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An Examination of the Relationship Between Perceived Parental Attachment and Coping Styles

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A thesis

presented to

the faculty of the Department of Psychology

East Tennessee State University

In partial fulfillment

of the requirement for the degree

Master of Arts in Clinical Psychology

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by

Leslie C. Wilson

December 2008

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Christopher S. Dula, Ph.D.

Keywords: Parental Attachment, Coping, Attachment Theory

## ABSTRACT

An Examination of the Relationship Between Perceived Parental Attachment and Coping Styles

by

Leslie C. Wilson

Of all relational bonds, perhaps the strongest and most complex is the one between parent and child. The dynamics of this relationship potentially hold the key to understanding the future psychological adjustment of the child. The current study was conducted to assess the relationship between perceived parental attachment and coping styles. Undergraduate psychology students (n=300) were administered a survey to examine perceived parental attachment, coping style, and gender. In conflict with previous studies, results indicated that neither respondents' gender nor level of perceived parental attachment was significantly related to participants' reported coping style. Increased knowledge and understanding of parental attachment is critical to understanding the development of psychological well-being.

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## DEDICATION

I would like to dedicate this manuscript to all the strong women in my life. I am very fortunate to have role models like you. I love you all very much!

Granny, you are the strongest person I know. You have taught me more valuable lessons than you could ever realize. You are truly a jewel in our family.

M.M., I love you dearly and miss you everyday. You always gave me so much. You were my safe place.

Momaw Tootsie, your kind and gentle nature humbles me. You have always been good to me.

Mom, you have always been there for me and your granddaughters. This wouldn't be possible without all the many ways in which you have supported me.

Lynsey, Leigha, and Laurel: my sisters and friends. Your strength and love amaze me. You know how to make me laugh and smile like no one else, and you keep me young.

Rachel and Molly: the loves and lights of my life. You are the reasons that I do all that I do. You both have taught me more about life, love, and happiness than I could have thought possible. You make me proud everyday. I love you more than you could ever understand. You are my motivation and my happy place.

I would also like to thank two very special men.

Dad, you have always supported me in any way I needed. You have helped me develop practicality and good reasoning. Thank you for all that you have done.

Jason: my husband and friend. Without your constant support and understanding, this work would never be finished. You are a steadfast partner in a crazy world. I love you and admire you. Thank you for loving me.

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## CHAPTER 1

### INTRODUCTION

In the study of human interaction, an attachment has been defined as a close, enduring affectional bond or relationship between two persons (Ainsworth, 1989). It is assumed that the presence of such bonds provides emotional security with a sense of closeness, especially during important life transitions, thus promoting human development across the lifespan (Bowlby, 1969/1982, 1988). Above all relationships, perhaps the strongest and most crucial is the bond between parent and child. It has often been regarded as critical in the formation of all other relationships (Erikson, 1950; Freud, 1933) and as important to keep intact (Black, 1990).

Secure parental attachments are characterized by autonomy of the child, who yet has guidance and support in making his or her own choices, and relatedness, which is a sense of closeness to his or her parents. Attachments are thought to be enduring connections that promote both concurrent coping skills and adjustment in future situations and they have been described as important in facilitating continuity in adaptation (Sroufe & Waters, 1977). According to Bowlby (1980), the quality of these parental attachments is either a protective or risk factor that disposes children and adolescents toward adaptive or maladaptive behavior, respectively. As we search for how we develop and as we develop guidelines to foster healthy development, attachment theory provides a helpful framework (Ainsworth, Blehar, Walters, & Wally, 1978; Bowlby, 1969, 1980, 1988).

#### Theoretical Background

Attachment theory has historically been identified as a specialized theoretical approach to understanding of the importance of bonding and its relationship to the development of children

(Erdman, 2003). It provides an explanation for how parental relatedness and facilitation of autonomy in the child can concurrently support positive adolescent development.

According to the secure-base hypothesis, a child's sense of security and confidence arises from experiences with attachment figures who are responsive and knowledgeable (Ainsworth et al., 1978; Bowlby, 1988). These attachment figures act as sources of comfort and help when needed. Knowing the attachment figure is consistently available enables the child to explore the environment and accept challenges without experiencing undue anxiety. This, in turn, fosters the child's social and intellectual competence (Kenny, Moilanen, Lomax, Brabeck, & Fife, 1993).

The importance of both connection and fostering of autonomy by the attachment figure is recognized by the attachment model. Both elements are crucial and must be present to promote individual growth and adaptive functioning. However, the connection between the child and the attachment figure is of principle importance, is considered extremely important throughout the lifespan, and provides the potential for instilling security and competence (Kenny & Donaldson, 1991). Strong feelings of closeness are not viewed as dysfunctional. The attachment figure provides a comforting sense of psychological well-being and reduces distress during dangerous and stressful situations. If this source of comfort and support is lacking, the risk of psychological dysfunction increases significantly, possibly leading to a lack of adequate coping skills. If parental relationships continue to offer a secure base throughout childhood (Hartup, 1979), parents' advice, comfort, and support may be sought out when children are faced with the social and developmental challenges of adolescence (Kenny et al., 1993).

