually eat to the point of feeling extreme discomfort or even pain. The young women who participate in this behavior have a history of dieting. They are often the caretakers, who work toward nurturing others (Pipher, 1995).

Individuals suffering from binge-eating disorder do not seek to avoid weight gain by purging or other measures, even though they are preoccupied with their body image. Binge eaters often consume large amounts of food in a short period of time, and then go on strict diets to lose the excess weight (Abramson, 1998). While this disease may seem less threatening than anorexia or bulimia, it is not less serious and deserves intensive treatment. Binge eaters regularly experience the same underlying issues that anorexics and bulimics do. Not all binge eaters are overweight, and not all individuals who are overweight are binge eaters (Natenshon, 1999). Typically, binge eaters use food to distract them from negative emotions they are experiencing. Instead of dealing with the situations or emotions, they use food to conceal how they really feel (Abramson, 1998). Eating becomes a way for young women to deal with feelings (Pipher, 1995). Once eating has replaced talking about emotions, individuals who suffer from this disease find it hard once again to open up and share their feelings (Abramson, 1998). These feelings can often stem from past relationships within the family environment.

Attachment

Parental Attachment

Since there are often connections made between disturbed eating patterns and family dynamics (Dominy & Johnson, 2000; Cole-Detke & Kobak, 1996), one should examine the attachment bond that a young woman has to her family. Historically, Bowlby and Ainsworth have contributed greatly to the understanding of attachment. For instance, Bowlby defined attachment as a universal tie between a child and an adult. Similarly, Ainsworth identified attachment as a lasting bond, in which the other provides comfort and security. Attachment is also seen as having the desire to maintain closeness over time and distance (Stein, Jacobs, Ferguson, Allen, & Fonagy, 1998).

Father-daughter Attachment and Eating Disorders

Although research has addressed the importance of the parent-child relationship in regards to an eating disorder, only recently has the father-daughter relationship been specifically addressed in the development of an eating disorder. Dominy & Johnson (2000) found that a daughter's perception of her father plays a significant role in developing an eating disorder. Cole-Detke & Kobak (1996) found that "eating disorder tendencies were associated with fathers who were emotionally unavailable as well as angry and critical of their daughter" (286). It would appear that the type of relationship that a daughter has with her father has an impact on her feelings about her own weight, dieting, and the likelihood of developing an eating disorder. For instance, a woman who has a close relationship with her father is less likely to develop an eating disorder than the woman who has a distant or no relationship. Likewise, when a father communicates to

his daughter that he disapproves of eating disorders, she is less likely to develop one. On the other hand, when a father expresses wishes for his daughter to act childish and like a little girl, she may develop an eating disorder to postpone development. Finally, if a woman feels her father is only attracted to extremely thin women, she may become anorexic (Nielson, 2000).

Understanding the impact of the father-daughter relationship is especially important in regards to college women. Once out of high school and away from home, college women allow relational and intimacy issues to surface that perhaps were undisclosed while still living with their parents. Women often struggle to understand themselves, absent from the framework of childhood. College women are particularly more involved in understanding how their familial relationships in the past are impacting them now.

Father-daughter Attachment and Adult Romantic Relationship

In addition, the father-daughter relationship has the power to impact interaction patterns that surface as college women enter into adult dating relationships. The way in which a woman has learned to relate to her father often impacts how she relates in the college setting. According to Perkins (2001), numerous studies illustrate that a woman marries a man typically like her father. The type of relationship that a woman has with her father impacts the type of attachment style displayed in romantic relationships.

Stein et al. (1998) have identified three specific styles underlying adult romantic relationship attachment. The first style is "secure attachment". This is classified as having trust and closeness with a relatively low level of jealousy or fear of intimacy. A

woman who develops relationships within this framework can make her needs known and trusts her partner to be responsive. Furthermore, those involved in a secure relationship can work out differences constructively. The second style is "anxious-ambivalent" attachment. This style is associated with an obsessive preoccupation with the partner's availability, extreme jealousy, and speed of falling in love. In addition, women who display this type of attachment style are vulnerable to fear, loneliness, and anxiety. Women portraying this type of attachment lack confidence and never feel satisfied with available emotional closeness. The final style of attachment is "avoidant". The avoidant attachment style involves an evading of intimate social contact. This can be especially evident in stressful times, such as what a young woman away at college might experience. Avoidant women are typically reluctant to trust and are distant from others, and such isolation tendencies hold the possibility of creating additional stress (p. 39).

These styles not only identify attachment in past and present relationships, but they also correspond to characteristics displayed by women suffering from anorexia, bulimia, and binge-eating. For instance, individuals with binge-eating disorder often do not experience being truly loved or having empathetic connections with people. This stems from an inadequate level of parental affection and acceptance, which plays a role in the development of an eating disorder. Women suffering from binge-eating identify their fathers as more rejecting than their mothers (Dominy & Johnson, 2000). Furthermore, bulimics recall poor relationships, which are identified by lack of parental care and empathy, with their fathers in particular. These daughters feel they have to please their fathers, and try to improve their relationship by focusing on appearance. Additionally,

reports of eating disorders were identified with poor relationships with fathers who were viewed as emotionally detached and highly critical of their daughters (Cole-Detke & Kobak, 1996). In addition, previous research affirmed from older studies that women with eating disorders are from families that have increased levels of conflict, disorganization, and control than families without disordered eating (Dominy & Johnson, 2000).

Hypotheses

Upon reviewing the literature, there is a lack of information on, thus a great need to identify, the relationship between eating disorders and the father-daughter relationship, and how these influence adult romantic attachment styles. It is hypothesized that there will be a significant relationship between the quality of the father-daughter relationship and adult romantic attachment style in college age women diagnosed with an eating disorder. Furthermore, there will be a significant relationship between father-daughter relationship and adult romantic attachment style in college age women not diagnosed with an eating disorder. Finally, there will be a significant effect of being diagnosed with an eating disorder on the scores of the APARQ/C and IPAR/CQ. Each test will be analyzed according to individual subscales in order to evaluate the relationship between the father-daughter relationship and romantic attachment style in both populations.

Method

Subjects

The participants were twenty-one undergraduate female college students from a coeducational, conservative private university in the Southeast.

Group A. The researcher, based on acquaintance, selected fifteen participants to form Group A. Since members of Group A were friends of the researcher, it was known to the researcher that these subjects did not have a diagnosed eating disorder. These participants were emailed the assessment scales, and asked to return them to the researcher via email. Although the researcher was aware of their identities, names were deleted from the surveys upon return of the scales and the order of the packets was mixed. All scores were kept confidential.

Group B. Fifteen female college students with an eating disorder, Group B, were recruited through the Dean of Women's office, since this office is aware of the females on campus who are clinically diagnosed with an eating disorder, including anorexia, bulimia, or binge-eating. This part of the sample was controlled, since the participants were already diagnosed with an eating disorder. Specifically, one Dean consented prior to administering all tests to the participants. This Dean was the only one aware of the participants' identities, and their scores were kept confidential.

Overall, the participants ranged in age from eighteen to twenty-nine (M=20.90), with undergraduate classification ranging from freshman to senior status. All students participating agreed and understood that their answers would remain confidential and would only be used as part of this research. All subjects read and dated an informed consent form (Appendices A & B), which further reinforced this.

Since fifteen of the participants did not have an eating disorder, and six were already diagnosed with an eating disorder, the focus was on father-daughter relationship and romantic attachment style, specifically acceptance/rejection. The design of this

research enabled these two factors to be the main focus, while controlling for the presence of eating disorders. While participants were not required to be involved presently in a romantic relationship, past experiences were assessed, along with a non-romantic friendship. For instance, the women had to be involved in an emotionally deep or intimate friendship or relationship currently or within the past three years. On the whole, 9.52% of the sample was married; 28.57% was currently involved in a romantic relationship; and 61.90% was presently single. Relative to each assigned group, 13.33% of Group A were married; 26.67% were currently in a relationship; and 60.00% were presently single. No members of Group B were married; however, 33.33% were in a relationship, and 66.67% were presently single. Additionally, the sample had to have a father figure who they had contact with or memories about during the ages of seven through twelve years old. All participants fulfilled this requirement.

Apparatus

Initially, subjects filled out a basic demographic survey (Appendices C & D). This collected generic information including age, undergraduate classification, diagnosed eating disorder, and involvement in a romantic relationship. Since six women included in the sample were already clinically diagnosed with an eating disorder, no eating disorder test was administered. However, to identify the type of relationship the female had with her father, the Adult Parental Acceptance-Rejection/ Control Questionnaire (APARQ/C: Father) was administered (Appendix E). This questionnaire, which took fifteen minutes to complete, allows adults to reflect on their childhood experiences of parental acceptance-rejection in regards to either the mother or father (Khaleque & Rohner, 2002)

from the ages of seven through twelve. It is a 73 item self-report that measures participants' perceptions of parental warmth and affection, hostility and aggression, indifference and neglect, undifferentiated rejection, and behavioral control. These 73 items are further divided into their respective categories. For example, the warmth and affection category, which is reversed scored, contains 20 questions, the aggression and hostility category contains 15 questions, the indifference and neglect category contains 15 questions, and the undifferentiated rejection category contains 10 questions (Keyser & Sweetland, 1992). The control category contains 13 questions assessing behavioral control.

Participants were instructed to respond on a four point Likert scale from four (almost always true) to one (almost never true), answering questions in regards to their fathers. Overall, scores measure perceived acceptance-rejection that range from a low of 60, reflecting maximum perceived acceptance, to a high of 240, which indicates maximum perceived rejection. Scores above 150 would indicate that the woman sees her father as more rejecting than accepting. Additionally, scores between 140 and 149 would reflect severe rejection. Scores between 121 and 139 reveal the feeling of increasing but not yet serious love-withdrawal, or rejection. However, scores between sixty and 120 are said to be indicative of a strong feeling of parental love. The behavioral control scale scores range from a low of 13, reflecting maximum permissive control, to a high of 52, representing maximum restrictive control. Furthermore, scores between 13 and 26 identify permissive control. Those between 27 and 39 indicate moderate control, while scores from 40 to 45 represent firm control. Finally, scores from 46 to 52 are indicative

of restrictive control. The coefficient alpha regarding the father version of the APARQ/C was .89, while the test-retest reliability, from three weeks to seven years, was .62. The coefficient alpha of the behavioral control scale is .95.

The second measure used was the Intimate Partner Acceptance-Rejection/ Control Questionnaire (IPAR/CQ). This questionnaire (Appendix F), which took fifteen minutes to complete, allows adults to reflect on their experiences during the last three years regarding an emotionally deep or intimate relationship with someone really cared for. This can include any intimate romantic relationship or deep personal friendship, but not a relationship with a parent. Like the APARQ/C, it is a 73 item self-report that measures participants' perceptions of partner warmth and affection, hostility and aggression, indifference and neglect, undifferentiated rejection, and behavioral control. These 73 items are further separated into their respective categories. For example, the warmth and affection category, which is reversed scored, contains 20 questions, the aggression and hostility category contains 15 questions, the indifference and neglect category contains 15 questions also, and the undifferentiated category contains 10 questions. The control category contains 13 questions assessing behavioral control.

Participants were instructed to respond on a four point Likert scale from four (almost always true) to one (almost never true), answering questions in regards to a romantic relationship or deep friendship, instead of the participant's parents. Overall, scores measure perceived acceptance-rejection that range from a low of 60, reflecting maximum perceived acceptance, to a high of 240, which indicates maximum perceived rejection. Scores above 150 would indicate that the woman sees her partner or friend

more rejecting than accepting. Additionally, scores between 140 and 149 would reflect severe rejection. Scores between 121 and 139 reveal the feeling of increasing but not yet serious love-withdrawal, or rejection. However, scores between sixty and 120 are said to be indicative of a strong feeling of partner or friend love. The behavioral control scale scores range from a low of 13, reflecting maximum permissive control, to a high of 52, representing maximum restrictive control. Furthermore, scores between 13 and 26 identify permissive control. Those between 27 and 39 indicate moderate control, while scores from 40 to 45 represent firm control. Finally, scores from 46 to 52 are indicative of restrictive control. The coefficient alpha for the IPAR/CQ is .96, while the test-retest reliability during a four-week period was .97. The behavioral control section has a coefficient alpha of .95, while the test-retest reliability was .94 (Khaleque & Rohner, 2002).

Procedures

For the college women sample, the researcher recruited the participants in Group A based on acquaintance. Since the researcher was a friend to these fifteen participants, no eating disorder test needed to be administered. This was based on knowledge of these women and their lifestyle habits. Though the researcher knew of the identities of these women, all scores were kept confidential upon return of completed tests.

A third party, the Dean of Women, recruited Group B. Prior to research, this Dean consented to aid in the administration of the assessment scales. Also, the Dean was aware of those on campus with an eating disorder, had direct communication with the diagnosed, and did the testing anonymously. Before administering all tests, the Dean was

given written instructions (Appendix G) as to how to administer and handle the results. The primary researcher was unaware of the eating disordered women who participated in this study, however collected all data from the Dean who agreed to assist.

For all participants, testing was done throughout a three-week period. Since each scale contained a manageable number of self-report questions, this was feasible. Each participant, after reading the consent form (Appendices A & B), was administered a demographic survey (Appendices C & D), the Adult Parental Acceptance-Rejection Questionnaire/Control (APARQ/C, Appendix E), and the Intimate Partner Acceptance-Rejection/ Control Questionnaire (IPAR/CQ, Appendix F) via email. Prior to administering the tests, each participant in both Groups was assigned an arbitrary number. This number appeared at the top of each test, and was primarily used to identify answers from one subject in each of the measures used. For example, the first participant was assigned the number one. This number was recorded on each test taken as a means to aid in formulating the relationships among scales that were completed by that participant. Furthermore, each participant was reminded to fill out each assessment honestly and accurately. The participants completed the demographic survey and each assessment tool at their own leisure within the time frame, since all tests were distributed via email. The subjects then emailed completed scales back to the researcher or Dean of Women to be given to the researcher. The researcher collected the results, without any identities disclosed. These results were kept confidential and anonymous.

