

THE UNIVERSITY OF CALGARY

The Role of Relationships in the Development of Dysphoria

by

Karen Ann Pasveer

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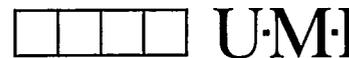
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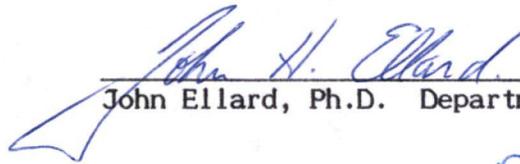
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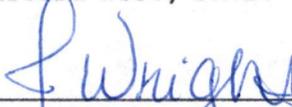
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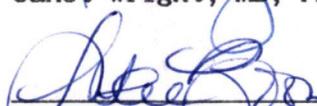
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ABSTRACT

A recent longitudinal investigation by Jack (1991) suggests a theory of women and depression that combines attachment and self-in-relation theories. The broad theoretical base subsumed by Jack's (1991) theory suggests a number of questions that were explored within this thesis. Results do not support the notion that vulnerability is created through childhood disconnections from the primary caregiver as Bowlby (1967, 1973, 1980) contends. Rather, they suggest that while vulnerability may be created in childhood, it may be created through the experience of childhood sexual abuse rather than through difficulties with the primary caregiver. Further, Jack's (1991) conceptualization of silencing as directly related to depression was not supported. At best, silencing appeared to be only indirectly related to dysphoria. A third analysis explored relationships with the four attachment styles as suggested by Bartholomew (1990, 1991). Bartholomew's division of insecure/avoidant attachment into two separate attachment styles based on mental representations of self and other was supported.

ACKNOWLEDGEMENTS

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In the beginning and over the course of the first year, Dr. Eleanor Maticka-Tyndale performed the role of supervisor and mentor. She acquainted me with sociological approaches and theories of depression, and introduced me to several developmental approaches based on work being done by and for women. Although she left to accept a new position in Windsor, Ontario, Eleanor's influence has continued to play a key role in the development and writing of this thesis.

Dr. Janet Wright, a member of my supervisory committee, has also lent considerable influence and support in terms of feminist theory and guidance. Janet has also contributed to my understanding of biological influences in depression which, while not directly a part of this thesis, play a major role over the course of clinical depression.

In a more traditional developmental approach, Dr. Malcolm West has acquainted me with attachment theory and the consequences of insecure attachment in early childhood. His work on insecure adult attachment has had a major impact on my own theoretical perspective concerning the importance of relationships in adult life.

Finally, and perhaps most importantly, I would like to thank Dr. John Ellard, who not only agreed to supervise me at a critical juncture of my thesis, but has provided a tremendous amount of guidance and support in the methodological reorganization of this thesis. John accepted me as a student one year into my program when Eleanor Maticka-

Tyndale left for Windsor, Ontario. He helped me to reorganize and redesign my research when it became clear that a clinical population of depressed women would not be available. He was there for me every step of the way, as I began to implement and carry out my research, and analyze and interpret the results.

To my husband, friend, confidante...

Oebel Pasveer

For his continuing love, support and encouragement

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INTRODUCTION

Clinical depression is a disorder characterized by a variety of symptoms. These include low self-esteem, disturbed sleep patterns, fatigue, depressed mood, feelings of worthlessness or guilt, diminished interest or pleasure in many or all activities, inability to concentrate, significant weight loss or gain and recurring thoughts of death or suicidal ideation (Kaplan & Sadock, 1991). Depression accounts for up to 75% of all psychiatric hospitalizations. It is estimated that in any given year, twelve to fifteen percent of all adults suffer significant depressive symptoms (Beck, Rush, Shaw & Emery, 1979). Of those suffering unipolar depression, at least two out of every three are women (Kaplan, 1991; Weissman & Klerman, 1987). As many as 40% of those suffering major depression at any one time also suffer the chronic symptoms of dysthymia (Coyne & Downey, 1991).

Much research has been conducted in the search for vulnerability factors contributing to the onset or recurrence of major depression. The role of the neurotransmitters in depression gains clear support from pharmacological studies and from the effects of antidepressant medications in the treatment of depression (Ballenger, 1988). Endocrinology is also clearly involved in depression, and especially in women (Ballenger, 1988; Reus, 1989). It is believed that the endocrine system interacts with the neurotransmitters and circadian rhythms in a complex manner such that normal hormonal cycling could well play a role in the development of depression in women (Parry, 1989). Taken together, the evidence presented makes it clear that there are biological features of depression that cannot be overlooked. These

studies do not, however, implicate biological factors to a degree which allows the exclusion of the role of psychological and social factors in the study of depression.

Cognitive theorists (e.g. Abramson, Seligman, & Teasdale, 1978; Beck et. al., 1979) have posited stable factors such as attributional style or cognitive schemata that reflect dysfunctional attitudes and negative automatic thoughts. They have been unable, however, to locate these factors successfully independent of the immediate depressive episode (Barnett & Gotlib, 1988). Personality factors that have been implicated in vulnerability include traits such as introversion/extroversion and dependency/autonomy. The only personality trait that appears not to be spurious upon remission of depression, however, is "dependency" (Barnett & Gotlib, 1988).

Other investigators have examined depression in the context of social relationships and close, intimate interpersonal relationships in particular. Interpersonal theory maintains that mental health is contingent upon psychological adjustment in interpersonal relationships and communication (Locke & Horowitz, 1990). Interpersonal factors have been investigated from the perspective of behavioural flexibility (Paulhus & Martin, 1988), social skills deficits (Biglan, Hops, Sherman, Friedman, Arthur, & Osteen, 1985; Coyne, 1976; Krantz, 1985; Linden, Hautzinger, & Hoffmann, 1985; Youngren & Lewinsohn, 1980), and communication with both strangers and spouse/family (Coyne, Kessler, Tal, Turnbull, Wortman, & Greden, 1987; Hinchliffe, Hooper, Roberts, & Vaughan, 1975; Linden, et. al., 1985; Strack & Coyne, 1983). These investigations have found that other individuals are unwilling to

interact with depressed persons (Coyne, 1976), and that others rate depressed individuals more negatively than they rate nondepressed individuals (Strack & Coyne, 1983).

Investigations into the interpersonal factors involved in communication in conflicted marriages and depression indicate that this communication is often asymmetrical (Coyne, et. al., 1987; Gottman & Levenson, 1986; Hinchliffe, et. al., 1975; Linden, et. al., 1983; Noller, 1980; Ting-Toomey, 1983; White, 1989) and characterized by rigid patterns of communication (Gottman & Levenson, 1986; Ting-Toomey, 1983). Communication processes fail to an even greater extent within these dyads when one partner is depressed (Biglan, et. al., 1985; Coyne, 1976; Kahn, Coyne, & Margolin, 1985; Krantz, 1985; Linden, et. al., 1985).

Both the difficulties inherent in intimate interpersonal relationships and the protective features of these relationships have been well documented in the depression, social support and marital relationship literature (Barnett & Gotlib, 1988; Barnett & Baruch, 1987; Brown & Harris, 1978; Coyne & Downey, 1991; Kaplan, 1991). Marital relationships, for example, have been found to have a buffering effect. Rates of depression are somewhat lower among married individuals than among single persons. However, this is found more often in men than in women (Barnett & Baruch, 1987). In contrast, marital relationships have been found impoverished prior to, concurrent with, and upon remission of major depressive episodes (see Barnett & Gotlib, 1988 for a review).

Despite the wealth of literature documenting interpersonal processes in depression, none effectively addresses gender differences in the frequency and character of depression. This is particularly

striking given recent interest in the special emphasis given to relationships in women's experience (Gilligan, 1982; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). Moreover, the possibility that different kinds of relationship factors may contribute to depression in women than in men, has only recently received attention. For example, investigations into the antecedents or correlates of depression rarely address such factors as adult attachment patterns (Bowlby, 1988) or self-in-relation, a theory of women's development that may be useful in accounting for the differential rates of depression among men and women (Kaplan, 1991; Miller, 1976; Surrey, 1985).

Self-in-relation theorists suggest that women may be especially vulnerable to the on-going context of the adult intimate relationship as a result of social learning factors that lead to an emphasis on, and valuation of relationships (Jordan, et. al., 1991). In an attempt to bring this emphasis on relationships into a model of depression, Jack (1987; 1991) has recently proposed a theory of depression in women that combines attachment and self-in-relation theories. Based on a longitudinal investigation involving interviews with depressed women, Jack (1991) argues that disconnections in adult life are the result of many different factors. These include power imbalances as well as cultural and moral imperatives that define the "good woman" as one who is selfless and giving in relationships. The woman finds herself caught between two very different value systems. Her culture and society tell her that a "good woman" is one who marries, raises children, and takes care of all those in her immediate environment. This same society devalues her for these very tasks. This combines with social learning

factors through which interpersonal relationship schemata are formed. The woman watches and learns from her mother as the mother silences her own needs and caters to the needs of those around her. Even when raised in an environment in which the mother takes her own needs into consideration, additional social pressure may come into play during early adolescence. Brown and Gilligan (1992) suggest that a process of silencing the self may have its inception at this critical juncture in the woman's life. The adolescent girl watches and listens to other female adolescents to learn what she believes to be the 'proper' way of relating to others. Through this process, she learns that it is 'proper' to speak of others needs and feelings but not her own. The possibility of this silencing of the self continuing into adult life may depend on several factors that are theoretically based in attachment and self-in-relation theories.

ATTACHMENT THEORY AND REVIEW

The concept of attachment has its origins in the work of John Bowlby (1988), which was begun shortly after the end of the second world war. At the request of the World Health Organization, Bowlby began an investigation into the long-term effects on personality development of childhood separation from the mother. What followed was many years of theory-building resulting in the publication of his trilogy Attachment and Loss (Bowlby 1969, 1973, 1980). Bowlby was soon joined by others who were interested in his theory and who contributed much to the empirical investigation of that theory in both children (Ainsworth, 1967, 1969, 1972, 1979, 1982; Ainsworth, Blehar, Waters, & Wall, 1978; Quinton, Rutter & Liddle, 1984; Rutter, 1980, 1985; Rutter & Quinton, 1984) and adults (Bartholomew, 1990; Brennan, Shaver & Tobey, 1991; Hazan & Shaver, 1987; Main, Kaplan & Cassidy, 1985; Parker, 1986; Parker, Barrett & Hickie, 1992; Parker & Hadzi-Pavlovic, 1984; Parker & Manicavasagar, 1986; Sheldon & West, 1989; Weiss, 1982; West, Keller, Links & Patrick, 1993; West, Rose & Sheldon, 1993; West & Sheldon, 1988; West, Sheldon, & Reiffer, 1987; West & Sheldon-Keller, 1992). The following is a brief summary and definition of attachment as proposed by Bowlby (1969, 1973, 1980). This is followed by reviews of infant and adult attachment and, finally, a literature review of attachment approaches to understanding depression.

Attachment Defined

According to Bowlby (1969), there are three major components involved in the concept of attachment. These include the attachment

bond, attachment behaviour, and the attachment control system. A second behavioural system, the exploratory system, is antithetical to attachment, but is nonetheless considered important, although it is believed to operate independently of the attachment system.

The attachment bond is conceptualized as a biologically "wired-in" propensity to become close to one or more particular others who are seen as stronger and/or wiser, and to maintain the bond throughout the lifespan. Viewing the attachment bond from an ethological and evolutionary perspective, Bowlby (1969) proposed that the bond originally developed as an assurance of protection from predators for members of species whose young are dependent for long lengths of time following birth. Bowlby (1969) considers this bond and the quality of attachment to which it leads to remain stable throughout the individual's life. Although the primary attachment figure may change, the quality of the original bond which was established in childhood, principally in the first three years of the individual's life, does not. (Bowlby, 1973). This is postulated to occur through the formation of representational models, or schemata, of the self and of the manner in which the attachment figure responds to the individual's need for security. Bowlby (1973) believed that the schematic representation of the attachment bond becomes unconscious and thereafter individuals relate to others in a manner that conforms to their expectations of attachment. Thus, individuals who are insecurely attached to the primary caretaker in childhood will, theoretically, be insecurely attached in any intimate adult relationship in which they may become involved.

The goal of the attachment bond is the maintenance of proximity to the primary caretaker. This is achieved through a variety of attachment behaviours that become increasingly complex as the infant develops. At first these behaviours are as simple as crying, smiling and babbling but become increasingly goal-corrected as motor coordination and mobility increase. As these systems mature, reaching, following and clinging are added to the repertoire of behaviour, as is separation protest, if the primary caretaker leaves the room or leaves the child with a temporary caregiver. These behaviours are most active in infancy and in the first three years of the child's life. They begin to taper off as the child becomes more cognitively advanced and capable of holding a representational model of the primary caretaker as available and responsive even in his or her absence for increasingly long periods of time. Whereas at first attachment behaviours are evoked fairly frequently, with age they are evoked less often, usually during periods of stress, illness or fatigue (Bowlby, 1969).

Complementary to attachment behaviour is exploratory behaviour. These are behaviours engaged in which empower the individual and allow him or her to move away from the attachment figure and explore the environment. Exploratory behaviours promote growth and enable the individual to become more self-sufficient as age and level of maturity allow (Bowlby, 1982). Attachment behaviours are most active in infancy, when the individual depends on others for his or her survival. At this age, when the set-goal of security is attained, the individual engages in exploratory behaviours, but seldom wanders far from the primary caregiver. As the securely attached individual grows older and becomes

more self-sufficient attachment behaviours become separate from exploratory behaviours. Whereas in infancy the arousal of attachment needs signals an end to exploratory behaviour, adults are capable of continuing other activities despite a threat to attachment although some difficulties in concentration may ensue (Weiss, 1982).

Bowlby (1969) postulated that the attachment bond and attachment behaviours are biologically controlled by the attachment behaviour system. His theoretical position on the attachment control system is influenced by control theory. This system operates somewhat similarly to temperature control, where the system is turned on when temperatures fall below a certain point and turned off when the set-goal of the system is reached. Similarly, the attachment system is postulated to be turned on when the level of stress rises and to be turned off when the set-goal of proximity to the attachment figure is reached with subsequent reduction in levels of stress. More recently, attachment theorists have suggested that the attachment control system acts as a continuous monitoring system which is never turned off per se (Hinde, 1982).

Attachment in Infancy

Regardless of the mechanics of the attachment control system, its operation and functioning in terms of attachment behaviours and representational models have been demonstrated through empirical research pioneered by Mary Ainsworth and her associates (e.g. 1967, 1969, 1972, 1978, 1979), and Mary Main and her associates (1985). The observation and classification of various attachment patterns and

behaviours in infancy was made possible by Ainsworth (1967, 1969, 1978) through empirical investigation in the context of the Strange Situation. After extensive natural observation of mother-infant interactions in the home, mothers and infants were brought to the laboratory for more systematic investigation involving increasingly stressful situations in which mother and infant were separated. At times the infant was left with a stranger and at other times the infant was left alone for periods of up to three minutes depending on the amount of distress created by the mother's absence. Classification of attachment behaviours demonstrated by the infant upon reunion led Ainsworth to develop and describe three primary patterns of attachment and five additional subpatterns in which overlap between the three was demonstrated. These were secure attachment, anxious/ambivalent attachment, and anxious/avoidant attachment.

In the secure pattern of attachment, the infant greeted his or her mother at reunion with pleasure and immediately sought proximity, but shortly returned to exploratory behaviour confident of the mother's presence and availability. The ambivalently attached children exhibited much more clinging behaviour and appeared unable to direct attention to either mother or to exploration, but vacillated between the two. In contrast, the anxious/avoidant infants most often ignored the mother upon reunion, by either not acknowledging her return or by turning or moving away from her. These three attachment patterns were found to correlate highly with the behaviour the mother had displayed toward the child in the home environment. Mothers of secure infants had been consistently available and responsive to the children's attachment

needs. Mothers of anxious/ambivalent infants had been inconsistent in responding to the infant, and had not been as sensitive to the child's signals. Mothers of the anxious/avoidant infants had consistently and actively rejected the child's attachment needs, being neither available nor responsive.