The attachment paradigm (Ainsworth et al., 1978; Bowlby, 1969, 1973, 1980, 1988) has become increasingly interesting from both the research and theoretical standpoints due to its ability to explain the connection between parental closeness and feelings of protection and

security during the unpredictable period of adolescence (Ainsworth, 1989; Armsden & Greenberg, 1987; Kenny, 1987; Kobak & Sceery, 1988; Rice, 1990; Ryan & Lynch, 1989).

According to attachment theory, the principle role of the parent or attachment figure is to provide a secure base, acting as a source of help when needed, and advocating the growth of independence in a sensitive manner. Additionally, attachment relationships form the core of internal working models, the mental representations of the self and others (Bowlby, 1973).

#### Internal Working Models of the Self and Others

By interacting with and observing the behaviors of others, children form internal models of how they should act in different roles and situations (Bowlby 1969, 1973). Observations of parents and caregivers influence the internal models formed of self and others. Attachment theory maintains that internal working models are initially formed by early experiences with significant caregivers but are modified through ongoing interpersonal relationships and increased self-awareness (Bowlby, 1988; Main, Kaplan, & Cassidy, 1985).

The internal working model may mediate the relationship between attachment and the experience of psychological distress. According to Bowlby (1969, 1973), through interactions with attachment figures the child develops complementary internal working models of self, others, and the attachment relationship. The internal representation of the attachment figure and the model of self are thought to be interconnected, and the model of the attachment figure is believed to have a pervasive influence on the way in which information about the self is perceived and interpreted. These internal models are useful in guiding behavior in novel situations (Bretherton, 1985).

When internal working models of the self are developed in the context of secure attachment they contribute to feelings of self-worth and confidence, thus enhancing resilience to

stress or adaptive coping efforts (Bowlby, 1980). Because parental attachments act as a source of internal working models, Kenny et al. (1993) suggest that they have an additional, indirect impact on psychological well-being. When the internal working model of the attachment figure is that of a responsive, available, reliable person, the desired effects of attachment are experienced. For this situation, attachment theory predicts an individual will develop and maintain an internal representation of self as good, worthy, lovable, competent, valuable, and capable of getting others' attention. Conversely, insecure parental attachments are associated with negative internal working models and are linked to negative views of the self as well as depression (Kenny et al.). If the child experiences a loss of parental support, availability, and responsiveness, the secure internal working models of attachment and self could be disrupted (Kobak, Sudler, & Gamble, 1991). According to Bowlby (1980), a negative internal working model leads to a tendency to view subsequent losses and disappointments as personal failures, thereby lessening feelings of self-worth while increasing vulnerability to depression.

The quality of parental attachments and complementary internal representations of self are critical to the understanding of an individual's emotional development and other family relationships (Kenny et al., 1993). Based on attachment theory, internal working models are initially constructed based on early childhood experiences with significant caregivers but continue to be modified through ongoing interpersonal relationships as well as an increasingly heightened sense of self-understanding (Bowlby, 1988; Main et al., 1985). Such self-understanding is a necessity when faced with stressful or transitional life events. Thus, parental attachments are critical in the development of coping skills or adaptive ways of thinking about and reacting to such life events.

## Parental Attachment and Coping

Growing interest in the attachment paradigm across the life span has led to the application of attachment theory to the understanding of the relationship between parents and late adolescents during leaving-home transitions and throughout the college years (Ainsworth, 1989; Antonucci, 1976; Collins & Read, 1990; Troll & Smith, 1976; Weiss, 1986). Armsden, McCauley, Greenberg, Burke, and Mitchell (1990) asserted that insecure attachment significantly affects the development of attributional styles that lead to cognitive biases, or poor coping, such as self-blame and a sense of hopelessness. This outcome may be especially prevalent for adolescents whose parents are cold and judgmental and lacking effective communication skills, leading to feelings of anger, worthlessness, rejection, and abandonment (Ge, Best, Conger, & Simons, 1996; Greenberg, Siegel, & Leitch, 1983). As a result of insecure parental attachments, confidence and self-esteem may be diminished, thus deterring these adolescents from exploring their environment and developing maladaptive ways of coping. During particularly stressful times they may interpret negative emotions as personal failures, expressing internalized problematic behaviors such as eating disorders, depression, and suicide ideation (Barber, 1992; Burbach, Kashani, & Rosenberg, 1989; Cooper, Shaver, & Collins, 1998; Maccoby & Martin, 1983). If parental relationships continue to provide a secure base throughout adolescence, parents may be looked to for comfort, support, and advice in meeting inevitable social and developmental challenges (Hartup, 1979; Kenny et al., 1993). Attachment theory has recently been applied to the understanding of adolescent and college student development.

## Parental Attachment and College Students

Several studies have indicated that the relationship between parental attachment and adolescent adjustment appears stronger during periods of stress or transition, such as educational advancement (Papini & Roggman, 1992) or during college exams (Rice & Whaley, 1994), than at less stressful times. Such a period may be during the transition to college life in which a student's coping skills are routinely tested. Many researchers have identified a positive relationship between secure parental attachments, measures of psychological well-being and coping, and college adjustment (Armsden & Greenberg, 1987; Bell, Avery, Jenkins, Feld, & Schoenrock, 1985; Kenny, 1987, 1990; Kenny & Donaldson, 1991, 1992; Kobak & Sceery, 1988; Lapsley, Rice, & Fitzgerald, 1990; Ryan & Lynch, 1989; Schultheiss & Blustein, 1994).