Results

Group A

APARQ/C. Overall, the non-diagnosed sample perceived their fathers as displaying a substantial amount of parental love and acceptance (M=93.87, SD=36.47). This was evident by the scores on the APARQ/C. When the five subscales were analyzed, there were significant relationships between the scores on the subscales; the warmth and affection subscale was reverse scored. For instance, there was a significant inverse relationship between the warmth and affection subscale and the hostility and aggression subscale (r=.753, p=.01) on the APARQ/C (See Figure 1). Likewise, the warmth and affection subscale was significantly inversely related to the indifference and neglect subscale (r=.897, p=.01) on the APARQ/C (See Figure 2). The warmth and affection subscale was also significantly inversely related to the undifferentiated rejection subscale (r=.809, p=.01) on the APARQ/C (See Figure 3). Moreover, there was a significant relationship between the hostility and aggression subscale and the indifference and neglect subscale (r=.751, p=.01) on the APARQ/C (See Figure 4). The hostility and aggression subscale was also significantly related to the undifferentiated rejection subscale (r=.845, p=.01) on the APARQ/C (See Figure 5). In addition, there was a significant relationship between the indifference and neglect subscale and the undifferentiated rejection subscale (r=.841, p=.01) on the APARQ/C (See Figure 6). Finally, there was a significant relationship between the hostility and aggression subscale and the control subscale (r=.590, p=.01) on the APARQ/C (See Figure 7).

IPAR/CQ. On the whole, Group A perceived their intimate relationships and friendships as portraying substantial partner love and acceptance (M=75.67, SD=21.23). This was concluded based on the scores on the IPAR/CQ. Furthermore, when the five subscales were analyzed, there were noteworthy relationships between several of the categories. For instance, there was a significant inverse relationship between the warmth and affection and hostility and aggression subscales (r=.911, p=.01) on the IPAR/CQ (See Figure 8). The warmth and affection subscale was also significantly inversely related to the undifferentiated rejection subscale (r=.821, p=.01) on the IPAR/CQ (See Figure 9). Similarly, the undifferentiated rejection subscale was significantly related to the hostility and aggression subscale (r=.902, p=.01) on the IPAR/CQ (See Figure 10). In conclusion, the control subscale was significantly inversely related to the warmth and affection subscale (r=.838, p=.01, See Figure 11), the hostility and aggression subscale (r=.906, p=.01, See Figure 12), and the undifferentiated rejection subscale (r=.836, p=.01, See Figure 13).

APARQ/C and IPAR/CQ. Upon analyzing the control scores for Group A, the women's perceptions of parental control varied inversely with partner or friend control (p=-.171, p=.01, See Figure 14). The linear regression equation showed that parental control explains very little of the variance in partner of friend control. However, there was a significant relationship between the overall IPAR/CQ scores (r=.867, p=.01) and the control subscale for the IPAR/CQ (See Figure 15).

Group B

APARQ/C. In general, the diagnosed participants viewed their fathers as displaying feelings of increasing, but not serious, love-withdrawal or rejection (M=130.50, SD=80.48). This was apparent by scores reported on the APARQ/C. Furthermore, when the five subscales were analyzed for the diagnosed sample, there were significant relationships among several of the subscales. For example, there was a significant relationship between the warmth and affection and the indifference and neglect subscales (r=.971, p=.01) on the APARQ/C (See Figure 16). Moreover, there was a significant relationship between the hostility and aggression and indifference and neglect subscales (r=.844, p=.05) on the APARQ/C (See Figure 17). The hostility and aggression subscale was also significantly related to the undifferentiated rejection subscale (r=.977, p=.01) on the APARQ/C (See Figure 18). Similarly, there was a significant relationship between the undifferentiated rejection and indifference and neglect subscales (r=.865, p=.05) on the APARQ/C (See Figure 19).

IPAR/CQ. Overall, the diagnosed sample viewed their intimate partners or friends as displaying substantial partner or friend love and acceptance (M=108.83, SD=48.64). This was noticeable by the responses on the IPAR/CQ. Specifically, there was a significant inverse relationship between the warmth and affection and undifferentiated rejection subscales (r=.930, p=.01) on the IPAR/CQ (See Figure 20). This was the only significant correlation in all five subscales on the IPAR/CQ

APARQ/C and IPAR/CQ. An analysis of the overall scores of the fathers and intimate partners or friends, showed that the diagnosed women's perceptions of their

fathers were related to partner or friend perception (r=-.386, p=.01, See Figure 21). Additionally, the father control and partner or friend control inversely varied (r=-.114, p=.01, See Figure 22).

Group A and Group B

After comparing both groups, there was not a significant effect of having a diagnosed eating disorder on APARQ/C scores (t(19)=1.464, p=.160). However, after comparing both groups regarding IPAR/CQ scores, there was a significant effect of having an eating disorder (t(19)=2.222, p=.039, See Figure 23).

Linear Regression

After the correlation was completed in order to find the relationship between the overall scores of the two inventories and their subscales, a linear regression was completed. This was used to predict future scores, based on the scores reported by the two samples. Additionally, the linear regression equations were implemented to make predictions about one score based on the other score. Each figure includes the linear regression equation, allowing predictions to be made regarding overall and subscale scores on the APARQ/C and IPAR/CQ. These predictions can be reached by inserting scores into the equation.

Discussion

Group A

APARQ/C and IPAR/CQ. The results of the analyzed data support that there is a significant negative relationship between father-daughter relationship and adult romantic attachment style. The overall score on the APARQ/C was 93.87. This score was within

the range that identified the fathers as having a substantial amount of parental love and acceptance toward their daughters. The average score on the IPAR/CQ was 75.67. Though this was lower than overall APARQ/C scores, it still portrayed substantial partner love and acceptance. These numbers supported the hypothesis that there is a significant relationship between the quality of the father-daughter relationship and adult romantic attachment style in college age women not diagnosed with an eating disorder. Because women often internalize representations of the love of their fathers and then project these images onto other relationships, it was evident from the data that the father-daughter relationship plays an enormous role in romantic attachment (Khaleque & Rohner, 2002).

APARQ/C. Each subscale on both assessment tools also supported the hypothesis stated above. For example, on the APARQ/C there were significant inverse relationships between the warmth and affection scales with the hostility and aggression, indifference and neglect, and undifferentiated rejection subscales. This was true because the lower the warmth and affection subscale score, the higher the scores on the hostility and aggression, indifference and neglect, and undifferentiated rejection subscales. For instance, if a woman sees her father as being hostile and neglectful, she will not see him as displaying warmth and affection readily. In addition, there was a significant relationship between the hostility and aggression subscale with the indifference and neglect, undifferentiated rejection, and the control subscales. This was noteworthy because as a woman experiences hostility and aggression from her father, she may also feel increased amounts of indifference and neglect, undifferentiated rejection, and control. These subscales directly relate to one another, thus impacting each other in

important ways. Lastly, there was a significant relationship between the indifference and neglect subscale with the undifferentiated rejection subscale. Since indifference and neglect can significantly influence the father-daughter relationship, it is apparent how attitudes of indifference and neglect can influence undifferentiated rejection. For instance, if a father treats his daughter with neglect, she may be inclined to feel rejection. All of the subscales of the APARQ/C were significantly related to one another. Therefore, if there is a high score on one, it can influence a score on another subscale or the overall score (Khaleque & Rohner, 2002).

IPAR/CQ. Each subscale was analyzed to understand how the scores impacted the overall scores. There were several important relationships within the subscales. For instance, the warmth and affection subscale had a significant inverse relationship with the hostility and aggression, undifferentiated rejection, and the control subscales. This conclusion was significant because the score on the warmth and affection subscale is inversely related to the other subscales. For example, the higher the warmth and affection subscale, the lower the hostility and aggression, undifferentiated rejection, and the control subscales. The inverse of this is also true. Therefore, using the linear regression, it is predicted that the more warmth and affection the partner or friend displays, the less likely the scores on the hostility and aggression, undifferentiated rejection, and control subscales would be high. Moreover, the hostility and aggression subscale was significantly related to the undifferentiated rejection and control subscales. Within a romantic or deep relationship, if the partner or friend portrayed feelings of hostility and aggression, the woman would be more likely to feel undifferentiated

rejection and control. The partner or friend, toward the woman, can also display these behaviors. Likewise, there was a significant relationship between the undifferentiated rejection subscale and the control subscale. The partner or friend in the relationship may reject the woman by trying to control her. However, a woman may also feel rejected if her partner or friend is trying to control her, thus displaying to her that she cannot be trusting. This can evoke feelings of rejection.

Group B

APARQ/C and IPAR/CQ. The results of the analyzed data supported a significant relationship between father-daughter relationship and adult romantic attachment style. The overall score on the APARQ/C was 130.50. This score revealed feelings of increasing, but not serious, love-withdrawal or rejection. The average score on the IPAR/CQ was 108.83. This score reflected partners or friends as displaying substantial love and acceptance. This contradicted the overall perception of fathers by their daughters, within the diagnosed sample. Since the scores supported the opposite trend in regards to how the women viewed their fathers and how they viewed friends or partners, it did support the hypothesis that there was a significant inverse relationship between the quality of father-daughter relationship and adult romantic attachment style in women diagnosed with an eating disorder.

APARQ/C. The relationships between the subscales on the APARQ/C also supported the hypothesis above. For example, there was a significant inverse relationship between the warmth and affection subscale and the indifference and neglect subscale. Since the warmth and affection subscale is inversely scored, these two show an opposite

influence on each other. For instance, the less warmth and affection displayed by the father, the more indifference and neglect the woman may feel. The opposite of this was also true; the more warmth and affection portrayed, the less indifference and neglect the woman would be inclined to feel. Moreover, there was a significant relationship between the hostility and aggression subscale and the indifference and neglect subscale. The more the father displays behaviors of hostility and aggression, the more likely the woman is to feel neglected. Finally, the undifferentiated rejection subscale was significantly related to the hostility and aggression and indifference and neglect subscales. When a father is hostile or neglectful towards his daughter, it provokes within her feelings of rejection. All of the subscales within the APARQ/C directly influenced one another and shed light on the father-daughter relationship that was being assessed.

IPAR/CQ. Each subscale on the IPAR/CQ was analyzed in order to draw conclusions as to how each subscale impacts the others. However, once assessed, there was only one significant relationship in all five subscales. Within the diagnosed sample, there was a significant relationship between the warmth and affection subscale and the undifferentiated rejection subscale. As discussed earlier, the warmth and affection subscale is inversely scored. Therefore, the higher the score on the warmth and affection subscale, the lower the score on the undifferentiated rejection subscale. The opposite is also valid. When the partner or friend is showing warmth and affection, the woman is not experiencing rejection. Nevertheless, when the partner or friend does not display behaviors of warmth and affection, the woman is more likely to feel rejected. These two

subscales are polar opposites, thus relating to one another directly regarding overall partner or friend relationship.

Group A and Group B

When comparing group A and group B, the effect of the presence of an eating disorder was the distinguishing variable. This effect supported half of the third hypothesis, regarding the effect of having an eating disorder on overall inventory scores.

Overall, Group A had a more positive relationship between father-daughter relationship and romantic attachment style. After both tests were scored, the scores reflected general feelings of a substantial amount of love and acceptance. This supported the hypothesis that the father-daughter relationship is related to romantic attachment style. Although there may have been many factors in the women's lives that influenced past relationships with their fathers, eating disorders were not a known factor for the women in Group A who were not diagnosed. However, Group B had the presence of a diagnosed eating disorder. Overall, Group B had a negative relationship with their fathers, experiencing feelings of increasing, but not serious love-withdrawal or rejection, but had more positive relationships with partners or friends. In these intimate relationships, the women experienced feelings of substantial love and acceptance.

The scores on the APARQ/C and the IPAR/CQ supported that having an eating disorder during the ages of seven to twelve can directly negatively influence the father-daughter relationship. However, it is possible that recovery during college years can positively influence attachment style in either a romantic relationship or a deep, intimate friendship. This was evident by the mean score in Group B for the IPAR/QC. This

group had a higher overall score on the IPAR/QC, which identified a higher score regarding substantial love and acceptance. While having an eating disorder does shape how one relates to others, especially fathers, college age women have the resources to overcome and recover from their preconceived images of attachment, and display positive behaviors in romantic relationships and friendships.

Limitations

While this study supported two of three hypotheses proposed, it did have some limitations. For instance, the results would be more applicable if a larger sample size were used for those in Group B. If more women participated who were diagnosed with an eating disorder, the results would have been more applicable to a larger population. However, due to time and the number of those willing to participate, the final sample size had to be sufficient.

Another limitation to this study was the fact that there was some bias in Group A. For example, the researcher was familiar with the women who were part of this Group. While their scores were kept confidential, the women were aware of the relationship between them and the researcher. This connection could have easily persuaded them to answer in certain ways, thus affecting the honesty of their answers. The identities of those in Group B, however, were never disclosed to the researcher. Therefore, bias was eliminated in this area among this sample.

Finally, the educational environment from which the sample was drawn could have impacted the responses of the women surveyed. Since the population was taken from a private, Christian university, there can be bias in the answers on the surveys.

Furthermore, because of the Christian focus of the school, most of the women could have come from strong, loving Christian families. This would have directly impacted the warmth and affection subscales of the inventories. Eventually, this would impact scores on the APARQ/C to reflect fathers as more accepting than rejecting. Women who had accepting fathers could perceive their romantic or deep, personal relationship in the same way. In turn, this could influence responses and scores on the IPAR/CQ. For instance, since Group B scored higher on the IPAR/QC than Group A, it may be related to the Christian values implemented within the environment from which the sample was taken. Although Group B perceived their fathers negatively; the environment of the Christian university could impact the diagnosed sample to view romantic relationships or friendships as displaying more substantial love and acceptance.

