A Portfolio of Academic, Therapeutic Practice and Research Work

Including an investigation entitled ‘Re-examining the role of adult attachment as a predictor of relationship satisfaction in heterosexual romantic relationships when other relationship variables are taken into consideration’

By
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Submitted to the University of Surrey
in partial fulfilment of the degree of Practitioner Doctorate (Psych. D) in Psychotherapeutic and Counselling Psychology
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To my parents and my brother,
with all my love.

Στοιχεία μου και τον αδερφό μου,
με όλη μου την αγάπη.

“Success is to be measured not so much by the position that one has reached in life... as by the obstacles which he has overcome while trying to succeed.”

Booker T. Washington
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**Statement of Anonymity**

The confidentiality of clients and participants has been protected throughout this Portfolio. Whenever client or participant material is referred to, names have been replaced with pseudonyms and any identifying information has been changed or omitted to preserve the anonymity of those involved.
Introduction to the Portfolio

This Portfolio consists of a selection of work that has been carried out in partial fulfilment of the Practitioner Doctorate in Psychotherapeutic and Counselling Psychology course at the University of Surrey. It is comprised of three dossiers: academic, therapeutic practice and research, all of which represent the collection of interests, experiences and hard labours of my four-year-long journey towards qualification as a counselling psychologist. It is hoped that these dossiers demonstrate the range of skills and competencies that I have acquired during the course of my training.

The purpose of this introduction is to provide the reader with information about the nature of the material that will follow and orient him/her to the links within and between the different dossiers. However, before introducing the material included in this portfolio, I feel that it is essential to set the work in context by providing the reader with some information about my reasons and experiences that played a defining role in my decision to pursue a career in counselling psychology and my development as a trainee.

My decision to train as a psychologist was reached after long and hard deliberation over a period of many years and I feel that it has been ultimately linked with my personal quest to better understand my own emotions, thought processes and behaviours. I have always been interested in how people, including myself, think, behave and relate to each other. However, when the time came to apply for University courses I was promptly discouraged by friends and family to apply for a course in psychology as, in their minds, this was a career with no future in Greece. I ended up at the University of Athens studying Mass Media and Communication. This was a very unhappy period of my life characterised by confusion, sadness and anxiety as I was discontented with my studies and unsure about what I wanted to do in my life. These feelings were compounded by a difficult adolescence that seemed to be prolonged over my early twenties. Eventually, I decided to seek the help of a psychologist. This experience had a profoundly positive effect upon me and it rekindled my interest in learning more about human nature and psychotherapeutic practice. Hence, at the end of this process I decided to drop my course in Mass Media and Communication and
study psychology. This was the beginning of what was to be a challenging but also very exciting eight-year-long journey.

I completed my first degree in psychology at the University of Sussex. As an undergraduate I also undertook voluntary work during summer breaks in the private practice of a clinical psychologist and for a short period of time I worked as a trainee psychologist in a Drug and Alcohol outpatient unit of a large hospital in Greece. Moreover, during the last year of my undergraduate studies and in an effort to prepare myself for my graduate training I completed a Pre-Diploma in Counselling at the University of Sussex. These experiences made me even more aware of my desire to work as a therapist. At the same time, my voluntary work impressed upon me the value of acquiring high calibre training in the theory and practice of psychotherapeutic psychology in order to become a competent, responsible and informed practitioner.

Training as a counselling psychologist seemed to be the logical next step after my undergraduate studies, since the principles of counselling psychology seemed to best fit my personal values and ideas about the delivery of psychological therapy. In particular, I was drawn by the humanistic value system underlying counselling psychology which places the therapeutic relationship at the centre of the therapeutic endeavour and advocates the respect for the uniqueness of individual clients and their phenomenological experience (British Psychological Society, 1998). I was also attracted by the opportunity to familiarise myself with different theoretical models of therapy and by the emphasis on integration. Moreover, I was impressed by the scientific rigour of counselling psychology and by the emphasis placed on the Surrey doctoral course on the interdependence and interrelation of the three different aspects of training: therapeutic practice, academic and research work. Lastly, but by no means least, I was drawn by the requirement for trainee counselling psychologists to undergo personal therapy, as it is indicative of the acknowledgment that the therapist is “an active ingredient in the helping process” (Woolfe, 1996, p. 6) and that as practitioners we need to be involved in a continuing process of personal development so that we can be aware of our own psychological processes and the different ways in which we may impact upon the therapeutic process. Accordingly, throughout my training I have tried to uphold the principles of counselling psychology in my work and the reader will realise that the primacy of the therapeutic relationship, an attention to my own
processes and role in the therapeutic process and an emphasis on the integration of psychotherapeutic approaches are evident at various parts of this portfolio.

An aspect that played a key role in my development as a counselling psychologist and as a person was my decision at the beginning of my third year to convert to part-time study. This was a decision that was brought about by a constellation of circumstances, the most important ones being the heavy demands of training and my experience in my cohort. Although I thoroughly enjoyed my training, there were many times that I felt strained by the demands of the course and especially the need to efficiently 'juggle' between the different elements of the course. This proved much more difficult than I had expected. At the same time, being the only male and the only non-English trainee in my cohort there were many times that I found it very difficult to relate to my colleagues and most importantly I felt that I was constantly experiencing a 'battle' to retain my male identity. This was a novel experience for me that affected me profoundly and although, in retrospect, helped me grow as a person, at that time it resulted in me feeling isolated and unsupported. As a result, I felt that I needed more time to process my experience and re-group my energy to effectively continue with my training. As I also discuss in my final clinical paper, the decision to go part-time proved to be a milestone in my development since it provided me with the 'time and space' to reflect upon my training in previous psychotherapeutic models and find ways that these models could be meaningfully integrated into practice. Moreover, it gave me the chance to devote more time to my academic and research interests and benefit from the variety of experiences offered by four clinical placements as it is indicated in my therapeutic practice dossier.

I will now turn to the contents of this portfolio in an effort to introduce the work I undertook across the different areas of my training and explain the links within and between the different domains.

**Academic Dossier**

The academic dossier contains a selection of academic papers submitted during my training. The first report entitled 'Ethical and legal considerations in the practice of counselling psychology: A case study' was submitted as part of the 'Issues in Counselling Psychology' module. Although this is an academic paper, it is ultimately
linked with therapeutic practice since, through the presentation of a case study, it
discusses the number of ethical dilemmas and legal problems that a counselling
psychologist could face in his/her everyday practice and highlights the importance for
counselling psychologists to have a working knowledge of the ethical and practice
guidelines of their professional body and be aware of the legal aspects and
implications of their work.

The following two essays were submitted as part of the 'Advanced Theory and
Therapy' module and illustrate a grasp of psychodynamic and cognitive-behavioural
theory respectively. In particular, in the essay entitled 'Discuss an aspect of the
therapeutic relationship in relation to psychoanalytic ideas: Countertransference' I
attempt to provide a historical account of the main developments of the term
countertransference and by using clinical material from my psychodynamic placement
I try to demonstrate how countertransference can be a useful source of information
about the client’s internal world and how it could form the solid basis for effective
therapeutic understanding and interpretation. In the essay entitled 'In cognitive
therapy, how would the therapist understand and work with difficulties that arise in
the therapeutic relationship? Illustrate with examples from your own practice’ I
review recent developments in the literature of cognitive therapy which indicate that
the therapeutic relationship is not only considered as a necessary condition for change
but also a mechanism which can facilitate change in therapy and I link these ideas to
my own therapeutic practice via a case study from my cognitive placement. Both these
essays demonstrate how my knowledge of these two models of psychological therapy
has impacted upon my therapeutic work. Also, although these essays examine aspects
of two different theoretical perspectives, they are linked to some extent by the
acknowledgment of the therapist’s role in the therapeutic endeavour and the emphasis
placed on the therapeutic relationship as a central component of the therapeutic
process.

Finally, the essay entitled ‘By using one of the psychological models covered in this
course discuss how it can assist efforts to work integratively’ was submitted as part of
the 'Final Year Options' module. The essay discusses the ways that schema-focused,
an extension of short-term cognitive therapy, incorporates into cognitive therapy
concepts and techniques from various schools of psychotherapy, such as
psychodynamic, humanistic and gestalt psychotherapy. This essay reflects my own efforts to learn to integrate the various elements of the different therapeutic approaches that I have been exposed to during my training and is the result of my academic and practical experience with different therapeutic approaches.

**Therapeutic Practice Dossier**

This dossier includes a short description of the four placements that I undertook during my training. These summaries inform the reader about the type and duration of placement, the client population seen and the types of supervision received. They also include a brief account of therapeutic work and professional activities undertaken in placements. The main focus of this dossier is the Final Clinical Paper which provides an account of my personal journey towards the acquisition and formation of a professional identity as an integrative counselling psychologist. This paper represents the culmination of four years of personal and professional growth. It expands and clarifies some of the arguments made in the academic papers and highlights the various elements of my training experience that have played an important role in developing my present position as an integrative counselling psychologist. Also the extracts from the Cavafy poem, which prefaces this paper, have a special meaning for me not only because the metaphor of a journey accurately describes my perception of my development as an integrative practitioner but also because one of the main meanings of the poem is that as people we should enjoy and value the process of the journey and not be constantly preoccupied by its 'end goal'. This is probably one of the most valuable lessons I have learned in this course both on a personal and professional level.

**Research Dossier**

The portfolio concludes with the research dossier which includes a literature review and two empirical studies, including appendices. The theme that links all three pieces is the investigation of romantic relationships and adult attachment. The investigation of this field is closely tied to my personal interest in understanding the 'whys' and 'hows' of adult romantic relationships and my desire to clarify the possible ways that adult attachment theory and research could inform clinicians, including myself, about their therapeutic practice with couples or individuals who face difficulties in their romantic relationships.
My literature review examines the issue of adult attachment in romantic relationships. In this review I identified and highlighted new developments, major limitations and unanswered questions in this research domain. At the end of this review I indicated that the major methodological and conceptual problems of this research area preclude practitioners from using this body of research as an evidence base from which they could inform their practice. Thus, I felt that it was important to find various ways to address the methodological and conceptual problems I encountered during the review of this literature. It was this idea that subsequently guided my research endeavours in the following years.

In my qualitative research report it is argued that the imposition of attachment theory on the conceptualisation and analysis of adult romantic phenomena might have hindered our opportunity to develop a detailed understanding of the multiplicities and complexities of couples’ relationships. Thus, I noted the need to focus more on the phenomenological experiences of individuals in an effort to understand better the various ways that adults make sense of the nature of the connections in their relationship and the processes by which those connections are developed and maintained. Therefore, I interviewed fourteen people and asked them to talk about their experiences in their intimate relationships. The analysis of these participants’ accounts resulted in a preliminary model of intimate relationships. Specifically, the major themes, concepts and categories that arose from the analysis indicated that participants’ accounts of their intimate relationship could be meaningfully organised under two major categories: one that related to the interpersonal processes that occurred within the couple and another one that related to the effects of a number of extraneous factors on the dyadic relationship. Subsequently it was argued that an attachment perspective, which focuses only on the processes that occur between the partners and ignores their social worlds, could not explain some of the aspects of the derived model. Hence, Hazan and Shaver’s (1994) argument that adult attachment theory could serve as an organizational framework for the explanation of the major bodies of data on close relationships was seriously questioned.

Finally, the findings of my qualitative study formed the basis for my last research project. In particular, in my last project I decided: a) to investigate whether the
variables that emerged as important in my qualitative study would generalise to a larger sample and b) to include the new variables together with attachment variables in multivariate models in order to examine their role in the relationship between attachment and relationship satisfaction. The results of this study indicated that the link between attachment and relationship satisfaction in heterosexual romantic relationships is much weaker when other relationship variables are examined in combination with attachment. The report ends with suggestions about future research as well as a discussion of the implications of these findings on the practice of counselling psychology.
References


ACADEMIC DOSSIER
Ethical and legal considerations in the practice of counselling psychology: A case study.

In all the professions that fall under the wide umbrella of therapy (e.g., counselling psychology, clinical psychology, psychotherapy, counselling) ethical issues constitute an integral part of good therapeutic practice. This is evident from the fact that the major professional organizations in the UK have published ethical guidelines for their members which set the minimal standards for good therapeutic practice (British Association of Counselling, 1994; British Psychological Society, 1993; United Kingdom Council of Psychotherapy, 1993). If a member of any of these organizations is found to practice below these minimal standards then s/he can be suspended or even expelled from the organization.

As a trainee counselling psychologist I soon realized the importance of being aware of ethical issues since all counselling psychology postgraduate training courses include an obligatory module about ethical issues. Moreover, in most introductory books on counselling psychology there is at least a chapter devoted to ethical issues in the practice of counselling psychology (e.g., Woolfe & Dryden, 1996; Bor & Watts, 1999). On the other hand, I was surprised to see that very little information is usually given to trainees about legal issues and the practice of therapy. Of course, this may be a reflection of the fact that in the UK therapists have not yet received statutory recognition (Jenkins, 1997) and thus there is little literature regarding this topic. This is in direct opposition to the USA where therapists have already achieved a recognized legal status (Austin, Moline & Williams, 1990). At the same time, the lack of information on legal issues is very surprising since all organizations in the UK ask their practitioners to be aware of any legal implications of their work. For example, the BPS Division of Counselling Psychology states that "it is a fundamental responsibility of the practitioner to be aware of the specific legal implications of their work" (1998, p. 6) and the BAC postulates that "counsellors should take all reasonable steps to be aware of current law affecting the
work of the counsellor. A counsellor's ignorance of the law is no defence against legal liability" (1994, p. 13).