A third insecure pattern of attachment was subsequently suggested and investigated by Mary Main and her associates (Main et. al., 1985). This is the insecure-disorganized/disoriented pattern. In this case the child's behaviour seemed to be completely disorganized. Movement would become uncoordinated or would stop, some children appeared to be dazed, and often postures were assumed that were reminiscent of depression. These were discovered most often to be the children of caretakers who had suffered major trauma in their own early childhood.

Main also developed methods of investigating attachment which went beyond infancy and the observation of attachment behaviours and thus extended the empirical investigation of attachment into childhood and adulthood (Main et. al., 1985). Expanding on the concept of the representational model, Main and her associates (1985) theorized that if such a schema did exist, it should have correlates in language and abstract representations of the parent, such as a photograph. Thus, six-year-old children were put through a series of situations, ranging from observation of parent-child behaviour to interviews and, finally, the observation of their reactions to a family photograph taken at the beginning of the laboratory session. Parents, meanwhile, were extensively interviewed regarding attachments to their own parents. By analyzing not only the behaviours exhibited in parent-child

interactions, but also language and interview responses, Main and her associates (1985) demonstrated that (a) the child and adult does, indeed, hold a mental representation of the attachment figure and associated behaviour; (b) the attachment to mother was more highly correlated with mother-infant interaction as measured five years earlier than to father-infant interaction; (c) adult attachment models could be investigated (although they concede that these attachment models represent current representations rather than actual attachment patterns in childhood); (d) the parent's attachment models were highly correlated with current attachment patterns between the parent and child; and (e) current adult attachment models were not always consistent with accounts of parental behaviour in childhood. Thus, while current adult attachment models appeared to modulate the parent-child interaction, contiguity from early childhood attachments to the adult representational model was not demonstrated.

Adult Attachment

The discovery of methods to measure childhood attachment patterns in adults has led to much activity and theorizing about the nature of the attachment bond in adulthood as well as to investigations directed towards studying the nature of the permanence of such bonds (Ainsworth, 1989; Goldberg, 1991; Hinde, 1982; Weiss, 1982). The results of investigations into adult attachment have proven mixed. Some support the contiguity of attachment in relation to both parents (Collins & Read, 1990; Feeney & Noller, 1990; Hazan & Shaver, 1987; Winefield, Goldney, Tiggemann & Winefield, 1990), while others (e.g. Collins &

Read, 1990) indicate that it is the attachment relationship with the opposite-sex parent in particular which predicts the choice of intimate partners in young adults. An extensive literature review conducted by Parker, Barrett, & Hickie (1992) found a consistent lack of contiguity between adults' attachment to their parents and to their partners when attachment history was assessed with the Parental Bonding Instrument. The only two variations in this finding were with (a) individuals who reported gross parental deprivation in early childhood, in which case they also rated their partners as extremely deficient in care; and (b) a subset of female respondents who reported correlations between lower marital quality in their own relationships and their least caring parent, most often involving major separations in childhood.

Parker et. al. (1992) suggest the nature and processes involved in mate selection may differ from the processes involved in childhood attachment. The selection of a lifetime partner is far more complex, and requires cognitive processes not available to an infant. Developmental processes and the mental representation of attachment are combined with relevant characteristics of the partner. Further, the adult intimate relationship is, itself, a dynamic process which is capable of modifying any vulnerability created through the parent-child bond, provided no major separations or other traumatic experiences have occurred in childhood.

This conclusion is supported in the current literature review. For instance, in dating couples and young adult attachments, the characteristics of the attachment bond to the opposite-sex parent seem to correlate highly with characteristics of the current attachment

partner (Collins & Read, 1990). Reports of more mature individuals in committed relationships, however, fail to find this effect (Hazan & Shaver, 1987; Parker, et. al., 1990).

Attachment and Emotional Health

A second feature of Bowlby's (1980) theory, that of insecure early attachments creating vulnerability to adult depression, has also produced mixed results when tested empirically (Barnas, Pollina & Cummings, 1981; Parker et. al., 1992; Parker & Manicavasagar, 1986; Richman & Flaherty, 1987; Winefield, et. al., 1990). Bowlby (1980) postulated that vulnerability to depression was a result of the feared loss dynamic. Due to early childhood experiences (e.g. separation from the primary caregiver, the death of a parent, threats of abandonment or suicide, or parental divorce) the individual becomes insecurely attached and anxious lest his or her attachment figure should leave. When this individual becomes an adult and the primary attachment shifts from the parent to the intimate partner, the feared loss dynamic is played out in the current relationship. Thus, perceived loss or threat of loss within this relationship evokes strong negative emotions, which include anxiety, depression and anger. This view is consistent with Brown and Harris' (1978) investigation that reported early loss of mother due to death as a vulnerability factor in depression, and the presence of a close, confiding relationship as a buffer against depression.

Insecure attachment to the parents was found as a vulnerability factor in depression in a longitudinal investigation involving first-year medical students (mean age 23.6; 78% single). However, the primacy

of one relationship over another in the creation of that vulnerability was not supported. Characteristics of both parents were involved at time two, with paternal care correlating negatively, and maternal overprotection correlating positively with depression (Richman & Flaherty, 1987). A second longitudinal study, investigating the effects of parental attachment on the transition from high school to the world of work (mean ages 19 and 23), has also supported Bowlby's (1980) contention that insecure attachment to parents is involved in the etiology of depression (Winefield, et. al., 1990). Again, however, the primacy of the attachment relationship with one parent over the other was not supported. In this investigation, psychiatrically disturbed women reported less favourable behaviour from the father on over-involvement, supportiveness and rejection. In contrast, psychiatrically disturbed men did not differentiate between parental attachment, but reported less parent supportiveness in general (Winefield, et. al., 1990).

Other investigations into adult representations of parental attachment and depression have failed to demonstrate a connection between childhood attachment and adult psychopathology. One of these investigations was directly related to Bowlby's (1980) etiological model, in that the women involved (mean age 32.7) were subjects who had lost their mother to death between the ages of eight and twelve, and whose fathers had subsequently remarried. Adult attachment to the surviving parent was not measured, but for this sample, the lower social class of the father (measured by occupational status) was the variable that most consistently predicted adult depression. Additional variables

included in the study were the quality of the relationship with the mother-replacement, the parental characteristics of the stepmother and the father, and the quality of the father's subsequent marriage. The authors conclude that it is unlikely that links between the lower social class of father and depression were mediated by any of these variables as they added little to the variance accounted for in depression (Parker & Manicavasagar, 1986).

A second investigation (Barnas, et. al., 1991) was conducted with samples of college-aged and mature women. Subjects were asked to identify their closest attachment relationship, were interviewed in regard to that person, and assigned to one of three attachment patterns (secure, anxious/avoidant, anxious/ambivalent). Attachment pattern was investigated in relation to a number of variables, including scores obtained on the Beck Depression Inventory (BDI). No background information was collected for these subjects, and the assumption was made that the current attachment style was indicative of the early attachment pattern to parent. Comparisons could therefore not be drawn between the current primary relationship and the relationship with the primary caregiver. It is notable that in this investigation it was only members of the insecure-avoidant group that scored in the clinical range of depression on the BDI. It is this class of insecure attachment that Bowlby (1980) suggested was the least likely to become depressed.

The least amount of support for Bowlby's vulnerability model of depression comes from the investigation of clinical populations of depressed individuals (see Parker, et. al., 1992 for a review). These investigations not only refute this hypothesis but findings are

antithetical. For example, evidence for the continuity of attachment from the parent to the adult partner was found in one investigation to be limited to women who were psychologically well, while it was not readily apparent in women that were psychologically unwell (Truant, Herscovitch, & Lohrenz, 1987). Two additional studies reviewed by Parker and his colleagues (1992) indicated that the perception of a current intimate partner as dysfunctional was associated with a greater risk for depression for the self, but that no links existed between that risk factor and adverse attachment experiences in childhood (Hickie, Wilhelm, Boyce, Hadzi-Pavlovic, Brodaty, Mitchell, & Parker, 1990; Hickie, Parker, Wilhelm, & Tennant, 1991). A significant finding in one of these investigations (Hickie et. al., 1991) was that female patients who gave their mothers high care ratings gave their intimate partners lower care ratings. These findings point to the importance of considering the current relationship as either a vulnerability or a buffering factor in depression.

Summary

In summary, Bowlby (1980) has suggested that insecure early attachments create vulnerability to adult depression. He postulated that vulnerability to depression was a direct result of the feared loss dynamic. Due to early childhood experiences the individual becomes insecurely attached and anxious that his or her attachment figure will leave. When this individual reaches adulthood the primary attachment shifts from the mother to the intimate partner and the feared loss dynamic is played out in the current relationship. Thus, perceived loss

or threat of loss within this relationship evokes strong negative emotions, including anxiety, depression and anger. This view is consistent with Brown and Harris' (1978) investigation that reported early loss of mother due to death as a vulnerability factor in depression, and the presence of a close, confiding relationship as a buffer against depression.

Subsequent investigations of this hypothesis have failed to provide complete support (Barnas, et. al., 1991; Hickie, et. al, 1991; Hickie et. al., 1990; Parker et. al. 1992; Parker & Manicavasagar, 1986; Richman & Flaherty, 1987; Truant, et. al, 1987; Winefield, et. al., 1990). Notably, the investigations that demonstrated partial support for Bowlby's (1980) thesis included samples of late adolescents and young adults, most of whom were unmarried (Barnas, et. al., 1990; Parker, et. al, 1992); Parker & Manicavasagar, 1986; Richman & Flaherty, 1987; Winefield, et. al., 1990). Studies that failed to support this hypothesis (Hickie et. al., 1990; Hickie, et. al., 1991; Truant, et. al., 1987) were based on samples of older and clinical subjects. These findings suggest that developmental factors may play a less important role in the creation of vulnerability to depression than Bowlby's original claims would suggest.

SELF-IN-RELATION THEORY AND REVIEW

The importance of the current relationship is central to the theory of self-in-relation. Self-in-relation had its inception in the work of several feminist researchers, including Jean Baker Miller (1976), Nancy Chodorow (1978), and Carol Gilligan (1982). Miller (1976) and Chodorow (1978), following different theoretical perspectives, nonetheless reach the same conclusions. From a social learning perspective, Miller (1976) theorized that gender differences exist in the way males and females are treated developmentally. Focusing on the developmental issues of women in particular, Miller (1976) suggested that women are raised in relation with their mothers, and learn to value relationships as a result of that first early bond. Nancy Chodorow (1978) viewed this theme from a psychodynamic perspective and extended it to include males. She suggested that men need to pull away from the mother, establish firm self-boundaries, and define themselves as autonomous and independent as a result of the sex difference between mother and son. Girls, on the other hand, because they are of the same sex as the primary caregiver in most cases, have no need to establish firm and separate self-boundaries, and grow up in relation with the primary caregiver.

Gilligan (1982) began empirical research into the concept of a relational self in the area of moral development. The results of extensive interviews conducted by Gilligan (1982) revolving around issues in morality suggested that a male and a female sense of morality may differ in the value systems employed. In particular, men may value autonomy and independence while women value relationships and

interconnections. This research has thus tended to support Miller (1976) and Chodorow's (1978) contention that there are fundamental differences in the way men and women relate and interact with their environment.

Self-in-Relation Defined

The major thesis of the self-in-relation model is that humans are born as relational creatures (Miller, 1991a). Where most psychological theorizing (including attachment theory) is based on "self" psychology with the goal of adult autonomy and independence¹, self-in-relation theory diverges and views humans both as developing through relationships in immaturity and as operating most efficiently through relationships as adults. From the beginning, infants of both sexes engage in reciprocal and empathic social interaction with individuals in their environment and each creates a view of the world in which he or she is capable of affecting relationships for good or ill. Thus, all relationships are viewed as dynamic processes in which each participant affects and changes the other and the nature of the relationship. The infant's emotions are sensed and responded to by the caregiver at the same time the infant is sensing and responding to the emotions of the caregiver. Miller (1991a) suggests, "... all growth occurs within emotional connections, not separate from them" (p. 15).

¹This is not meant to imply that attachment theory is not concerned with relationships. Bowlby's (1969) conceives of attachment as a relationship oriented mechanism that is tied to intrapsychic and dynamic processes. The difference between this and self-in-relation is that the latter is based on a socially constructed version of the 'self' that does not exist outside of the relationship.

While the need for theoretical work on the relational development of men is both recognized and in progress at the Stone Center (Miller, 1991a), to date this theory is specific to women. Women are hypothesized to have developed a sense of self within the relationship with their primary caregivers (usually the mother). Because the primary caregiver is normally of the same gender as the woman there is no need early in life to differentiate or to develop information about oneself that conflicts with information about the primary caregiver (Brown & Gilligan, 1992; Chodorow, 1978; Gilligan, 1982; Miller, 1991a; Stiver, 1991a; Surrey, 1985). A woman is hypothesized to begin differentiation of the self from the mother during adolescence when values and modes of being also come into question (Brown & Gilligan, 1992). The person that develops through this process of differentiation is one that, although differentiated from the primary caregiver, remains in relation with that person. This is carried into adult life as a valuation of, and need for, mutually empathic relationships through which the woman expresses herself. Mutuality within the relationship serves to empower her and to enable her to grow and to develop in all areas of her life. The disruption of relationships (disconnections), whether in childhood or in adult life, serves to enhance vulnerability to many types of psychopathology, including depression (Jack, 1991; Jordan, 1990; Kaplan, 1991; Miller, 1988; Stiver, 1990a; Stiver, 1990b; Surrey, 1985).

Self-in-Relation and Depression

Developmental factors in the creation of vulnerability to depression are recognized as important within self-in-relation theory,

but the context of the current relationship in either creating a vulnerability or in triggering it is considered paramount. Developmentally, a diathesis may be created through the many disconnections that can take place in childhood. Many of these disconnections are minor and a normal part of growing up. In these instances the empathic connection between parent and child is broken, resulting in a misunderstanding. These disconnections, in and of themselves, do not contribute to vulnerability. As long as the child has the opportunity to act in such a way as to affect change within the situation and the relationship, these types of disconnections are growth-enhancing and empowering. It is the more serious disconnections, those in which the child is stripped of power and of initiative within the relationship, where vulnerability to psychopathology is created. The more extreme instances involve child abuse, neglect and abandonment, and include child sexual abuse, physical abuse, and parental alcoholism. In these instances the child is effectively silenced, immobilized, and forced to keep more and more of herself out of the relationship. Disempowered and unable to change the relationship, the child begins to create distance from herself, changing and redefining herself in ways that are consistent with the treatment she is receiving (Miller, 1988; Stiver, 1990a, 1990b).

While attachment theory views these disconnections as disruptions of the primary attachment bond that lead to an inability to form stable, reciprocal relationships in adult life (Bowlby, 1969, 1973, 1980), self-in-relation sees them as disconnections from the core sense of self (Miller, 1988; Stiver, 1990a, 1990b). When one is denied the valid

expression of oneself, emotionally or empathically, the core sense of self-identity is threatened and the individual begins to move away from the self and to wall off what are now viewed as unacceptable emotions. Rather than learning to value and accept these emotions in oneself and others the individual fears and blocks them. Without the ability to fully feel and express emotion one is hindered in the ability to enter into mutually empathic relationships (Jordan, 1991a). An inability to detect or accept an emotion within oneself leads to an inability to sense that same emotion in others. Thus empathy breaks down.

Empathic connections may, however, exist in early relationships, especially with the mother or primary caregiver (Jack, 1991) but break down within the intimate adult relationship. This is most obvious in extremely oppressive relationships, such as battering relationships, but may also occur in any relationship in which a power imbalance exists. This is particularly likely to occur in a society such as ours, which teaches men to value autonomy and independence, and to devalue, deny and block their own emotions (Stiver, 1991b). According to self-in-relation theory empathy, both received and given, is the key to entering into relationship with another. Without empathy to foster a sense of connection, the individual flounders and struggles to discover ways to maintain her relationship. These methods, which result in behaviours such as excessive caregiving (Jack, 1991) or alcoholism, result in enabling the individual to remain in a relationship. At the same time, however, there is an increasing sense of separation and isolation within that relationship. This individual has paid the price of keeping large portions of herself and her experience out of the relationship in order

to maintain the only relationship available to her (Miller, 1988). In other words, in order to maintain the relationship, the individual is forced to disconnect from herself. Disconnection from the self results in an inability to empathically connect within relationships.