Kenny and Perez (1996) found characteristics of secure attachment to be negatively correlated with psychological symptoms of distress at the time of college entry. Other studies of college students have found positive relationships between parental attachment and measures of social competence, psychological functioning, adjustment to college, and career development (Armsden & Greenberg, 1987; Bell et al., 1985; Blustein, Walbridge, Friedlander, & Palladino, 1991; Kenny, 1987, 1990; Kobak & Sceery, 1988; Lapsley et al., 1990; Ryan & Lynch, 1989).

Traditional developmental models (Blos, 1967; Erikson, 1968; Freud, 1968) and models of college student development (Chickering, 1969; Heath, 1968) emphasize the importance of family separation in fostering adaptive psychological functioning in the adolescent and late-adolescent periods. However, more contemporary developmental research (Grotevant & Cooper, 1986; Hill & Holmbeck, 1986) suggests that both attachment and individuation are integral to healthy psychological functioning, and, thus, adaptive coping, throughout the adolescent and young adult years. Most recent developmental perspectives maintain that close parent-

adolescent attachments during this period facilitate developmental progress because the secure base provided allows the adolescent to explore and develop competencies beyond the familial world (Bowlby, 1988; Kenny, 1987; Ryan & Lynch, 1989).

### Parental Attachment and Gender

Dissatisfaction with traditional psychoanalytic models, which focus only on separation-individuation, has fueled the application of attachment theory to adolescent and college student development. Theorists and researchers studying the psychological development of women have found that when separation is the desired goal of development, women are often judged as less mature and less competent than men (Gilligan, 1982; Miller, 1976). Previous findings of gender differences have been interpreted as evidence that college women are more dependent and less individuated than their male counterparts (Lapsley, Rice, & Shadid, 1989; Lopez, Campbell, & Watkins, 1986). However, others maintain that women's desires for interpersonal connection are often mistaken for dependency (Rubin, 1983). Some theories focusing on the development of adolescent women suggest that maintaining attachments may have more psychological importance than seeing oneself as a separate individual with self-chosen attitudes (Gilligan, 1982, 1988; Josselson, 1988).

Kenny and Donaldson (1991) found college women described themselves as being significantly more attached to their parents than college men. These women described the affective quality of their parental attachments as more positive and as having an especially important role in providing emotional support than their male classmates. These results are consistent with numerous other findings denoting women as being more attached to and having closer relationships with their families than men (Kenny, 1987, 1990; Lapsley et al., 1989; Lopez, Campbell, & Watkins, 1989; Troll & Bengston, 1979). Those women who reported

being more attached to their parents also reported higher levels of social competence and psychological well-being (Kenny & Donaldson, 1991). In support of attachment theory and the secure base hypothesis, characteristics of secure attachment (including positive affect, support for autonomy, and emotional support) were found to be related to adaptive functioning and coping. According to these results, secure parental attachment and closeness was found to be adaptive for women (Kenny & Donaldson, 1991). While it is unclear whether this is a reporting bias for males who may be less likely to admit closeness to parental figures or if these differences truly exist, it seems that parental attachment predicts positive coping in college students, at least for females.

### Coping

Coping can be described as the ways in which people react to a stressor. There are many different types of coping efforts. A behavioral example of coping might be a person physically removing himself or herself from a distressing environment. Cognitively, one may deny the existence of a stressor. The transactional theory of coping proposed by Lazarus and Folkman (1984) differs from other perspectives that view stress as either an internal state or as an external event (Aldwin, 1994; Mason, 1975). Instead, this theory maintains that stress is experienced with the interaction between the person (internal) and the environment (external). This approach emphasizes the influence of personal and situational factors on stress appraisal. Thus, the threat of harm or loss depends on the antecedent conditions of both the perceived threat and one's psychological characteristics (Miller & McCool, 2003).

The transactional model of coping emphasizes the appraisal and categorization of emotion-focused and problem-focused coping (Lazarus, 1980; Lazarus & Launier, 1978). Efforts intended to act on the stressor are labeled 'problem-focused' coping, and efforts intended

to regulate emotional states associated with or resulting from the stressor are identified as ‘emotion-focused’ coping strategies (also known as cognitive coping). According to this theory, stress is a normal part of life that is viewed as an imbalance between people’s perception of the demands placed upon them and their perception of the resources they have to deal with these demands (Lazarus, 1980; Lazarus & Launier, 1978). The individual determines whether an event is stressful or not.

Problem-focused coping is a behavioral function aimed at changing the nature of the dilemma by taking direct actions to control situation. On the other hand, emotion-focused coping involves thinking rather than acting to change one’s relationship with the environment. Both are efforts to ameliorate the source of stress or distress (Lazarus & Folkman, 1984). Lazarus and Folkman defined coping as constantly changing cognitive and behavioral strategies to manage specific external or internal demands that exceed one’s abilities to deal with them. This explanation combines the cognitive and behavioral elements of the coping process as well as highlights the effort associated with the individual’s response to the stressor. It is also noted that managing stress includes such emotion-focused strategies as accepting, tolerating, avoiding, or minimizing the stressors as well as more active problem-focused methods such as mastering the environment. Coping includes both successful efforts and all other purposeful attempts to manage stress, regardless of their effectiveness (Lazarus & Folkman).