Recently a fellow trainee counselling psychologist came across a number of interesting ethical and legal considerations in his placement that made me appreciate some of the difficulties in trying to manage ethical and legal issues at the same time. Furthermore, I realised that sometimes ethical dilemmas are difficult to solve and that the counselling psychologist may be obliged to decide on a course of action which may not be the most satisfactory for him/her (Shillito-Clark, 1996). The current essay will present this case and the relevant ethical and legal issues that the therapist had to deal with. It will be illustrated that counselling psychologists should be aware of the ethical guidelines of their professional body in order to deal in a more effective way with the ethical considerations of their work. In addition, this paper will demonstrate the need for practitioners to be aware of legal issues surrounding their professional work and a model of ethical problem solving (Bond, 1993), which is considered to be a useful way of dealing with difficult ethical dilemmas.

Of course, it must be stressed that in such a limited space it would be impossible to cover all the domains where ethical problems could arise (e.g., fitness to practice, competence). Hence, the present essay will focus on the ethical and legal considerations that arose from the case study presented below, namely those of malpractice, confidentiality and disclosure in the public interest. Finally, although the paper is written from the perspective of a trainee counselling psychologist, the topics that are covered are interesting and relevant to all those involved in the practice of counselling and therapy.

A case study and the emerging ethical and legal issues
Before presenting the case, the author would like to specify that following the guidelines outlined by the BPS (1993) the details of the trainee counselling psychologist and his client have been altered in order to ensure confidentiality. Furthermore, only the information that was considered necessary and sufficient to highlight the ethical and legal
considerations that arose from the present case will be included. Therefore, due to the limited nature of information the reader may feel at some point that the correctness of the psychological formulation could be challenged. However, the specific formulation is not the core issue in this paper as the case is used to highlight some of the dilemmas that a counselling psychologist may face in his/her therapeutic practice.

John was referred by his General Practitioner to Steve, a trainee counselling psychologist working at a community mental health team, because he was suffering from Post Traumatic Stress Disorder (PTSD) and depression following a car accident. In the first two sessions, Steve carried out an assessment, which led him to the formulation that the psychological problems experienced by John were indeed related to his car accident. Thus, they decided to work on John’s flashbacks and nightmares as well as on his depressed mood. However, as therapy progressed John began talking more and more about his childhood and aspects of his current life that were irrelevant to the accident. This new information led Steve to think that a re-evaluation of his initial assessment and formulation was pertinent at this point in order to better understand his client’s presenting difficulties and decide which intervention would be most beneficial to him. Based on the new information and his psychological knowledge, Steve realized that his client could be diagnosed with Conduct Disorder (DSM IV, 1994) that had its origins in John’s childhood and was never picked up. Steve discussed his ideas with his supervisor who seemed to agree with him and suggested that a formal diagnosis should be made by the psychiatrist of the CMHT. However, at this point both Steve and his supervisor realized that they were facing several ethical and legal dilemmas related to issues of malpractice, confidentiality and duty to warn third parties.

Malpractice
Diagnosis and assessment are an important part of the therapeutic process and can greatly affect our clients as improper diagnosis can deprive clients of appropriate and effective treatment (Palmer & McMahon, 1997). In the UK psychiatrists are considered to be the best trained professionals to carry an accurate psychiatric diagnosis. However, although
in the UK psychiatrists are the only professional group that is legally responsible for diagnosis (Jenkins, 1997), assessment and formulation are an integral part of every counselling and clinical psychologist’s work. Thus, Steve’s efforts to ensure that his client had been appropriately diagnosed and would receive the therapeutic intervention that would mostly benefit his condition were in accordance with the standards of his profession.

However, John was in the process of settling his claim with the insurance company. It had already established that the accident was not his fault and he was asking to be compensated for the physical and psychological damages that had been caused to him by the accident. He had collected reports from physicians that stated that his physical problems were the result of his car accident. Moreover, his solicitor had commissioned an independent psychiatrist to assess John and write a report that could be used in court. The psychiatrist saw John for an assessment and concluded in his report that he was suffering from PTSD and depression stemming from his car accident. Therefore, it appeared that there should be no problem in receiving the amount of compensation that he was requesting from the insurance company. The only thing that remained to be done was to get assessed by the psychiatrist of the insurance company. Consequently, Steve found himself in a difficult legal and ethical position. If he decided to refer the client to the psychiatrist to make a diagnosis based on the new information, there was a good chance that this could negatively affect John’s compensation claim. On the other hand, if Steve decided not to refer John to the psychiatrist, he could be considered to operate below the standard level of practice and thus breach the BPS’s ethical code of conduct and this could result in him being sanctioned by the BPS. There was also the legal aspect of the argument; could Steve be charged for a negligent assessment, if he decided to delay or disregard the new diagnosis, in order for John to successfully claim his compensation?

According to Jenkins (1997), there are several instances in both the UK and the USA where clients have filed lawsuits for negligent assessment and treatment. In fact, failure or delay in diagnosis was found to be the third most common reason for negligence
claims against psychiatrists in both countries (Jenkins, 1997). Furthermore, in a study by Pope (1986) failure or delay in diagnosis was ranked as the 4th highest cause for paid amounts by insurance companies in the USA due to malpractice claims (period 1976-1986). However, in the specific case it would be very unlikely for the trainee to find himself in such a situation mainly for two reasons. First of all, as stated above, the legal responsibility for diagnosis in the UK falls on psychiatrists. Second, the trainee could protect himself by advising his supervisor as to what should be done under these circumstances. Indeed, Steve raised this matter in supervision and his supervisor advised him that they should consider all the options before deciding on any course of action. The ethical dilemma that they were both facing could not be easily solved because in either case the client could benefit as well as be harmed from their decision. Consequently, Steve and his supervisor decided to follow the guidelines that Bond (1993) has suggested for ethical problem solving. According to Bond a useful way of tackling difficult ethical dilemmas is to follow five steps: clarify, consult, consider course of action, choose course of action and check outcome.

- **Clarify:** identify as far as possible all elements of the problem. If the new information was disregarded by Steve and his supervisor, then the client would not be offered the best possible treatment but most probably would get the compensation that was essential to him. On the other hand, if a new diagnosis was made, the client could be helped more psychologically but he would probably lose his case with the insurance company if it went to the court.

- **Consult:** read through the code of ethics of your professional body, ask for legal advice, discuss with your supervisor or other experienced professional colleagues. The code of ethics in all professional bodies does not present detailed information about specific ethical dilemmas and thus the responsibility for solving such an ethical dilemma rests with the therapist. However, it could be argued that under the ethical principle of competence (BPS Division of Counselling Psychology, 1998) the counselling psychologist should take advantage of all his/her knowledge and experience in order to
help his/her client in the best possible way. In this case, making a new diagnosis and deciding on an appropriate course of treatment.

- **Consider courses of action**: brainstorm all possible courses of actions, compare ethical principles of beneficence (the best possible outcome), justice, respect to autonomy and non-maleficence (avoiding harm), and consider the consequences.

In this case the best possible outcome would be for the case to be settled outside the court so that there would not be any legal obligations on the therapist’s part. At the same time if the new diagnosis was made, the client could be helped by the most appropriate intervention. Furthermore, referring John for a new diagnosis was thought to be the fairest decision because, even if the case went to court and John lost a part of his compensation, this would be on the basis of correct premises. The client’s autonomy was also respected because John had been informed from the beginning of the therapy about the limits of confidentiality and had himself decided to bring the new information to the sessions. Also, this was the choice considered to cause the least harm bearing in mind that there was a fair chance that the case would be settled before it reached the court.

- **Choose**: select the best course of action and re-review before implementing action.

Steve and his supervisor chose to refer John to the psychiatrist for a diagnosis and follow the exact procedure that they would follow for any other client that would not present a similar legal problem. However, before doing so, they agreed that Steve would discuss his decision with John in order to ensure that he also agreed with this course of action.

- **Check the outcome**

After John’s agreement to be referred to a psychiatrist for a formal assessment, Steve referred him to the CMHT’s psychiatrist. However, it would be difficult to evaluate the outcome of this course of action as Steve is no longer at his placement and at the end of therapy John was still on a waiting list to see a psychiatrist and his compensation claim had not been settled.
Of course, someone could easily argue that Steve and his supervisor should have decided on the opposite course of action. However, as Shillito-Clark (1996) has stressed, most often there are no easy answers to ethical dilemmas and different practitioners may argue for different courses of action. The author believes that in such difficult cases ethical decisions could be judged only by the outcome and in this case the outcome is still unknown. Nevertheless, regardless of the outcome, the above case represents a good and helpful example of how ethical dilemmas could be tackled by counselling psychologists in their everyday practice.

Confidentiality and the client's interest

Confidentiality is one of the most important aspects of therapeutic practice. Most practitioners consider that therapy requires a high degree of confidentiality so that the client can feel safe and comfortable enough to deal with sensitive personal information. The importance of confidentiality is reflected in the published ethical guidelines of all major professional organizations. The BPS Division of Counselling Psychology states that “rigorous respect for issues of confidentiality is fundamental to the ethical practice of Counselling Psychology” (1998, p. 5); the BAC informs its members that “confidentiality is a means of providing the client with safety and privacy. For this reason any limitations on the degree of confidentiality offered is likely to diminish the usefulness of counselling” (1994, p. 13); the UKCP advises psychotherapists that they “are required to preserve confidentiality” (1993, p. 1). Furthermore, all these organizations consider that the client should be informed in advance about the limits of confidentiality but they differ in the stringency of this requirement (Bond, 1999). So, the BPS recommends and the BAC requires from their members to state in advance to the client any limits of confidentiality, while the UKCP asks its members to explain limits of confidentiality only after a direct request from the client.

Breaches of confidentiality may lead to a therapist being sued by a client and even expelled from his organisation for misconduct. However, there are a few instances when disclosure of confidential material by a therapist is justified and protected by law (Jenkins, 1997): a) with the client's consent, b) by order of a court (subpoena) in a
criminal or a civil case and c) when the public interest is in danger (e.g., child abuse, terrorist acts)

In the above case Steve faced the following legal dilemma; what should he do in case the solicitors of the insurance company asked to see John’s records? Should he break confidentiality, if his client did not consent to this? According to Scoggins, Litton and Palmer (1998), in the preliminary stages of a litigation if a solicitor writes to a therapist requesting disclosure of confidential information implying that the therapist has no other option but to comply, the therapist should be aware that s/he has every right to refuse that request. The therapist would be obliged to disclose confidential information without his/her client’s consent only if s/he has been ordered by court to give this information. If s/he then refused to comply s/he could be charged with contempt of court. Thus, Steve could refuse any direct requests from the insurance company. However, if the case was not settled outside the court and he was served with a subpoena, he would have to appear in court as a witness and bring along all his notes. In that case, the court would decide how much of the information from the notes would be used.

Given that in the UK there is an increase in the number of civil cases concerned with compensation due to alleged PTSD and that most often psychologists are asked to testify as expert witnesses (Gudjonsson, 1996), Steve realised that if the case reached the court there was a good possibility that he would be called as a professional witness. Thus, he faced the ethical dilemma of how he could protect his client’s best interest. He felt that if as a witness he mentioned his suspicion about conduct disorder, this could seriously affect the amount of compensation that his client would receive from the insurance company and this could seriously harm the therapeutic relationship with his client. The client could find it difficult to trust Steve again and he could also see him as someone that ‘damaged’ him instead of helping him. Steve expressed his concerns to his supervisor and, as previously discussed, after consideration of all the aspects of the problem they decided on the course of action that was elaborated above.
Confidentiality and the public interest

Steve was also faced with the ethical dilemma and legal obligation to break confidentiality for the public interest. As therapy progressed, John reported that he easily got angry with people and described several occasions where he had almost behaved aggressively towards others but at the last minute managed to calm himself down. In addition, there had been many instances when he had expressed his intentions to harm other people but without mentioning any names or bringing any specific examples. Finally, he mentioned that in the past he had engaged in some criminal behaviour (several years ago). Steve felt worried about what he should do with this information. Should he report any past criminal behaviour to the authorities? Should he write this information in his notes knowing that if he received a subpoena from a court all his notes could be used in court as evidence? The BAC gives explicit guidelines regarding criminal behaviour. “Withholding information about a crime that one knows has been committed or is about to be committed is not an offence, save exceptionally. Anyone hearing of terrorist activities should immediately take legal advice” (1994, p. 15). Furthermore, Austin, Moline and Williams (1998) in their book Documenting Psychotherapy clearly state that a therapist is not required to write any past criminal behaviour into his/her client’s records unless the client is seeking therapy to avoid prosecution or conviction. Based on this information, Steve decided not to write or mention any of the criminal behaviour in which John had engaged in the past.

However, Steve also faced the difficult dilemma of what he should do regarding his client’s anger outbursts and his reported intentions to harm other people; should he break confidentiality and notify the authorities? According to the Professional Practice Guidelines by the Division of Clinical Psychologists (1995), psychologists should disclose information about their client, even without his/her consent, when failure to do so could result in the client or someone else being seriously harmed.