The lack of mutuality, in turn, results in a stagnation of growth within the individual, the need to deny large parts of her self and her experience, a redefinition of the self in terms of what is and what is not an acceptable expression of the self, and, ultimately, a sense of isolation both from the self and from the partner (Miller, 1988). The consequences in terms of depression have been reviewed by Kaplan (1991), who views it from the perspective of four major themes that run through the depression literature: loss, inhibition of action, inhibition of anger, and low self-esteem.

Distancing from the self as a result of a lack of mutuality creates a sense of felt loss. This is not the loss of an "attachment figure" or other object, but rather the loss of a core sense of self as one who is able to facilitate mutuality and connection within relationships (Kaplan, 1991). Thus, according to self-in-relation theory, it is not a feared loss of the relationship, but rather the experience of an actual loss of self that is at the heart of depressive vulnerability.

Traditional theories of depression also often mention inhibition of action as a symptom of the depressive experience (Beck, 1972; Seligman, 1975; Spitzer, 1980) and this is, indeed, one of the diagnostic criteria for major depression according to the DSM-III-R (Kaplan & Sadock, 1991). Viewing this from a perspective of self-in-

relation, however, Kaplan (1991) notes that this inhibition of action is selective. Actions which are inhibited are those that would serve to further the woman's personal goals. But while she is inhibiting these particular actions, she is likely to become extremely active in terms of relational endeavors, such as caring for those in her immediate environment (Kaplan, 1991).

A third major theme concerning depression is that of anger, or the inhibition of anger and aggression (Kaplan, 1991). Anger is an emotion that women have been taught to repress and to deny from an early age (Miller, 1991b). For women, anger is associated with destructiveness and a sense of self that is bad and worthless. Thus the expression of anger is equated with the end of an important relationship. Its inhibition, however, detracts from a climate of mutual empathy within the relationship and thus contributes to the woman's sense of powerlessness. This, in turn, serves to feed the anger and exacerbate the depression (Kaplan, 1991).

Finally, low self-esteem both contributes to the above three characteristics of depression and is the outcome of them. A woman's self-worth, in terms of self-in-relation theory, is equated with the sense of her ability to make and build relationships. Her felt responsibility for the failure of relational goals may serve to create doubt in her own self-worth. This lowered self-worth is a consequence of the sense of loss of self, the inhibition of action and assertion, and the inhibition of anger. But it also feeds these constructs, making depression a cycle that is very difficult to break.

Literature Review

Although the literature abounds with references to the constructs of loss, anger, inhibition of action and low self-esteem, very little empirical research has been conducted from the perspective of self-in-relation theory. Until very recently, the authors were concerned with theory-building, and empirical investigation had not yet begun. The most basic concept, that of woman as relationally-oriented, has been supported by the qualitative interviews conducted by Gilligan (1982) and her colleagues (Gilligan, Lyons, & Hammer, 1990) with adolescent girls and young women. Other developmental investigations have been conducted by way of qualitative interviews with adolescents in the areas of the mother/daughter relationship (Gleason, 1991) and epistemic development (Belenky, Clinchy, Goldberger, & Tarule, 1986).

More in-depth empirical investigations have only very recently been made possible with the development of the Mutual Psychological Development Questionnaire (MPDQ; Genero, Miller & Surrey, 1992), a measure of the perceived sense of mutuality within the relationship. This questionnaire has been designed to measure a woman's perceived sense of her own presence within her relationship, as well as her perception of her partner's presence. Theoretically based on the concept of empowerment through mutuality, several different elements were addressed within the questionnaire, including empathy, empowerment, zest, authenticity, engagement and diversity.

The association between mutuality and depression was assessed as a part of an initial investigation into the reliability and validity of the MPDQ. In that investigation, mutuality with the spouse/partner and

self-report ratings of depression were negatively correlated ($r = -.35$), as predicted by self-in-relation theory (Genero, et. al., 1992).

Summary

In summary, self-in-relation theory emphasizes the importance of gender relations in the adult intimate relationship, while concurrently recognizing the impact of gender in childhood development (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). While all individuals are postulated to have been born as relational creatures (Miller, 1991a), self-in-relation theory hypothesizes that women and men follow separate paths of development due to gender (Brown & Gilligan, 1992; Chodorow, 1978; Gilligan, 1982; Jack, 1991; Jordan, 1990; Miller, 1988; Miller, 1991a, Stiver, 1991a; Stiver, 1990a; Stiver, 1990b). Within this theory, women are hypothesized to form a core sense of identity based on their ability to maintain empathic connection with others, while men's core sense of identity is based upon a separate and autonomous self. The conditions that hypothetically create a diathesis for depression in women include the devaluation of relational qualities by Western society (such as when connection is interpreted as either "dependency" or "smothering") and disappointment in attaining mutuality within key relationships, especially with men (Kaplan, 1991).

Little empirical investigation has been conducted in regard to self-in-relation theory. A measure of mutuality has been developed and shown positive results with regard to gender differences in depressed men and women (Genero, et. al., 1992). Mutuality is hypothesized here to be the key relational dynamic in the development of depression.

However it has been argued that other factors, such as the loss of self that results from silencing, play an important role as well (Jack, 1991).

SILENCING THE SELF

Jack (1991) maintains that depression comes about as the result of the loss of the core sense of self through silencing, the failure to express anger, excessive care-giving and an externalized self-perception. Silencing is connected with loss of voice within the relationship. A woman's inability to speak her feelings and thoughts within the relationship leads to a felt loss of the expression of, and therefore the presence of, her authentic self within the relationship. This may lead to a growing doubt about the legitimacy of her own experience, resulting in (a) the development of a view of herself which comes not from her experience, but from external sources; and (b) a feared loss of the relationship if she were to speak out, and thus a need to avoid conflict.

One way to avoid conflict is to inhibit the expression of anger. The woman may feel an excessive amount of anger, yet fail to express it for fear of losing the relationship that she values. In this way, anger builds inwardly while the need to maintain the relationship forces an outward expression of compliance and selflessness. Jack (1991) calls this the 'divided self', and suggests that this anger is either expressed in a passive-aggressive manner, or is expressed as outbursts of rage that cause her to further berate and blame herself, thus contributing to the slow, invidious erosion of self-esteem.

A second method of avoiding conflict and maintaining the facade of relationship is through selfless care and giving to others' needs while the individual's own needs go unspoken and thereby unnoticed. Jack (1991) calls this care as self-sacrifice and notes that this is both a

learned process, through relationship with a selfless mother, and an imperative built into the moral fabric of our society. Even Bowlby (1973), in one of a very few references to possible gender differences in attachment patterns, suggests that women may be more likely to become compulsive care-givers than men due to societal expectations concerning this role. Care as self-sacrifice allows the woman to maintain the outward trappings of relationship while silencing her own needs. The result is the maintenance of power imbalances that allow smooth outward functioning at the expense of the honest and authentic expression of the woman's core self.

When the authentic self is shut out and the woman's values and experience are called into question in these ways, she begins to question those values and experiences and to look increasingly to outside sources for verification of herself and her actions. Jack (1991) calls this an 'externalized self-perception'. Externalized self-perception is characterized by what Jack (1991) has termed the "Over-eye", a concept synonymous with Freud's super ego, reflecting at the same time the patriarchal caste of the predominant morality in our society. The Over-eye pervades every aspect of our lives. It is in the voices of our fathers, in the voice of the church, built into the very language that we speak. Women are continually told, in one way or another, how they "should" act or what they "ought" to do to be a "good woman". For women able to listen to the voice of their own experience and able to express their authentic selves, the Over-eye is a presence that exists along-side of them, but does not become overly invasive or intruding. For women whose authentic voice has been silenced, however,

the Over-eye becomes the voice that tells them what they 'should' be doing. Unable to live up to these standards and demands and remain true to themselves as well, this externalized self-perception serves only to aggravate the silencing process and to further erode self-esteem.

Literature Review

The concept of silencing has been linked with oppression, and thus has been examined from a number of perspectives. In every case, silencing has been viewed as a cultural and relational phenomenon rather than a tendency within the individual herself (e.g. Belenky, Clinchy, Goldberger, & Tarule; 1986; DeFrancisco, 1991; Gowan, 1991; Houston & Kramarae, 1991; Kissling, 1991; Miller, 1993). These investigations suggest that women have been marginalized and silenced in our society but provide little evidence to link that oppression directly to either clinical depression or dysphoria.

Based on her longitudinal interviews, Jack (1991) has attempted to fill that gap with the development of a questionnaire that she believes will address the issues of care as self-sacrifice, the divided self, externalized self-perception, and silencing the self. Three distinct groups of women were administered the questionnaire. These included a control group of undergraduates, a group recruited from a battered women's shelter, and a group recruited from local hospitals that included pregnant women currently abusing drugs such as cocaine and alcohol. Jack & Dill (1992) report strong correlations between the Silencing the Self total score and depression as measured by the Beck Depression Inventory ($r = .50$ to $.52$ across groups). They also reported

significant differences among the means of the three groups on the silencing variables, with the highest amount of silencing occurring among the battered women included in the study. Jack & Dill (1992) conclude that a strong relationship exists between silencing the self as measured by this instrument, and depression, but causation has not been established.

Summary

In summary, Jack (1987, 1991) conceptualizes the loss of the core sense of self, which she has operationalized as silencing, to be the result of the feared loss dynamic of attachment theory. Silencing occurs when a woman's repeated efforts to establish and maintain connection with others fail and she fears that speaking out or expressing anger will end her relationship. Thus, it is not a lack of mutuality or the feared loss of the relationship that is key in the experience of depression, but the feared loss or actual loss of the individual's core identity. Jack (1987, 1991) maintains that this loss of self comes about when women silence themselves and their needs within their intimate relationships. She suggests that a woman who values the intimate relationship she shared with her mother will be particularly vulnerable to depression when that same intimacy is denied her within the adult relationship (Jack, 1991).

In Jack's (1991) longitudinal investigation, depressed women often disclosed that they missed the intimate relationship shared with their mothers and that the intimacy expected within the marital relationship was missing. The implication of this is that it was not a lack of

mutuality or insecure attachment to the mother, but lack of mutuality with the partner that may possibly be at the root of their difficulties. This implication would seem to discredit both Kaplan's (1991) and Bowlby's (1980) assertion that vulnerability to depression is created through repeated disconnection and insecurity of attachment to the primary caregiver.

THE CURRENT INVESTIGATION

The broad theoretical base subsumed by Jack's (1987; 1991) theory suggests a number of questions that might be investigated. Thus, the current investigation begins with a general methods section, and has thereafter been split into three separate and distinct sections. These include (1) individual differences versus relationships; (2) a path analysis to investigate the relationships among the key variables of feared loss, mutuality, and silencing; and (3) a close look at attachment theory and insecure attachment patterns as they relate to the variables under investigation.

First, a question arises in Bowlby's (1980) and Jack's (1991) theories concerning whether or not the constructs of feared loss (Bowlby, 1980) and silencing the self (Jack, 1991) represent individual differences or reflect the context of the current relationship. Attachment theory states that feared loss is a construct created in childhood through a mental representation of the important other as unavailable and untrustworthy. If this is true, the construct of feared loss should represent an individual difference variable. The thesis represented by this investigation, however, is that feared loss arises out of the context of the current relationship, and that no link exists between feared loss and developmental factors. A similar argument holds for silencing, although Jack (1991) is more ambiguous as to its origin. She claims that silencing is the product of a mental schema created developmentally and culturally, yet simultaneously leads the reader to believe that this is a phenomenon that arises out of the intimate relationship. This investigator's conceptualization of this construct

is similarly mixed. There is both theoretical speculation (Bowlby, 1988; Herman, 1984; Stiver, 1990a; Stiver, 1990b) and evidence (Carmen, Rieker, & Mills, 1984; Ellis, Atkeson, & Calhoun, 1981), for example, that children are profoundly silenced as a result of traumatic experiences such as child sexual or physical assault. At the same time, as mentioned previously, there is some suggestion that women have been marginalized and silenced in our society and in relationships (Belenky, et. al., 1986; DeFrancisco, 1991; Gowan, 1991; Houston & Kramarae, 1991; Kissling, 1991; Miller, 1993). Thus, this construct may represent a combination of developmental and current relational factors.

The second area to be investigated will be the possibility of a path model through which to trace feared loss, silencing the self, and mutuality. Since each of the three theories under investigation propose a different key variable in the development of depression, it is important to attempt to establish possible pathways and to find the direct, as opposed to indirect or nonexistent links to dysphoria. This path analysis will be augmented by the information gained in the first part of the investigation. The knowledge of whether or not feared loss and silencing are individual difference or relationship variables, for example, may help to establish directionality, although not causality.

Finally, attachment will be investigated in detail. The development of a questionnaire that allows individuals to rate themselves on a continuous scale on both secure and insecure attachment patterns (Bartholomew, 1990) allows the investigation of attachment in relation to other variables through correlation and regression analysis. In this way, it is possible to discriminate between attachment styles in

terms of several key variables, including those that represent current relationship dynamics, as well as developmental factors.

METHODS

Subjects

A total of 92² female subjects were recruited from two sources. These included (a) the University of Calgary, through the Department of Psychology (friends of this investigator who were naive with respect to the hypotheses under consideration) and married student housing; and (b) a community sample through advertisements in the Calgary Herald newspaper, and as a result of a story published in the Calgary Herald regarding this research. The women ranged in age from 21 to 73 ($\bar{M} = 40.63$, $SD = 12.18$), and were either married or involved in a common law living arrangement with their partners. The length of the relationship ranged from .34 to 44 years ($\bar{M} = 15.28$, $SD = 11.37$). Twenty-seven, or 29%, of the participants scored at or above 16 on the Center for Epidemiologic Studies Depression Scale. This is the score established by Radloff (1977) as the minimum level of depression for this scale in a psychiatric population of clinically depressed individuals. All subjects agreed to participate in this investigation on a voluntary basis with no remuneration.

²The final N was 92, with numbers varying from analysis to analysis as a consequence of incomplete questionnaires. An examination of the residuals for the path analysis suggested that one individual was an outlier on the variable of feared loss, with an extreme residual lying 3.60 standard deviations from the mean. Further analysis revealed that the inclusion of this individual in the study did not influence the parameter estimates or statistical inferences, so all cases were included in the final analysis.

Procedures

Participants contacted the investigator, and were asked to meet to complete a packet of pencil-and-paper questionnaires. Participants met with the investigator either at the University of Calgary, at the participant's home or, in most cases, at the investigator's home. Meetings occurred singly and in groups of between two to five individuals depending upon the circumstances.³

In every case, the purpose of the investigation was first explained to the participants, and they were asked to read and sign a detailed informed consent (Appendix A). Participants were encouraged to ask questions prior to, during, and upon completion of filling in the questionnaires. All questions were answered promptly and honestly by this investigator. The order of the questionnaires was randomized in order to avoid order effects with the exception of the depression inventory. The depression scale was, in all cases, completed first to ensure that it remained uncontaminated by any mild dysphoria that might have arisen due to questions presented by the remaining questionnaires.

Participants were also given a lengthy demographic questionnaire to complete, which was presented in random order with the remaining questionnaires. Information gathered on the demographic questionnaire included age, length of relationship, information about parents, and the individual's self-reported history of depression, childhood sexual assault, and childhood physical abuse.

³In 13 instances, participants were known to this investigator and given the packet of questionnaires to complete at home and return. In these cases, participants were instructed to complete the questionnaires without input from their spouse or significant other.

Upon completion of the questionnaires, subjects were thanked for their participation and given the opportunity to ask questions and express their personal feelings and opinions.

Measurement Instruments

Silencing the Self Scale (STSS) (Jack, 1991). This scale assesses intimacy patterns and dynamics of dysfunction in relationships that may result from either a dysfunctional family of origin or from later social learning factors based upon cultural and moral imperatives. The STSS measures the extent to which women wall off their emotions and negate the self in an attempt to maintain relationships. It is based on hypothetical cognitive schemata that direct stereotypically feminine social behaviour. The schemata are based on socially constructed phenomena that serve to guide women's lives based on the social norms derived from our culture. Subscales measure the dynamics of externalized self-perception, silencing the self, care as self-sacrifice and the divided self, believed to be key dimensions associated with depression. Higher scores on the STSS are postulated to reflect the extent to which the individual has accepted her role of the "good woman" in our society. Acceptable reliability of this instrument has been established. Coefficient alphas for internal consistency were found overall to range between .86 to .94 across groups of subjects. Test-retest reliability is excellent, ranging from .88 to .93. Jack & Dill (1992) assessed construct validity through a combination of the relationship of the STSS with the Beck Depression Inventory and the fact that the STSS successfully discriminated between three distinct social

groups. First, the high correlations with the Beck Depression Inventory ($r = .50$ to $.52$) suggested that silencing the self, as measured by the STSS, had a significant relationship to depression. Second, the three groups the STSS discriminated among were a group of university students, a group of pregnant women currently abusing drugs, and a group of women from a battered woman's shelter. The means on the STSS for the total score were in the expected direction, lowest for the university students ($M = 78$) and highest for the battered women ($M = 100$).