Figure 1. The Relationship between Warmth/Affection and Hostility/Aggression Subscales on the APARQ/C for the Non-Diagnosed Sample

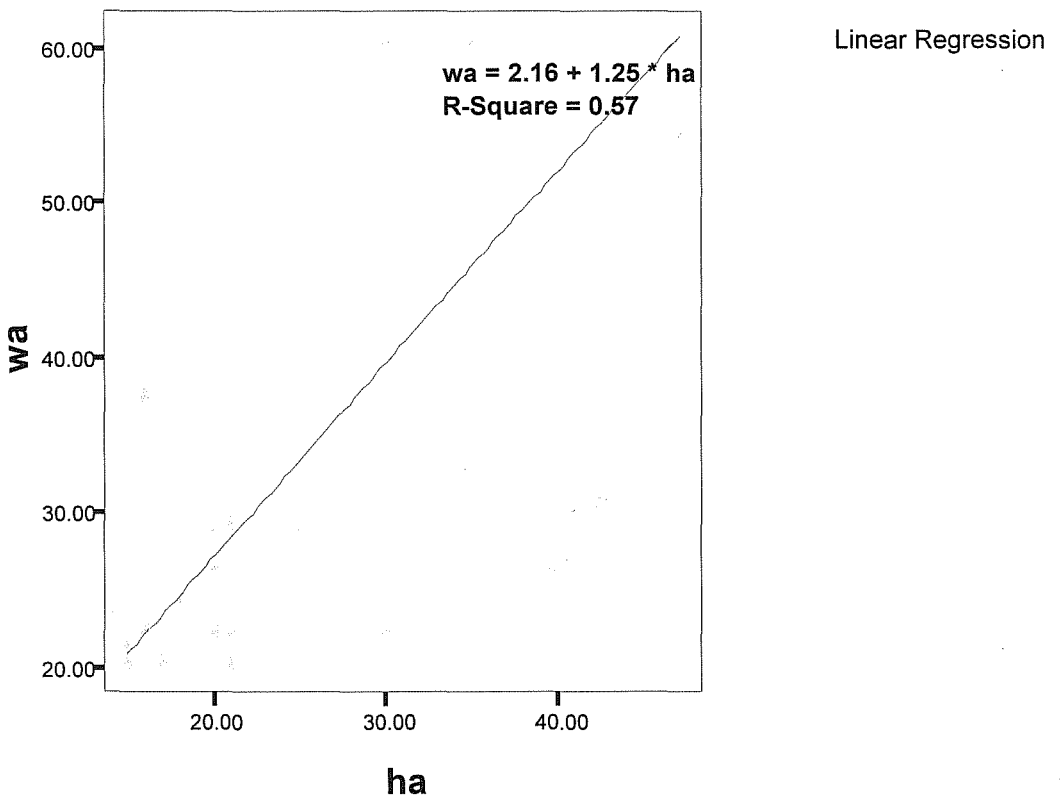


Figure 2. The Relationship between Warmth/Affection and Indifference/Neglect Subscales on the APARQ/C for the Non-Diagnosed Sample

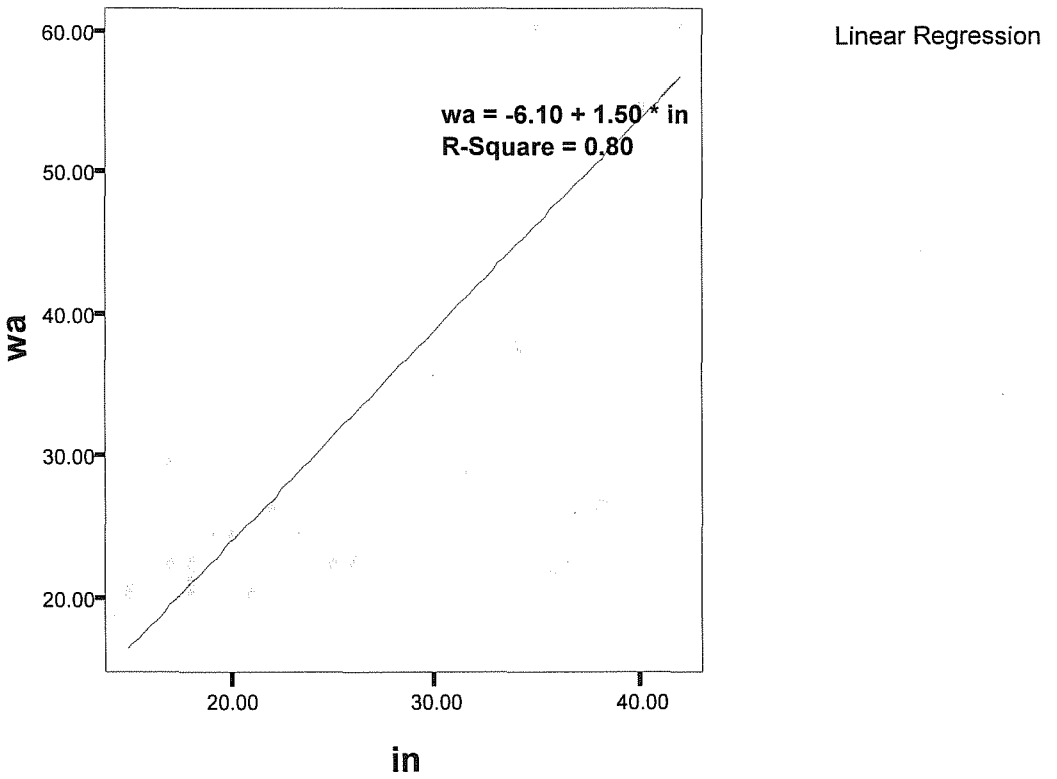


Figure 3. The Relationship between Warmth/Affection and Undifferentiated Rejection Subscales on the APARQ/C for the Non-Diagnosed Sample

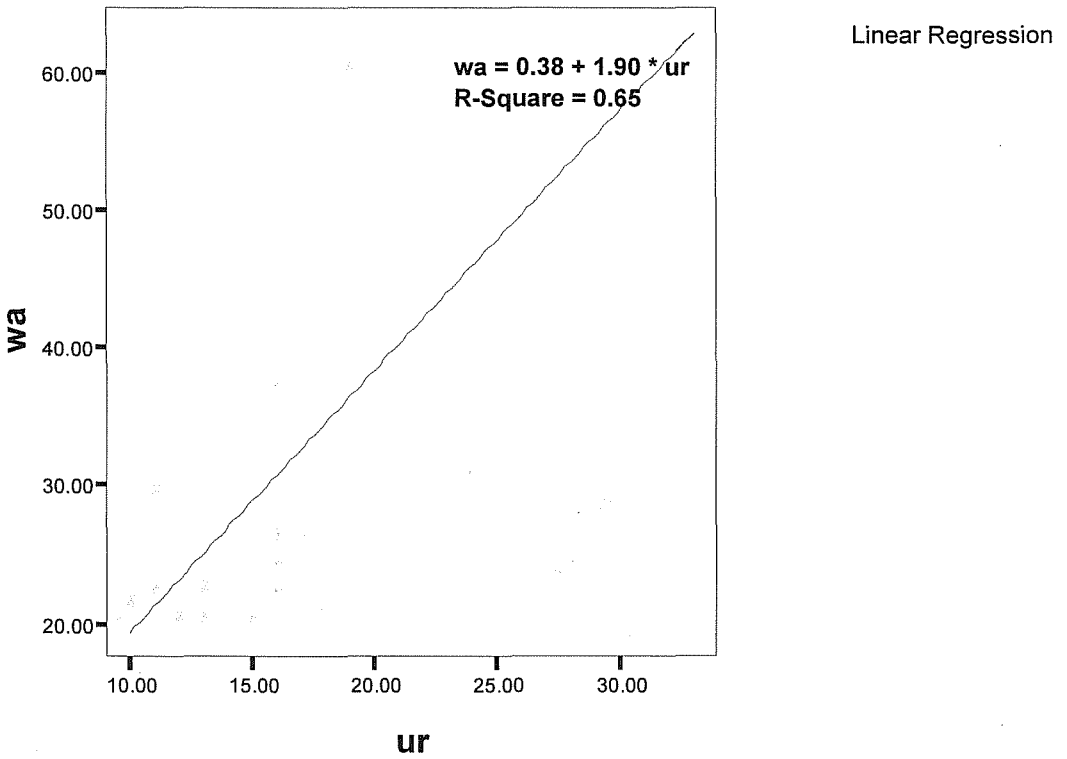


Figure 4. The Relationship between Hostility/Aggression and Indifference/Neglect Subscales on the APARQ/C for the Non-Diagnosed Sample

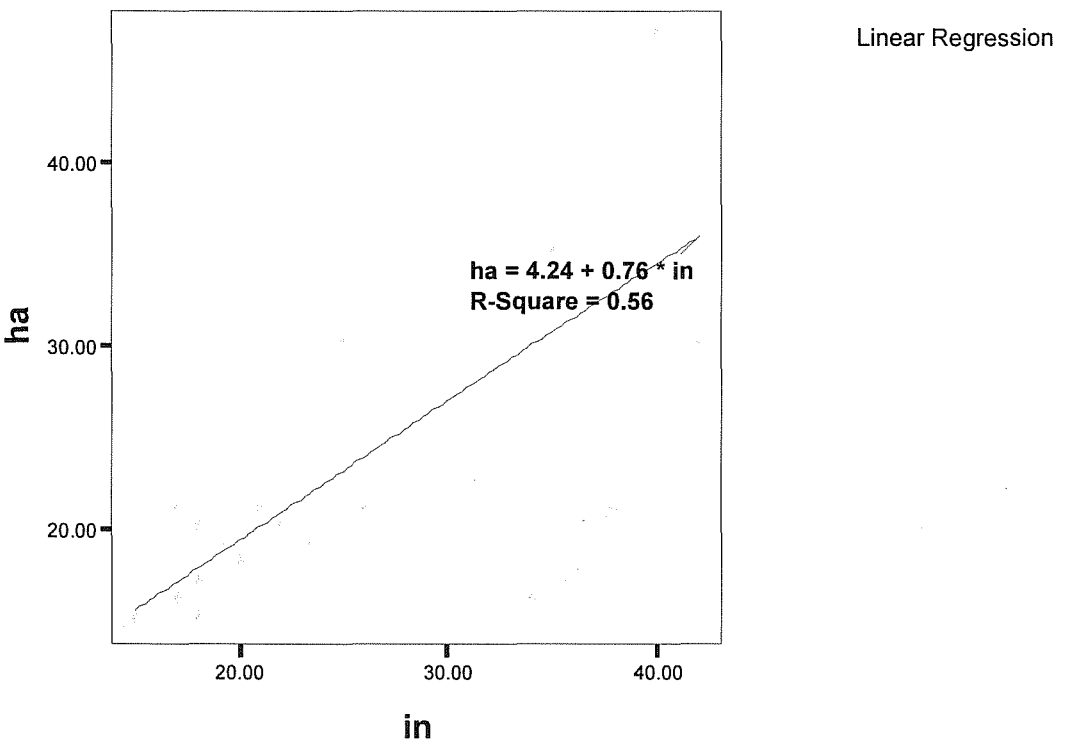


Figure 5. The Relationship between Hostility/Aggression and Undifferentiated Rejection Subscales on the APARQ/C for the Non-Diagnosed Sample

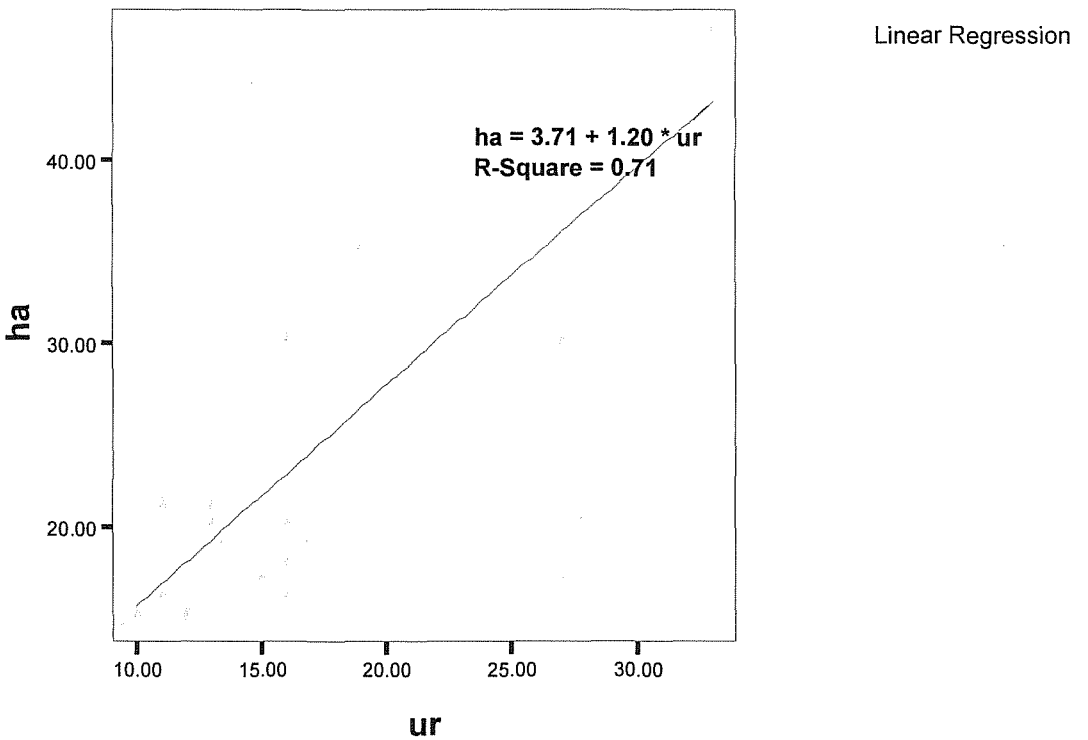


Figure 6. The Relationship between Indifference/Neglect and Undifferentiated Rejection Subscales on the APARQ/C for the Non-Diagnosed Sample