Garcelan and Rodriguez (2002) found participants who used problem-oriented coping strategies displayed behaviors aimed at manipulating or altering the problem or environment. Those employing emotion-oriented strategies used behaviors to regulate the emotional response elicited by the problem. This classification has also been successfully applied in relation to the coping strategies of participants with cognitive and psychotic disorders (Boker, Brenner, &

Wurgler, 1989; MacDonald, Pica, McDonald, Hayes, & Baglioni, 1998; Mueser, Valentine, & Agresta, 1997; Wiedl, 1992; Wiedl & Schotter, 1991).

For the purpose of this paper, the term coping will be used as a broad, general descriptor that includes the elements proposed by Lazarus and Folkman as well as any voluntary reaction to a stressor. It will be used to denote a critical element of psychological adjustment.

### Statement of the Problem

The purpose of this study is to examine how perceived parental attachment affects self-reported coping strategies in the general college population. Such information can aid in identifying factors that predispose children and adolescents to maladaptive behaviors or to the development of psychological disorders. For example, Wurman (2002) asserts that children who have poor attachments early in life, such as chronically unresponsive care, tend to exhibit more aggression than those with more secure attachments. Also, children with insecure parental attachments may have more difficulty overcoming traumatic situations, therefore possibly being more prone to posttraumatic stress disorder. Maltreatment and insecure parental attachments can affect all aspects of childhood development. These negative elements may distort a child's understanding of his or her environment, interfere with the development of effective interpersonal skills, and lead to poor academic performance.

Children and adolescents who experience insecure parental attachments often develop inappropriate reactions in social settings (Wurman, 2002). Specifically, the DSM-IV-TR (2000) describes the childhood diagnosis of reactive attachment disorder that results from grossly pathological care during infancy and early childhood that is presumed to cause disturbed social relatedness. The pathological care may be in the form of persistent disregard of the child's basic emotional needs for comfort, stimulation, and affection; persistent disregard of the child's basic

physical needs; or repeated changes in primary caregivers that prevent the formation of secure attachments. There are two subtypes of reactive attachment disorder: 1-inhibited type (persistent failure to initiate and to respond to most social interactions in a developmentally appropriate way) and 2-disinhibited type (indiscriminant sociability or a lack of selectivity in the choice of attachment figures). Additionally, individuals who experience early childhood trauma are more likely to have mental health needs, and the subsequent diagnoses that can lead to various adjustment difficulties. For example, many such adolescents are commonly diagnosed with a Disruptive Behavior Disorder (i.e. Conduct Disorder or Oppositional Defiant Disorder) and a Mood Disorder (i.e. Bipolar Mood Disorder). While the individual may be exhibiting features commonly associated with such diagnoses, it is important to examine his or her family environment and early life experiences, including primary care givers in order to rule out the possibility that his or her behaviors are not simply symptoms of a trauma-related disorder (i.e. PTSD) resulting from childhood neglect or abuse.

From the earliest stages, children soak up the environment around them, internalizing negative or neglectful responses just as they internalize positive and loving interactions from caregivers. The nature and quality of a child's earliest relationships and experiences are a crucial aspect of future development (Wurman, 2002). This researcher aimed to increase the understanding of perceived parental attachments in an attempt to gain more knowledge of prevention and treatment of developmental psychopathology.

## Hypotheses

Three hypotheses are proposed:

1. Participants with high parental attachment scores will have higher emotion-focused coping scores on a measure of coping than participants with low parental attachment scores.
2. Women will have higher emotion-focused coping scores than men.
3. Men will have higher problem-focused coping scores than women.

## CHAPTER 2

### METHOD

#### Participants

Participants in this study consisted of undergraduate students recruited via the SONA online system from psychology courses at a mid-sized university in the southeastern U.S. Three hundred students participated in this study. Participants were volunteers who received extra credit in their respective courses, as their professor(s) deemed fit. Students who did not wish to participate, or could not, were offered an alternative task for extra credit.

#### Measures

##### Parental Attachment Questionnaire (PAQ)

The PAQ (Kenny, 1987) is a 55-item self-report inventory adapting the conceptualization of attachment proposed by Ainsworth et al. (1978) for use with adolescents and young adults. The PAQ has been shown to have adequate internal consistency across the three subscales (Cronbach's alpha = .88, .88, and .96) and test-retest stability (reported ranges of  $r = .82$  to  $r = .91$ ) (Kenny, 1990). It contains three scales-Affective Quality of Relationships, Parental Fostering of Autonomy, and Parental Role in Providing Emotional Support. Participants use a five-point rating scale (1 = not at all, 5 = very much) in response to items that assess the participant's descriptions of parents, the relationship with parents, and associated feelings and experiences. Respondents' scores on each scale will reflect attachment to both mother and father or the primary caregiver(s). Scale scores for each participant are computed by simply summing the Likert responses for each scale. A quartile split was used to determine each respondent's level of attachment for the three scales combined (low, moderate, high).