One of the most widely cited cases regarding this issue has been the Tarasoff case (1979, cited in Austin et al., 1990). In 1975, Prosenjit Poddar, a patient at the University of
California hospital, informed his psychotherapist that he was planning to kill an unnamed girl, who was identifiable as Tatiana Tarasoff, after she returned from her summer vacation. The therapist informed the campus police and Poddar was retained. However, he promised that he would stay away from Tatiana and the police released him. After her return from her vacation, Poddar went into her house and killed her. The parents of Tatiana brought a case against the university hospital, the therapist and the police because they had failed to warn Tatiana or her parents about Poddar’s intentions. The parents initially lost the case but appealed and the Supreme Court of California reversed the judgement and found the defendants guilty of negligence on a charge of ‘failure to warn’.

Austin et al. (1990) report that the Tarasoff case had a major impact in the USA legal system and led to different interpretations. As a result, different States in the USA have different legislation regarding this matter. Some of them require therapists to take action only if the victim is identifiable, while others require from therapists to break confidentiality and take action even when the client makes threats about a potential victim unknown to the therapist.

In the UK there is not such detailed legislation about these issues mainly because therapists do not have the statutory recognition that their colleagues have in the USA (Jenkins, 1997). Thus, therapists in the UK do not have a solid legal base on which they could base their decisions on such matters. Only forensic psychiatrists are expected to take action on a client’s threats towards a named person (Royal College of Psychiatrists, 1990). In an attempt to help therapists find solutions to such problems Jenkins (1997) published one of the few comprehensive books about the law in relation to counselling and psychotherapy in the UK. In this book he states the most important instances under which someone should break confidentiality without his/her client’s consent and without a court order:

- Under the Prevention of Terrorism (Temporary Provisions) Act 1989, it is an offence to withhold information that could lead to the prevention of a terrorist act or to the arrest of an individual that could be connected with a terrorist act.
• Under the Children Act 1989, therapists are required to break confidentiality in case where child abuse is suspected.

• Under the Mental Health Act 1983, therapists can break confidentiality when they consider that their patient may be a danger to himself or another person.

However, the above information refers to clear-cut cases and counselling psychologists may usually find themselves in situations where the answer is not so clear. For example, in Steve’s case the client has not mentioned any specific names or any specific examples. What should a counselling psychologist do under these circumstances?

Barnes (1998) argued that quite often it is very difficult to make decisions on such ethical dilemmas and stressed the importance of the therapist being aware of all possibilities before taking any action. To support her argument, she presented the following case: a young therapist was seeing a client who was dating a woman with two daughters. In the last sessions he had expressed his guilt for being sexually attracted to the eight-year old daughter of his girlfriend. Based on this information, the therapist decided to inform the Social Services. Consequently, the client was questioned by the police and the daughter was examined. The child was found to be unharmed and the police stopped any further inquiries. The result of this was that her client’s relationship with his girlfriend was broken down and a considerable amount of distress was caused to her client as well as the whole family. Barnes argued that therapists should always be aware that “there is a considerable difference between fantasy and acting out, and it is up to the practitioner to hold and contain this” (1998, p. 46). In addition, in such cases the practitioner should ask the help of his/her supervisor. Indeed, in the above case, Steve consulted his supervisor who suggested that before Steve decided on any course of action he should be more certain about the severity of John’s aggressive intentions. Furthermore, the supervisor suggested that since John had not mentioned any specific instances where he had acted in an aggressive manner, it was possible that he was expressing his feelings and his fantasies in the sessions. However, the supervisor advised Steve to be alert of any indications that John could harm someone. Finally, they decided that Steve would also remind his client...
that he had an ethical responsibility as a counselling psychologist to disclose information to the authorities when there is an indication that a client may present a danger to himself or to others.

**Overview**

The above case was chosen to present a range of ethical dilemmas and legal problems that a counselling psychologist, as well as any therapist, could face in his/her everyday practice. It was argued that counselling psychologists have an obligation to familiarize themselves with the ethical guidelines of their professional body and also be aware of the legal aspects and implications of their work. On the other hand, it was demonstrated that there are going to be some instances when counselling psychologists will be faced with situations where decisions are not that easy. In such cases, it would be useful to discuss their concerns with their supervisor or a more experienced colleague, and when there is a legal problem, counselling psychologists should seek advice from a solicitor or the legal service of their insurance scheme. At the same time, the present essay has demonstrated that there is a need in the UK for more information regarding the legal rights and obligations of therapists. Maybe this will change as we move towards a legal recognition of the profession of therapy (Jenkins, 1997). Finally, it was proposed that when counselling psychologists are faced with difficult dilemmas, a good way of reaching a decision is to follow the five steps proposed by Bond's (1993) ethical-problem solving model (i.e., clarify, consult, consider courses of action, choose course of action, and check the outcome).
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Discuss an aspect of the therapeutic relationship in relation to psychoanalytic ideas: Countertransference.

In the wide community of psychotherapy the terms transference and countertransference have become almost synonyms of psychodynamic psychotherapy and contemporary theorists have argued that “the hallmark of psychoanalysis is the use of transference and countertransference as a guide to understanding the inner world” (Bateman & Holmes, 1995, p. 95). However, Freud who was the pioneer in the study of transference (1905) and countertransference (1910) had initially suggested that both these phenomena constituted an impediment to the analysis of his patients. Freud’s investigations and his subsequent reformulation of these concepts led other psychodynamic theorists to examine, alter and develop the meaning as well as the usage of both these terms. Today, almost 100 years later, the literature is full of journal articles and books that are devoted to the study of these phenomena and it would be impossible to offer a comprehensive review of all the literature on transference and countertransference in such a limited space. Thus, the present essay will focus on countertransference. Specifically, the first part of the essay will attempt to provide a historical account of the main developments of the term countertransference, while the latter part will include clinical material from the author’s practice in order to demonstrate how countertransference can be a useful source of information about the client’s internal world and how it could form the solid basis for effective therapeutic understanding and interpretation.

The term countertransference first appeared in an essay by Freud called ‘The future prospects of psychoanalysis’, where he wrote that “we have become aware of the “countertransference” which arises in him [the physician] as a result of the patient’s influence on his unconscious feelings, and we are almost inclined to insist that he shall recognize the countertransference in himself and overcome it” (1910, pp. 144-145). Freud

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1 Since many different theories have developed from and within psychoanalysis (e.g., object-relations, ego-psychology, interpersonal), the term ‘psychodynamic’ is going to be used throughout this essay because it encompasses all these different schools of thought (Jacobs, 1999). Similarly, the terms ‘psychotherapist’ and ‘analyst’ are going to refer to all types of psychodynamic therapists.
clearly viewed countertransference as an obstacle to the analysis of his patients. Consequently, he proposed that the best way a psychotherapist could deal with his/her countertransference feelings was to keep a neutral stance. To make his point even clearer, he compared the psychotherapist with a mirror that reflects back only the image of the patient, or with a skilful surgeon who can perform a difficult operation by putting his/her feelings aside (1912). Freud’s propositions resulted in a school of thought between psychotherapists that believed that the best way to deal with any feelings toward their patients was to abolish them and, as Heimann (1950) noted, it created an ideal of the ‘detached’ analyst. Thus, from the 1920s till the early 1950s most psychotherapists were required to have their own analysis, called ‘control analysis’ (Hinshelwood, 1994), and its purpose was to help them overcome their neurotic problems and resistances so that they could work more efficiently with their patients. However, it must be noted that some theorists like Heimann (1950) claimed that the ideal of the detached and unfeeling psychotherapist could have derived from a misreading of Freud’s statements. Moreover, Young (1994) has argued that Freud’s later suggestion that the psychotherapist “should use his own unconscious like a receptive organ toward the transmitting unconscious of the patient” (1912, p. 115) and his comparison of the psychotherapist’s unconscious with the telephone receiver that can convert back into sound waves the electric oscillations from the transmitting microphone, indicate a much deeper and elaborate conception of the term than that of the ‘reflecting back mirror’. Nevertheless, Freud never expanded his ideas about countertransference and, as Gorkin (1987) claimed, he mainly used the term in a pejorative manner.

Freud’s propositions went almost unchallenged up to the late 1940s and early 1950s when other psychodynamic theorists began questioning his views on countertransference. In fact, during that period, a number of seminal papers regarding countertransference were published (e.g., Heimann, 1950; Little, 1951; Racker, 1953; Winnicott, 1947) which constituted the basis for most of the theoretical refinements of the concept to this day (Gorkin, 1987). Winnicott was one of the first theorists who argued that the psychotherapist’s emotional reactions could be of some use in understanding the patient.
Particularly, in his paper ‘Hate in the countertransference’ (1947) he proposed that the ‘objective countertransference’, that is the intense feelings of love and hate that a psychotherapist may have as a result of his/her patient’s behaviour and personality, could be a useful source of information about how the patient may be feeling. He further argued that the psychotherapist must not try to deny or abolish these feelings. Instead, s/he must attempt to understand them, sort them out and keep them in storage as a source for future interpretations. A few years later Paula Heimann published her paper ‘On countertransference’ (1950) which is regarded to be the paper that paved the way for the investigation of countertransference as a useful tool in psychotherapy. Heimann claimed that “the analyst’s emotional response to his patient within the analytic situation represents one of the most important tools for his work. The analyst’s countertransference is an instrument of research into the patient’s unconscious” (1950, p. 81). Furthermore, she argued that the interpretations of a psychotherapist who does not consult his/her feelings are poor and his/her analytic task is not to discharge the feelings created in him/her by his/her patient but to sustain them in order to ‘subordinate’ them and reflect them back to his/her patient. Finally, while Winnicott’s suggestions were restricted to the analysis of psychotic and antisocial patients, Heimann’s proposals were extended to include analysis with all types of patients.

However, Winnicott’s and Heimann’s papers did not appear suddenly and randomly in the literature. They were ultimately linked with Klein’s insights on projective identification (1946, 1955). In fact, as a number of psychotherapists (e.g., Clarkson & Nuttall, 2000; Gorkin, 1987; Hinshelwood, 1989; Young 1994) have correctly argued, most of the developments in the thinking regarding countertransference were the result of Klein’s work on projective identification. Klein (1946) introduced the concept of projective identification in order to explain how young infants relate to external objects, particularly their mother, during the first months of their life. She proposed that projective identification is a complex defence mechanism which includes the mechanisms of splitting, projection and identification. Specifically, Klein argued that the young infant cannot tolerate having both good and bad feelings about his/her internal objects, thus, by
using the defence mechanism of splitting, s/he is able to keep apart the good and the bad parts of his/her internal object. Then, as s/he physically expels 'dangerous excrements' from his/her body, s/he projects the bad harmful feelings into his/her mother in an attempt to attack them and control them. Finally, the infant feels identified with the recipient of these projections. Admittedly, Klein argued that it is not only the bad parts of the self that can be projected into the mother but also the good parts and this is a part of normal development. Thus, for example, the projector may be unable to own some of his/her positive qualities because of guilt or fear of envy, abandonment, loneliness or fear of harming someone important. By the process of projective identification those good bits can be attributed to or deposited into someone else (Ogden, 1979).

Klein's conceptions were soon expanded by some of her followers (e.g., Bion, 1955, 1959, 1962; Rosenfeld, 1952, 1954) and explicitly applied to the analytic situation. These psychotherapists demonstrated with examples taken from their own practice, especially with psychotic and borderline patients, how their patients used the mechanism of projective identification in order to 'put' into their psychotherapist parts of themselves that they needed to disown or preserve. Thus, they considered that their countertransference was the end result of a communication process, whereby the patient's unconscious was trying to communicate to the psychotherapist's unconscious in an attempt to make the psychotherapist better realise the internal experience of his/her patient. In fact, Bion considered that his countertransferential feelings towards his patients were one of the most valid sources of information regarding his patients' internal world and he stated that "for a considerable proportion of the analytic time the only evidence on which an interpretation can be based is that which is afforded by the countertransference" (1955, p. 224).