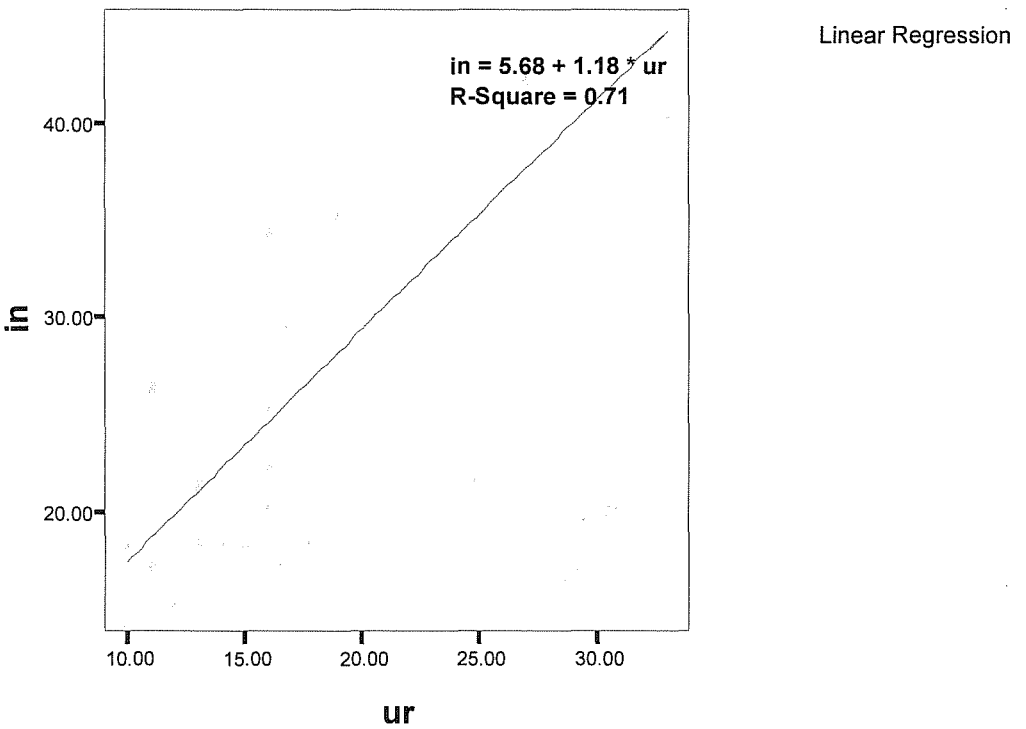


Figure 7. The Relationship between Hostility/Aggression and Control Subscales on the APARQ/C for the Non-Diagnosed Sample

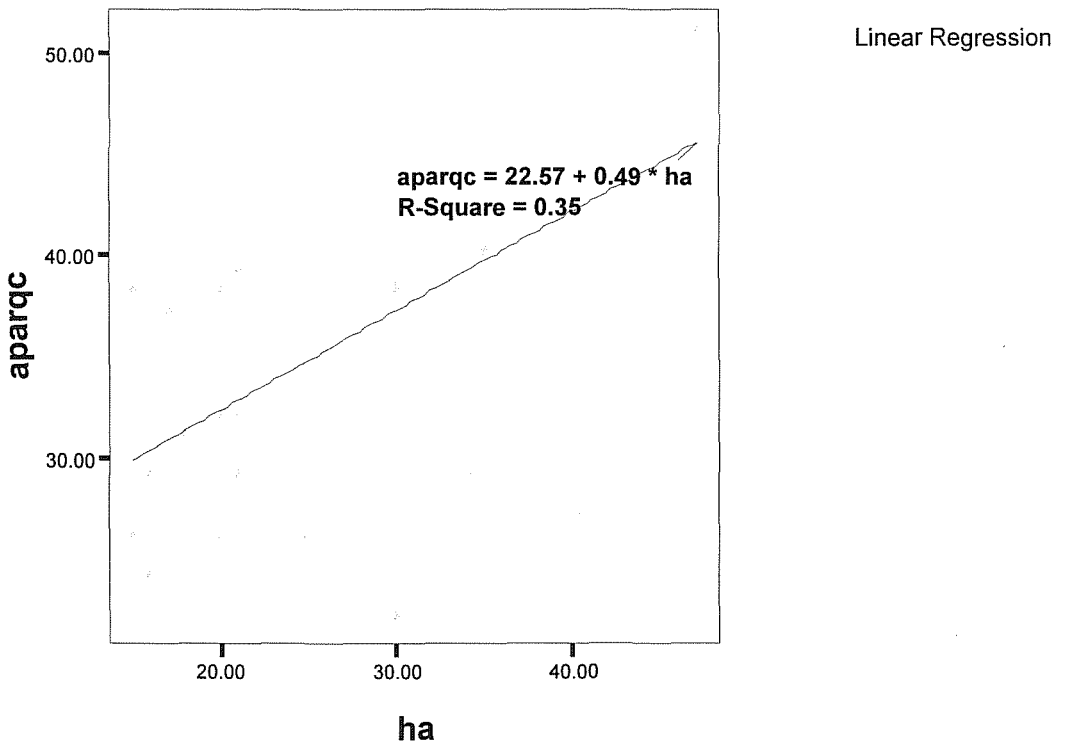


Figure 8. Relationship between Warmth/Affection and Hostility/Aggression Subscales on the IPAR/CQ for the Non-Diagnosed Sample

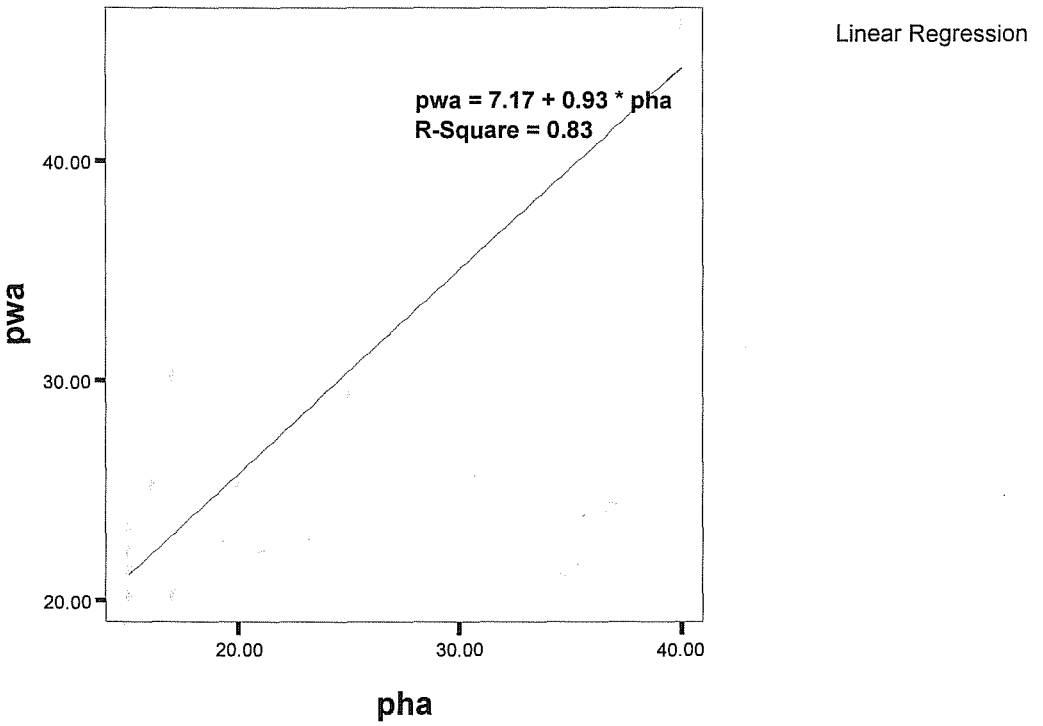


Figure 9. Relationship between Warmth/Affection and Undifferentiated Rejection Subscales on the IPAR/CQ for the Non-Diagnosed Sample

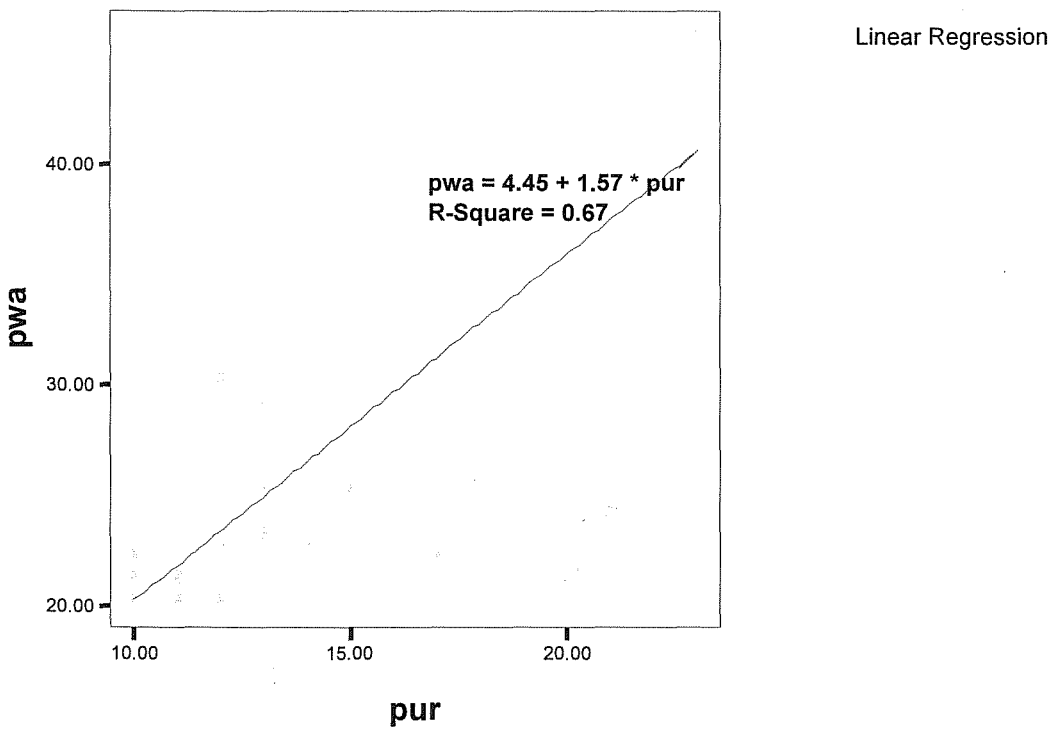


Figure 10. Relationship between Hostility/Aggression and Undifferentiated Rejection Subscales on the IPAR/CQ for the Non-Diagnosed Sample

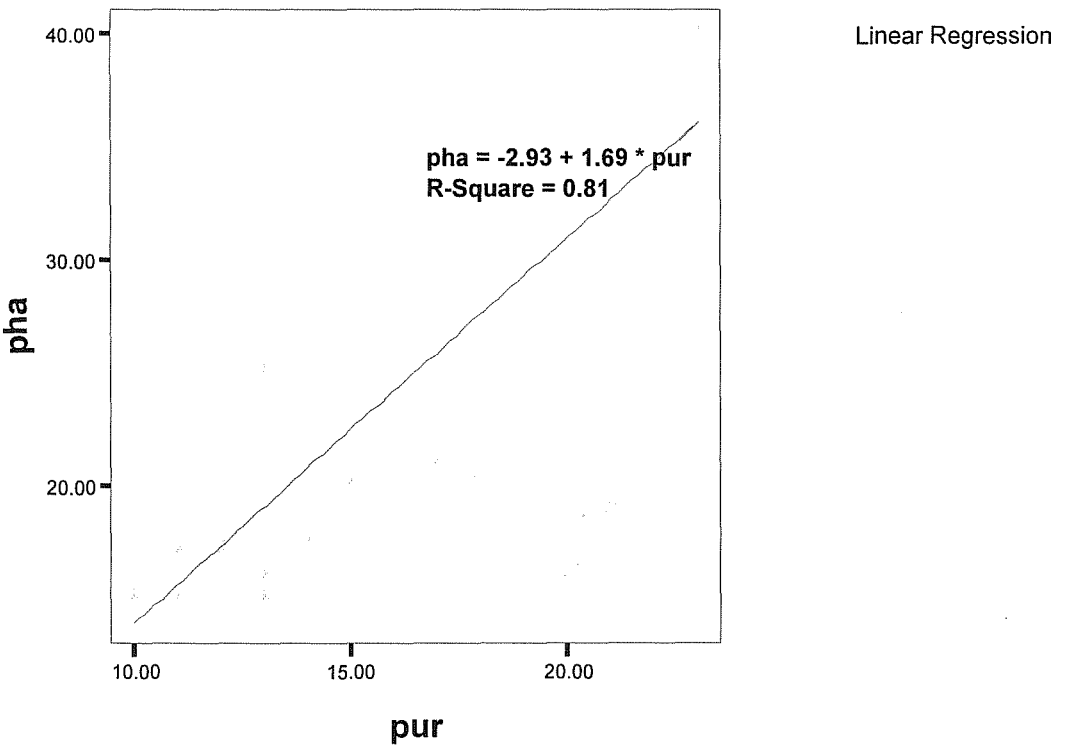


Figure 11. Relationship between Warmth/Affection and Control Subscales on the IPAR/CQ for the Non-Diagnosed Sample