## Ways of Coping Questionnaire (WOC)

The WOC (Folkman & Lazarus, 1988b) is a self-report instrument consisting of 66 items in a four-point Likert scale response format. Based on Transactional Coping Theory, it is designed to investigate the coping style used by adults when dealing with stress. It has been called the standard in the field (Zeidner & Ender, 1996). There are eight empirically derived (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986) coping scales. The subscales are: 1) Confrontive Coping (e.g. “stood my ground and fought for what I wanted”); 2. Distancing (e.g. “went on as if nothing happened”); 3. Self-Control (e.g. “I tried to keep my feelings to myself”); 4. Seeking Social Support (e.g. “talked to someone to find out more about the situation”); 5. Accepting Responsibility (e.g. “criticized or lectured myself”); 6. Escape-Avoidance (e.g. “wished that the situation would go away or somehow be over with”); 7. Planful Problem-Solving (e.g. “I made a plan of action and followed it”); and, 8. Positive Reappraisal (e.g. “changed or grew as a person in a good way”). Developed as strategy for measuring the coping process, the basic rationale underlying the instrument is that it is the way individuals cope with stress, rather than stress itself, that is related to physical, social, and psychological health.

The authors claim test-retest measures are inappropriate to their instrument. Because it measures coping processes, it is not a test in the traditional sense. However, the internal consistency of the measure is presented using Cronbach’s alpha. These estimates fall at the lower end of the acceptable range (.61-.79). The manual does not report means, standard deviations, levels of significance, sample parameters, or factor loadings (Folkman & Lazarus, 1988b). The authors report face validity of items because they have been reportedly used by individuals to cope with stressful situations. Evidence of construct validity is shown by the results of previous studies being consistent with the theoretical assumptions.

Raw scores were computed for each of the eight coping scales. These raw scores are the sum of the participant's responses to the items of a given scale. Each participant has eight scores, one per scale. This method, used most often with this instrument, produces a description of the extent to which each type of coping is used in a particular situation presented as a vignette. Each respondent was classified as using either mostly problem-focused or emotion-focused strategies based on her or his score on each of the eight subscales. Problem-focused strategies included the Confrontive Coping and Planful Problem Solving subscales. Emotion-focused strategies included the Distancing, Self-Control, Accepting Responsibility, and Positive Reappraisal subscales. The Seeking Social Support and Escape-Avoidance subscales served as examples of both strategies.

#### Procedure

Prior to data collection, all procedures were approved by the University's Institutional Review Board. Participants responded to the measurements using the SONA computer-based data collection system. They received extra credit in participating courses for being voluntarily included in the study.

#### Statistical Analyses

Hypotheses were tested using a 2X3 Multivariate Analysis of Variance. The WOC emotion- and problem-focused scores served as dependent variables. The independent variable of perceived parental attachment was divided into three categories (high, moderate, low) and the independent variable of gender was divided into two categories (male, female).

## CHAPTER 3

### RESULTS

Participant data are displayed in Table 1. Table 2 presents the means and standard deviations for emotion-focused coping and problem-focused coping by gender and perceived parental attachment. Three hundred participants were included in this study. Of all the participants, 25.67% were categorized as having low perceived parental attachment, 49.33% were categorized as having moderate perceived parental attachment, and 25% were categorized as having high perceived parental attachment. There were 209 female respondents and 91 male respondents. Of the female participants, 30.14% were classified as having low perceived parental attachment, 44.02% were classified as having moderate perceived parental attachment, and 25.84% were classified as having high perceived parental attachment. Of the male participants, 15.38% were classified as having low perceived parental attachment, 61.54% were classified as having moderate perceived parental attachment, and 23.08% were classified as having high perceived parental attachment.

According to Box's Test of Equality of Covariance Matrices, homogeneity of variance-covariance can be assumed,  $F(15, 32191.74)=1.505, p=.094$ ; therefore, Wilks' Lambda was used as the test statistic. The Wilks' Lambda indicates no significant main effect for the interaction between gender and perceived parental attachment with respect to emotion-focused or problem-focused coping, Wilks'  $\Lambda=.981, F(4, 586)=1.446, p=.217, \text{partial } \eta^2=.010$ . Wilks' Lambda further indicates no significant main effect of gender with respect to emotion-focused or problem-focused coping, Wilks'  $\Lambda=.999, F(2, 293)=.103, p=.902, \text{partial } \eta^2=.05$ . Likewise, Wilks' Lambda indicates no main effect of perceived parental attachment with respect to

Table 1

*Participant Information*

<b>Gender</b>	<b>Number of Participants</b>	<b>Low Perceived Parental Attachment</b>	<b>Moderate Perceived Parental Attachment</b>	<b>High Perceived Parental Attachment</b>
<b>Male</b>	91	15.38%	61.54%	23.08%
<b>Female</b>	209	30.14%	44.02%	25.84%
<b>Total</b>	300	25.67%	49.33%	25%

Table 2

*Means and Standard Deviations for Emotion-Focused Coping and Problem-Focused Coping by Gender and Level of Perceived Parental Attachment*

		<b>Emotion-Focused Coping</b>		<b>Problem-Focused Coping</b>	
<b>Gender</b>		<b>Mean</b>	<b>Standard Deviation</b>	<b>Mean</b>	<b>Standard Deviation</b>
<b>Male</b>	Low	31.86	9.30	14.93	5.80
	Moderate	34.34	10.06	18.34	6.39
	High	37.76	12.22	19.38	6.57
<b>Female</b>	Low	34.56	11.50	16.64	5.99
	Moderate	36.35	10.45	17.51	5.55
	High	33.61	10.44	17.69	6.26

emotion-focused and problem-focused coping, Wilks'  $\Lambda=.980$ ,  $F(4, 586)=1.496$ ,  $p=.202$ , partial  $\eta^2=.010$ .