However, as it may also be obvious to the reader, the theorists that considered countertransference as an important tool of psychodynamic work mainly referred to what Winnicott called the 'objective' countertransference (1947), that is the reactions of the psychotherapist to his/her patient's transference. Freud and his followers though, had
mainly considered countertransference as an impediment because they believed that it mainly consisted of repressed, unanalysed elements in the analyst that could interfere with his/her analytic work. This difference in definition did not go unnoticed and resulted in a great debate about what was to be considered as countertransference. In 1965, Kernberg attempted to provide a résumé of this debate and he distinguished between the 'classical' conception of countertransference and the 'totalistic' conception. The 'totalistic' stand (e.g., Fromm-Reichmann, 1950; Racker, 1953, 1957; Winnicott, 1947, 1960) viewed countertransference as the total emotional reaction of the psychotherapist to his/her patient and it derived from Heimann's suggestion that "countertransference covers all the feelings which the analyst experiences towards his patient" (1950, p. 81). This stand considered countertransference as a useful therapeutic tool. On the other hand, the 'classical' stand (e.g., Reich 1960; Glover, 1955; Fliess, 1953) considered countertransference as an impediment to the therapeutic process, since according to Reich, it comprised the "effects of the analyst's own unconscious needs and conflicts on his/her understanding or technique. In such cases the patient represents for the analyst an object of the past on to whom past feelings and wishes are projected, just as it happens in the patient's transference situation with the analyst" (1951, p. 26). This debate went on for years and some would argue that it has not been resolved to this date. Nevertheless, most contemporary theorists seem to espouse the idea that countertransference encompasses all of the therapist's feelings and attitudes to his/her patient (Gorkin, 1987; Kahn, 1997; Hinshelwood, 1994). Furthermore, Clarkson and Nuttall (2000) have attempted to encompass all the different views in their definition of countertransference by distinguishing between what they call 'proactive' and 'reactive' countertransference. The first term refers to the unresolved complexes and past issues of the psychotherapist that could interfere with the therapeutic process, while the latter to those feelings that are a direct reaction to the patient's material. Thus, instead of conceiving countertransference as either a useful tool or an obstacle, these writers suggest that it can be both. Most importantly, they do not propose that a psychotherapist should try to ward off any proactive countertransferential feelings. On the contrary, they suggest that the psychotherapist should acknowledge these feelings and recognise that they could hinder
the therapeutic process but instead of avoiding them s/he should accept them and work through them in order to help his/her patient.

These ideas are not of course new to the field of psychodynamic psychotherapy and their seeds can be found in Money-Kyrle's paper 'Normal counter-transference and some of its deviations' (1956). Money-Kyrle was one of the first theorists to acknowledge that countertransferential feelings could both assist and impede the therapeutic process. He proposed that analytic work proceeds well when there is “a fairly rapid oscillation between introjection and projection” (1956, p. 361) in the analyst. That is, as the patient talks, the analyst listens, takes into himself/herself and identifies with his/her patient. In this way, s/he can understand better his/her patient’s internal state and then by using his/her interpretations s/he can reproject him/her (the patient). Subsequently, the patient can take in this reprojection and gain an insight into his/her own world. Money-Kyrle called this ‘normal countertransference’. Moreover, Money-Kyrle’s suggestions bear striking resemblance to Bion’s ideas of the analyst as a ‘container’. In a similar way Bion (1959) had suggested that the analyst must act as a ‘container’ for the intolerable experiences of his/her patient and then return them back in the form of interpretation. By understanding and defining these experiences, the analyst modifies them or else ‘metabolises’ them and the patient is able to reintroject them in a less threatening form.

Of course, as Money-Kyrle noted, the periods of normal countertransference are unfortunately the exception rather than the rule in a therapeutic encounter because therapists are neither omnipotent nor omniscient. What happens most often is that the patient’s material comes too close to some neurotic aspects of the analyst that s/he has not yet learned to understand in himself/herself (analyst) and this leads to a failure of communication. In such cases, the analyst gets either stuck in a prolonged phase of introjection, where s/he is left trying to deal with his/her own and his/her patient’s feelings, or s/he quickly reprojects the patient’s material in an attempt to get rid of any intolerable feelings and the patient remains an incomprehensible figure. These are the periods that would be covered by the ‘classical’ definition of countertransference. Money-Kyrle suggested that, in such cases, analysts must overcome these difficulties by doing a
‘silent piece’ of analytic work in themselves during which they must become conscious of the source of trouble in themselves, separate what is their patient’s and their own and then resume their interpretative work.

At this point, I would like to briefly describe an example from my own practice as a trainee counselling psychologist, which, I believe, demonstrates how useful it can be for therapists to use their countertransferential feelings as a source of information for their patient’s internal world and as a base for their interpretations. A few months ago, I began seeing Mr S., a 45 year-old patient, who was referred to me because he had problems in dealing with his feelings regarding his daughter’s sexual abuse by the son of his girlfriend. As the sessions progressed, Mr S. began attacking me by accusing me that I was not helping him because I did not offer him any solutions to his problems and I could not explain to him why he felt depressed and deeply unsatisfied with his life. My initial reaction was to quickly interpret his anxiety and his resistance towards therapy. However, the more I interpreted his anxiety the more he became angry with me and the quicker he rejected any of my interpretations. As a result, I was left feeling anxious and a bit angry about his accusations. Soon I realised that I began withdrawing from the patient, I got stuck in an intellectual mode and I felt covertly critical towards my patient. As Maroda (1991) would say I was showing most of the signs of defensiveness towards my patient. I took this case to supervision and I began ‘analysing’ myself in order to better understand my feelings. Gradually I realised that Mr S. had hooked onto something in me that it was difficult for me to accept and acknowledge. That is, my feelings of impotence and lack of experience as a trainee. My unconscious reaction had been to ward off these uncomfortable feelings by quickly projecting them back to my patient. I was stuck in what Money-Kyrle called a prolonged phase of projection and thus my patient had remained an incomprehensible figure for me because I could not introject and contain his anxieties since they felt too threatening to me. At the same time, my patient was getting

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2 The name of the client as well as some details of his history have been altered for reasons of confidentiality. Moreover, due to space limitations it is impossible to present all the information for the client as well as a comprehensive formulation for his psychological difficulties. Thus, the clinical material contains only the information that was considered relevant for the purposes of this essay.

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more and more angry at my interpretations of his anger and anxiety because he was sensing my interpretations as rejections of his efforts to communicate his anxiety to me. As Brenman Pick has suggested, interpretations “include unspoken and, in part, unconscious communication about what has been taken in [the analyst], and how it has been taken in, as well as information about what has not been taken in” (1985, p. 159). In addition, Pick has proposed that patients do not hear only the words in an interpretation but also the underlying meaning and mood. Thus, in this case, it could be argued that my patient’s unconscious was sensing the ‘rejection’ of his projections in my interpretations. As soon as I was able to make this piece of self-analysis and understand my feelings, I was also able to introject my client and better understand his experience.

During his assessment Mr S. had reported that he grew up in a family where the expression of affection or any other emotion was very rare. Moreover, he described his mother as someone who got satisfaction in life by taking pride in what her children had achieved and he argued that, although he did not enjoy his current job, he had chosen to stay there because he felt that his mother was very proud that her son was working in a big company. It could be argued that Mr S. had developed a punitive Superego due to his family experiences in his childhood. In particular, his relationship with his mother could have led him to internalise a harsh or punitive mother (or the relationship with his mother). This Superego made it very difficult for him to acknowledge any sense of failure or any negative aspect of himself (i.e., being a bad parent or having negative feelings about himself). In the face of any such feelings, he got very anxious and to avoid his anxiety he unconsciously repressed those thoughts or feelings, he denied their existence or projected them to other people. In this case Mr S. was projecting his anxieties and his fears of being a ‘bad parent’ to me and then he unconsciously attacked them in a desperate effort to eliminate his discomfort. At the same time, by making me experience his intense and deep anxieties, he was communicating his experience to me. As soon as I was able to work through my feelings, I was able to understand better, contain and ‘metabolise’ my client’s experience and reproject him (patient) by my interpretations. I interpreted to him that by constantly attacking me and ‘making’ me feel the bad therapist
he was trying to show me how painful it was for him to acknowledge his fears that he
could have been a 'bad' father. Moreover, he did not want to accept these aspects of
himself because he feared, as his parents had taught him in the past, that if he wasn't a
'good' person no one would want to be with him or love him. It was the first time after
many sessions that my client did not attack me or reject my interpretation. He stayed
silent for most of that session and soon after that we were able to begin working on his
feelings of guilt around his daughter's sexual abuse.

I believe that the above example clearly illustrates how the analyst's countertransference
feelings could be a useful source of information about the client's transference that could
form the solid basis for effective therapeutic understanding, interpretation and
intervention. At the same time, I think that it would be safe to speculate that, if on the
above example the therapist had not been able to work through his feelings, sooner rather
than later the therapeutic work would have come to a premature ending. Of course, it has
not been possible in the limited space of this essay to give a full account of the
psychodynamic thinking around the topic of countertransference or provide a more
elaborate explanation of the above clinical example. However, it is hoped that this essay
has managed to successfully support the argument that countertransference can be a very
useful therapeutic tool as it contains a great deal of information about the patient's
psychological world. It is not denied that countertransference, especially proactive
countertransference, can impede the therapeutic process. However, as it was argued, this
does not mean that countertransference is something to be overcome or ignored. On the
contrary, analysts should be mindful of any proactive countertransferential feelings,
acknowledge them and work through them in order to gain a better understanding of their
patients' internal world and help them (the patients) by making more effective
interpretations.
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In cognitive therapy, how would the therapist understand and work with difficulties that arise in the therapeutic relationship? Illustrate with examples from your own practice.

Three decades ago, when Beck and his colleagues published their seminal books *Cognitive Therapy and the Emotional Disorders* (Beck, 1976) and *Cognitive Therapy of Depression* (Beck, Rush, Shaw & Emery, 1979), the world of psychotherapy witnessed the ‘birth’ of a new psychotherapeutic approach, called cognitive therapy (CT). Since its inception, CT has been extended to the treatment of a wide range of psychiatric disorders (e.g., anxiety disorders, Beck, Emery & Greenberg, 1985; personality disorders, Beck, Freeman & Associates, 1990; Layden, Newman, Freeman & Morse, 1993; substance abuse, Beck, Wright, Newman & Liese, 1993), it has become one of the most widely researched psychotherapies and its efficacy and effectiveness have been validated by a remarkable number of research and clinical studies (Hawton, Salkovskis, Kirk & Clark, 1989; Robins & Hayes, 1993; Salkovskis, 1996).

Despite the growing popularity and fast development of CT, proponents of other psychotherapeutic approaches often severely criticise cognitive therapists for downplaying the role of the therapeutic relationship, which is considered to be the essence of therapy in other psychotherapeutic approaches and the most important factor in the prediction of the effectiveness of psychological therapy, as indicated by an impressive body of research (e.g., Hyman, 1981; Luborsky, Crits-Cristoph, Alexander, Margolis & Cohen, 1983; Orlinsky, Grawe & Parks, 1994). The present essay attempts to demonstrate that this criticism against CT constitutes an anachronistic view and a misconception about the theory and practice of contemporary CT. Specifically, by reviewing recent work in the CT literature and by using clinical material from his own practice, the author intends to show how therapists working under the CT perspective would understand and work with difficulties that arise in the therapeutic relationship.

The central principle of CT is that our thoughts, beliefs, attitudes and perceptual biases influence the emotions we experience and also their intensity (Kirk, 1989). Accordingly,
from a cognitive perspective, psychological distress begins "when the way we see events gets exaggerated beyond the available evidence; these exaggerated ways of seeing things tend to have negative influence on our feelings and behaviour, in a vicious cycle" (Wills & Sanders, 1997, p. 11). Thus, in its simplest terms, cognitive therapists would try to alleviate their clients' psychological distress by helping them see the connection between their thoughts and upsetting feelings, appraise the accuracy of these thoughts and, if inaccurate and unhelpful, make them more accurate and helpful. The emphasis cognitive theorists have placed on cognitive change (e.g., Beck, 1976; Beck et al., 1979) resulted in the development of CT models for emotional disorders that are structured, directive and focus on cognitive restructuring through a variety of technical interventions such as the identification and challenging of negative automatic thoughts\(^1\), dysfunctional assumptions and beliefs.

In his early writings, Beck (1976) highlighted the technical aspects of CT but also noted that for CT to be successful the therapist has to establish a strong collaborative relationship with his/her client. He coined the term 'collaborative empiricism' (Beck et al., 1979) to characterize the nature of the therapist-patient relationship in CT. According to collaborative empiricism, the therapist and the client work as a team and treat the client's thoughts and assumptions as hypotheses, which can be tested to verify their accuracy. Beck advocated that cognitive therapists could develop a positive working alliance with their clients by incorporating into their practice the principles of client-centered therapy (Rogers, 1957). In particular, he argued that "if the therapist shows the following characteristics, a successful outcome is facilitated: genuine warmth, acceptance, and accurate empathy" (1976, p. 221). Furthermore, he specified that the objective of establishing a therapeutic relationship is to "develop a milieu in which the specific cognitive change techniques can be applied most efficiently" (Beck et al, 1979, p. 46).

\(^1\) Negative because they are associated with negative emotions and automatic because they seem to pop up into people's heads.
These references to the therapeutic relationship were scarce in the original works of Beck and his colleagues and gave the impression that the therapeutic relationship was viewed only as a necessary background for cognitive techniques to be applied. That is, it was mainly considered in the context of maximising the effectiveness of technical interventions. Moreover, cognitive therapists, when faced with patient resistance, were encouraged to adopt a problem-solving approach which seemed to reflect the assumption that difficulties in the therapeutic relationship were mainly seen as practical or 'technical' problems that needed to be overcome by the use of standard cognitive techniques (Golden & Dryden, 1986; Rothstein & Robinson, 1991). Consequently, CT has often been criticised for being a mechanistic therapeutic approach, where the focus is on applying a set of techniques while the significance of the therapeutic relationship is often neglected or downplayed (Clark, 1995; Jacobson, 1989; Karasu, 1986; Lambert, 1983; Schaap, Bennun, Schindler & Hoogduin, 1993).