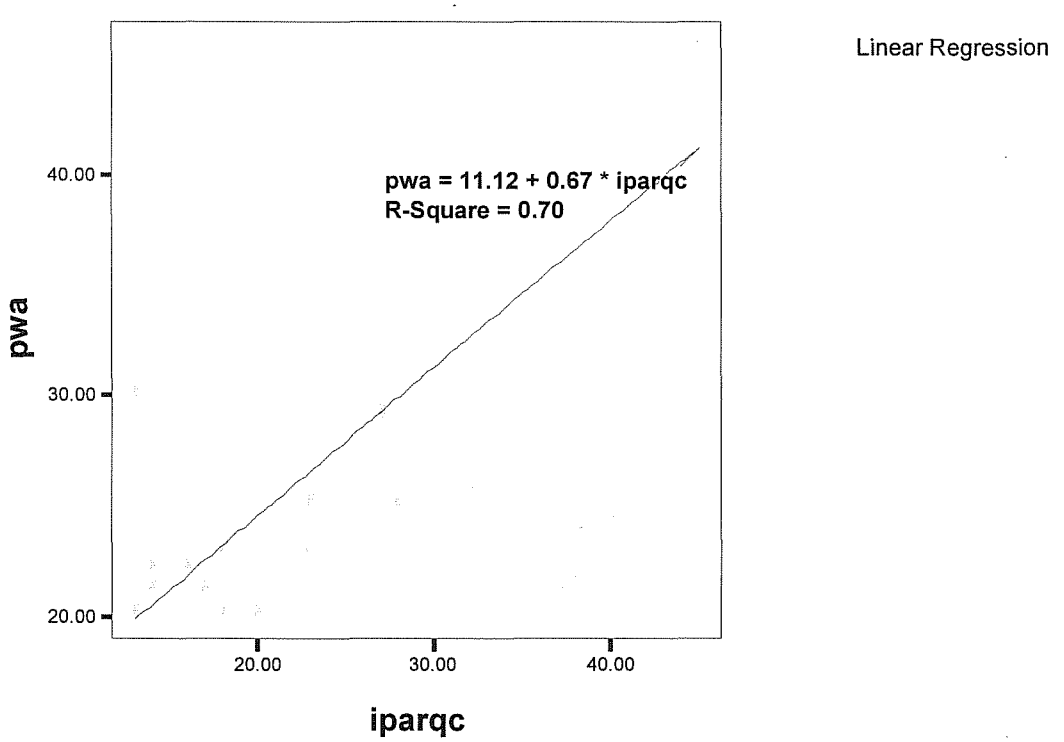


Figure 12. Relationship between Hostility/Aggression and Control Subscales on the IPAR/CQ for the Non-Diagnosed Sample

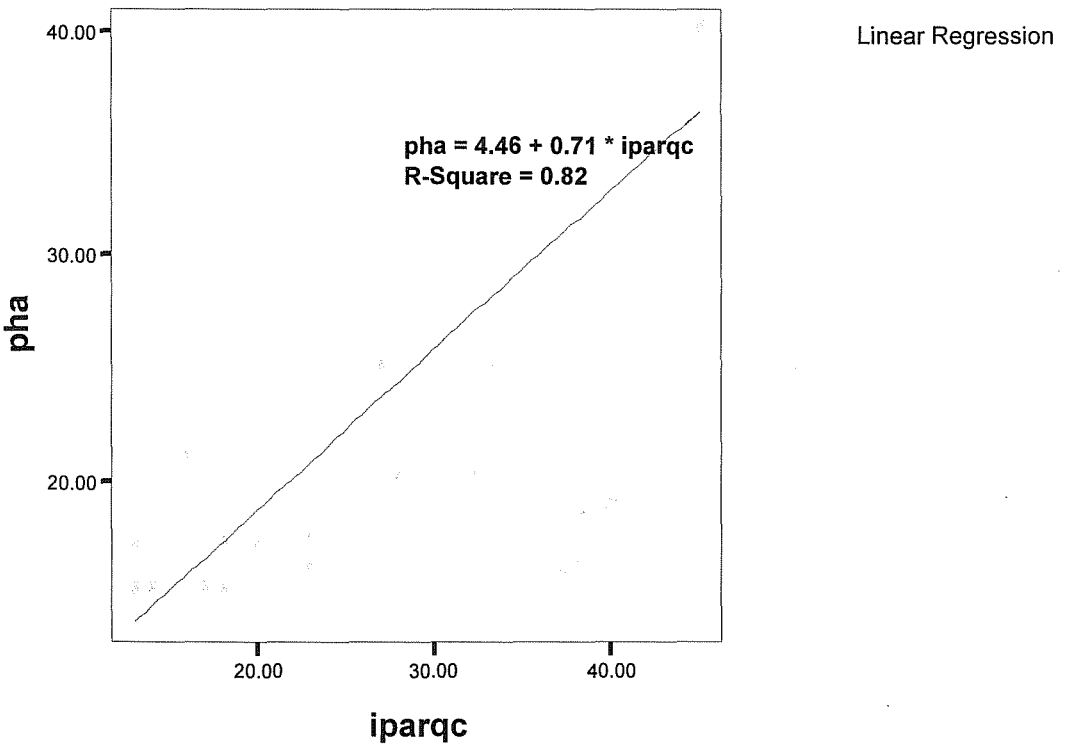


Figure 13. Relationship between Undifferentiated Rejection and Control Subscales on the IPAR/CQ for the Non-Diagnosed Sample

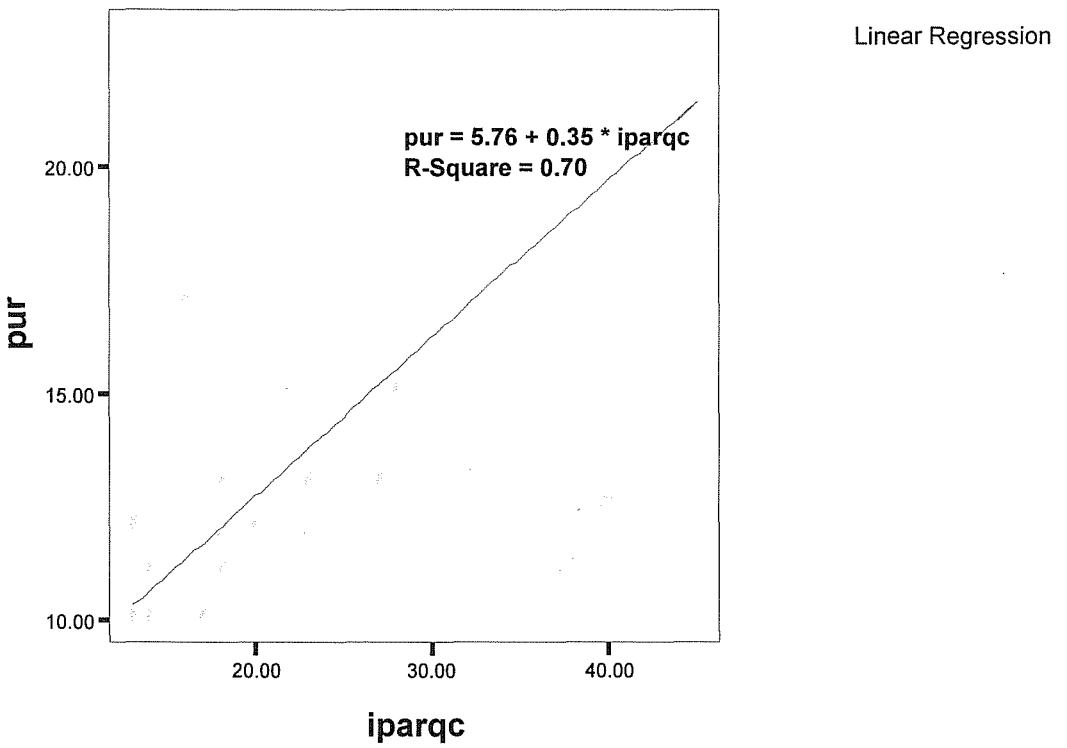


Figure 14. Relationship between APARQ/C and IPAR/CQ Control Scores for the Non-Diagnosed Sample

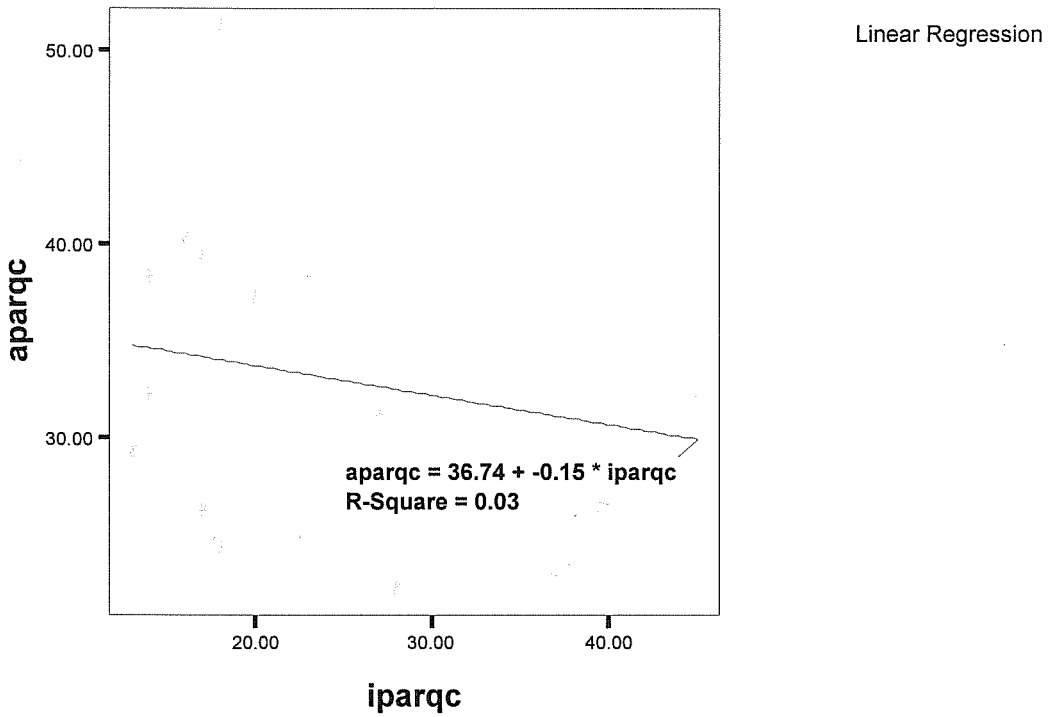


Figure 15. Relationship between the Control Subscale and overall IPAR/CQ Score for the Non-Diagnosed Sample

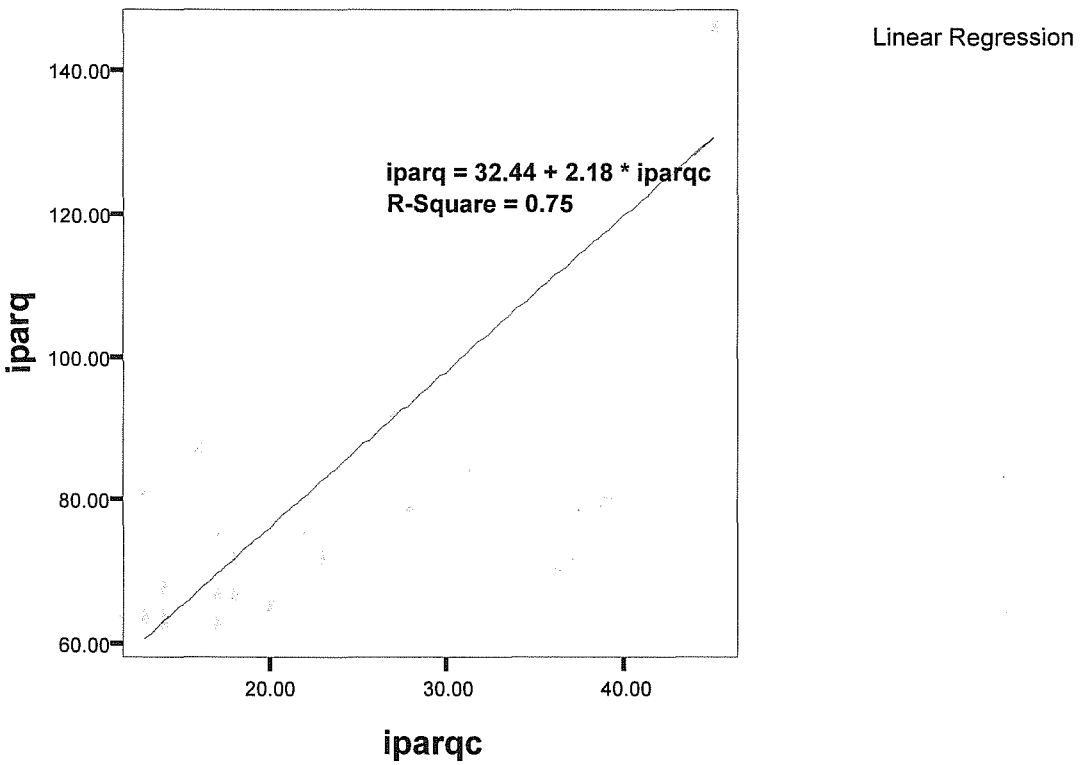


Figure 16. The Relationship between Warmth/Affection and Indifference/Neglect Subscales on the APARQ/C for the Diagnosed Sample