Mutual Psychological Development Questionnaire (MPDQ) (Genero, et. al., 1992). The MPDQ is based upon the work of the Stone Center over the past decade in developing a theory of women's development and in depicting the importance of intimate relationships within that development. Mutuality is believed to be a key feature in both women's development and in their adult relationships (Jordan, 1991b). Growth and development are hypothesized to take place in an atmosphere of mutuality within the intimate relationship. Feelings of violation, shame, anger and depression are suggested as outcomes of a nonmutual relationship. The MPDQ was constructed based upon these premises, and addresses the elements of empathy, engagement, authenticity, empowerment, zest and diversity within relationship. It has demonstrated alphas for inter-item reliability from $.89$ to $.92$. The construct validity of mutuality as a measure of the relationship has been established through significant correlations with measures of social support by the spouse/partner ($r=.43$), relationship satisfaction ($r=.70$), and cohesion, the joint and active participation in relationships ($r=.75$) (Genero, et. al., 1992).

Reciprocal Attachment Questionnaire (RAQ): Feared Loss Subscale

(West, Sheldon, & Reiffer, 1987). The RAQ was designed to measure insecure adult attachment patterns, and the dynamics embedded within them. The feared loss scale on the RAQ will be utilized to measure this dimension of the individual. The RAQ has demonstrated reliability with alpha coefficients for subscales ranging from .74 to .85, and test-retest reliability of .76 to .82 (West & Sheldon, 1988; West & Sheldon-Keller, 1992). Test-retest reliability for the feared loss dimension was reported at an alpha coefficient of .77, and internal reliability had an alpha coefficient of .85 (West & Sheldon-Keller, 1992; West, Rose, & Sheldon, 1993). Convergent and discriminant validity were demonstrated (West, Sheldon & Reiffer, 1987).

Personal Attributes Questionnaire (PAQ) (Spence, Helmreich, &

Stapp, 1974). The PAQ provides independent assessments of expressivity and instrumentality in terms of the respondent's subjective orientation. An instrumental orientation includes instrumental and autonomous behaviours, such as independence, activity, and competitiveness. An expressive orientation includes connected and relational behaviours, such as devotion of self to others, awareness of others feelings, and warmth in relations with others.

The PAQ has demonstrated test-retest reliability ranging from .65 to .91, and satisfactory convergent and discriminant validity have been demonstrated. The PAQ was able to successfully discriminate between males and females, heterosexuals and homosexuals, and unselected

subjects from female varsity athletes, female Ph.D. scientists, and male Ph.D. scientists. Convergent validity was demonstrated through positive correlations between the F scale and empathy and social closeness, while the M scale had either negative or weak correlations with these constructs. Positive correlations were found between the M scale and work, mastery, and competitiveness, while the F scale correlated negatively with these constructs (Spence & Helmreich, 1978).

Relationship Styles Questionnaire (Bartholomew, 1990). The relationship styles questionnaire assesses the extent to which individuals feel secure in their relationships with others. Subjects are asked to review four vignettes and to indicate which of the four they feel comes closest to the way they are in relationships. They are also asked to rate the extent to which they believe each description corresponds to their general relationship style. The relationship styles assessed include secure, preoccupied, dismissing, and fearful attachment patterns. Construct validity was demonstrated in relation to Hazan & Shaver's (1987) attachment typology, and a principal components factor analysis has confirmed the dimensional underpinnings of this scale (Brennan, Shaver, & Tobey, 1991).

Parental Bonding Instrument (PBI) (Parker, Tupling, & Brown, 1979). The PBI assesses the individual's perception of the early relationship with the parents, based along the dimensions of care and overprotection. Test-retest and split-half reliability coefficients range from .63 to .87, with consistently higher reliability reported for

the subscale of care than for the subscale of overprotection. Concurrent validity was assessed through correlations with independent interviews, with resulting coefficients of .85 on the care dimension, and .69 on the overprotection dimension (Parker, et. al., 1979).

Center for Epidemiologic Studies Depression Scale (CES-D)

(Radloff, 1977). The CES-D is a 20-item scale that was originally developed to measure depression in community studies for epidemiological research. It has since been widely used in both community and clinical settings. The items on this scale were selected from a pool of items from previously validated depression scales, the literature, and factor analytic studies. The CES-D has good internal consistency, with alphas of approximately .85 in the general population. Split-half and Spearman-Brown reliability coefficients ranged from .77 to .92. Test-retest correlations range from .51 to .67 when tested over two to eight weeks. The CES-D has also shown excellent construct validity, having significant correlations with other measures of depression. It also discriminates well between psychiatric inpatients and the general population (Corcoran & Fischer, 1987). Higher scores on the CES-D are indicative of deeper levels of dysphoria. A cutoff score of 16 has been established as the cut-off score which is best able to discriminate between a clinically depressed psychiatric population and a community sample (Radloff, 1977).

ESTABLISHING UNDERLYING CONSTRUCTS: DO FEARED LOSS AND SILENCING
REPRESENT THE SELF OR THE RELATIONSHIP?

Rationale

Jack's (1987, 1991) investigation has provided valuable information regarding cultural definitions of the self that contribute to distress in the lives of women. She asserts that silencing the self, or loss of self, and depression are directly linked. Jack (1987, 1991) believes that behaviours that lead to silencing are the result of fixed cognitive schemata that incorporate potentially damaging moral imperatives existing within the dominant discourses of our society. This suggests that vulnerability to silencing, depression, and a lack of intimacy are processes that are determined by social learning and developmental factors. Jack (1987, 1991) also views the individual as an active agent in the creation of her own depression. The depressed individual is believed to actively silence herself and her own needs as a result of the feared loss of the relationship. In no case does Jack (1987, 1991) take relational dynamics into consideration.

When investigating dysphoria through the framework of the intimate relationship, it is important to look not only at the dysphoric individual, but also at the contribution of the partner and the construction of discourse within the relationship. DeFrancisco (1991), for example, has found evidence that suggests women do not silence themselves, but are silenced by the discursive practices of their partners. Other investigators (e.g. Hollway, 1984) have looked at the power dynamics embedded within relationships, and have suggested that these discursive practices serve the function of maintaining the status

quo in terms of power. Men, for example, might take up the position of 'patriarchal reassurance' (Hollway, 1984, p. 259), that requires them to be strong and supportive in the face of their partners' 'irrational' feeling states. In this way, they protect themselves against the vulnerability inherent in revealing their own emotions, that would serve to shift the balance of power within the relationship. Women are positioned in a complementary fashion. They are allowed to have feelings, but are denied the opportunity to provide support (Hollway, 1984).

Both the provision of support and the honest expression of emotion are at the very core of women's sense of self-identity as defined by self-in-relation. As Surrey (1991) suggests when discussing women's relational self, "it becomes as important to understand as to be understood" (p. 38). Thus, when men fail to disclose feelings and allow their partners to position themselves in the supportive role, or when men become uncomfortable with their partners' honest expression of emotion and discourage it, women may be denied the expression of their core sense of self. In this sense, the concept of mutuality becomes key to defining relational, as opposed to individual, dynamics.

The main purpose of this investigation is to examine differences between current relationships and pre-existing individual differences in terms of their impact on the development or experience of dysphoria. This can be accomplished only after the main variables of silencing and feared loss are investigated further to determine whether each represents individual differences predicated on childhood factors or relationship variables predicated on the current relationship.

According to attachment theory (Bowlby, 1967; 1973; 1980), both of these variables should be strongly related to childhood models of more or less secure attachment, and thus should reflect individual differences that are played out in the current relationship. The argument of this investigation, however, is that these variables may also be related to the current relationship, operationalized through the variable of mutuality.

Results

Table I shows the correlations between silencing, the subscales of silencing and feared loss, with mutuality (self and other) and the developmental variables of parental care and over-protection, childhood sexual assault, and childhood physical abuse.

	Care as Self- Sacrifice	External Self- Perception	Divided Self	Silence the Self	Total Silence	Feared Loss
MES ^a	-.140	-.300**	-.400***	-.306**	-.381***	-.327***
MEO ^b	-.108	-.334***	-.526***	-.295**	-.418***	-.444***
MET ^c	-.135	-.361***	-.538***	-.337***	-.454***	-.451***
M-Care ^d	.027	-.183 _x	-.254 _x	-.132	-.178	-.056
F-Care ^e	.052	-.254 _x	-.052 _x	.060	-.055	-.086
M-Pro ^f	.108	.348 _x	.329 _x	.234 _x	.337***	.169
F-Pro ^g	.123	.260 _x	.181	.043	.197	.193
S-Abuse ^h	-.186	-.017	.173	.079	.018	.081
P-Abuse ⁱ	.063	.134	.272 _x	.187	.216 _x	.136

* p < .05; ** p < .01; *** p < .001

^aMutuality - Self; ^bMutuality - Other; ^cTotal Mutuality; ^dMaternal Care; ^ePaternal Care;
^fMaternal Over-Protection; ^gPaternal Over-Protection; ^hChildhood Sexual Abuse;
ⁱChildhood Physical Abuse

If the constructs of silencing and feared loss arise from the dynamics inherent in the current relationship, there should be strong, negative correlations between these variables and mutuality. As Table I shows, this is the case for both feared loss and the total score on the STSS. If, on the other hand, the constructs of silencing and feared loss are individual difference variables resulting from developmental factors involving parents or traumatic life events, these constructs should correlate significantly with the subject's perception or recall of parental care and over-protection, childhood sexual abuse, and childhood physical abuse. As shown in Table I, the construct of feared loss which, according to attachment theory, should arise directly from childhood experiences, does not correlate significantly with any of these variables.[†] The construct of silencing, on the other hand, does correlate significantly and positively with both over-protection from the mother and childhood physical abuse. In addition, the subscale of external self-perception appears to be strongly related to interactions with the father, having a significant negative correlation with perceived paternal care ($r = -.254, p < .019$) and a significant positive correlation with perceived paternal over-protection ($r = .260, p < .016$). From this pattern of correlations, silencing would appear to share variance with developmental and relational factors, while feared loss appears to arise directly from the current relationship.

[†]The scale used in this investigation to measure feared loss contains only three questions, all of which relate directly to the relationship. It is therefore possible that this result is an artifact of the method by which feared loss was measured. It is therefore possible that the construct of feared loss, if measured differently, would correspond more directly to developmental variables.

To further verify the above inferences, partial correlation coefficients were computed between mutuality and silencing, and between mutuality and feared loss, holding the effects of parental care and childhood trauma constant. As shown in Table II, when these factors are held constant, the initial correlations are strengthened somewhat, but not significantly.

The question thus arises as to whether there are linear combinations of the developmental variables that might account for significantly more variance than any one by itself. Therefore, the final step in this portion of the investigation was to enter the developmental variables into a regression equation as a block, with mutuality entered subsequently. If the developmental variables account for a significant proportion of the variance in the dependent variables (silencing or feared loss), mutuality would not be expected to contribute significantly, and the relationship could be ruled out as exerting a significant impact on these constructs.

The developmental variables in combination were able to account for only 5% of the variance in feared loss, with mutuality accounting for an additional 17% ($F_{\text{Change}(1,11)} = 15.798, p < .0002$). For this sample then, the recall of parental attributes and childhood trauma did not play a significant role in the perception of feared loss of the relationship, while mutuality played a key role. An inspection of the correlations of feared loss with the subscales of mutuality in Table I gives a further indication that it is a perceived lack of mutuality with the partner ($r = -.444, p < .001$) more so than a perceived lack of

mutuality from the self ($r = -.327$, $p < .001$) that corresponds to an increased sense of feared loss of the relationship.

Table II. Partial Correlation Coefficients between Silencing and Mutuality and between Feared Loss and Mutuality, Controlling for Developmental Factors.

Developmental Factors	Silencing/ Mutuality	Feared Loss/ Mutuality
Mother Care	-0.469	-0.489
Father Care	-0.480	-0.490
Mother Over-Protection	-0.455	-0.478
Father Over-Protection	-0.452	-0.467
Childhood Sexual Abuse	-0.490	-0.491
Childhood Physical Abuse	-0.464	-0.482

The results of the regression analysis on silencing, however, are a bit more complex. In this case, the developmental variables are able to account for 13% of the variance in silencing. The variable that appears to be the most influential in contributing to silencing is that of over-protection on the part of the mother ($\beta = .370$, $T = 2.501$, $p < .015$). When mutuality is added to the equation, an additional 18% of the variance is accounted for, which is again significant ($F \text{ Change}_{(1,73)} = 19.411$, $p < .0001$). This suggests that both childhood and current relational factors are contributing to the variance in silencing. Thus, this construct cannot be unambiguously assigned to one category or the other, but must be viewed as a combination of development and current relationship.

Discussion

According to Bowlby (1980), feared loss of the relationship is a dynamic which should have been created in childhood as a result of separation and abandonment issues surrounding the primary caregiver. Feared loss is a function of a mental representation of the important other as either unavailable or untrustworthy. If this is the case, a correlation should exist between feared loss and the recall of the parental attributes of care and over-protection, or control. Specifically, this correlation should exist between feared loss and the individual's memory of the mother. If, on the other hand, the feared loss dynamic arises directly from the context of the current relationship, a relationship between feared loss and mutuality should have been established, and should have held when the developmental variables of parental recall and childhood trauma were controlled through partial correlations and regression analyses. This was, in fact, the case. Developmental variables failed to contribute significantly to the variance accounted for in feared loss either individually or as a block. Mutuality, on the other hand, contributed a significant proportion of variance, over and above that contributed by developmental factors. For this sample, the dynamic of feared loss did not appear to be a construct that was carried forward from childhood experiences with the primary caregiver, the parents as a unit, or traumatic experiences such as childhood sexual or physical abuse. Rather, it appeared to be a dynamic experienced within the current relationship. A strong negative relationship existed between feared loss and the experience of mutuality, or the perceived presence of the

partner in the relationship. Thus, individuals who perceived lower levels of mutuality with their partners experienced higher levels of feared loss.

The second variable to be explored in this context was that of silencing. According to Jack (1987, 1991), silencing is a pervasive influence in the lives of women. It begins in childhood and continues throughout a woman's life, promoted through mechanisms such as devaluation, marginalization, stereotypes and an androcentric morality that dictates the 'proper' method of acting within relationship. Jack (1987, 1991) describes ways in which our culture and our society contribute to this silencing process, but views the actual silencing process as being performed by the woman herself as a result of mental representations or schemata formed throughout life. Thus, while she views silencing as being partly relational in origin, Jack (1991) measures it as a schema, a set of beliefs about the way a woman must be in relationship in order to maintain that relationship. This implicates the developmental factors more so than the relational factors in silencing the self. In this instance, the developmental influences inherent in silencing the self were apparent, although relational factors also contributed significantly. Thus, silencing could not be unambiguously classified either as a function of individual differences or as a function of the current relationship. The developmental and cultural aspects of silencing were strengthened by the existence of a significant relationship between silencing the self and a feminine gender role orientation. This supports Jack's (1987, 1991) contention that stereotypes and cultural factors contribute to silencing.

Of the developmental variables measured, only over-protection by the mother was strongly related to silencing. It may be that over-protection involves a great deal of control, which in turn denies a sense of agency and empowerment to the developing child. In a highly controlled situation, attempts by the individual to express herself honestly and openly would be discouraged. This would possibly lead the child away from a valuation of and trust in her own experience, and towards more externalized self-perception, unacknowledged anger, and silencing.