However, as CT expanded from the treatment of depression to the treatment of populations who suffered from chronic interpersonal problems (e.g., personality disorders, substance abuse) or complex problems (e.g., both an Axis I and an Axis II diagnosis), cognitive therapists realised that it was difficult to establish and maintain the collaborative relationship that Beck et al. (1979) had proposed. These clients often appeared to resist the therapist's efforts to help them, through, for example, avoidance behaviours (e.g., missing sessions, answering every question with 'I don't know') or strong reactions to their therapist (e.g., anger, hostility, flirtation) (Newman, 1994, 1998, 2002). Faced with these difficulties, cognitive therapists recognised that the 'standard' form of CT was often ineffective for such clients and began modifying CT to meet the needs of their clients (Beck et al., 1990; Beck, 1996, 1998; Young, 1994). In particular, they proposed that, rather than regarding a client's various forms of resistance as an obstacle to the application of CT, they needed to consider them as a valuable source of information about their client's fundamental cognitive processes and interpersonal difficulties, which could further the conceptual understanding of his/her problems and accordingly help therapists shape their interventions to match his/her needs (Newman,
1994, 1998). As their psychodynamic colleagues had proposed long ago with the concept of transference that “the patterns of our later interpersonal relationships are formed in our early lives, repeated in our later lives, and can be understood through the medium of their repetition” particularly in the mutual aspects of the client-therapist relationship (Fromm-Reichmann, 1950, p. 4), cognitive therapists came to realise that the resistance and the difficulties encountered in the therapeutic relationship could be considered a repetition of the difficulties that clients were facing in their lives and in their relationships outside therapy (Beck, 1998; Newman, 1994).

In an effort to understand and work with these difficulties in a therapeutic relationship that would also be consistent with the principles of a cognitive perspective, cognitive therapists began developing more elaborate forms of CT (e.g., Beck et al., 1990; Beck, 1996, 1998; Padesky, 1994). One of the pioneers of this attempt was Young (1994) who created the schema-focused approach in order to address the needs of clients who suffered from chronic interpersonal problems. The concept of schema was initially introduced to the world of psychology by Bartlett (1932) and Piaget (1952) and then incorporated in CT by Beck who argued that schemas are stable cognitive patterns which provide the basis “for screening, coding, and evaluating the stimuli that impinge on the organism” and based on them “the individual is able to orient himself in relation to time and space and categorise and interpret experiences in a meaningful way” (1967, p. 283). Young (1994), however, focused on a subset of schemas, which he called ‘early maladaptive schemas’, and he defined them as general themes about oneself and one’s relationship with others, which develop during childhood through dysfunctional experiences with parents, siblings and peers. They then serve as a basis to process later experiences in life and thus they become elaborated throughout life and determine a person’s thoughts, feelings, behaviours and relationships with other people (McGinn & Young, 1996). Once formed, they become central to an individual’s self-concept (Young & Klosko, 1993). Therefore, any possibility of schematic change constitutes a great threat and disruption to his/her belief of who s/he is and what the world is like, and in order to avoid such a threat s/he engages in cognitive, emotional or behavioural compensatory strategies (e.g., engaging in
behaviours consistent with the schema, discount or do not notice information that contradicts the negative beliefs) that reinforce or perpetuate the schema. For example, an individual who grew up without receiving adequate nurturance, attention and praise from his parents could develop an 'incompetence schema'. As an adult, he may hold exaggerated beliefs that he is unworthy and unable to handle his daily responsibilities, may feel helpless and vulnerable and may behave by avoiding altogether challenges in life or tasks that he feels incapable to perform. However, by engaging in compensatory strategies (i.e., avoidance of tasks) in order to cope with his extreme and rigid beliefs about himself, he ends up reinforcing his rigid beliefs of unworthiness and incompetence.

Similarly, Safran and Segal (1990; Safran, 1990), in an effort to create a systematic conceptual framework that could guide the use of therapeutic relationship in CT, integrated into CT concepts and propositions from the interpersonal theory and suggested that interpersonal relationships could be conceptualised from a schematic perspective. Their suggestion was based on Bowlby’s ideas (1969, 1973, 1980), who emphasized the survival value of maintaining relatedness for the human species and argued that, for the purposes of maintaining relatedness, infants develop internal working models (i.e., general representations of interpersonal interactions with attachment figures) that serve as a basis for guiding the child’s behaviour in his/her future interactions with the social world. Accordingly, Safran and Segal proposed that internal working models could be conceptualised in cognitive psychology as an interpersonal schema, that is “a generic knowledge structure based on previous interpersonal experience that contains information relevant to the maintenance of interpersonal relatedness” (Safran, 1990, p. 87). Once formed, interpersonal schemas guide an individual’s perceptions of his/her interactions with others and lead to the activation of characteristic cognitive, emotional and behavioural strategies, which in turn evoke schema-consistent responses in others. Safran and Segal called this process of interpersonal schema maintenance a self-perpetuating ‘cognitive-interpersonal cycle’ (Safran, 1990; Safran & Segal, 1990). Consequently, they suggested that all individuals display a relatively consistent range of interpersonal behaviours. However, they hypothesized that individuals who suffer from long-standing
psychological problems tend to have fixed expectations about the behaviour of others towards them as well as relatively negative and rigid beliefs about the patterns of interpersonal behaviour that they must engage in, in order to maintain interpersonal relatedness. As a result, they tend to hold a very limited and inflexible repertoire of interpersonal behaviours, which is extended across a broad range of social situations.

According to interpersonal theory, which proposes that behaviours invite complementary behaviours from others (Benjamin, 1974; Kiesler, 1983), individuals with a stereotyped interpersonal repertoire elicit a limited range of complementary behaviours from others, which further confirm their existing maladaptive interpersonal schemas and deprive them from the opportunity to modify them (Safran, 1990). Since the interpersonal schemas and their associated negative assumptions and compensatory reactions are likely to be activated in the therapeutic relationship (Beck et al., 1990; Newman, 1994), one of the major roles of the therapist in CT is to disconfirm the client’s dysfunctional beliefs about interpersonal interactions by providing him/her with a new interpersonal experience. As long as this disconfirmation is accepted and integrated by the client, it is believed that it will result in the modification of his/her dysfunctional interpersonal schemas (Wills & Sanders, 1997).

In order to achieve this objective, cognitive theorists have suggested a number of steps that therapists should follow in order to be able to work effectively with the interpersonal difficulties that may arise in the therapeutic relationship (Safran, 1990; Sanders & Wills, 1999). Initially, therapists need to pay close attention to their client’s, as well as their own, reactions so that they can identify when their client’s dysfunctional interpersonal schemas are being activated. In that way, rather than getting sucked into their client’s dysfunctional cognitive interpersonal style, as it might happen in interactions outside therapy, they can ‘unhook’ from his/her interpersonal pull and thus avoid confirming his/her interpersonal schemas and provide him/her with a new interpersonal experience that counteracts his/her schemas. The provision of such a ‘corrective’ emotional experience has been called ‘limited reparenting’ (McGinn & Young, 1996) because, in
those instances, therapists try to offer an approximation of the missed emotional experience during childhood in an effort to counteract and 'repair' the early maladaptive interpersonal-schemas. To be able, though, to provide such an experience to their client, it is crucial that therapists develop a 'participant-observer' stance. That is, they must be able to participate in the interaction as well as 'step outside' and observe the interaction in which they participate (Safran & Segal, 1990). By both experiencing and observing the interaction with their client they will be able to discuss with him/her what is happening and explore it in a collaborative fashion. Subsequently, they may use standard cognitive techniques (i.e., guided discovery, problem-solving, behavioural experiments) to help their client test, disconfirm and modify his/her interpersonal schemas. Finally, therapists are forewarned not to assume that their reactions are always the effect of the client's interpersonal pull; they should also be aware of their own schemas and recognise their possible effects on the therapeutic relationship (Rudd & Joiner, 1997; Sanders & Wills, 1999). In order to be able to monitor their thoughts and reactions in the therapeutic process, Beck (1998) suggests that therapists could keep daily thought records, audio taped sessions and make use of supervision.

At this point, I would like to briefly describe an example from my own practice, which, I believe, demonstrates how the cognitive-interpersonal model (Safran & Segal, 1990) helped me address some of the difficulties that I encountered with one of my clients. Maria was a 36-year-old woman who was referred to me because she suffered from depression and chronic relationship problems. Maria complained that she had very few friends while most of her life she had felt lonely and that people, especially her husband, did not seem to really understand or care for her. She also reported that she had recently moved into the area and as a result her feelings of loneliness and isolation had been exacerbated. In our first sessions, we began exploring her feelings about the recent move.

2 The name of the client as well as some details of her history has been altered for reasons of confidentiality. Moreover, due to space limitations, it is impossible to present all the information for the client as well as a comprehensive formulation for her psychological difficulties. Thus, the clinical material will contain only the information that was considered relevant for the purposes of this essay.
as well as monitor and schedule her daily activities in order to maximize engagement in activities that would help her elevate her mood.

Two weeks before Christmas, I informed Maria that I would not see her during the Christmas week, as I would be on annual leave. She did not comment on my impending leave but the following week she called and cancelled our scheduled session. In our next session (after Christmas), Maria asked me if I had a nice Christmas and then began crying and complaining that she had the worst Christmas of her life. I tried to empathize with her feelings but she became angry with me and accused me of trying to show sympathy only because my job required me to do so. I felt stunned by what I thought was an unwarranted attack and my initial reaction was to challenge her perception in a confrontative way. However, being aware of my strong reaction, I attempted to assume a participant-observer stance. By managing to decentre (i.e., step outside my immediate experience), I tried to assess what was happening between us. I acknowledged that my instant defensive reaction (i.e., confront Maria) was the result of my feeling vulnerable. Subsequently, in order to better understand Maria's behaviour, I tried, as Newman (1994) suggests, to question the function of her behaviour. Based on her past complaints that nobody seems to understand or care for her, I hypothesized that Maria had interpreted my Christmas break as an indication of indifference and rejection of her needs and her anger was an attempt, albeit unsuccessful, to communicate her needs to me. Thus, instead of responding to Maria's accusation with confrontation, I invited her to explore together the reasons for her anger. By using guided discovery, Maria acknowledged that she had interpreted my Christmas break as a sign of abandonment and rejection, she felt angry with me and this was also the reason why she had cancelled our previous session. Subsequently, we tried to explore whether her anger and her feelings of abandonment were a repetition of patterns that took place in her relationships outside therapy. Indeed, Maria recognised that when she perceived others as uncaring and unavailable, instead of raising her concerns, she would either get angry with them or withdraw from them (i.e.,

Guided discovery is a very common investigative process in CT, whereby the therapist asks questions in order to understand the client's attitudes and help him/her discover alternatives (Beck & Young, 1985).
passive aggression). She then began realising her own contribution to her interaction with other people. That is, she realised that her difficulty to overtly express her needs and her compensatory strategies (i.e., direct or passive aggression) were likely to be interpreted by others as an attack, who would then either retaliate or withdraw. As a result, her core beliefs about others being rejecting and abandoning would be confirmed and reinforced. Furthermore, through a collaborative exploration of her developmental history we hypothesized that through her childhood experiences (e.g., parents divorced when she was four; mother depressed and unable to take care of her; father left after the divorce and has not seen him to this day) she had developed an early maladaptive schema (abandonment/instability), which involved core beliefs such as ‘I am unlovable/unworthy’ and ‘Others are rejecting/abandoning’. These beliefs formed the basis of her dysfunctional cognitive-interpersonal cycle, which defined her interactions with others. By being able to adequately assess with my client her dysfunctional interpersonal schema and collaboratively formulate a hypothesis about its origins, our working alliance improved and I was able in future sessions to better anticipate Maria’s reactions and accordingly tailor my interventions so that I would not confirm her interpersonal schema (i.e., limited reparenting). At the same time, we began working on modifying her maladaptive schemas through the use of cognitive techniques such as trying behavioural experiments, creating a cognitive continuum, trying rational/emotional role plays and conducting a historical review of the evidence that led to the construction of her maladaptive schemas (for an extensive description of such techniques see Beck, 1995; Padesky, 1994; Young, 1994).

I believe that the above example illustrates some of the ways that cognitive therapists would address the difficulties that arise in the therapeutic relationship. Specifically, by being able to ‘unhook’ from my client’s interpersonal pull, I provided her with a new interpersonal experience, which disconfirmed her dysfunctional interpersonal schema and provided her with the opportunity to test new behaviours with me. Furthermore, by inviting her to ‘step out’ and collaboratively explore with me her interactions with other people, Maria became aware, for the first time in her life, of her own contribution to her
interaction with others and was able to begin working in therapy with me in order to modify her dysfunctional assumptions about relationships.