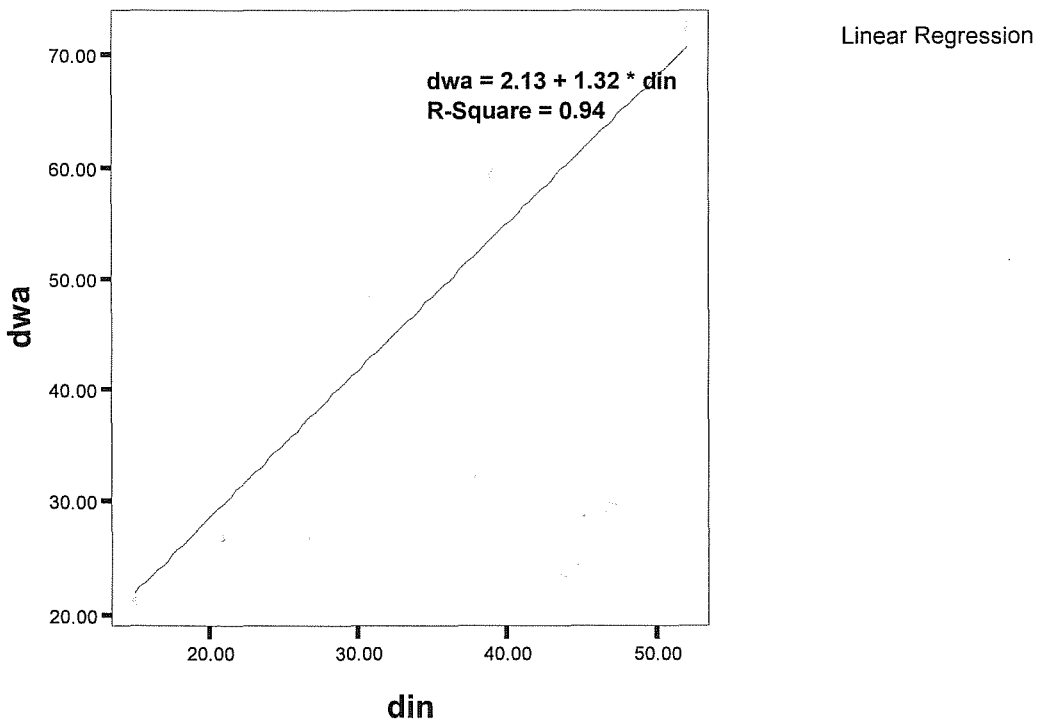


Figure 17. The Relationship between Hostility/Aggression and Indifference/Neglect Subscales on the APARQ/C for the Diagnosed Sample

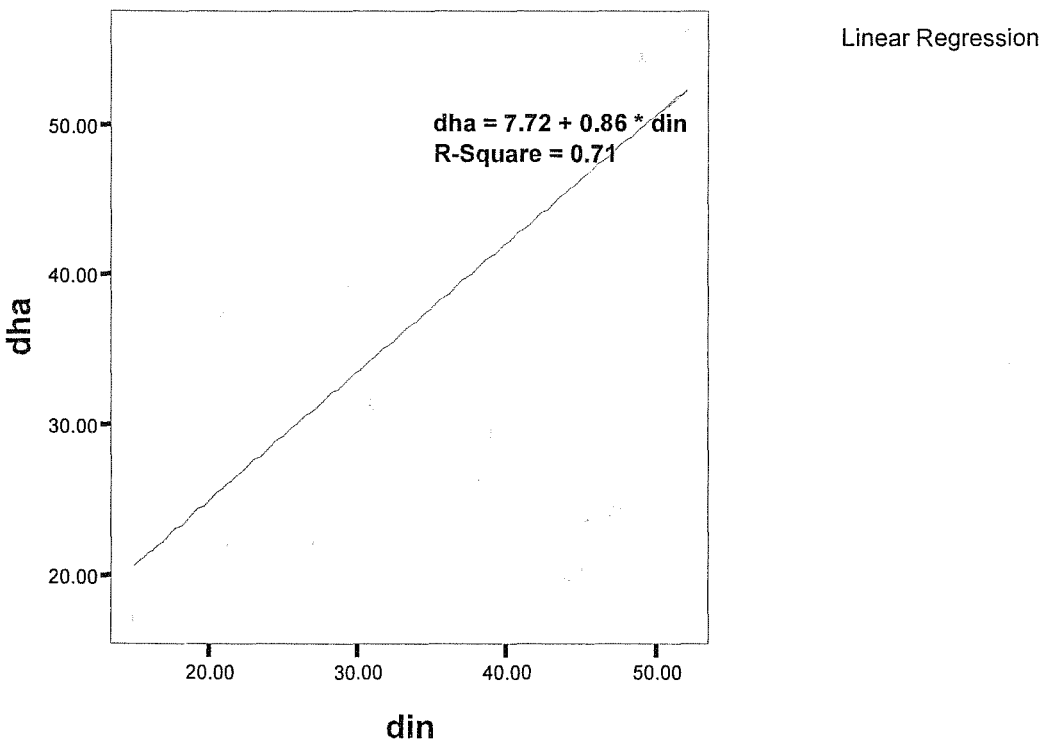


Figure 18. The Relationship between Hostility/Aggression and Undifferentiated Rejection Subscales on the APARQ/C for the Diagnosed Sample

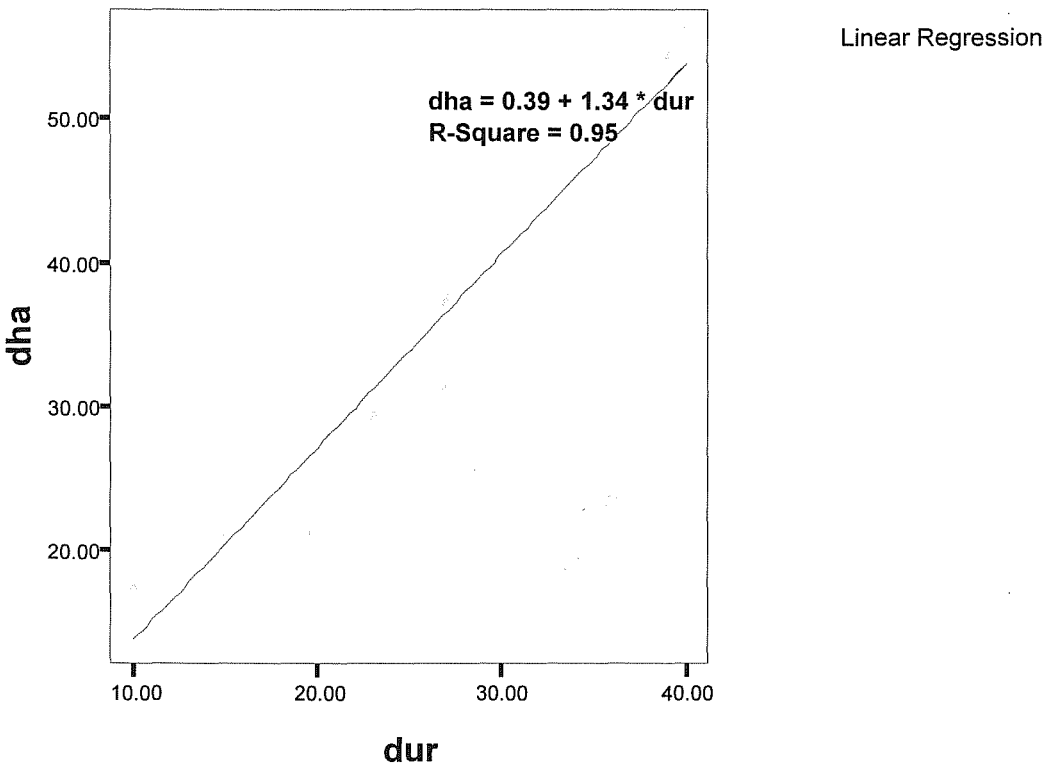


Figure 19. The Relationship between Undifferentiated Rejection and Indifference/Neglect Subscales on the APARQ/C for the Diagnosed Sample

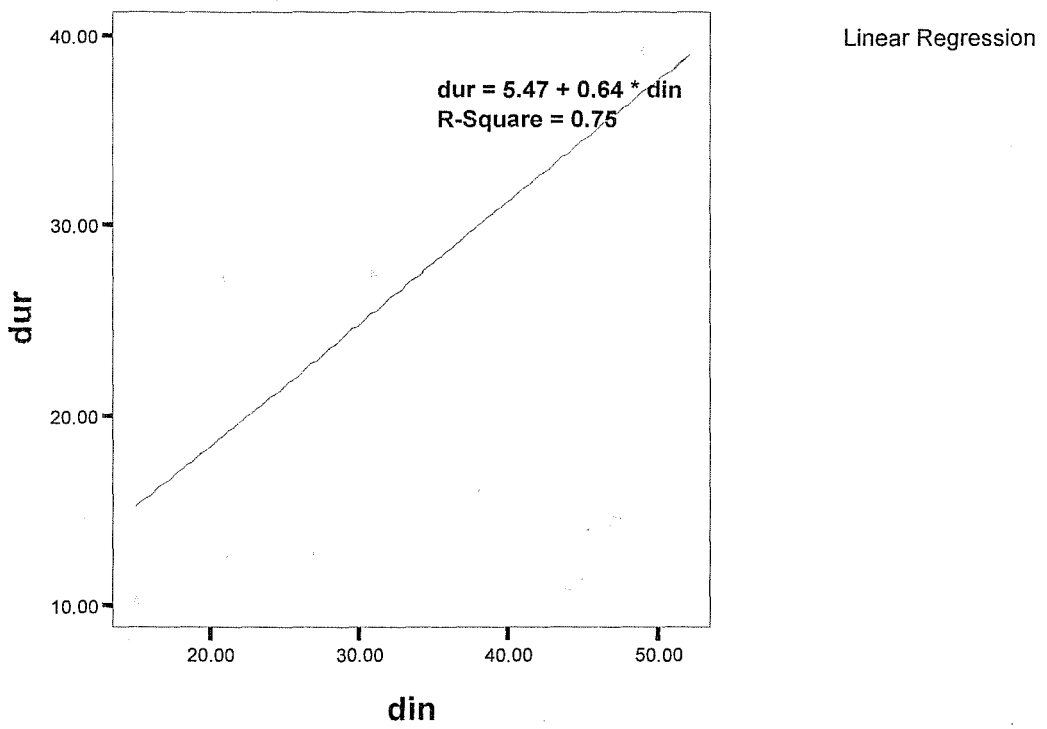


Figure 20. Relationship between Warmth/Affection and Undifferentiated Rejection Subscales on the IPAR/CQ for the Diagnosed Sample

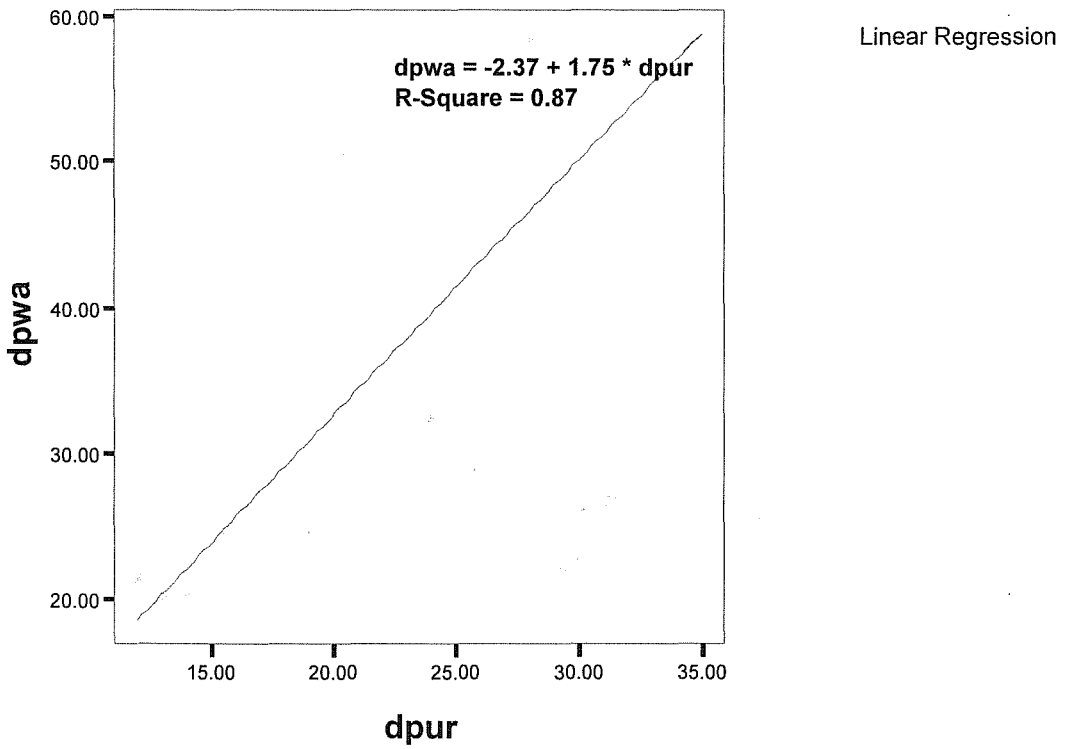


Figure 21. Relationship between APARQ/C and IPAR/CQ Overall Scores for Diagnosed Sample