It was surprising to find that childhood physical and sexual abuse were not implicated in the experience of silencing the self. There were no zero-order correlations involved, nor was a relationship between these constructs uncovered when holding other developmental or individual differences variables constant. One reason for this may be that silencing, as defined in the empirical research on trauma victims, has focused mainly on the subjects' ability to talk about the abuse itself (Carmen, et. al., 1984; Ellis, et. al. 1981), which is different from the way silencing was defined in this investigation. Also, participants in this investigation were not questioned as to the extent of the abuse, or whether they had taken any steps in the healing process since that time. Individuals for whom abuse occurred at an earlier age, for instance, might be silenced to a greater extent than individuals who experienced date rape. In addition, individuals who experienced abuse over longer periods of time might be silenced more than individuals who have experienced a single incident. It is also possible that those individuals who indicated that they had been sexually or physically

abused prior to the age of 17 represented a subset of abused women, who were able to more openly admit to and talk about the abusive experiences.

It should be noted that the foregoing discussion of the relational variable of mutuality is purely speculative. Although the construct validity of mutuality has been demonstrated through strong correlations with relationship cohesion and relationship satisfaction, it must be kept in mind that this is a measure of the individual's perception of the relationship. As such, it may not reflect what is truly occurring within the relationship.

EXAMINING THE RELATIONS BETWEEN MUTUALITY, FEARED LOSS,
SILENCING, AND DYSPHORIA: A PATH ANALYTIC APPROACH

Rationale

Each of attachment theory, self-in-relation, and silencing the self has proposed a different key variable in the development and experience of depression. Looking at these different theoretical perspectives and building on the variables given, it may be possible to define paths in such a way as to establish which variables are directly related to dysphoria, and those that are not. In addition, the information provided by the previous analyses of individual differences versus relationship variables may help to further define directionality in establishing the final path model.

The major difference between attachment and self-in-relation theories can be conceptualized as the difference between the impact of the self versus the impact of the relationship on psychopathology, or reciprocity versus mutuality. The construct of mutuality in self-in-relation differs from the construct of reciprocity in attachment theory. Mutuality is viewed as an active, on-going process that allows the individuals concerned flexibility and change. It is based on the relationship rather than the individual within the relationship, and, by implication, is based on Gilligan's (1982) ethic of care and response. Reciprocity, on the other hand, is defined in terms that point to a fixed and determined personality within the relationship, acting on the relationship (West, et. al., 1986). It is based on autonomy and independence, and an ethic of rights and fairness (Lyons, 1990). As such, it emphasizes the individual rather than the relationship.

A tension thus arises between attachment theory and self-in-relation that Jack (1991) attempts to ease. Self-in-relation views the relationship as dynamic and as capable of producing change within each individual. Developmental factors are not viewed as producing a stable, unchanging personality. Rather, the quality of the current relationship, measured in terms of mutuality, is believed to play a key role in the development of depression. In this model, mutuality should have a direct link to dysphoria, with no mediating factors.

In contrast, attachment theory views feared loss as a dynamic created by insecure attachment patterns in childhood and carried into the adult relationship as a fixed aspect of the personality. In this view, depression results directly from feared loss within non-reciprocal relationships. Because the dynamic is the creation of childhood experiences, the behaviours an individual engages in within the relationship are seen to be determined by insecure attachment needs. Viewed as the outward manifestation of disordered personality, these behaviours, while expected to covary with depression, should not, in and of themselves, play a role in the development of depression. In this model, feared loss should be strongly related to both a lack of mutuality within the current relationship and dysphoria.

Jack's (1991) view of silencing the self suggests that it is not feared loss, per se, that leads to depression, but rather loss of self. This loss is accomplished as the result of behaviours engaged in that, in turn, result from fixed, cognitive schemata regarding relationship dynamics. Jack (1991) implicated mutuality in this process, but does not emphasize its importance as a relational factor. This model

suggests that a lack of mutuality should lead to feared loss of the relationship, which in turn should lead to silencing, and that a strong link should exist between silencing and dysphoria. Thus, paths from feared loss to silencing and from silencing to dysphoria are added to the model. The path from mutuality to silencing will also be explored.

A final variable to be entered into this equation is that of gender role orientation. The ethic of care and responsiveness embedded in the concept of silencing the self suggests that silencing should have a very strong relationship with femininity both as a measure of expressivity and a measure of the cultural stereotypes typically ascribed to women in our society.

Results

There has recently been some concern voiced regarding the degree to which historical variables such as past depression and childhood sexual abuse might define subsets of individuals with characteristics that set them apart from the general population (Coyne & Downey, 1991). Individuals with past depression, for example, may represent a subset of the population that is more likely to suffer from clinical depression than from general distress, defined in this thesis as dysphoria. Clinically depressed individuals may be more likely to suffer from social impairment and relapse into clinical depression than would the general population. In addition, individuals who have been sexually abused in childhood may be more likely to suffer from personality disorders and clinical depression as adults, and may have more difficulties in interpersonal relationships than would the general population (Coyne & Downey, 1991).

Thus, individuals were dichotomized on the basis of self-reports that they had previously suffered a depression serious enough to seek help or that they had been victims of childhood sexual assault. A univariate analysis of variance was then performed for each of mutuality, feared loss, dysphoria, silencing and femininity. Significant differences were found between previously depressed and previously non-depressed individuals in both the level of current dysphoria ($F_{(1,83)} = 5.1525, p < .026$) and mutuality ($F_{(1,83)} = 4.36842, p < .040$). As shown in Table III, previously depressed individuals were currently experiencing higher levels of dysphoria ($M = 15.500, SD = 10.610$) than individuals who had not reported previous episodes of depression ($M = 10.508, SD = 8.738$). In addition, previously depressed individuals reported lower levels of mutuality within their relationships ($M = 4.174, SD = .545$) than did individuals who had not reported previous episodes of depression ($M = 4.434, SD = .520$). No significant differences were found between individuals who had suffered childhood sexual assault and those who had not.

Table III. Means and Standard Deviations of Major Variables as a Function of Past Depression.

	Previously Depressed N = 26		Not Previously Depressed N = 59	
	MEAN	ST.DEV.	MEAN	ST.DEV.
Dysphoria	15.500	10.610	10.508	8.738
Mutuality	4.174	0.545	4.434	0.520
Femininity	32.231	3.669	32.017	3.603
Silencing	82.192	18.131	75.678	17.014
Feared Loss	6.615	3.151	5.627	2.791

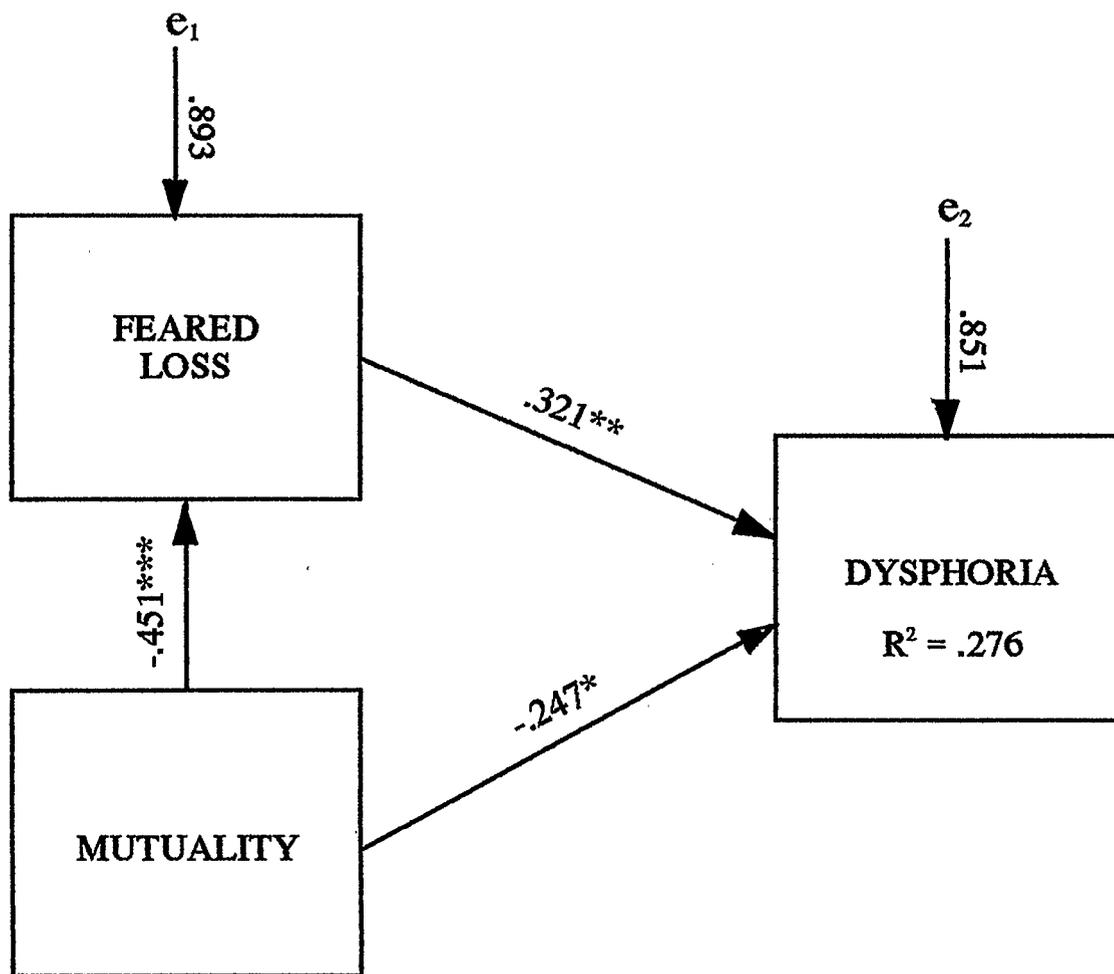
The following data analyses focused on the path model outlined above, with past depression as a covariate in any equation that contained either dysphoria or mutuality as the dependent variable. This path model was built in a series of steps as the key variables of the three theories of interest were combined. Zero-order correlations between these variables are presented in Table IV.

Table IV. Zero-order Correlations between Key Variables included in the Path Model.

	Dysphoria	Mutuality	Feared Loss	Silencing
Mutuality	-0.419			
Feared Loss	0.450	-0.451		
Silencing	0.415	-0.454	0.474	
Femininity	0.042	0.007	0.026	0.279

The Basic Model. Step one involved defining the paths between the two major relationship variables, feared loss and mutuality, and dysphoria. Figure 1 shows that there was, as predicted by attachment theory, a significant mediated effect between mutuality and dysphoria in which feared loss served as the mediating variable. Feared loss and mutuality also had significant independent, direct relationships with dysphoria. As expected, the path coefficients from mutuality to feared loss and from mutuality to dysphoria are negative, indicating that lower levels of mutuality within the relationship are related to higher levels of dysphoria. Similarly, the positive relationship between feared loss

Figure 1. The Basic Model



loss are related to higher levels of dysphoria. Together, feared loss and mutuality accounted for approximately 28% of the variance in dysphoria.

Silencing the Self. As discussed previously, Jack's (1991) theory of silencing the self asserts that women are silenced in relationships and that this silencing subsequently leads to loss of self and to dysphoria. This theory would predict a direct path from silencing to depression in addition to silencing mediating the relationship between feared loss and depression, and feared loss, in turn, being influenced by a lack of mutuality. As can be seen in Figure 2, there are strong and significant paths between these variables. In this model, the direct paths from mutuality and feared loss to dysphoria are constrained to zero, as Jack's model predicts. The amount of variance accounted for in dysphoria by silencing alone is approximately 20%.

Figure 3 shows that when the direct paths from feared loss and mutuality are added back into the model, silencing accounts for only 2.4% of the variance over and above the 27.6% accounted for by mutuality and feared loss alone ($R^2 = .300$). The direct path coefficient from silencing to depression now drops to a level that is no longer significant. The inclusion of an indirect path from feared loss to dysphoria through silencing also diminishes the direct path coefficient from feared loss to dysphoria. The direct path from mutuality to dysphoria has also dropped to a level of nonsignificance when controlling for the effects of silencing the self.