Finally, I hope that the review of the major developments in thinking in the CT literature, such as schema-focused therapy (Young, 1994) and the cognitive-interpersonal models (Safran & Segal, 1990), demonstrated that difficulties in the therapeutic relationship (i.e., different forms of resistance), rather than being considered as mere technical problems to be overcome, are conceived as invaluable sources of information about a client's dysfunctional beliefs and that the therapeutic relationship "can in itself be used to test out clients' beliefs, and provide an arena in which clients can practise new ways of being in the world, and test deeply held interpersonal beliefs" (Sanders & Wills, 1999, p. 136). Thus, rather than viewing the therapeutic relationship only as a necessary condition for change, cognitive therapists are encouraged to use it as a mechanism which can facilitate change in therapy (Safran, 1990).
References


By using one of the psychological models covered in this course discuss how it can assist efforts to work integratively: Schema-Focused Therapy

This essay will attempt to demonstrate how the schema-focused therapy (McGinn & Young, 1996; Young, 1994; Young & Klosko, 1993), an extension of Beck’s original model of cognitive therapy (Beck, 1976; Beck, Rush, Shaw & Emery, 1979), can be used to assist the efforts of counselling psychologists to work integratively. The essay will begin with a brief overview of ‘The Integration Movement’ (Hollanders, 2000) in order to help locate the schema-focused therapy’s position in this movement. Subsequently, the schema-focused approach will be presented in an attempt to illustrate how it integrates cognitive, behavioural, interpersonal, and psychodynamic components into one unified approach to treatment.

The Integration Movement
The first voices suggesting the integration of two or more psychotherapeutic approaches in the field of psychotherapy\(^1\) appeared as early as the 1930s (e.g., French, 1933; Rosenzweig, 1936). However, it was not until the 1980s and early 1990s that the integration movement gained momentum and acquired an identity in its own right (Nocross & Goldfried, 1992). Since then, there has been great debate about what constitutes integrative practice (Garfield, 1994; Hollanders, 2000). Nevertheless, Arkowitz (1989) suggested that different efforts towards integration could be divided into three main approaches: ‘technical eclecticism’, ‘common factors’ and ‘theoretical integration’. Hollanders (2000) proposed that the term ‘The Integration Movement’ could be used to encompass all these approaches.

The term ‘technical eclecticism’ was introduced by Lazarus (1967), who proposed that psychotherapists could use techniques from various therapeutic systems based on their empirically demonstrated effectiveness for specific psychological problems or client

\(^1\) The term ‘psychotherapy’ is used in this essay to refer to all types of psychological treatments. No distinction is made between ‘psychotherapy’ and ‘counselling’.
populations, without having to subscribe to the theoretical underpinnings of these methods. Lazarus's Multimodal Therapy (1976, 1992) and Beutler's systemic approach to eclectic therapy (1983) constitute representative examples of 'technical eclecticism'. However, this approach's relative disregard for theoretical underpinnings and emphasis on selection and combination of techniques has often led to the criticism that it is merely a 'grab-bag', a 'wishy-washy' or a 'trial-error' form of psychotherapy (Castonguay & Goldfried, 1994; Garfield, 1994).

At the other end of the spectrum of 'The Integration Movement' we find 'theoretical integration'. Proponents of 'theoretical integration' advocate the combination of two or more approaches to psychotherapy under a new theoretical framework that is internally consistent and guides the selection or combination of therapeutic interventions (e.g., Ryle, 1995; Wachtel & McKinney, 1992). However, Lazarus (1967), pointing to the theoretical incompatibilities of different approaches to psychotherapy, argued that "to attempt a theoretical rapprochement is as futile as trying to picture the edge of the universe" (1967, p. 416). Moreover, Wachtel (1991) noted that the separation between 'technical eclecticism' and 'theoretical integration' might be more easily achieved at a conceptual rather than a pragmatic level, since the majority of therapists involved in the integrative movement aspire to some type of conceptual integration and practice some type of eclecticism.

'Common factors' integration lies somewhere in between these two approaches to integration. Advocates of this approach argue that by specifying the common elements across dissimilar orientations may result in selecting the most effective ingredients of those therapies. Consequently, they seek to identify convergent themes across different psychotherapeutic orientations and similarities in their practices in an effort to create a new effective therapeutic approach based on those shared features (e.g., Frank, 1973, 1982; Goldfried, 1982). This essay will argue that schema-focused therapy (Young, 1994) constitutes an example of 'common factors' integration that incorporates concepts and techniques from various schools of psychotherapy.
Schema-Focused Therapy

In the 1970s, Beck (1976) and his colleagues (Beck et al., 1979) developed Cognitive Therapy (CT) as a present-oriented, active, structured and time-limited form of psychotherapy for depressed patients. The basic principle of CT is that people’s emotions and behaviours are largely determined by the way they perceive and structure their experience (Kirk, 1989). Accordingly, from a cognitive perspective, psychological difficulties arise when an individual’s appraisals of a situation become exaggerated beyond the available evidence; these exaggerated appraisals tend to have negative influence on his/her feelings and behaviour, in a vicious cycle (Wills & Sanders, 1997). Thus, in simplest terms, cognitive therapists would try to alleviate their clients’ psychological distress by helping them see the connection between their thoughts and upsetting feelings, appraise the accuracy of these thoughts and, if inaccurate and unhelpful, make them more accurate and helpful. In order to achieve such a cognitive restructuring, cognitive therapists propose that the therapist and client should work as a team and treat the client’s thoughts and assumptions as hypotheses, which can be tested through verbal examination and behavioural experiments.

Since its inception, CT has been extended to the treatment of a wide range of psychiatric disorders (e.g., anxiety disorders, Beck, Emery & Greenberg, 1985; obsessional disorders, Salkovskis & Kirk, 1989), it has become one of the most widely researched psychotherapies and its efficacy and effectiveness have been validated by a number of research and clinical studies (Robins & Hayes, 1993; Salkovskis, 1996). Nevertheless, CT has often been criticised for focusing on the application of a set of techniques while the significance of the therapeutic relationship is often neglected or downplayed (Jacobson, 1989; Karasu, 1986; Lambert, 1983). Furthermore, when CT was extended to the treatment of clients with long-standing characterological disorders (i.e., personality disorders), cognitive therapists realised that the ‘standard’ form of CT was often ineffective (Beck, 1996, 1998; Young, 1994). Young (1994) argued that the ‘standard’ form of CT was ineffective with this particular population because clients with long-
standing characterological disorders do not seem to have some of the required characteristics for a successful course of short-term CT (see Table 1).

Table 1. Cognitive therapy’s assumptions about clients for a successful course of short-term cognitive therapy (Young, 1994).

1. Clients have access to their thoughts and feelings with brief training.
2. Clients have a certain degree of flexibility that enables them to modify their thoughts and behaviours through standard cognitive and behavioural techniques.
3. Clients have identifiable problems that can become the focus of treatment.
4. Clients are expected to engage in a collaborative relationship within a few sessions.
5. Difficulties in the therapeutic relationship are not a major problem focus.
6. Clients have the motivation to do homework assignments.

In an effort to overcome these problems and allow for a more complete conceptualisation and treatment of clients with long-standing characterological disorders, Young (1994) developed schema-focused therapy. Schema-focused therapy is an extension of Beck’s standard CT because it integrates cognitive, behavioural, interpersonal and psychodynamic components under the unifying concept of ‘schema’. The concept of schema was initially introduced to the world of psychology by Bartlett (1932) and Piaget (1952) and then incorporated in CT by Beck (1967) who argued that schemas are stable cognitive patterns which provide the basis for screening, processing and evaluating information about the events that we experience. Young (1994), however, focused on a subset of schemas, which he called ‘early maladaptive schemas’, and he defined them as general themes about oneself and one’s relationship with others that develop during childhood through dysfunctional experiences with parents, siblings and peers. They then serve as templates for processing later experiences in life and thus become elaborated throughout life and determine a person’s thoughts, feelings, behaviours and relationships with other people. Once formed, they usually operate in subtle ways out of the individual’s awareness and become central to his/her self-concept (Young & Klosko,
Therefore, any possibility of schematic change constitutes a great threat and disruption to his/her belief of who s/he is and what the world is like and in order to avoid such a threat s/he engages in cognitive, emotional or behavioural strategies that reinforce or perpetuate the schema. Young (1994) called these strategies ‘schema processes’. He identified three main ‘schema processes’ that can explain how the validity of a schema is sustained: ‘schema maintenance’, ‘schema avoidance’ and ‘schema compensation’.

‘Schema maintenance’ refers to cognitive distortions (e.g., exaggerating information that confirms the schema by negating, minimizing or denying information that contradicts it) and self-defeating behaviour patterns that reinforce or perpetuate the schema. For example, an individual who holds an underlying belief that others will abuse him/her or take advantage of him/her (i.e., mistrust/abuse schema) may treat any efforts of others to help him/her with suspicion and regard them as devious attempts to eventually manipulate him/her. By interpreting others’ behaviours in such a way though, s/he confirms and perpetuates his/her mistrust schema. Furthermore, in an effort to avoid being manipulated and abused by others, s/he may become hostile and abusive to others. By doing so, s/he may attract abusive behaviour from others which will eventually reinforce his/her belief that others intend to abuse him/her.

‘Schema avoidance’ refers to the cognitive, emotional and behavioural strategies employed by an individual in his/her effort to avoid triggering the schema and the related painful affect. Cognitive avoidance refers to deliberate or automatic attempts to stop thoughts that are likely to trigger the schema. Clients’ denial (e.g., “I don’t want to talk about that”) or resistance (e.g., “I don’t know”, “I forgot”) when asked to recall events that may trigger a schema constitute examples of cognitive avoidance. Emotional avoidance involves deliberate or automatic attempts to block painful feelings triggered by a schema. Clients’ efforts to address issues that are very painful to them only in an intellectual and rational manner are examples of emotional avoidance. Finally, behavioural avoidance refers to the avoidance of situations that may trigger a painful schema. For example, an individual with an ‘incompetence schema’ may avoid altogether
challenges in life or tasks that s/he feels incapable to perform in his/her effort to avoid the
pain of his/her anticipated failure. However, by avoiding challenges s/he never tests the
validity of his/her ‘incompetence schema’. Instead, s/he ends up reinforcing his/her rigid
beliefs of unworthiness and incompetence.

‘Schema compensation’ involves cognitive or behavioural attempts which appear to be
opposite of what the schema suggests, in an effort to avoid painful confrontation with
their underlying schema. For example, an individual with a ‘defectiveness schema’ (i.e.,
feeling that one is defective, inferior to others) may, at times, behave in a grandiose
manner which in turn may attract criticism from others and eventually make the
individual feel even more defective and inferior.

Finally, McGinn and Young (1996) argued that a number of schemas may underlie an
individual’s thoughts, feelings and behaviours. However, not all schemas are active at the
same time. At any given point in time, some schemas, coping responses and emotional
states are inactive or dormant, while others have become activated by life events and
predominate a person’s current mood and behaviour. The predominant state (i.e., group of
schemas that are currently active) has been called ‘schema mode’. As Young (1994)
suggests, schema modes are relatively cut off from each other and each mode is
characterised by different cognitions, emotions and behaviours. All individuals tend to
shift from one schema mode to another according to environmental circumstances.
However, according to Young, clients with long-standing characterological disorders
seem to either abruptly switch from one schema mode to another or get stuck into one
unhealthy schema mode. Hence, one important goal of therapy is to teach clients how to
“eliminate unhealthy modes, while developing, nurturing, and integrating healthy modes”
(McGinn & Young, 1996, p. 193).

**Common Factors Integration**

Schema-focused therapy seems to share many common elements with psychodynamic
therapy, especially with object-relations theory. Object-relations theorists (i.e., Bowlby,
1988; Fairburn, 1952; Winnicott, 1958) emphasize the centrality of relationships to the human functioning. They propose that, through a series of experiences with significant others in early life, a child builds internal structures which not only represent the nature of past experiences with others but also serve as a basis for guiding the child’s behaviour in his/her future interactions with the social world. These internal structures have been given various names such as ‘internal objects’ (Fairbairn, 1952), ‘internal working models’ (Bowlby, 1988) and ‘representational world’ (Sandler & Rosenblatt, 1962). It would seem that there is a striking resemblance between these internal structures proposed by psychodynamic theorists and Young’s concept of schema.

Young’s conception of schema modes seems to bear similarities with the transactional position that at any given moment individuals will operate from a parental, adult or child ego state (Berne, 1964). Similarly to schema modes each ego state is characterised by a specific set of cognitions, emotions and behaviours. More importantly, as in schema-focused therapy one of the main aims is to help clients operate from healthier schema modes, in transactional analysis the main aim of therapy is to assist clients operate more from an adult ego state, which is considered a ‘healthier’ ego state.

Furthermore, ‘schema processes’ seem to overlap significantly with the psychodynamic concept of defence mechanisms, since, in a similar way to defence mechanisms, their main purpose is to minimize the experience of painful emotions when ‘early maladaptive schemas’ are activated. For example, cognitive avoidance strategies seem to overlap with psychodynamic defences such as repression, suppression and denial (Freud, 1968) while ‘schema compensation’ seems to overlap with the psychodynamic concept of reaction formation, which refers to the experience or expression of feelings that are opposite of what one really feels (Freud, 1968).

In addition, schema-focused therapy, unlike the traditional CT, places greater emphasis on the developmental history of the client as a source of information for the understanding and conceptualisation of the client’s problems and ‘early maladaptive
schemata's and on the use of therapeutic relationship as a vehicle for change. Thus, for example, Young argues that therapists should try to offer an approximation of the missed emotional experience during childhood in an effort to counteract and 'repair' the early maladaptive schemata. The provision of such a 'corrective' emotional experience has been called 'limited reparenting' (McGinn & Young, 1996) and it seems to overlap with the description of Alexander and French's (1946) 'corrective emotional experience' and Clarkson's (1995) 'reparative relationship'. Finally, schema-focused therapy, unlike the traditional CT, places greater emphasis on affective experience since it advocates that affective arousal associated with the underlying schemata facilitates their modification. Thus, alongside cognitive (e.g., identifying and challenging dysfunctional beliefs) and behavioural techniques (e.g., homework assignments, behavioural experiments), which aim at the modification of self-defeating patterns of thinking and behaviour, Young (1994) has incorporated into schema-focused therapy experiential techniques from gestalt psychotherapy such as imaginary dialogues and role-play.