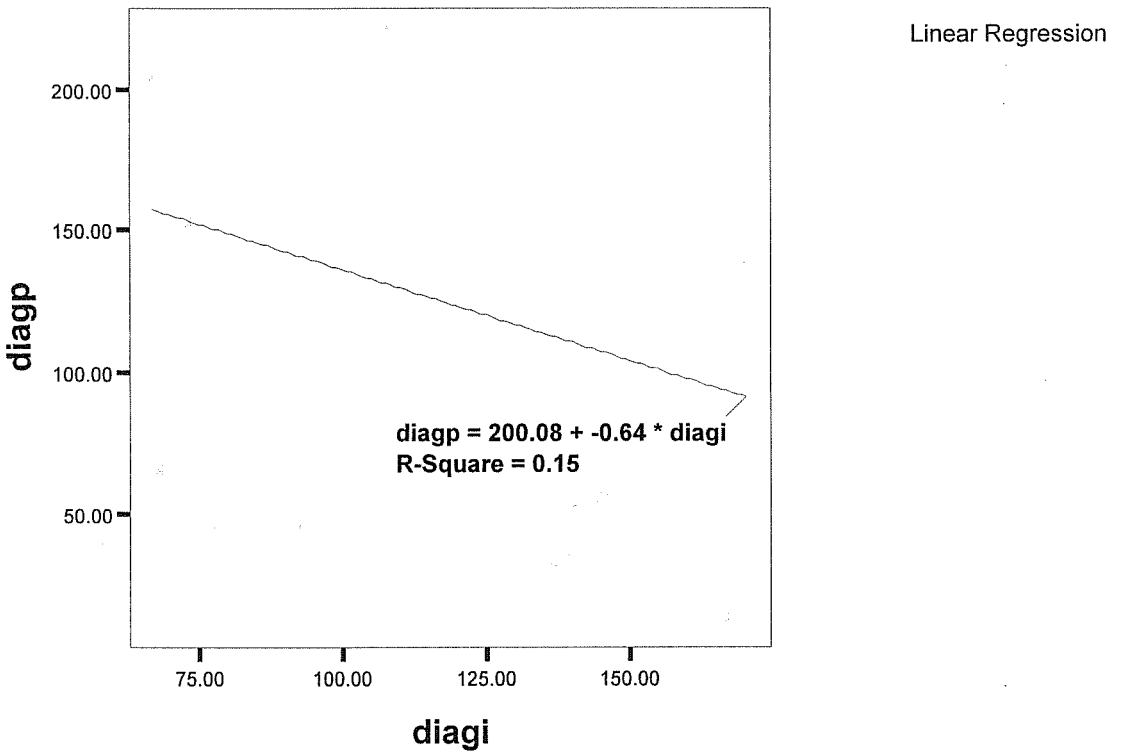


Figure 22. Relationship between APARQ and IPAR/CQ Control Scores for the Diagnosed Sample

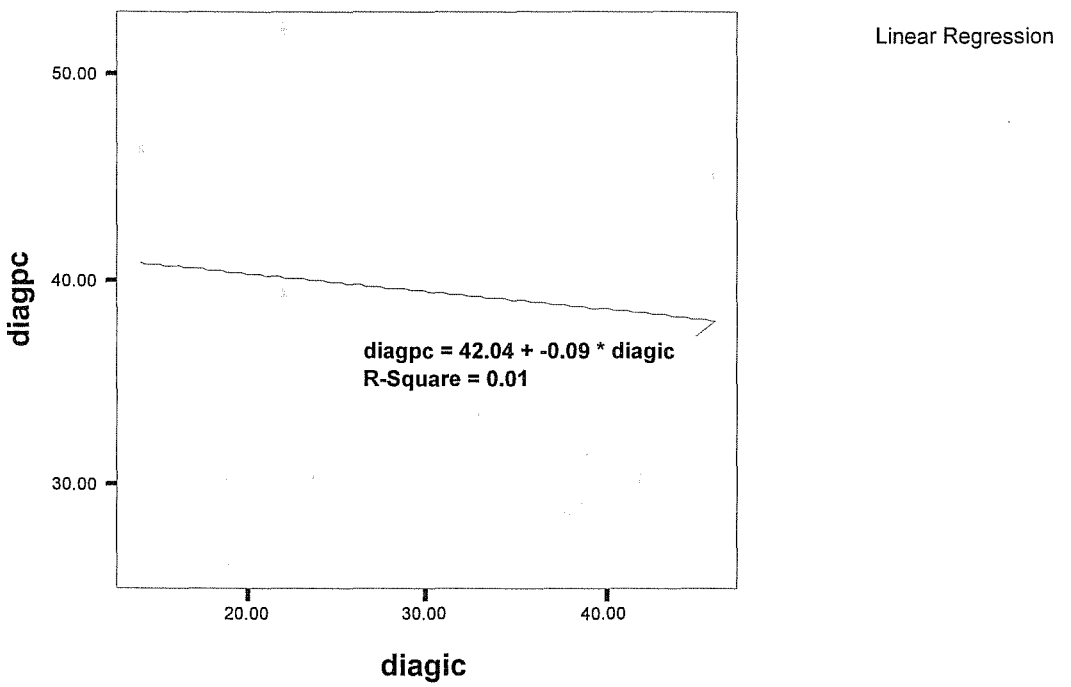
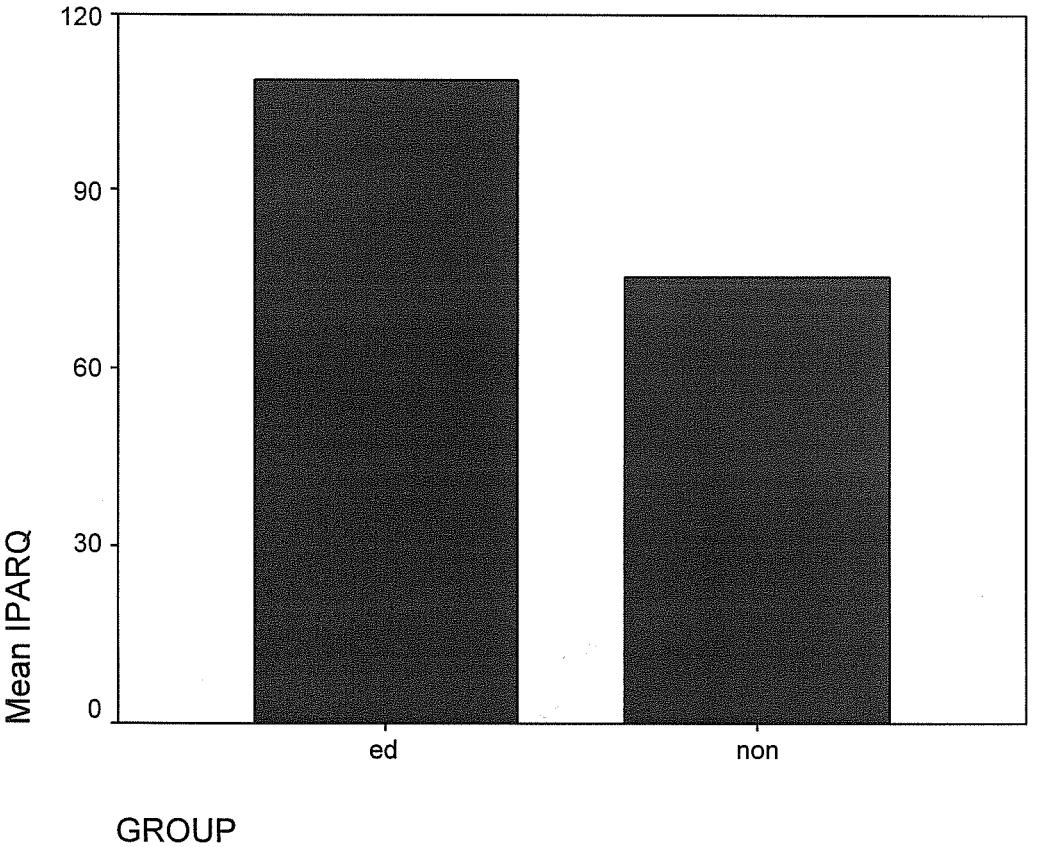


Figure 23. Effect of Eating Disorder on IPAR/CQ Scores



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Appendix A

Informed Consent Form A

I have been informed that the assessment tools I have been asked to fill out are investigating the relationship between father-daughter relationships on adult romantic attachment styles. In addition, I was informed to read and fill out all two surveys accurately and honestly. These responses will be kept anonymous and confidential. The researcher will have no access to the identities of the participants. I am aware that I can refuse to participate in this study. I have read the above statements, and give my consent to complete the attached assessment tools.

Please "X" the appropriate choice below:

_____ I agree

_____ I disagree

Date:_____

Appendix B

Informed Consent Form B

I have been informed that the assessment tools I have been asked to fill out are investigating the relationship between eating disorders and father-daughter relationships on adult romantic attachment styles. In addition, I was informed to read and fill out all two surveys accurately and honestly. These responses will be kept anonymous and confidential. The researcher will have no access to the identities of the participants. I am aware that I can refuse to participate in this study. I have read the above statements, and give my consent to complete the attached assessment tools.

Please "X" the appropriate choice below:

_____ I agree

_____ I disagree

Date:_____

Appendix C

Demographic Survey A

Please **"X"** your correct response.

1. Age:

__ 18 __ 19 __ 20 __ 21 __ 22

2. Current college classification:

__ Freshman __ Sophomore __ Junior __ Senior

3. Are you currently involved in a romantic relationship?

__ Yes __ No

Appendix D

Demographic Survey B

Please **"X"** your correct response.

1. Age:

__ 18 __ 19 __ 20 __ 21 __ 22

2. Current college classification:

__ Freshman __ Sophomore __ Junior __ Senior

3. Diagnosed eating disorder:

__ Anorexia __ Bulimia __ Binge-eating

4. Are you currently involved in a romantic relationship?

__ Yes __ No

Appendix E

ADULT PARQ-CONTROL: Father

_____ _____

Name (or I.D. number) Date

The following pages contain a number of statements describing the way fathers sometimes act toward their children. Read each statement carefully and think how well it describes the way your father treated you when you were about 7-12 years old. Work quickly; give your first impression and move on to the next item. Do not dwell on any item.

Four lines are drawn after each sentence. If the statement is *basically* true about the way your father treated you then ask yourself, "Was it almost *always* true?" or "Was it only *sometimes* true?" If you think your father almost always treated you that way, put an *X* on the line ALMOST ALWAYS TRUE, if the statement was sometimes true about the way your father treated you then mark SOMETIMES TRUE. If you feel the statement is basically *untrue* about the way your father treated you then ask yourself, "Is it *rarely* true?" or "Is it almost *never* true?" If it is rarely true about the way your father treated you put an *X* on the line RARELY TRUE; if you feel the statement is almost never true then mark ALMOST NEVER TRUE.

Remember, there is no right or wrong answer to any statement, so be as frank as you can. Respond to each statement the way you feel your father really was rather than the way you might have liked him to be. For example, if in your memory he almost always hugged and kissed you when you were good, you should mark the item as follows:

TRUE OF MY FATHER NOT TRUE OF MY FATHER

MY FATHER	Almost Always True	Sometimes True	Rarely True	Almost Never True
1. My father hugged and kissed me when I was good.	X			

TRUE OF MY FATHER NOT TRUE OF MY FATHER

MY FATHER	Almost Always True	Sometimes True	Rarely True	Almost Never True
1. Said nice things about me.	_____	_____	_____	_____
2. Nagged or scolded me when I was bad.	_____	_____	_____	_____
3. Totally ignored me.	_____	_____	_____	_____
4. Did not really love me.	_____	_____	_____	_____
5. Saw to it that I knew exactly what I may or may not do.	_____	_____	_____	_____
6. Talked to me about our plans and listened to what I had to say	_____	_____	_____	_____
7. Complained about me to others when I did not listen to him.	_____	_____	_____	_____
8. Took an active interest in me.	_____	_____	_____	_____
9. Told me exactly what time to be home when I went out.	_____	_____	_____	_____
10. Encouraged me to bring my friends home, and tried to make things pleasant for them.	_____	_____	_____	_____
11. Ridiculed and made fun of me.	_____	_____	_____	_____
12. Ignored me as long as I did not do anything to bother him.	_____	_____	_____	_____
13. Yelled at me when he was angry.	_____	_____	_____	_____
14. Was always telling me how I should behave.	_____	_____	_____	_____
15. Made it easy for me to tell him things that were important to me.	_____	_____	_____	_____

16. Treated me harshly. . . .. _____. . . _____ ... _____ ..... _____

17. Enjoyed having me around him. . . . . _____. . . _____ ... _____ ..... _____

18. Believed in having a lot of rules and sticking to them. . . . . _____. . . _____ ... _____ ..... _____

	TRUE OF MY FATHER		NOT TRUE OF MY FATHER	
MY FATHER	Almost Always True	Sometimes True	Rarely True	Almost Never True
19. Made me feel proud when I did well.	_____. . .	_____ ...	_____	_____
20. Hit me, even when I did not deserve it.. . . .	_____. . .	_____ ...	_____	_____
21. Forgot things he was supposed to do for me.	_____. . .	_____ ...	_____	_____
22. Saw me as a big problem.	_____. . .	_____ ...	_____	_____
23. Gave me as much freedom as I wanted. . . .	_____. . .	_____ ...	_____	_____
24. Praised me to others.	_____. . .	_____ ...	_____	_____
25. Punished me severely when he was angry... .	_____. . .	_____ ...	_____	_____
26. Made sure I had the right kind of food to eat..	_____. .	_____ ...	_____	_____
27. Told me exactly how I was to do my work. ..	_____. . .	_____ ...	_____	_____
28. Talked to me in a warm and loving way.. . .	_____. . .	_____ ...	_____	_____
29. Got angry at me easily..	_____. . .	_____ ...	_____	_____
30. Was too busy to answer my questions.	_____. . .	_____ ...	_____	_____
31. Seemed to dislike me.	_____. . .	_____ ...	_____	_____
32. Let me go any place I wanted without asking. .	_____. .	_____ ...	_____	_____
33. Said nice things to me when I deserved them. ..	_____. . .	_____ ...	_____ ...	_____