A Pearson's Correlation was also administered in order to assess any possible correlations between problem-focused or emotion-focused coping and parental attachment. For the relationship between problem-focused coping and parental attachment  $r=.109$ . For the relationship between emotion-focused coping and parental attachment  $r=.024$ . Neither correlation was significant nor linear.

Hypothesis 1 predicted that participants with high parental attachment scores would have higher emotion-focused coping scores than participants with low parental attachment. Univariate ANOVA results revealed no significant differences in emotion-focused coping between participants regardless of parental attachment score,  $F(2, 294)=.841$ ,  $p=.432$ , partial  $\eta^2=.006$ . Thus, the research hypothesis was not supported, and the null hypothesis that emotion-focused coping will not differ by parental attachment cannot be rejected.

Hypothesis 2 predicted that women would have higher emotion-focused coping scores than men. Results of the univariate ANOVA suggest no significant differences in emotion-focused coping between women and men,  $F(1, 294)=.015$ ,  $p=.903$ , partial  $\eta^2=.000$ . Therefore, the research hypothesis was not supported, and the null hypothesis that emotion-focused coping will not differ by gender cannot be rejected.

Hypothesis 3 predicted that men would have higher problem-focused coping scores than women. The results of the univariate ANOVA revealed no significant differences in problem-focused coping between men and women,  $F(1, 294)=.101$ ,  $p=.750$ , partial  $\eta^2=.000$ . Thus, the research hypothesis was not supported, and the null hypothesis that problem-focused coping will not differ by gender cannot be rejected.

## CHAPTER 4

### DISCUSSION

#### Summary of Findings

Whereas it was predicted that participants with high parental attachment scores would have higher emotion-focused coping scores than participants with low parental attachment scores, this prediction was not supported. This finding contradicts findings in others studies that indicate secure parental attachments are critical in the formation of effective coping strategies and psychological well-being (Bowlby, 1973; Kenny et al., 1993; Kenny & Perez, 1996; Papini & Roggman, 1992; Rice & Whaley, 1994). However, these studies were not limited to a college population. Additionally, there is a large body of research that has identified positive relationships between secure parental attachment and coping and college adjustment (Armsden & Greenberg, 1987; Bell et al., 1985; Kenny, 1987, 1990; Kenny & Donaldson, 1991, 1992; Kobak & Sceery, 1988; Lapsley et al., 1990; Ryan & Lynch, 1989; Schultheiss & Blustein, 1994).

Contrary to the second and third hypotheses, data suggested that there are no significant differences in coping methods due to the respondents' gender. This finding suggests that men and women react similarly in times of stress. In the past, gender differences have been shown to affect ways of coping (Gilligan, 1982; Lapsley et al., 1989; Lopez et al., 1986, 1989b; Miller, 1976). As previously noted, these studies were not limited to a college population, and they presumably involved a more equal number of male and female participants than the current study. Participants of the current study consisted of 30.33% male (n=91) and 69.67% female (n=209). The present findings are potentially affected by the lack of a higher number of male participants. It is probable that increased data for males may suggest more differences in parental

attachment and coping related to gender differences. It is also a possibility that the discrepancy between the current study and previous studies may be attributed to the measure of coping used. While statistically sound, the WOC has some limitations when it comes to differentiating between emotion-focused coping and problem-focused coping. Although the WOC does differentiate between problem-focused and emotion-focused coping, two of the subscales (Seeking Social Support and Escape-Avoidance) can serve as examples of either style of coping. This could lead to confusion about which style, emotion-focused or problem-focused, the participant is actually using. Data that are collected for the Seeking Social Support and Escape-Avoidance subscales should be further examined in an effort to more accurately distinguish between problem-focused and emotion-focused coping.

#### Limitations

As can be expected, several procedural limitations exist within this study. All data collected for this study were based on self-report measures, which allowed for participants to respond inaccurately. This could be due to lack of concern or lack of understanding, or any number of other factors such as response bias, etc. For example, respondents may have answered questions in the way they think the investigators wanted them to answer rather than according to their true beliefs. This may occur if the respondent wishes to answer in what appears to be the "morally right" manner. Also, data gathered on the WOC are based on the most stressful situation the participant had experienced in the past week. This unspecified situation has the potential to vary tremendously from participant to participant, and in severity. It is possible that some participants may not have been able to accurately recall the needed details of said stressful situation to accurately respond to the measure.

Additionally, this study was based on convenience sampling. Although this is the standard method of data collection of this kind, the possibility remains that it may not accurately reflect the attitudes held within the older adolescent population. All participants were enrolled in undergraduate psychology courses in which participation in graduate research is required. It is possible that these findings are specific to college students who are interested in psychology, or that the participants were simply trying to fulfill a course requirement and, by doing so, responding in a detached manner.

Finally, some important demographic information was not obtained for participants of this study. Neither respondents' ages nor ethnicities were assessed in relation to the proposed hypotheses. In order to gain more precise information and insight into the complex relationship between parent and child, these two factors should be considered. The omitted data are also of critical importance for study replication purposes.