To sum up, schema-focused therapy represents an extension of short-term CT, since it incorporates into CT concepts and techniques from various schools of psychotherapy, such as psychodynamic, humanistic and gestalt psychotherapy (i.e., common factors integration). More importantly, Young (1994) manages to integrate these themes and techniques under theoretical constructs (i.e., 'early maladaptive schemata', 'schema processes' and 'schema modes') which are consistent with a cognitive perspective. Finally, despite the integration of concepts and techniques from other approaches, schema-focused therapy is an essentially cognitive approach since it preserves most of the important characteristics of Beck's CT (i.e., emphasis on cognitive restructuring, therapists work collaboratively and directly with clients to identify and modify their maladaptive schemata). Consequently, the author feels that schema-focused therapy can be used to assist the efforts of counselling psychologists to work integratively.
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THEURAPEUTIC PRACTICE
DOSSIER
My first year placement was at a Community Mental Health Team (CMHT) of a large NHS Trust in the South East of England. An adult client group (aged between eighteen and sixty-five years) was served by a multi-disciplinary team of professionals comprising of a manager, a clinical psychologist, psychiatrists, occupational therapists, social workers, community support workers and community psychiatric nurses. Clients were typically referred to the service by their General Practitioner or by a psychiatrist. However, there was also the possibility of self-referral. Clients’ difficulties ranged from moderate to severe mental health problems. The most common problems were depression, anxiety, phobias, obsessions and relationship difficulties. This provided me with the opportunity to work with a great range of psychological difficulties.

All members of the team attended weekly allocation meetings to discuss the new referrals. In these meetings, it was decided which intervention and which discipline(s) would be most beneficial for each new client. Regular attendance at these meetings provided me with the opportunity to work closely with professionals from other disciplines and gain a better understanding of the nature of their work as well as the difficulties and tensions that a multi-disciplinary team faces in its everyday practice.

My responsibilities included the delivery of psychological therapy to individual clients from the point of assessment to closure and participation in weekly allocation meetings. The team’s clinical psychologist provided weekly supervision sessions informed by cognitive-behavioural and person-centered approaches to therapy.
My second year placement was at an outpatient psychotherapy department situated in a general hospital in the South East of England. The department comprised of a consultant psychotherapist, an adult psychotherapist, who practiced from a psychodynamic perspective, and a family therapy team, which practiced from a systemic perspective. The family therapy team consisted of a family therapist, a clinical psychologist, a consultant psychotherapist, a senior house officer, a family therapist in training and me.

The service offered long-term psychotherapy for individuals (twelve to eighteen months) and short-term therapy for families (six to ten sessions). Adult clients (aged between eighteen and sixty-five years) were referred by their Community Mental Health Team, General Practitioner or psychiatrist. Clients presented with a wide range of mental health difficulties such as depression, anxiety, bereavement, and sexual abuse. The consultant psychotherapist or the family therapy team reviewed new referrals. Subsequently, the client or the family was offered an assessment within the next one to three months. Following assessment, the client or family was placed on a waiting list that averaged between six to eighteen months for individual psychotherapy and one to three months for family therapy.

My responsibilities were primarily to provide individual therapy and work as a member of the family therapy team. This year I received both individual and group supervision. Individual supervision was provided on a weekly basis by an adult psychotherapist who worked from a psychodynamic (Kleinian) stance. Moreover, once a week I attended with a psychodynamic counsellor in training and two senior house officers group supervision that was provided by the consultant psychotherapist who practised from a psychodynamic (Object Relations) perspective. Finally, as a member of the family therapy team I got feedback and supervision from all members of the team for my client work and sometimes my videotaped sessions were analysed with the other members of the team.
Other responsibilities included occasional attendance at weekly seminars where psychiatrists or their trainees made a client presentation.
For my third year (part A) placement I was based at a clinical psychology department associated with an eating disorders service in the South East of England. One day a week, I worked as a member of the eating disorders service. The service consisted of two consultant psychiatrists, a psychotherapist, a consultant clinical psychologist, a dietician, an occupational therapist, a senior house officer and a community psychiatric nurse.

Adult clients (aged between eighteen and sixty-five years) suffering from an eating disorder (e.g., anorexia nervosa and bulimia nervosa) were referred to the service by their Community Mental Health Team or psychiatrist. All members of the eating disorders team attended bi-weekly allocation meetings to discuss new referrals as well as report on the progress of their clients. Following assessment, team members presented the client they had assessed and the team decided the best course of treatment for that client. Clients were typically offered individual therapy (twelve to eighteen sessions). Furthermore, there were two psychoeducational groups that were run by members of the team; a group for clients who suffered from bulimia, run by an occupational therapist and a psychiatric nurse and a group for clients who suffered from obesity, run by a dietician and myself.

My responsibilities included assessment, providing individual therapy sessions and co-running the ‘Healthy Living Group’ with the dietician. Other responsibilities included regular attendance at allocation meetings and presentation of my client work and occasional attendance at bi-monthly departmental meetings in the psychology department. Individual supervision was provided by a consultant clinical psychologist who practiced from a cognitive behavioural perspective.
Third Year (part B) Placement: An NHS Primary Care Group
September 2002 – August 2003

My third year (part B) placement was at a primary care group in the South East of England. One day a week, I worked as a member of a counselling/psychology service that served a large population in a primary care capacity. The team comprised of a consultant counselling psychologist, a counselling psychologist, four counsellors and a psychologist/counsellor.

Adult clients (aged between eighteen and sixty-five years) were referred to the team by their General Practitioners for brief individual therapy (seven sessions). Clients’ psychological difficulties ranged from mild to moderate. Most common problems were depression, anxiety, life crises, bereavement and relationship difficulties.

My responsibilities were primarily to conduct assessments and refer clients on or see them myself for individual therapy. Individual supervision was provided on a weekly basis by a psychologist/counsellor and on a monthly basis by a consultant counselling psychologist. Both my supervisors worked from an integrative perspective with an emphasis on cognitive behavioural approach. Other responsibilities included attendance at bi-monthly team meetings and occasional meetings with the ‘link’ professionals of the local CMHT.
Final Clinical Paper: A personal journey towards integrating theory, research and practice.

Ithaca

When you set out on your journey to Ithaca,
pray that the road is long,
full of adventure, full of knowledge.

Pray that the road is long.
That the summer mornings are many, when,
with such pleasure, with such joy
you will enter ports seen for the first time;

Always keep Ithaca in your mind.
To arrive there is your ultimate goal.
But do not hurry the voyage at all.
It is better to let it last for many years;
and to anchor at the island when you are old,
rich with all you have gained on the way,
not expecting that Ithaca will offer you riches.

Ithaca has given you the beautiful voyage.
Without her you would have never set out on the road.
She has nothing more to give you.

And if you find her poor, Ithaca has not deceived you.
Wise as you have become, with so much experience,
you must already have understood what Ithacas mean.

Constantine P. Cavafy (1911; Translated by Ray Dalven, 1961, pp. 36-37)
Overview
This paper aims to describe my personal journey to one of my Ithacas, the acquisition and formation of a professional identity as an integrative counselling psychologist. In an effort to achieve this ambitious task, I will reflect upon the various aspects of my training experience that have played an important role in developing my present position as an integrative counselling psychologist. In particular, I will explore how the discipline of counselling psychology, different psychological theories and research as well as my own clinical practice, supervision and personal therapy have contributed to the shaping of my professional identity. I will also discuss my personal world-view as I feel that it has been a crucial factor in guiding this process.

Counselling Psychology: A Humanistic Value Base
Counselling psychology's unique identity and philosophy are firmly rooted in the humanistic tradition, which places the therapeutic relationship at the centre of the therapeutic endeavour and advocates the respect for the uniqueness of individual clients and their phenomenological experience (British Psychological Society, 1998; Woolfe, 1996). I believe that it is this emphasis on the therapeutic relationship and the respect for clients' phenomenological worlds that distinguishes counselling psychology from other disciplines, which espouse the medical model of illness. This is reflected in counselling psychology's literature, where there is an emphasis on the well-being of the individual instead of the pathology of the individual and on the facilitation of the client's personal growth instead of 'curing his/her illness' (Woolfe, 1996; Farrell, 1996).

The recognition of the centrality of the therapeutic relationship in counselling psychology practice is also supported by the expanding body of empirical evidence that suggests that the quality of the therapeutic relationship is the most important factor in the prediction of the effectiveness of psychological therapy (Hyman, 1981; Luborsky, Crits-Cristoph, Alexander, Margolis & Cohen, 1983; Orlinsky, Grawe & Parks, 1994). Moreover, the emphasis on the therapeutic relationship is in line with the developmental research and literature on human development, which indicate the relational nature of human beings from the beginning of their lives (Bowby, 1988; Stern, 1985). In Clarkson's words, "we are born of relationship, nurtured in
relationship, and educated in relationship” (1996, p. 265). Thus, throughout my training one of the main questions that I have been asking myself is: “How can I provide a relationship which this person may use for his [or her] own personal growth?” (Rogers, 1961, p. 32, words in brackets added).

Counselling Psychology: An Integrative Discipline

The emphasis that counselling psychology places on the therapeutic relationship as a medium to facilitate change does not mean that psychological theories, learned skills and research are downplayed or ignored. On the contrary, the guidelines for the professional practice of counselling psychology postulate that the aim of counselling psychology is to “develop models of practice and research which marry the scientific demand for rigorous empirical enquiry with a firm value base grounded in the primacy of the counselling/psychotherapeutic relationship” (BPS, 1998, p. 3). Consequently, it adopts the model of the scientist-practitioner, which has been described by Meara and his colleagues as “an integrated approach to knowledge that recognises the interdependence of theory, research, and practice” (Meara et al., 1988, p. 368, emphasis added). Accordingly, throughout my training, I have tried to critically evaluate psychological research and literature and use it to inform my practice. Thus, for example, my choice to adopt a cognitive-behavioural approach with clients that suffered from eating disorders (e.g., anorexia nervosa and bulimia nervosa) was guided by the psychological research that indicates the effectiveness of Cognitive-Behavioural Therapy (CBT) in the treatment of these disorders (Department of Health, 2001; Fairburn & Cooper, 1989; Garner, & Bemis, 1982; Roth & Fonagy, 1996).

Nevertheless, the use of the scientist-practitioner model in counselling psychology can often prove to be problematic as this model can be seen to be incompatible with the core philosophy of counselling psychology (Spinelli, 1996; Woolfe, 1996). Indeed, a scientist-practitioner model that is solely based on a conventional conception of the nature of science, which originates from a positivist/empiricist epistemology and focuses on the measurement of ‘objective reality’, seems to be at odds with counselling psychology’s emphasis on the uniqueness of the individual and the subjective nature of human experience. I agree with Woolfe (1996) that this problem can be partially overcome by espousing a more phenomenological concept of the
nature of science and using research methods that are consistent with such a perspective (e.g., grounded theory and interpretative phenomenological analysis). Accordingly, in my research project entitled ‘Theorizing heterosexual romantic relationships: A grounded analysis’ (Gkouskos, 2002) I indicated that previous research and literature of adult romantic relationships, by imposing attachment theory on the phenomena of adult romantic relationships, provided limited scope for a detailed understanding of how adult couples make sense of the nature of connections in their relationship and the processes by which those connections are developed and maintained. Therefore, in an attempt to explore the subjective experiences of individuals about their intimate relationship I adopted a phenomenological methodology, namely grounded theory, which aims at the generation of local, contextual theory from the systematic analysis of qualitative data from participants’ accounts (Henwood & Pidgeon, 1992).

As well as adopting a scientist-practitioner model, counselling psychology’s commitment to developing integrative practitioners is also evident in the co-existence of diverse therapeutic paradigms in counselling psychology’s literature (Woolfe & Dryden, 1996). This is also implicit in the guidelines set by the BPS for the Diploma in Counselling Psychology, where candidates are required to demonstrate “knowledge and understanding of a minimum of three models of psychological therapy” (April 2001 – March 2002, p. 11).

**Different Pathways to Integration**

“The large number of theories claiming to have grasped the essentials of psychological functioning provide *prima facie* evidence that no theory is correct” (Polkinghorne, 1992, p. 158)

The continued proliferation of therapeutic approaches over the past decades (Karasu, 1986) and the failure of outcome studies to support the effectiveness of a particular approach over the others (Lambert, 1983; Nocross & Goldfried, 1992) has resulted in an increased interest in psychotherapy integration and the development of various approaches to integrative psychotherapy (Newman & Goldfried, 1996). These
different approaches have been classified in three main categories: 'technical eclecticism', 'common factors' and 'theoretical integration' (Arkowitz, 1989; Castonguay & Goldfried, 1994). A detailed review and evaluation of different approaches and key issues to integration is beyond the scope of this paper1. However, a quick reference to the three main routes to integration will help the reader locate my personal account of integrative practice.