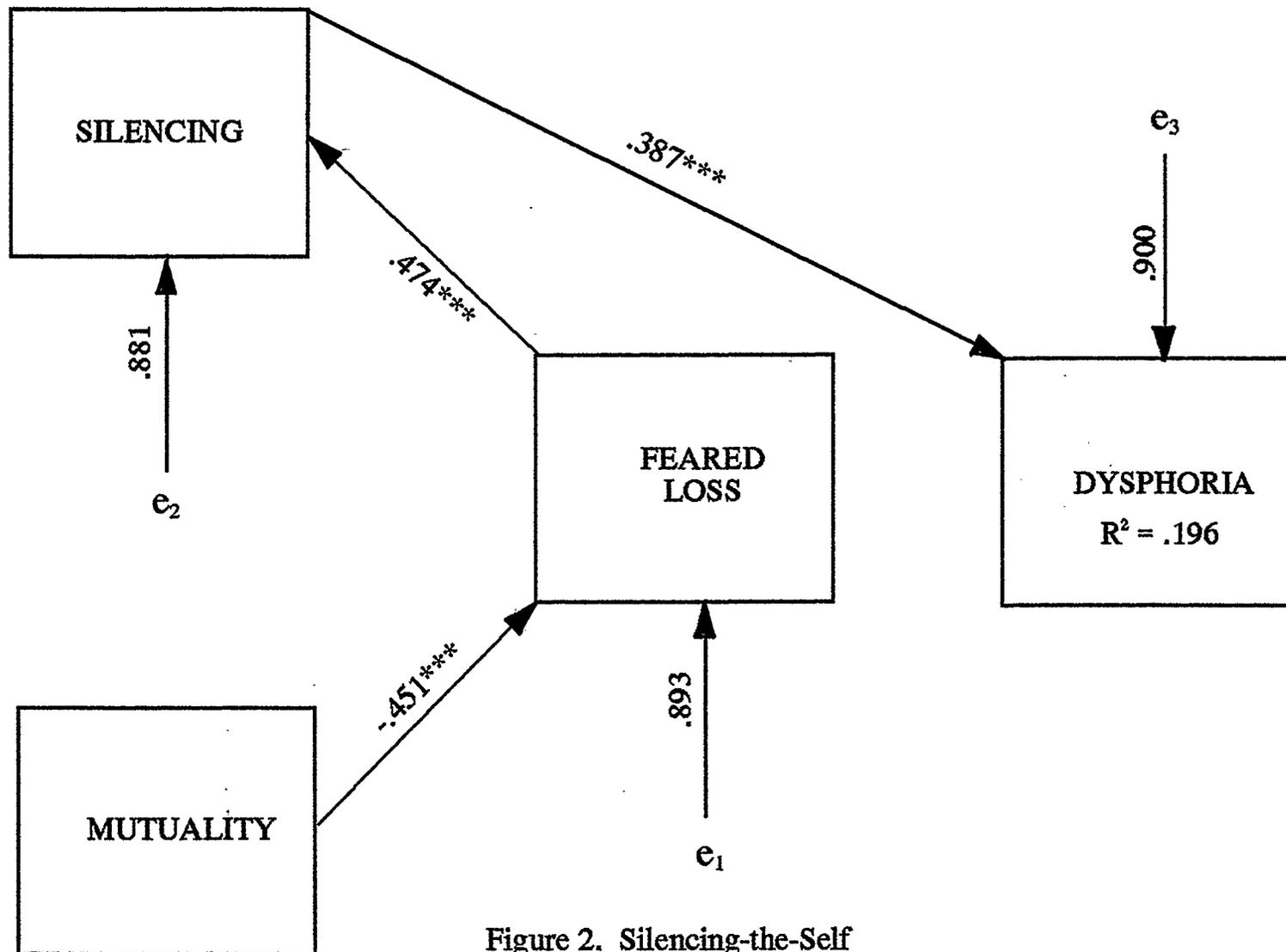


Figure 2. Silencing-the-Self

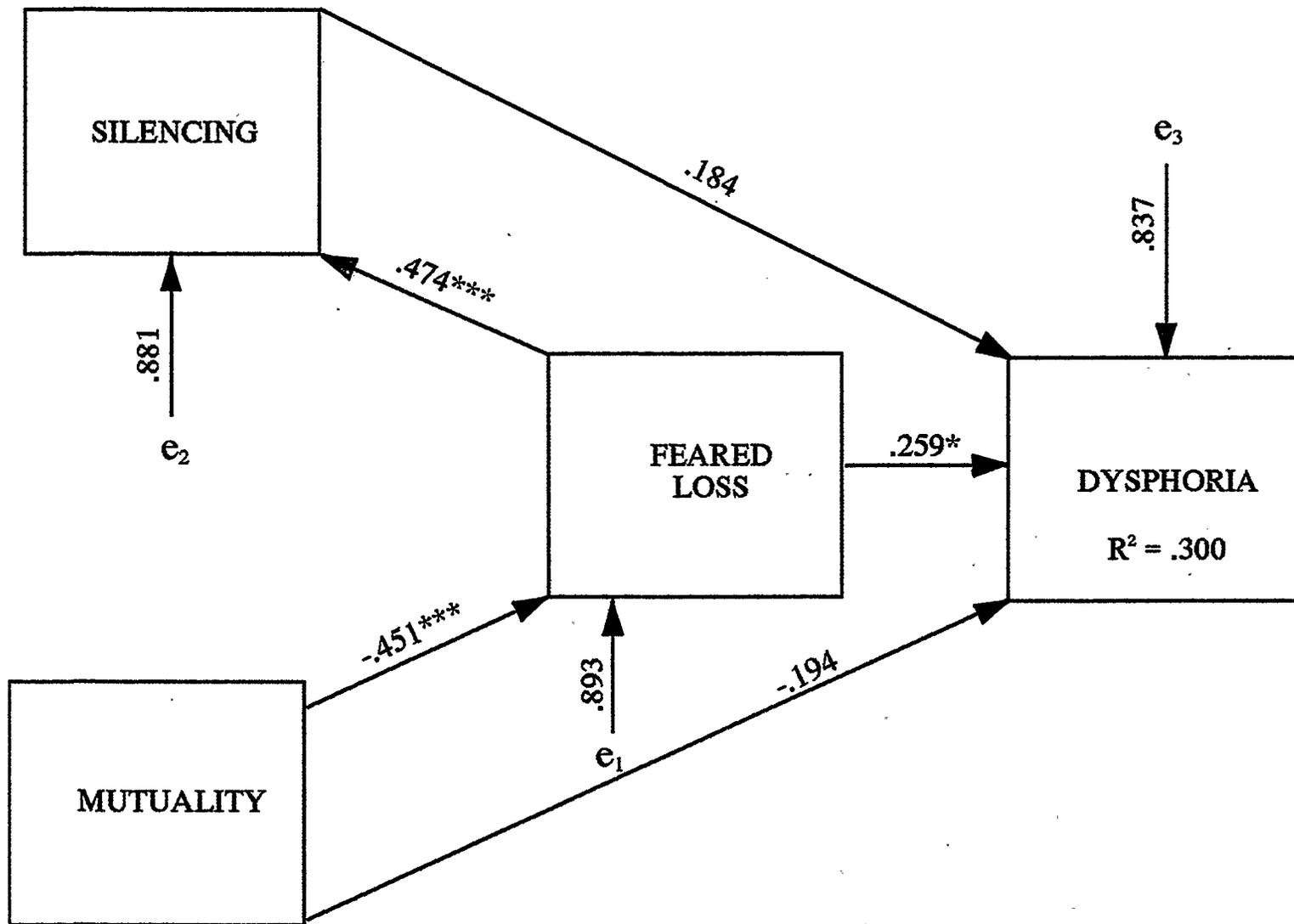


Figure 3. Silencing in Combination with Attachment and Self-in-Relation.

On the basis of the evidence provided by DeFrancisco (1991), the question arises as to whether or not there should be a direct path from mutuality to silencing, as well as Jack's mediated path through feared loss, that resulted in an R^2 of .300. This path was therefore added to the model, with the results depicted in Figure 4. The proportion of variance in dysphoria accounted for by mutuality, feared loss, and silencing has remained at 30%, but the path coefficient between feared loss and silencing has decreased as a result of the spurious influence of mutuality.

Cultural Influences. Jack's (1991) theory draws heavily on the influence of culture and society in the construction of silencing. This construct, according to Jack (1991), is heavily influenced by what could be considered the "stereotype" of femininity. Thus, if femininity is added into the equation there should be a direct relationship between gender role and silencing. Figure 5 indicates that this is precisely the case. There is a direct relationship between gender role and silencing, which has the effect of changing the path coefficients between mutuality and silencing and between feared loss and silencing, although not significantly.

This final path model, with all variables entered, accounts for approximately 30% of the variance in dysphoria. A close look at Figure 5, however, discloses that this path model, built upon the theoretical framework of Jack (1991), fails to support her contention that silencing has a direct connection with dysphoria. In fact, the only connection silencing has with dysphoria in this conceptualization is a spurious

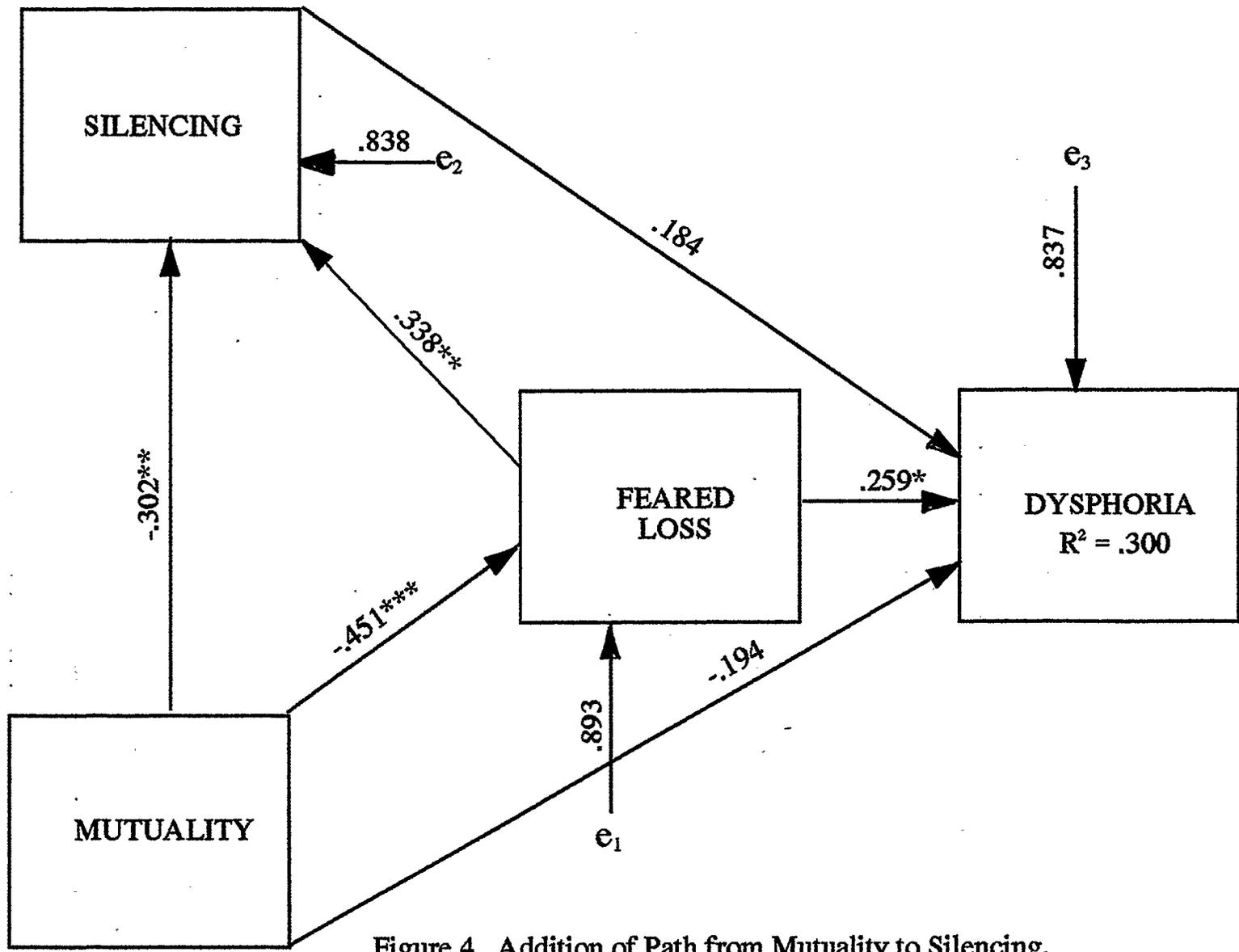


Figure 4. Addition of Path from Mutuality to Silencing.

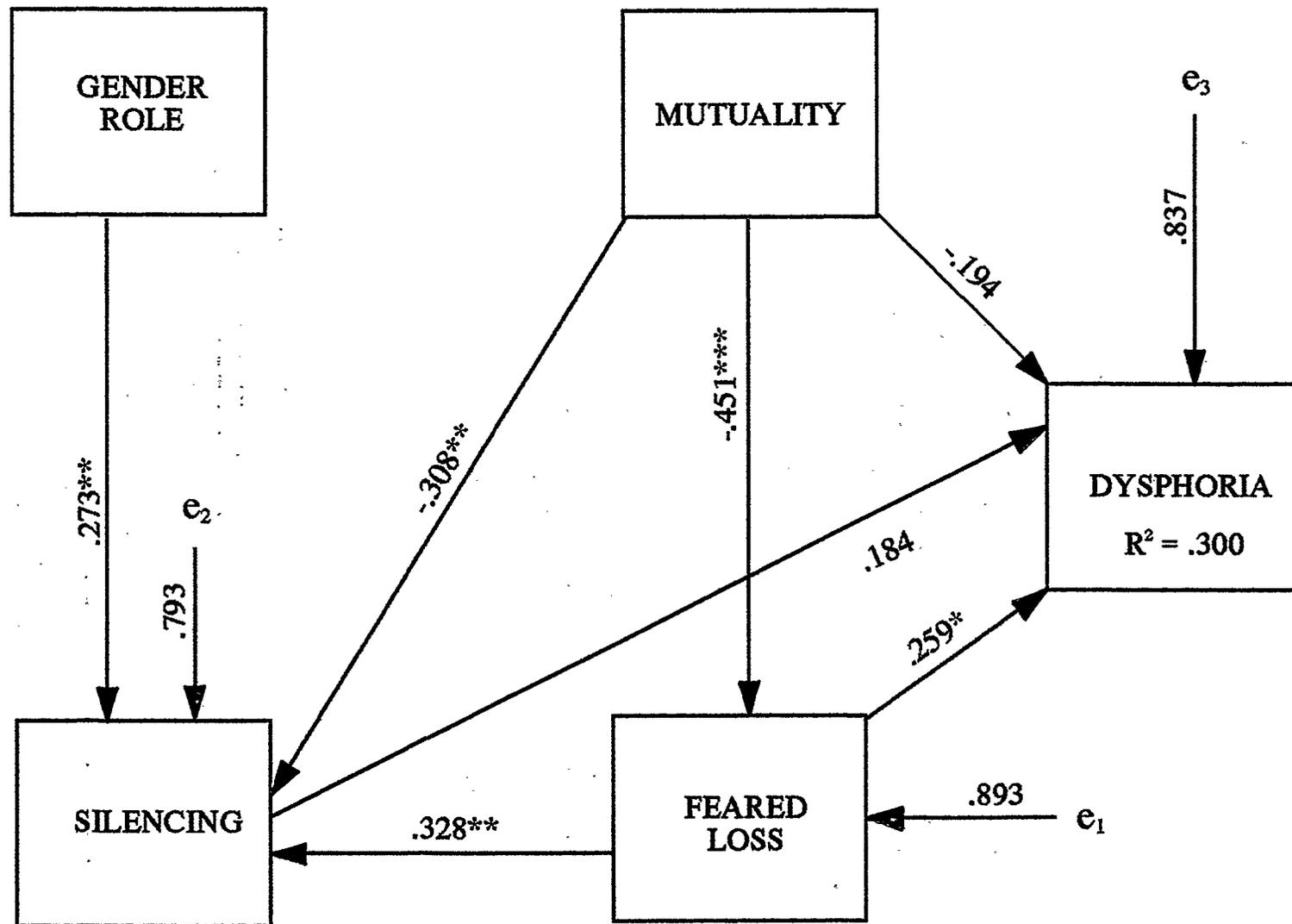


Figure 5. Cultural Influences

one, through the variables of mutuality and feared loss. Further, the inclusion of silencing in the model in this way has only accounted for an additional 2.4% of the variance in dysphoria over and above the amount contributed by feared loss and mutuality.

Compared with a fully recursive model involving these variables, a chi square test for goodness of fit ($\chi^2_{(3)} = 5.25, p < .20$) indicates that this model fits the data well.

A Proposed Alternative. The results of the first part of this investigation suggested that silencing the self may be a combination of individual differences and current relational dynamics. If this is the case, the paths between silencing and mutuality and between silencing and feared loss could be bi-directional, with silencing both influencing and being influenced by mutuality and feared loss. Since simple path analysis does not allow the analysis of bi-directionality, these paths will be reversed, and a comparison made between the two models. Figure 6 depicts an alternative model in which the paths between silencing and mutuality and silencing and feared loss are reversed. In this model, silencing has an indirect relationship with dysphoria that is mediated by feared loss on the one hand, and mutuality on the other. The path coefficient between mutuality and silencing has been strengthened considerably by this change in direction as would be expected if silencing results from both developmental and relational factors. It is apparent that the influence of silencing on the relationship is much stronger than the influence of the relationship in silencing the self. At the same time, the path coefficient between mutuality and feared

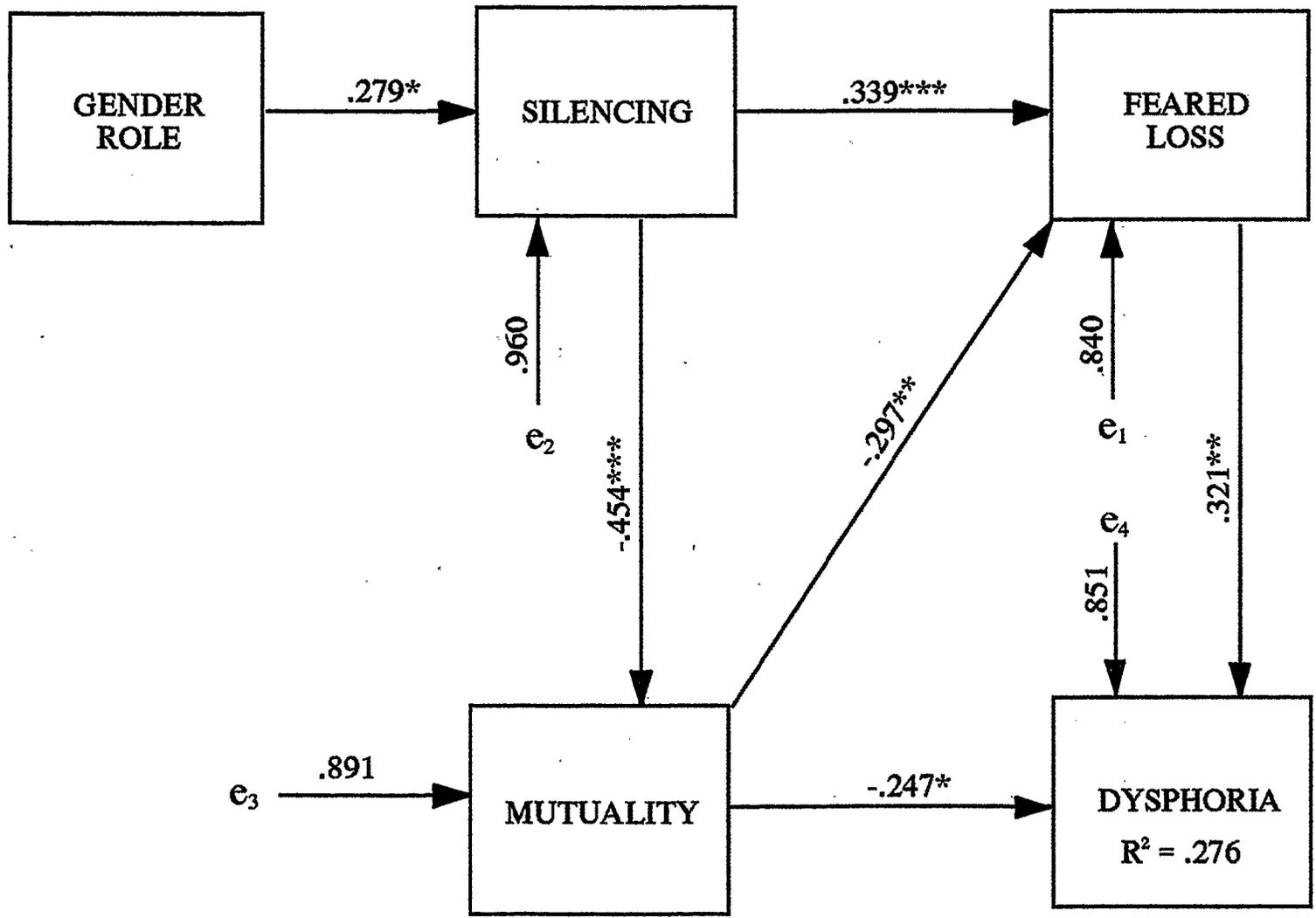


Figure 6. A Proposed Alternative

loss, while remaining significant, has decreased in magnitude so that, when the spurious effects of silencing are controlled, silencing contributes as much to feared loss as does a lack of mutuality.