#### Practical Implications

The findings of this study did not support any of the proposed hypotheses. Therefore, no conclusions can be drawn from them, and the null hypothesis of no significant differences between groups must be retained. As previously mentioned, these findings are contradictory to previous studies. Earlier findings have suggested that secure parental attachments are of major importance in the acquisition of effective coping strategies (Bowlby, 1973; Kenny et al., 1993; Kenny & Perez, 1996; Papini & Roggman, 1992; Rice & Whaley, 1994). Also, it has been previously found that gender is a contributing factor related to differences in coping styles (Gilligan, 1982; Lapsley et al., 1989; Lopez et al., 1986, 1989b; Miller, 1976).

### Future Research

There are several areas in this study where additional information would have been of interest. First, it may be important to explore cultural differences in parental attachment and ways of coping. Just as normal or acceptable behaviors, parent-child relationships differ among cultural groups. It is plausible that participants whose scores suggested low perceived parental attachment may actually have secure parental attachments within the context of their respective cultural norms. This variable was not considered for the current study, and no previous studies were found to have examined it. Also, a more clearly-defined evaluation of coping would have been beneficial to this study. As mentioned before, two of the WOC subscales could be interpreted as examples of either emotion-focused or problem-focused coping. The WCQ was effective; however, it was not very precise or differentiated in terms of the different styles of coping. Finally, participant age is a factor that might be considered in the future. Relationships change and differ at different stages of life. The parent-child relationship may be stronger or weaker at various times. Because this is a dynamic relationship that involves two or more persons, it is a plausible assumption that individuals at different stages in life would report different levels of parental attachment and different coping skills.

Future research that is aimed at gaining an increased knowledge and understanding of the importance of parent-child relationships and the outcomes of secure and insecure parental attachments should consider the fact that many adolescents are inaccurately diagnosed with mental health disorders based on their presenting symptoms. A study designed to examine the relationship between parental attachment and mental health must take into consideration the fact that insecure parental attachments, and poor parent-child relationships in general, are traumatic for children. Thus, although there may be features of psychological disorders present, there is

the possibility that these features may be trauma induced. This all-too-real outcome of poor parental attachment must be considered and evaluated as we continue to search for an increased knowledge and understanding of the critical bond between parent and child.

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## APPENDICES

### APPENDIX A

#### Parental Attachment Questionnaire

The following pages contain statements that describe family relationships and the kinds of feelings and experiences frequently reported by college students. Please respond to each item by selecting the number on a scale of 1 to 5 that best describes your parents, your relationship with your parents, and your experiences and feelings. Please provide a single rating to describe your parents and your relationship with them. If only one of your parents is living, or if your parents are divorced, respond with reference to your living parent or the parent towards who you feel closer.

1	2	3	4	5
Not at All	Somewhat	A Moderate Amount	Quite A Bit	Very Much
(0-10%)	(11-35%)	(36-65%)	(66-90%)	(91-100%)

In general, my parents...

- |  |  |
|--|--|
| <p>1. are persons I can count on to provide Emotional support when I feel troubled.</p> <p>2. support my goals and interests.</p> <p>3. live in a different world.</p> <p>4. understand my problems and concerns.</p> <p>5. respect my privacy.</p> <p>6. restrict my freedom or independence.</p> <p>7. are available to give me advice or guidance when I want it.</p> <p>8. take my opinions seriously.</p> <p>9. encourage me to make my own decisions.</p> <p>10. are critical of what I can do.</p> <p>11. impose their ideas and values on me.<br/><i>(go to next column)</i></p> | <p>15. have provided me with the freedom to Experiment and learn things on my own.</p> <p>16. are too busy or otherwise involved to help me.</p> <p>17. have trust and confidence in me.</p> <p>18. try to control my life.</p> <p>19. protect me from danger and difficulty.</p> <p>20. ignore what I have to say.</p> <p>21. are sensitive to my feelings and needs.</p> <p>22. are disappointed in me.</p> <p>23. give me advice whether or not I want it.</p> <p>24. respect my judgment and decisions, even if different from what they would want.</p> <p>25. do things for me, which I could do for myself.</p> |
|--|--|

1	2	3	4	5
Not at All (0-10%)	Somewhat (11-35%)	A Moderate Amount (36-65%)	Quite A Bit (66-90%)	Very Much (91-100%)

12. have given me as much attention as I have wanted.

26. are persons whose expectations I feel obligated to meet.

13. are persons to whom I can express differences of opinion on important matters.

27. treat me like a younger child.

14. have no idea what I am feeling or thinking.  
(go to next column)

---

During recent visits or time spent together, my parents were persons...

28. I looked forward to seeing.

36. to whom I enjoyed telling about the things I have done and learned.

29. with whom I argued.

37. for whom I felt feelings of love.

30. with whom I felt relaxed and comfortable.

38. I tried to ignore.

31. who made me angry.

39. to whom I confided my most personal thoughts and feelings.

32. I wanted to be with all the time.

40. whose company I enjoyed.

33. towards whom I felt cool and distant.

41. I avoided telling about my experiences.

34. who got on my nerves.

35. who aroused feelings of guilt and anxiety.  
(go to next column)

---

Following time spent together, I leave my parents...

42. with warm and positive feelings.  
(go to next column)

43. feeling let down and disappointed by my family.

1	2	3	4	5
Not at All (0-10%)	Somewhat (11-35%)	A Moderate Amount (36-65%)	Quite A Bit (66-90%)	Very Much (91-100%)

When I have a serious problem or important decision to make...