34. Got mad quickly and picked on me. . . . . _____ . . . _____ ... _____ ..... _____

35. Was concerned who my friends were. . . . . _____ . . . _____ ... _____ ..... _____

36. Insisted that I must do exactly as I was told. .. _____ . . _____ .. _____ ..... _____

37. Was really interested in what I did.. . . . . _____ . . . _____ ... _____ ..... _____

38. Said many unkind things to me. . . . . _____ . . . _____ ... _____ ..... _____

39. Ignored me when I asked for help. . . . . _____ . . . _____ ... _____ ..... _____

40. Thought it was my own fault when I was having trouble. . . . . _____ . . . _____ ... _____ ..... _____

	TRUE OF MY FATHER		NOT TRUE OF MY FATHER	
MY FATHER	Almost Always True	Sometimes True	Rarely True	Almost Never True

41. Let me go out any evening I wanted. . . . . _____ . . . _____ ... _____ ..... _____

42. Made me feel wanted and needed . . . . . _____ . . . _____ ... _____ ..... _____

43. Told me that I got on his nerves . . . . . _____ . . . _____ ... _____ ..... _____

44. Paid a lot of attention to me . . . . . _____ . . . _____ ... _____ ..... _____

45. Would have liked to be able to tell me what to do all the time . . . . . _____ . . . _____ ... _____ ..... _____

46. Told me how proud he was of me when I was good . . . . . _____ . . . _____ ... _____ ..... _____

47. Went out of his way to hurt my feelings.. . . _____ . . . _____ ... _____ ..... _____

48. Forgot important things I thought he should remember. . . . . _____ . . . _____ ... _____ ..... _____

49. Made me feel not loved any more if I misbehaved _____ . . _____ ... _____ ..... _____

50. Gave me certain jobs to do and wouldn't let me do anything else until they were done . _____. . _____ .. _____ .... _____

51. Made me feel what I did was important. . . . _____. . . _____ ... _____ ..... _____

52. Frightened or threatened me when I did something wrong . . . . . _____. . . _____ ... _____ ..... _____

53. Liked to spend time with me. . . . . _____. . . _____ ... _____ ..... _____

54. Let me do anything I liked to do . . . . . _____. . . _____ ... _____ ..... _____

55. Tried to help me when I was scared or upset. ..._____. .. _____ .. _____ .... _____

56. Shamed me in front of my playmates when I misbehaved. . . . . _____. . . _____ ... _____ ..... _____

57. Tried to stay away from me . . . . . _____. . . _____ ... _____ ..... _____

58. Complained about me . . . . . _____. . . _____ ... _____ ..... _____

59. Wanted to control whatever I did . . . . . _____. . . _____ ... _____ ..... _____

TRUE OF MY FATHER NOT TRUE OF MY FATHER

MY FATHER	Almost Always True	Sometimes True	Rarely True	Almost Never True
60. Cared about what I thought and liked me to talk about it. . . . . _____. . . _____ ... _____ ..... _____				
61. Felt other children were better than I was no matter what I did. . . . . _____. . . _____ ... _____ ..... _____				
62. Cared about what I would like when he made plans . . . . . _____. . . _____ ... _____ ..... _____				
63. Let me do things I thought were important, even if it was inconvenient for him . . . . . _____. . . _____ ... _____ ..... _____				
64. Thought other children behaved better than I _____. _____ ... _____ ..... _____				

65. Made other people take care of me (for example, a neighbor or relative). . . . _____ . . . _____ ... _____ ..... _____

66. Let me know I was not wanted . . . . . _____ . . . _____ ... _____ ..... _____

67. Was interested in the things I did . . . . . _____ . . . _____ ... _____ ..... _____

68. Tried to make me feel better when I was hurt or sick . . . . . _____ . . . _____ ... _____ ..... _____

69. Told me how ashamed he was when I misbehaved . . . . . _____ . . . _____ ... _____ ..... _____

70. Let me know he loved me. . . . . _____ . . . _____ ... _____ ..... _____

71. Treated me gently and with kindness . . . . . _____ . . . _____ ... _____ ..... _____

72. Made me feel ashamed or guilty when I misbehaved . . . . . _____ . . . _____ ... _____ ..... _____

73. Tried to make me happy . . . . . _____ . . . _____ ... _____ ..... _____

Appendix F

INTIMATE PARTNER ACCEPTANCE-REJECTION/CONTROL QUESTIONNAIRE (IPAR/CQ)

Date_____

RLTN (2) Are you now or have you been at any time during the last three years in an emotionally deep or intimate relationship with someone that you really cared about? Include here any intimate romantic relationship or deep personal friendship, but do not include a relationship with your parent(s). If you have been in more than one relationship, please think about the one that is/was most important to you, overall.

YES	NO
1	0

If NO, stop here. If YES, please continue.

The following pages contain a number of statements describing the way adults in intimate relationships may feel toward each other. Read each statement carefully and think how well it describes your relationship with your partner. Work quickly. Give your first impression, and move on to the next item. Do not dwell on any item.

The following items are written in the present tense, as if your relationship is still ongoing. However, if the relationship has ended, please read the items as if they were written in the past tense.

CRNT (3) Is this relationship still on-going?

YES	NO
1	2

TENUR (4) How long has the relationship lasted?

_____/_____
years/months

FORM (5) What is the nature of this relationship?

1. Girlfriend/boyfriend

2. Spouse
3. Friend (non-romantic)
4. Other _____
   Specify

The following pages contain a number of statements describing the way adults in intimate relationships may act toward each other. Read each statement carefully and think how well it describes the way your partner behaves toward you. The statements are written in the present tense, as if your relationship is still ongoing. However, if the relationship has ended, please read the statements as if they were written in the past tense.

Four lines are drawn after each sentence. If the statement is *basically* true about the way your partner treats you then ask yourself, "Is it almost *always* true?" or "Is it only *sometimes* true?" If you think your partner almost always treats you that way, put an ***X*** on the line ALMOST ALWAYS TRUE, if the statement is sometimes true about the way your partner treats you then mark SOMETIMES TRUE. If you feel the statement is basically *untrue* about the way your partner treats you then ask yourself, "Is it *rarely* true?" or "Is it almost *never* true?" If it is rarely true about the way your partner treats you put an ***X*** on the line RARELY TRUE; if you feel the statement is almost never true then mark ALMOST NEVER TRUE.

Remember, there is no right or wrong answer to any statement, so be as honest as you can. Respond to each statement the way you feel your partner really is rather than the way you might like him/her to be.

	TRUE OF MY PARTNER		NOT TRUE OF MY PARTNER	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
MY PARTNER				
1. Says nice things about me.	_____	_____	_____	_____
2. Nags or scolds me.	_____	_____	_____	_____
3. Totally ignores me.	_____	_____	_____	_____
4. Does not really love me.	_____	_____	_____	_____
5. Tries to control what I do.	_____	_____	_____	_____
6. Talks with me about our plans and listens				

to my opinions . .. . _____. . . _____ ... _____ ..... _____

7. Complains about me to others. . . . . _____. . . _____ ... _____ ..... _____

8. Takes an active interest in me. . . .. _____. . . _____ ... _____ ..... _____

9. Wants to know exactly where I am going when I go out.. . . . . _____. . . _____ ... _____ ..... _____

10. Encourages me to bring friends with me and tries to make things pleasant for them . .. _____. . . _____ ... _____ ..... _____

11. Ridicules me and puts me down. . . . . _____. . . _____ ... _____ ..... _____

12. Ignores me as long as I don't do anything to bother him/her. . . . . _____. . . _____ ... _____ ..... _____

13. Yells at me when (s)he is angry. .. . . . . _____. . . _____ ... _____ ..... _____

14. Tells me how I should behave. . .. . _____. . . _____ ... _____ ..... _____

15. Makes it easy for me to tell him/her things that are important to me. . . . . _____. . . _____ ... _____ ..... _____

16. Treats me harshly. . . . . _____. . . _____ ... _____ ..... _____

17. Enjoys having me around her/him. . . .. _____. . . _____ ... _____ ..... _____

18. Has a lot of rules and tries to make me stick to them. . . . . _____. . . _____ ... _____ ..... _____

19. Makes me feel proud when I do well. .. . . . _____. . . _____ ... _____ ..... _____

	TRUE OF MY PARTNER		NOT TRUE OF MY PARTNER	
	Almost Always True	Sometimes True	Rarely True	Almost Never True
MY PARTNER				
20. Hits me. . . . . _____. . . _____ ... _____ ..... _____				
21. Forgets things (s)he's supposed to do for me. . _____. . . _____ ... _____ .. _____				

22. Sees me as a lot of trouble . .. . _____. . . _____ ... _____ ..... _____

23. Gives me as much freedom as I want. . .. _____. . . _____ ... _____ ..... _____

24. Praises me to other people. . . . . _____. . . _____ ... _____ ..... _____

25. Treats me severely when (s)he is angry. .. . _____. . . _____ ... _____ ..... _____

26. Considers my food preferences . . .. _____. . . _____ ... _____ ..... _____

27. Tells me exactly how I am supposed to do things. . . . . _____. . . _____ ... _____ ..... _____

28. Talks to me in a warm and loving way.. .. . _____. . . _____ ... _____ ..... _____

29. Gets angry at me easily.. .. . ._____. . . _____ ... _____ ..... _____

30. Is too busy to answer my questions. . . . . _____. . . _____ ... _____ ..... _____

31. Seems to dislike me. . . . . _____. . . _____ ... _____ ..... _____

32. Lets me go any place I want without telling him/her. . . . . ._____. . . _____ ... _____ ..... _____

33. Says nice things to me when I deserve them. . _____. . . _____ ... _____ ... _____

34. Gets mad quickly and picks on me. .. . . . ._____. . . _____ ... _____ ..... _____

35. Wants to know who my friends are. . . .. _____. . _____ ... _____ ..... _____

36. Insists that I must do exactly what (s)he tells me._____. . _____ ... _____ . _____

37. Is really interested in what I do. . ... ._____. . . _____ ... _____ ..... _____

38. Says many unkind things to me. . . . . _____. . . _____ ... _____ ..... _____

39. Ignores me when I ask for help. . .. . ._____. . . _____ ... _____ ..... _____

40. Thinks it's my own fault when I have trouble. .. ._____. _____ ... _____ ... _____

41. Lets me go wherever I want . . . . _____. . . _____ ... _____ ..... _____

42. Makes me feel wanted and needed . .. . _____. . . _____ ... _____ ..... _____

43. Tells me that I get on his/her nerves . .. . . . _____. . . _____ ... _____ ..... _____

TRUE OF MY PARTNER NOT TRUE OF MY PARTNER

MY PARTNER	Almost Always True	Sometimes True	Rarely True	Almost Never True
44. Pays a lot of attention to me	_____. . .	_____	... _____	..... _____
45. Would like to be able to tell me what to do all the time	_____. . .	_____	... _____	..... _____
46. Tells me how proud (s)he feels when I do well. .	_____.	_____	.. _____	... _____
47. Goes out of his/her way to hurt my feelings...	_____. . .	_____	... _____	.. _____
48. Forgets important things I think (s)he should remember.	_____. . .	_____	... _____	..... _____
49. Makes me feel unloved.	_____. . .	_____	... _____	..... _____
50. Gives me certain things to do and won't let me do anything else until they're done.	_____. . .	_____	... _____	..... _____
51. Makes me feel what I do is important.	_____. . .	_____	... _____	..... _____
52. Frightens or threatens me when I do something (s)he doesn't approve of.	_____. . .	_____	... _____	..... _____
53. Likes to spend time with me.	_____. . .	_____	... _____	..... _____
54. Lets me do anything I like to do	_____. . .	_____	... _____	..... _____
55. Tries to help me when I'm scared or upset. .	_____. . .	_____	... _____	.... _____
56. Shames me in front of my friends.	_____. . .	_____	... _____	..... . _____
57. Tries to stay away from me	_____. . .	_____	... _____	..... _____
58. Complains about me	_____. . .	_____	... _____	..... _____

59. Wants to control whatever I do. . . . . _____ . . . _____ ... _____ ..... _____

60. Cares about what I think and likes me to talk about it. . . . . _____ . . . _____ ... _____ ..... _____

61. Feels other men/women are better than I am no matter what I do. . . . . _____ . . . _____ ... _____ ..... _____

62. Cares about what I would like when (s)he makes plans . . . . . _____ . . . _____ ... _____ ..... _____

63. Lets me do things I think are important, even if it's inconvenient for him/her . . . . . _____ . . . _____ ... _____ ..... _____

	TRUE OF MY PARTNER		NOT TRUE OF MY PARTNER	
MY PARTNER	Almost Always True	Sometimes True	Rarely True	Almost Never True
64. Thinks other people behave better than I do.	_____	_____	_____	_____
65. Pawns me off on others (for example, friends or family).	_____	_____	_____	_____
66. Lets me know I'm not wanted.	_____	_____	_____	_____
67. Is interested in the things I do.	_____	_____	_____	_____
68. Tries to make me feel better when I'm hurt or sick	_____	_____	_____	_____
69. Tells me how ashamed (s)he is when I do something wrong	_____	_____	_____	_____
70. Lets me know (s)he loves me.	_____	_____	_____	_____
71. Treats me gently and with kindness.	_____	_____	_____	_____
72. Makes me feel ashamed or guilty when I displease him/her.	_____	_____	_____	_____
73. Tries to make me happy	_____	_____	_____	_____

Appendix G

Written Instructions for Dean of Women

1. Each participant should be emailed an attached set of tests. Please place a number in the subject line of the attachment for each participant, when emailed back to the researcher. Though these tests are the same for all participants, the number will aid in comparison purposes. This is solely for comparison purposes, and does not breach confidentiality.
2. Enclosed in this email is an email attachment. Please send each participant an attachment. This will aid in organizing results.
3. All directions for each test are on the top of the test.
4. Please email all finished tests back to the researcher.

Thank you for your time, cooperation, and assistance.