Keeping in mind the fact that this is a cross-sectional investigation and that causality cannot be inferred or determined, the results of this path analysis might be summarized as follows.

Reversed directionality suggests that the developmental factors involved in silencing the self, specifically over-protection by the mother, may lead to lower levels of mutuality in the relationship. Further, feared loss becomes a function of a combination of silencing and lack of mutuality. The magnitude of the path between silencing and feared loss remains the same regardless of the directionality of the arrow. Thus, higher levels of silencing have no greater impact on feared loss than higher levels of feared loss have on silencing. Finally, the effect of dropping the direct path from silencing the self to dysphoria has had the effect of strengthening the relationships between feared loss and dysphoria and between mutuality and dysphoria such that the latter has now become significant as a direct path.

The proportion of variance in dysphoria accounted for by the variables of mutuality, silencing the self, and feared loss has dropped back to its previous level of approximately 28% ($R^2 = .276$). Compared with the fully recursive model, a chi square test for goodness of fit ($\chi^2_{(4)} = 4.79, p < .50$) indicates that this model fits the data well.

The chi squares for figures 5 and 6 indicate that the two models are about equal in their fit of the data, although the probability value for figure 6 indicates that it might come a bit closer. On the other

hand, the R^2 values indicate that figure 5 would give a better fit in terms of variance accounted for in dysphoria. No real inferences can be made as to which model is better, however, since this type of analysis does not allow the inclusion of bi-directional paths and a cross-sectional investigation such as this does not allow causal inferences.

Discussion

Looking at dysphoria rather than clinical depression, the path analyses based on Jack's model of silencing the self in depression did not support her contention that feared loss would lead to silencing and that silencing would, in turn, lead directly to depression. Rather, the direct path from silencing to dysphoria appeared to be non-existent, and the relationship between these two constructs appeared to be spurious, through the variables of feared loss and mutuality. But when silencing is viewed as a complex variable that is influenced not only by the current situation but also by developmental and cultural variables, it makes just as much sense to reverse the causal arrows in the path model on the assumption that silencing influences feared loss and mutuality. In this path model, silencing still does not have a direct relationship with dysphoria, but does now have an indirect influence through feared loss and mutuality.

Neither model appeared to be significantly stronger than the other, either in terms of fit or in the variance accounted for in dysphoria. When silencing was added to the basic model of attachment and self-in-relation, an additional 2.4% of the variance in dysphoria was accounted for. This disappeared when the direct path from silencing to dysphoria was dropped as non-significant.

A major weakness in this analysis concerned the fact that many of these paths could well have been bi-directional. Unfortunately, simple path analysis is unable to handle bi-directionality, thus a full analysis of the path model could not be performed and causality could not be determined. Had structural equation modeling been employed, directionality could have been established and more complex causal models tested.

It is important to note, also, that the measurement of distress employed in this investigation was not amenable to a diagnosis of clinical depression. At best, what was measured was transient distress in the general population, and results cannot be generalized to a clinical population. Thus, while Jack's (1987; 1991) model was not supported in this investigation, this could have been due to differences in the populations under investigation. Jack (1987; 1991) interviewed a clinical population of depressed women in which ten were diagnosed as dysthymic and two were diagnosed as suffering from major depression. The current investigation used a community sample with level of dysphoria, but not clinical depression, measured. This community sample may have differed from Jack's (1987; 1991) clinical population dramatically in all areas, including developmental, individual differences, and relational (Coyne & Downey, 1991). The strongest statement that can be made, then, is that Jack's (1987; 1991) conceptualization of silencing the self in depression was not supported in a community sample based on varying levels of dysphoria.

THE ATTACHMENT STYLE STORY

Rationale

The recent development of a relationship styles questionnaire by Kim Bartholomew (1990, 1991) enables an analysis of relationships between attachment styles and key variables of interest. Based on Bowlby's (1973) theoretical proposition that the working models of attachment formed by the individual contain representations of both the self and other, Bartholomew (1990, 1991) has conceptualized a model of relationship styles that contains three, rather than two, insecure attachment styles. Conventionally, two insecure attachment styles have been investigated, the insecure/ambivalent and insecure/avoidant classifications as described by Ainsworth and her colleagues (1978). Based on a variety of measures and interview data to determine subjects' working models of self and others, Bartholomew (1990, 1991) analyzed the data by use of a discriminant function analysis, and found four distinct groups. These included the secure and preoccupied groups as reported in the literature (e.g. Hazan & Shaver, 1987; Main et al., 1985), as well as two classifications of avoidant subjects. The avoidant groups were labeled 'dismissive-avoidant', a style characterized by a high regard for the self but little trust in others, and 'fearful-avoidant', a style characterized by low regard for both the self and others (Bartholomew, 1991). Based on this classification system, Bartholomew (1990, 1991) designed a Relationship Styles Questionnaire that was based on Hazan & Shaver's (1987) three-category typology but expanded to include the two types of avoidant attachment. Aside from asking subjects to categorize themselves on one attachment style or another, Bartholomew (1991)

included a continuous measure of each of the four attachment styles so that subjects could indicate the degree to which they felt they belonged in each category. Further investigation (Brennan, Shaver, & Tobey, 1991) revealed the presence of gender differences in the attachment styles, a phenomenon that had not previously been detected in either childhood (Campos, Barrett, Lamb, Goldsmith, & Stenberg, 1983) or adult attachment (e.g. Collins & Read, 1990; Feeney & Noller, 1990; Levy & Davis, 1988). There were significantly more females than males classified as fearful avoidant, and significantly more males than females classified as dismissing.

With the addition of the continuous scales, Bartholomew (1991) has made possible the investigation into relationships that could not be examined if too few subjects fell into one or another of the categorical classifications. Because of the gender differences reported with the use of this scale (Brennan, et. al., 1991), this is particularly likely in an investigation utilizing an all female sample. This did, in fact, turn out to be the case. With strict categorization, where individuals indicated the category they felt they most closely belonged to, the dismissing category contained only four individuals. Thus, because subjects could not be categorized into distinct groups, continuous variables were used in this section.

The particular relationships to be explored among the variables measured include (1) dysphoria and feared loss as a function of attachment style; and (2) attachment as a function of developmental, individual differences, and relationship factors.

Dysphoria and Feared Loss as a Function of Attachment Style

Results. A regression analysis of attachment styles on dysphoria indicated that attachment style was able to account for a significant proportion of the variance in dysphoria ($R^2 = .209$, $F_{(4,85)} = 5.694$, $p < .0004$). Two of the four attachment styles, secure ($\beta = -.377$, $T = -2.814$, $p < .006$) and preoccupied ($\beta = .220$, $T = 2.121$, $p < .037$), accounted for the majority of the variability. An examination of the zero-order correlations in Table V indicates that secure attachment may have a buffering effect on dysphoria ($r = -.376$, $p < .0001$), while those individuals who are preoccupied with relationships were more likely to be dysphoric ($r = .330$, $p < .001$).

Table V. Correlations of Major Variables with Attachment Style

	Preoccupied	Dismissing	Fearful	Secure
Dysphoria	.330 ^{***}	-.153	.142	-.376 ^{***}
Mutuality/Self	-.243 [*]	.136	-.094	.152
Mutuality/Other	-.265 ^{**}	.153	-.125	.187
Mutuality Total	-.293 ^{**}	.168	-.130	.199
Femininity	.301 ^{**}	-.208 [*]	-.107	.080
Masculinity	-.104	.124	-.165	.345 ^{***}
Care as Self-Sacr.	.093	-.126	.122	-.182
External Self-Per.	.294 ^{**}	-.028	.430 ^{***}	-.496 ^{***}
Silencing the Self	.179	.074	.299 ^{**}	-.272 ^{**}
Divided Self	.333 ^{**}	-.128	.329 ^{**}	-.284 ^{**}
Silencing	.294 ^{**}	-.065	.389 ^{***}	-.406 ^{***}
Feared Loss	.189	-.103	.197	-.308 ^{**}
Mother Care	-.101	.037	-.238 [*]	.292 ^{**}
Mother Over-Pro	.312 ^{**}	-.214 [*]	.354 ^{***}	-.321 ^{**}
Father Care	-.200	-.034	-.248 [*]	.223 [*]
Father Over-Pro	.310 ^{**}	-.291 ^{**}	.182	-.172
Past Depression	.229 [*]	-.083	.077	-.159
Sexual Abuse	.311 ^{**}	-.042	.103	-.298 ^{**}
Physical Abuse	-.058	-.104	.097	-.049

A regression analysis of attachment styles on feared loss indicated that attachment style, as a whole, was also able to account for a significant proportion of the variance in feared loss ($R^2 = .113$, $F_{(4,86)} = 2.750$, $p < .033$). However, when controlling for all four attachment styles, no one in particular was able to account for a majority of the variance.

Discussion. Attachment style, as conceptualized by Bowlby (1969; 1973; 1980), is determined by separation and abandonment issues in childhood. Insecurely attached individuals are believed to have developed mental representations of self and other that preclude the belief that the other will be there for them in times of need. This creates a feared loss dynamic, such that insecurely attached individuals should experience higher levels of feared loss than securely attached individuals.

To explore this issue, feared loss was regressed on the four attachment styles as defined by Bartholomew (1990; 1991). While the overall regression was significant, no one attachment style came through as being significantly different from the other. A look at the zero-order correlations, however, suggests that the secure attachment style is less likely to experience feared loss in relationship, while the preoccupied style is more likely to experience feared loss. The two avoidant styles, dismissing and fearful, have no significant relationship with feared loss. This makes sense for the dismissing style, since this avoidant style places less emphasis on relationship issues as a whole. The fearful style, however, might be expected to

experience more feared loss of a relationship once they had made a commitment to their partners. On the other hand, as will be noted in the next section, the fearful attachment style is characterized by a high degree of silencing. This is an indication that the individual has lost touch with her own feelings and needs within the relationship (Jack 1987, 1991), and thus may not be aware of this particular fear if it does exist.

The relationship of attachment style to dysphoria was also explored through a regression analysis of attachment style on dysphoria. Bowlby's (1980) theory of attachment and loss suggests that depression is the result of unresolved mourning processes that result from experiences of separation and loss in childhood. The vulnerability to depression is manifest in the form of insecure attachment styles. Bowlby (1980) suggests that a preoccupied attachment style will more easily become depressed as an adult than an avoidant attachment style since the avoidant individual is more likely to deny the importance of relationships. A recent investigation into the relationship between attachment style and depression, however, failed to support Bowlby's (1980) theory, and found that only avoidant individuals scored in the clinical range on the Beck Depression Inventory (Barnas, et. al., 1991).

This finding of a strong relationship between avoidant attachment and dysphoria was not supported in this investigation. The regression analysis indicated that while secure attachment was most likely to act as a buffer against dysphoria, the preoccupied attachment style was most likely to be dysphoric. The two avoidant styles measured, dismissing and fearful, did not account for a significant proportion of variance in

dysphoria, thus indicating that no relationship existed for this population.

It should be noted that attachment style was measured by open-ended interview in the investigation conducted by Barnas, et. al. (1991) and was assessed in relation to the parents of adult children. In the present investigation attachment style was measured in terms of the individuals' current level of functioning in adult relationships. The discrepancy in findings between these two studies may lend support to the speculation that adult attachments are not a continuation of childhood attachment to parents, but are dynamic entities in and of themselves. This possibility was also explored in this investigation, and will be discussed in the following section.

Attachment Style as a Function of Developmental, Individual Differences, and Relationship Variables

Results. There is some controversy over whether adult attachment patterns are a continuation of childhood attachment style with the primary caregiver or whether the relationship itself is a dynamic entity capable of modifying those earlier attachment influences (Parker, et. al., 1992). Attachment style was thus examined through a series of regression analyses in an effort to pinpoint the influence of the current relationship on the relational style. These analyses also allowed the examination of linear combinations of variables that might distinguish one attachment style from another. Each attachment style was regressed in turn in a hierarchical regression statement where the

three blocks of variables (developmental, individual differences, and relationship) were entered. Silencing was entered as an individual differences variable because of the apparent contribution of both development and relationship factors.

In no case did the relationship, as defined by mutuality and feared loss, appear to play a significant role in defining attachment style. Further, each style of attachment was defined by a different subset of developmental and individual differences variables. Thus, each will be examined individually.

Preoccupied Attachment. Both developmental ($R^2 = .248$, $F_{(6,74)} = 4.072$, $p < .0014$) and individual differences (R^2 Change = .125, $F_{\text{Change}(9,71)} = 4.738$, $p < .0045$) variables contributed significantly to the variance in the preoccupied attachment category. With all variables included, those that accounted for the greatest amount of variance were physical abuse ($\beta = -.274$, $T = -2.513$, $p < .014$), sexual abuse ($\beta = .292$, $T = 2.929$, $p < .005$), and femininity ($\beta = .305$, $T = 2.837$, $p < .006$). It is interesting to note that, when looking at the zero-order correlations in Table V, physical abuse is not significantly related to the preoccupied attachment style ($r = -.058$), $p < .597$). Yet when all variables are entered into the equation and the parental contribution is controlled, the relationship between the preoccupied style and physical abuse becomes significant. Further, this relationship is negative, suggesting that preoccupied individuals are less likely to have suffered physical abuse. At the same time, these individuals are likely to have suffered sexual abuse and to have a more expressive gender role orientation. This attachment style is the most likely to become

dysphoric, as indicated in the previous section and in the table of zero-order correlations (Table V, $r = .330$, $p < .001$).

Dismissing Attachment. The developmental variables as a block did not account for a significant proportion of variance in the dismissing attachment style. Further, none of the variables entered into the equation appeared to contribute significantly to the dismissing attachment style, with the exception of lower levels of over-protection by the father ($\beta = -.338$, $T = -2.132$, $p < .036$). This was strengthened when the individual differences variables of femininity, masculinity, and silencing were entered ($\beta = -.361$, $T = -2.310$, $p < .024$). Here, the variable of masculinity was also marginally significant ($\beta = .254$, $T = 1.964$, $p < .054$). With all variables controlled, the relationship between paternal over-protection and the dismissing style is only marginally significant ($\beta = -.318$, $T = -1.961$, $p < .054$). Controlling for the relational factors, masculinity is no longer significant, but femininity, or an expressive gender role orientation, becomes a factor. In this case, as with paternal over-protection, there is a negative relationship, with the dismissive style reporting lower levels of expressivity ($\beta = -.250$, $T = -2.026$, $p < .047$).

In summary, individuals high on the dismissing style would appear to be loosely defined by a less expressive gender role orientation, and recall low levels of over-protection by the father. In addition, Table V indicates that the dismissing style has no significant relationship with dysphoria ($r = -.153$, $p < .149$).