- |  |  |
|--|--|
| 44. I look to my family for support, encouragement, and/or guidance.                               | 48. I discuss the matter with a friend.  |
| 45. I seek help from a professional, such as a therapist, college counselor, or clergy.            | 49. I know that my family will know what to do.  |
| 46. I think about how my family might respond.   | 50. I contact my family if I am not able to resolve the situation after talking it over with my friends. |
| 47. I work it out on my own, without help or discussion with others.<br><i>(go to next column)</i> |  |

When I go to my parents for help...

- |   |  |
|---|--|
| 51. I feel more confident in my ability to handle the problem on my own.  | 54. I feel confident that things will work out as long as I follow my parents' advice. |
| 52. I continue to feel unsure of myself.  | 55. I am disappointed with their response.   |
| 53. I feel that I would have obtained more understanding and comfort from a friend.<br><i>(go to next column)</i> |  |

## APPENDIX B

### Ways of Coping Questionnaire

To respond to the statements in this questionnaire, you must have a specific stressful situation in mind. Take a few moments and think about the most stressful situation that you have experienced in the *past week*.

By “stressful” we mean a situation that was difficult or troubling for you, either because you felt distressed about what happened, or because you had to use considerable effort to deal with the situation. The situation may have involved your family, your job, your friends, or something else important to you. Before responding to the statements, think about the details of this stressful situation, such as where it happened, who was involved, how you acted, and why it was important to you. While you may still be involved in the situation, or it could have already happened, it should be the most stressful situation that you experienced during the week.

As you respond to each of the statements, please keep this stressful situation in mind. **Read each statement carefully and indicate, by choosing 0, 1, 2 or 3, to what extent you used it in the situation.**

Key:            0 = Does not apply or not used            1 = Used somewhat  
                  2 = Used quite a bit                        3 = Used a great deal

**Please try to respond to every question.**

---

1. I just concentrated on what I had to do next-the next step.
2. I tried to analyze the problem in order to understand it better.
3. I turned to work or another activity to keep my mind off things.
4. I felt that time would have made a difference-the only thing was to wait.
5. I bargained or compromised to get something positive from the situation.
6. I did something that I didn't think would work, but at least I was doing something.
7. I tried to get the person responsible to change his or her mind.
8. I talked to someone to find out more about the situation.
9. I criticized or lectured myself.
10. I tried not to burn my bridges, but leave things open somewhat.
11. I hoped for a miracle.

0 = Does not apply or not used  
2 = Used quite a bit

1 = Used somewhat  
3 = Used a great deal

---

12. I went along with fate; sometimes I just have bad luck.
13. I went on as if nothing had happened.
14. I tried to keep my feelings to myself.
15. I looked for the silver lining, so to speak; I tried to look on the bright side of things.
16. I slept more than usual.
17. I expressed anger to the person(s) who caused the problem.
18. I accepted sympathy and understanding from someone.
19. I told myself things that helped me feel better.
20. I was inspired to do something creative about the problem.
21. I tried to forget the whole thing.
22. I got professional help.
23. I changed or grew as a person.
24. I waited to see what would happen before doing anything.
25. I apologized or did something to make up.
26. I made a plan of action and followed it.
27. I accepted the next best thing to what I wanted.
28. I let my feelings out somehow.
29. I realized that I had brought the problem on myself.
30. I came out of the experience better than when I went in.
31. I talked to someone who could do something concrete about the problem.
32. I tried to get away from it by resting or taking a vacation.
33. I tried to make myself feel better by eating, drinking, smoking, using drugs, etc.

0 = Does not apply or not used  
2 = Used quite a bit

1 = Used somewhat  
3 = Used a great deal

---

34. I took a big chance or did something very risky to solve the problem.
35. I tried not to act too hastily or follow my first hunch.
36. I found new faith.
37. I maintained my pride and kept a still upper lip.
38. I rediscovered what is important in life.
39. I changed something so things would turn out all right.
40. I generally avoided being with people.
41. I didn't let it get to me; I refused to think too much about it.
42. I asked advice from a relative or friend I respected.
43. I kept others from knowing how bad things were.
44. I made light of the situation; I refused to get too serious about it.
45. I talked to someone about how I was feeling.
46. I stood my ground and fought for what I wanted.
47. I took it out on other people.
48. I drew on my past experiences.
49. I knew what had to be done, so I doubled my efforts to make things work out.
50. I refused to believe that it had happened.
51. I promised myself that things would be different next time.
52. I came up with a couple of different solutions to the problem.
53. I accepted the situation, since nothing could be done.
54. I tried to keep my feelings about the problem from interfering with other things.
55. I wished that I could change what had happened or how I felt.

0 = Does not apply or not used  
2 = Used quite a bit

1 = Used somewhat  
3 = Used a great deal

---

56. I changed something about myself.
57. I daydreamed or imagined a better time or place than the one I was in.
58. I wished that the situation would go away or somehow be over with.
59. I had fantasies or wishes about how things might turn out.
60. I prayed.
61. I prepared myself for the worst.
62. I went over in my mind what I would say or do.
63. I thought about how a person I admire would handle the situation and used that as a model.
64. I tried to see things from the other person's point of view.
65. I reminded myself how much worse things could be.
66. I jogged or exercised.

VITA

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