Fearful Attachment. Both developmental and individual differences variables contribute significantly to the variance accounted

for in the fearful attachment style. Developmental factors alone account for approximately 18% of the variance ($F_{(6,74)} = 2.666, p < .021$). At this point in the analysis, the only developmental factor to define fearful attachment appears to be maternal over-protection ($\beta = .435, \underline{T} = 2.707, p < .008$). Individual differences variables account for an additional 14% of the variance ($F_{\text{Change}(9,71)} = 4.724, p < .005$). The specific individual differences variables that account for fearful attachment are a less expressive gender role orientation ($\beta = -.246, \underline{T} = -2.202, p < .031$) and higher levels of silencing ($\beta = .426, \underline{T} = 3.421, p < .001$). Table V indicates that, within the subscales of silencing, the strongest association with fearful attachment is with the subscale of External Self-Perception ($r = .430, p < .001$). The developmental factor of maternal over-protection remains significant ($\beta = .388, \underline{T} = 2.469, p < .016$), and a lack of paternal care becomes significant ($\beta = -.253, \underline{T} = -2.108, p < .039$). All relationships hold when the relational variables are entered into the equation.

In summary, individuals high on the fearful attachment style recall having experienced high levels of over-protection by the mother in combination with low levels of care from the father, and appear to be defined by a less expressive gender role orientation and higher levels of silencing. In addition, Table V indicates that the fearful style has no significant relationship with dysphoria ($r = -.142, p < .181$).

Secure Attachment. Again, both developmental ($R^2 = .215, F_{(6,74)} = 3.383, p < .005$) and individual differences ($R^2 \text{ Change} = .168, F_{\text{Change}(9,71)} = 6.460, p < .0006$) factors contribute significantly to secure attachment. It is interesting to note, however, that both of the

factors that make significant contributions, sexual abuse and silencing, are defined by lower levels of these constructs in the lives of these women rather than as an addition to their lives. Thus, individuals likely to define themselves as securely attached are those who have not experienced childhood sexual abuse ($\beta = -.280$, $T = -2.805$, $p < .007$) and those who are less likely to have been silenced ($\beta = -.310$, $T = -2.325$, $p < .023$). In addition, Table V indicates that these individuals are also less likely to suffer from dysphoria ($r = -.376$, $p < .000$).

Discussion. The final analysis conducted in this investigation was a regression of developmental, individual differences, and relationship variables on each attachment style. This allowed speculation in two areas. First, the analysis lent support to the notion that developmental factors have a strong influence on adult attachment styles. Secondly, different developmental and individual differences variables were found to discriminate between the different attachment styles.

Adult Attachment Style and Developmental Variables. A regression analysis on each attachment style indicated that in no case did mutuality or feared loss contribute significantly to the variance accounted for in attachment over and above that accounted for by developmental and individual differences variables. This suggests that childhood experiences, as remembered at the present time, contribute significantly to attachment style, as do individual differences variables. This further suggests the continuity of attachment style,

whether secure or insecure, from the childhood attachment to the parents to the adult attachment to the partner.

Several points should be noted regarding this analysis, however. First, the data reported regarding the parents was retrospective, and cannot be taken at face value as what actually occurred between parent and child. These memories have been influenced by on-going relationships with parents, as well as by other incidents in the individual's life. Secondly, the continuity of attachment to one primary caregiver was not indicated as being involved in current attachment styles. This lends support to investigations which have failed to establish the primacy of one parent over the other (Richman & Flaherty, 1987; Winefield, et. al., 1990). Finally, the particular parental variables that were measured were not involved in the preoccupied attachment style, the one most likely to be dysphoric.

Parental variables made significant contributions only to the two insecure avoidant categories. Over-protection by the mother and low care by the father contributed significantly to the fearful avoidant style, while low levels of over-protection by the father contributed marginally to the dismissing avoidant style. The most significant factor involved in the preoccupied attachment style was traumatic childhood experiences, most notably the presence of childhood sexual abuse which may or may not have involved a parent. Most surprising was the secure attachment style. By all accounts and definitions of secure attachment (Ainsworth, et. al., 1978; Bowlby, 1969; Bowlby, 1973; Main, et. al., 1985), one is led to believe that the strongest predictors of a secure attachment style are high levels of care and low levels of over-

protection by the parents. In this particular analysis, however, the only defining developmental characteristic of secure attachment was a negative relationship with childhood sexual abuse suggesting that individuals who were securely attached were less likely to have suffered this form of trauma.

In summary, it is apparent that although developmental variables carry considerable weight in the definition of adult attachment styles, those developmental variables cannot be attributed to attachment to the primary caregiver as Bowlby (1969, 1973, 1980) and others (Ainsworth, 1967, 1972, 1978, 1979; Main, 1985) have suggested. In this investigation, fearful attachment has been associated with memories of a combination of over-control on the part of the mother and low levels of care by the father. Dismissing attachment, in turn, was associated with perceived indifference on the part of the father, expressed in terms of very low levels of control or protection. Individuals reporting higher levels of the preoccupied attachment style, on the other hand, also had strong associations with traumatic childhood experiences which may or may not have involved a parent or other family member. Thus, while the attachment style, per se, may have been established developmentally, this investigation does not provide strong evidence that attachment to the primary caregiver carries over into the adult relationship with the partner.

Defining Characteristics of Adult Attachment Styles. The regression analyses conducted on developmental, individual differences, and relationship variables gave indications that it was not just

developmental factors that were associated with the various attachment styles, but that individual differences variables contributed as well.

Three variables appeared to be strongly related to the preoccupied attachment style. These were (a) high levels of sexual abuse, as mentioned above; (b) low levels of physical abuse; and (c) a more expressive gender role orientation. Individuals reporting higher levels of preoccupation with relationships were more likely to have been sexually abused, but were less likely to have been physically abused. This particular combination is played out in a scenario where the victim is often treated as the romantic partner, almost as the spouse. The victim is valued as a sexual object in private, yet treated publicly and in the context of family life as if nothing special or unusual were occurring. This combination of events often leads the victim to question her own experiences and leads to a profound form of silencing in which nothing that the individual feels or experiences can be trusted (Blume, 1990; Stiver, 1990a, 1990b). This definition is consistent with Bartholomew's (1991) conceptualization of the preoccupied attachment style, which is believed to have very low levels of self-esteem in combination with a belief that others are trustworthy and available. This individual is preoccupied with the relationship, and pays little attention to the self either in terms of needs or feelings.

However, given the finding that sexual abuse has a significant association with this attachment style and its relationship with a profound form of silencing, it would be expected that silencing also be related to the preoccupied attachment style. Yet just as there is no relationship between silencing and sexual abuse, there is no

relationship between silencing and the preoccupied attachment style. There is, however a significant effect for the individual differences variable of femininity which, in turn, has a significant relationship with silencing. Thus, silencing resulting from sexual assault may manifest differently, in terms of a strong expressive gender role orientation rather than directly through a cognitive schema such as that suggested by Jack (1987, 1991). This is consistent with preoccupation with the relationship (strong expressivity), and little concern for self. It may also be that an inability to trust their own emotional responses leads sexually abused individuals to dissociate from their own feelings and needs (Blume, 1990; Stiver, 1990a, 1990b), and thus lack awareness that they are silencing themselves.

The dismissing attachment style also had a strong relationship with an expressive gender role orientation, but in this case it was negative. Specifically, higher reported levels of a dismissing attachment style corresponded to lower levels of femininity as well as to lower levels of control by the father. Although there was a trend toward a more instrumental gender role orientation ($\beta = .245, p < .072$), no other variables had a significant relationship with the dismissing style. In the sense that all variables measured had something to do with relationships, this makes sense. Bartholomew (1990, 1991) describes the dismissing individual as one who has a strong, positive sense of self in combination with a strong negative view of others. This individual does not value relationships to the same extent as the secure or preoccupied individual, nor does she need relationships in the way that the fearful avoidant might, in the provision of self-esteem.

She is less likely to exhibit an expressive orientation which, in combination with a trend toward an instrumental orientation, suggests that more value is placed on autonomy and independence. The fact that only four women out of a sample of 92 classified themselves as being primarily dismissive lends support to the suggestion that, in general, women have a tendency to place more value on relationships than on autonomy and independence (Gilligan, 1982; Jordan, et. al., 1991). However, it could also be that women who do have a primarily dismissive attachment style are less likely to volunteer to participate in an investigation of relationship issues.

The fearful avoidant attachment style is also associated with a less expressive gender role orientation, but there is no corresponding emphasis on the instrumental orientation. Indeed, rather than adopting an autonomous and independent style, individuals reporting higher levels of a fearful avoidant style also report higher levels of silencing in relationship. There is a particularly strong emphasis on externalized self-perception, reflecting a tendency to have a very low sense of self-worth. These individuals recall having been raised by mothers who were highly controlling and fathers who showed little care for them. A perceived lack of care from the father may have led these women to believe that the only relationship available to them was that with their mothers. The degree of control exerted by the mothers may have led these women to silence themselves in an attempt to remain in the one relationship they perceived as being possible. Thus, at the same time that these women need relationships to bolster their sense of self-esteem, they distrust the partner, and believe that this person will be

unavailable in times of need. This corresponds to Bartholomew's (1990, 1991) conceptualization that fearful avoidant individuals will have a low sense of self-worth combined with a distrust of others.

Finally, securely attached individuals stand out, not for those variables that define secure attachment, but for those variables that have less of a presence in the lives of these particular women. Individuals who reported higher levels of a secure attachment style were less likely to have reported the presence of childhood sexual abuse, and also reported lower levels of silencing in relationship. It is noteworthy that this is the only attachment style in which gender role does not play a part. There was no apparent association between the secure attachment style and either an expressive or an instrumental gender role orientation. This would suggest that securely attached individuals value both relationships and autonomy, and are able to balance these constructs in their lives. The fact that they are less likely to silence themselves implies that they value and trust their own needs and feelings, as much as they value and trust the needs and feelings of their partners. This corresponds with Bartholomew's (1990, 1991) conceptualization of securely attached individuals as those who have a combination of a high degree of self-esteem combined with a sense of others as trustworthy and reliable.

DISCUSSION

In summary, the results of this investigation suggest that the relationship constructs of feared loss and mutuality play a more significant role in the experience of dysphoria than does the individual difference variable of silencing the self. In other words, what is occurring within the relationship at the moment may be more important than what is occurring within the individual in terms of relationship schemata in the experience of dysphoria. At the same time, however, it appears that vulnerability to dysphoria is created in childhood, particularly in those instances where there has been childhood sexual abuse. Stiver (1990a, 1990b) suggests that the experience of incest affects the developing child in such a way that as an adult she is incapable of engaging in authentic relationships. If one is unable to enter into healthy relationships, the relationship itself is unable to offer protection against dysphoria and depression. The securely attached individual, on the other hand, theoretically represents an individual who is able to enter into healthy and mutual relationships as an adult. It was interesting to note that this attachment style not only represented a buffering effect against dysphoria, in support of Brown & Harris' (1978) investigation, but was also defined in terms of low levels of childhood sexual assault rather than in terms of healthy relationships with parents. This supports Miller's (1988) contention that it is only the more serious disconnections that occur during childhood that serve to enhance vulnerability to depression, rather than a series of minor disconnections from the parents.

Limitations of this Investigation

Several limitations are apparent in the foregoing investigation. First, the population sampled was recruited from the community, and clinical symptomatology was not measured. What was measured could be classified at best as transient distress and cannot be generalized to clinical depression.

Secondly, the developmental data collected were retrospective in nature, and not fully explored. Data collected retrospectively is subject to modification and distortion due to the influences of ongoing life events. In terms of memories about the parents, for example, modifications in that relationship itself, the maturation of beliefs concerning parent/child relationships, or even the experience of having had children themselves, may have served to modify perceptions of these women's parents. For other events, such as trauma, for example, participants were asked only to indicate whether they had or had not been victimized, their age at the time, and their general relationship to the abuser. This did not allow the investigation of more specific aspects of the abuse, such as the specific relationship to the abuser, whether it occurred in the home or not, whether the parent(s) was aware of the occurrence at the time, and so on. In addition, it must be noted that in many cases the memory of having been abused may have been repressed (Blume, 1990). More accurate information as to the numbers of women that had been sexually victimized may have given more or less weight to the relationships found for the preoccupied and secure attachment styles in relation to sexual abuse.

A third limitation is the focus on pencil-and-paper instruments. What was collected was each individual's perception of what was going on with either herself or her relationship. These perceptions are not necessarily accurate. In addition, the sole use of pencil-and-paper instruments increases the probability of shared-method variance which, in turn, reduces true-score variance.

A fourth drawback was the fact that with an all-female sample, the number of individuals that classified themselves as insecure-dismissing was extremely small. As a result, comparisons among the means of the four attachment styles could not be conducted.

Finally, the major drawback to this investigation was that it was exploratory and cross-sectional in nature, and therefore did not allow causality or directionality in the path diagram to be firmly established.

Implications and Future Research

The major implications of this investigation are that, while mutual relationships do appear to buffer against the occurrence of dysphoria or general distress, it appears that a vulnerability is created in individuals who have been sexually abused as children. For these individuals, there possibly exists an inability to enter into mutual relationships. This would mitigate against any buffering impact their relationships may have. Additional research needs to be conducted in which silencing as a result of childhood sexual assault is explored in depth. If these women are silenced to the extent that they are unaware of it themselves, the focus of therapy should be on establishing

methods to enable these individuals to separate their own needs and feelings from those of their partners rather than on the relationship or on communication within the relationship. Further, until the focus shifts from the individual and towards the societal conditions that allow the exploitation and abuse of women and children, and until these conditions are changed so that this abuse no longer occurs, dysphoria and depression will continue to thrive, especially in the lives of women.

Future research should focus on more in-depth interviews of women who have been sexually abused in an attempt to better define and identify the unique kinds of silencing they may have been subjected to as a result of their abuse. If these women are to be helped to find their voices, we must first find the ways they have been silenced and then find a way to measure that silence. Additional research also needs to be conducted in the area of societal influences that serve to contribute to the exploitation and abuse of women and children. How, for example, does language contribute to the gross imbalances of power that make this abuse possible? Finally, because dysfunctional families become cyclical, so that the abuse is perpetuated from generation to generation (Stiver, 1990a, 1990b), future research should concentrate on in-depth interviews with both the adult survivors of sexual abuse and their parents when possible, in an effort to locate effective ways to help victims break the cycle of violence and abuse.

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Appendix A - Consent Form

INFORMED CONSENT

Research Project Title: A Relational Approach to the Development of
Dysphoria in Women.

Investigators: Karen Pasveer, Dr. John Ellard

Sponsor: University of Calgary, Department of Medical Sciences

This consent form, a copy of which has been given to you, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The purpose of this research project is to look at various things which are going on within your marital or committed relationship, and in your past, which might contribute to depression or to distress. These include things such as the way that you communicate your feelings to each other, your own personal feelings about your relationship, and your level of comfort in sharing feelings and needs with your partner. Also included are questions which relate to the way that you remember your relationship with your parents, and other childhood memories.

You will be given a packet of questionnaires which should take about one-half hour to complete. These questionnaires have been put together in a specific order so that different people will complete them in different orders. This is to make sure that, over all, the questions from one questionnaire will not affect your responses to the following questionnaires. For this reason, it is important that you complete the questionnaires in the order that they are given to you.

It is possible that some of the questions relating to your childhood or to your current relationship will trigger distressing memories. If this is the case, or if for any reason any of the other questions asked are distressful, we will give you information about places you can call for counselling services. You will also be given a list of names and telephone numbers of persons to contact if, at any time after you complete these questionnaires, you have additional questions or want to talk about any part of the research.

You are not required to answer specific items on questionnaires if, for whatever reason, you choose not to do so; and you may choose to withdraw from the study at any time during or after your participation. If you choose to withdraw, the questionnaires you have completed will be destroyed, and the information you have given will not be used in the final analysis of the data.

Information you provide that is used in the study will be kept in strict confidence. The questionnaires you complete will be identified only by number. A separate list will be kept which will connect your name with the number assigned to your questionnaires. This list will be kept in a locked computer file, which only the investigators listed at the beginning of this consent form will have access to. This list will only be kept for three months past the end of the research project, and will be destroyed at that time.

If you would like a summary of the results of this research, you may request to have that information sent to you.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time without penalty. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. If you have further questions concerning matters related to this research, please contact:

Karen Pasveer, 289-1175

If you have any questions concerning your rights as a possible participant in this research, please contact the Office of Medical Bioethics, Faculty of Medicine, University of Calgary, at 220-7990.

_____	_____
Participant	Date
_____	_____
Investigator	Date
_____	_____
Witness	Date

A copy of this consent form has been given to you to keep for your records and reference.