'Technical eclecticism' and 'theoretical integration' seem to lie in opposite poles of 'The Integration Movement' (Hollanders, 2002). Advocates of 'technical eclecticism' propose that psychotherapists can use techniques from various therapeutic systems based on their empirically demonstrated effectiveness for specific psychological problems or client populations (Beutler, 1983; Lazarus, 1967, 1976, 1992). On the other hand, proponents of 'theoretical integration' argue that integration can only be the result of the combination of two or more approaches to psychotherapy under a new theoretical framework, which is internally consistent and guides the selection or combination of therapeutic interventions (Ryle, 1995; Wachtel & McKinney, 1992). Finally, 'common factors' integration lies somewhere in between these two approaches to integration. Advocates of this approach argue that the specification of the common elements across dissimilar orientations may result in selecting the most effective ingredients of those therapies. Consequently, they seek to identify convergent themes across different psychotherapeutic orientations and similarities in their practices in an effort to create a new effective therapeutic approach based on those shared features (e.g., Frank, 1973, 1982; Goldfried, 1982).

**Personal Epistemology and Account of Integrative Practice**

Fear and Woolfe (1996, 2000) argue that practitioners can function effectively and maximise their efficacy as therapists only if they operate within a theoretical framework that is *congruent* with their personal philosophy about human beings. They call this the integration of the professional and the personal self. Accordingly, my commitment to an integrative approach to clinical practice stems from my personal belief that none of the available psychological theories can capture human nature in its entire complexity. Different theories seem to focus on different levels of human

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1 For a comprehensive review of these issues the interested reader is directed to Hollanders (2002).
functioning (i.e., interpersonal problems, intra-psychic conflict, maladaptive cognitions, family conflict). Therefore, I agree with Clarkson (1996) that no psychological theory can claim to hold the ‘truth’ about human beings and that a more holistic picture of human nature can only be constructed by using different theories in a complementary manner.

Nevertheless, adopting an integrative stance has not been either an easy or a tension-free process. Throughout my training, I struggled to see how paradigms with different philosophies about human nature could be integrated and, if so, to what extent. To this date, I cannot see how one could overcome the ‘incommensurability of paradigms’ (Kuhn, 1970) in order to produce a new, internally consistent, theoretical framework. However, this problem can be bypassed if one adopts an integrative stance that takes place, not at the deepest level of philosophical assumptions of different psychological paradigms, but at the level of clinical theory and practice (Horton, 2000). This type of integration is consistent with a pluralistic approach to psychotherapy (Samuels, 1989; Walsh & Peterson, 1985), which embraces diversity and competition between different viewpoints as a starting point for the creation of knowledge and advocates that cross-fertilization of concepts and techniques from different paradigms can enrich therapeutic practice.

Reflecting back over my practice, my initial attempts towards integration were characterised by my efforts to gradually incorporate aspects from different approaches in finding a therapeutic plan that best fitted my clients’ needs (i.e., technical eclecticism). Nevertheless, most of the times, my ‘technical’ choices were guided by theoretical considerations of my clients’ problems. Furthermore, as my theoretical knowledge of these models increased, I began realising that some concepts or techniques that were identified as unique to specific theoretical paradigms seemed to overlap with those of other models. However, each school of thought has developed its “own specialised language” (Hollanders, 2000, p. 43) which does not facilitate communication between practitioners from different schools and becomes a barrier to the dialogue of integration. My training, though, helped me overcome this barrier, since it provided me with the opportunity to become well acquainted with the languages of three main schools of thought and helped me permeate ideas from one
theory to another. To this extent, as I will also explain later under the heading ‘Year three’, I found that schema-focused therapy could be a useful integrative framework since it integrates cognitive, behavioural, interpersonal and psychodynamic components into one unified approach to treatment (i.e., common factors integration).

Training Experience

Having briefly described how the core tenets of counselling psychology, different ideas about integration and my own epistemological position have influenced my professional development to date and my decision to work from an integrative perspective, I will now offer an account of my work with clients over the four years of my training. It is hoped that this account will provide the reader with a clear picture of how various aspects of the humanistic, psychodynamic and cognitive-behavioural models have influenced my practice and how I have come to integrate elements of the different theories I have been exposed to.

Year One

For my first year placement I worked in a Community Mental Health Team (CMHT). This offered me the opportunity to work closely with professionals from other disciplines and gain a better understanding of the nature of their work as well as the difficulties and tensions that a multi-disciplinary team faces in its every day practice. In addition, my work at the CMHT provided me with the opportunity to work with a great range of psychological difficulties (e.g., life-course transitions, loss, stress, anxiety, depression and self-harm).

My clinical practice was primarily influenced by the humanistic approach (Rogers, 1951, 1957, 1961), which argues that human beings have an innate drive towards growth or self-actualization. Under this paradigm, emotional and behavioural difficulties are considered as indications of a blockage of natural growth and arise when people deny or distort aspects of their current awareness. Accordingly, the therapist’s role is to create a safe environment for his/her clients so that they can feel secure, accepted and supported to explore and express their current feelings and

2 In order to protect client confidentiality, details of clients have been changed and pseudonyms have been used throughout this paper.
perceptions and restart their natural growth. It is the clients' experience of this relationship that brings beneficial changes. The acceptance of the healing power of the relationship in the humanistic approach is evident from Rogers' (1957) identification of the six ‘core conditions’ (e.g., psychological contact between two persons, empathy, congruence and unconditional positive regard) as the ‘necessary and sufficient’ conditions for therapeutic change.

The humanistic framework proved invaluable in my first steps as a practitioner and in my efforts to establish and maintain a therapeutic relationship with my clients in order to engage them in the therapeutic process. Trying to establish the core conditions and using humanistic techniques, such as reflecting back, paraphrasing, summarising and clarifying, helped me convey to my clients that they had been listened to, understood and accepted by me. By doing so, I tried to provide them with a ‘secure base’ from which they could explore their feelings and perceptions and begin bridging the gap between their internal and external worlds. I believe this is well exemplified in my work with Mr C.

Mr C., aged fifty, was referred for depression after a near fatal accident had deprived him of the ability to walk without a stick and forced him to take an early retirement from a satisfying teaching job. The main focus of our therapeutic work was to establish a therapeutic alliance to help him explore his feelings about the accident and about the change that this had brought to his life. By exploring the meaning of his experience, Mr C. became aware that his depression was a reflection of incongruence between his sense of who he was (self) and who he felt he should be (ideal self). In other words, Mr C. found it very difficult to get accustomed to his new life circumstances and accept that he no longer had either the role of the provider for his family or the ‘mentor’ role as a teacher. These roles appeared to be very crucial aspects of his self-concept. By gaining insight into his current thoughts and feelings, Mr C. was able to express his anger and resentment about what had happened to him. Furthermore, in a relationship that he felt safe and accepted he began grieving for the loss of his ‘previous self’ and made the first steps towards accepting his ‘new self’.
Despite valuing the humanistic approach, as my placement progressed I began realising that its focus on the 'here and now' presented me in some occasions with a limited scope to understand the difficulties of my clients. This was evident in my work with Mrs B., a 32-year-old woman who presented with symptoms of depression and relationship difficulties in her marriage. When we began working one of her major complaints was that her husband was not supportive of her and did not make her feel wanted. However, in the following sessions, themes of rejection and abandonment from Mrs B.'s childhood began to emerge. Gradually, it became apparent to me that her perception of her husband's behaviour towards her greatly resembled her description of her parents' behaviour towards her as a child (i.e., not affectionate, not paying attention to her and generally neglectful). At this point, I felt that my client would benefit from gaining an insight into how her past experience seemed to mediate the perception and interpretation of her present experience. Thus, under the guidance of my supervisor, I began incorporating psychodynamic interventions in therapy (i.e., technical eclecticism). In particular, I started making tentative interpretations drawing attention to the link between her past relationships and the current relationship with her husband. In psychodynamic terms, I was trying to establish the link between 'other/s' and 'parent/s' in the 'triangle of person' (Malan, 1979) in order to help my client gain some insight into the origins of her feelings. The integration of psychodynamic interventions proved very useful, since at the end of therapy Mrs B. argued that our work had helped her make sense of her abandonment and rejection feelings and begin reacting differently to her husband.

**Year Two**

During my second year, I worked in a psychotherapy department of a District General Hospital. Looking back, this was probably my most challenging placement as I worked in a therapeutic model that initially made me feel de-skilled and anxious about my ability to become a good practitioner. Moreover, being supervised by two psychodynamic supervisors with very different styles of supervision and practice as well as being part of a Family Therapy team, which mainly operated under a systemic paradigm, further increased my anxiety as I was trying to grapple with the essentials of psychodynamic theory and introduce myself into the basics of family therapy.
Being in supervision with an orthodox Kleinian psychotherapist proved especially
difficult at the beginning of my placement, since I was often criticised for not being
silent enough or for being too ‘active’ and too empathic. However, as the year
progressed I came to appreciate the microanalysis of my client work and the detailed
examination of the process between the client and myself. This experience in
supervision played a key role in developing my capacity to self-reflect on my practice
and my ability to work in the transference-countertransference relationship. This is
exemplified in my work with Mr S., a 45-year-old man, who developed symptoms of
depression after discovering that his 13-year-old daughter had been sexually abused
by the son of his girlfriend.

Working from a psychodynamic perspective, I hypothesized that Mr S.’s depression
was a form of aggression turned against himself (Freud, 1917). In particular, it seemed
to me that the sexual abuse of his daughter had raised great guilt and anger towards
himself because, to some extent, he felt responsible for her sexual abuse, as it had
happened while she was under his care. Accordingly, his relationship with his
daughter and more specifically the expression of repressed feelings of anger and guilt
seemed to be an appropriate area of therapeutic intervention. However, as we were
trying to address these issues, Mr S. began accusing me that I was a “bad therapist”
because I did not provide him with any solutions to his problems nor did I offer him
an adequate explanation about his feelings of depression. In turn, I began feeling
inadequate as a therapist and in an unconscious attempt to get rid of these feelings I
began taking charge of the sessions so that I could feel that ‘I knew what I was doing’.
I took this case to supervision and I began ‘analysing’ myself in order to better
understand my feelings. Gradually, I realised that the major reason for my intense
countertransferential feelings and my ‘acting out’ in the sessions was the fact that my
client had ‘hooked’ onto my own unresolved feelings of impotence and lack of
experience as a trainee. As soon as I managed to make this piece of self-analysis and
understand my feelings, I was able to better understand my client’s experience. In
supervision, it was hypothesized that Mr S. was projecting his anxieties and his fears
of being a ‘bad parent’ to me and then unconsciously attacking them in a desperate
effort to eliminate his discomfort. At the same time though, he was unconsciously
trying to communicate to me his difficulty to acknowledge any sense of failure or any

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negative aspect of himself (i.e., being a bad parent or having negative feelings about himself). By understanding my client’s unconscious communication and separating my own unresolved issues from my client’s, I was able to respond empathetically rather than defensively to Mr S.’s attacks. Moreover, by tentatively interpreting his aggression towards me as a defence against his overwhelming fear and anxiety to acknowledge his negative feelings about himself, I was able to show my client that I understood and empathized with his fears. In response to these interpretations, Mr S. stopped attacking me and soon after that we were able to begin working on his feelings of guilt around his daughter’s sexual abuse. Finally, my experience with Mr S. sensitised me to the importance of working within the transference-countertransference relationship, as it can be a useful source of information about clients’ internal worlds and can form the solid basis for effective therapeutic understanding and interpretation.

Furthermore, my work with my Kleinian supervisor made me aware of the importance of adopting a theoretical orientation that is consonant with my own vision of reality (Fear & Woolfe, 1996, 2000). In particular, as I mentioned above, I regard human beings primarily as relational beings. Therefore, I believe that we are motivated above all by our need to seek relationships with others and not by our sexual or aggressive drives. Moreover, I view human development as a result of the interplay between both internal and external factors. Consequently, working with a Kleinian model, which is essentially a model of intra-psychic conflict between love and hate, need of dependency and fear of loss and relies heavily on the identification and interpretation of repressed sexual and aggressive drives (Klein, 1957; Hinshelwood, 1994), felt quite alien to me and created great tension within me.

Through my work with my second psychodynamic supervisor, I found that my personal world view seemed to have a high degree of fit with an object-relational psychodynamic perspective, which places greater emphasis on interpersonal or relational aspects of psychological functioning, while still acknowledging, albeit a secondary role to, the influence of intra-psychic conflicts (Bowlby, 1979, 1988; Fairbairn; 1943, 1963; Gomez, 1997; Winnicott, 1947, 1958). More specifically, object-relations theorists postulate that through our early experiences with our
caregivers we build internal structures, which not only represent the nature of past experiences with significant others but also serve as a basis for guiding our perception of our world and our future relationships. These internal structures have been given various names such as ‘internal objects’ (Fairbairn, 1952) and ‘internal working models’ (Bowlby, 1988). Accordingly, psychological difficulties are seen as the result of developmentally deficient experiences with primary caregivers and the aim of therapy is to “offer a new experience of empathy and attention, from which the patient can build a secure sense of self in relation to another” (Bateman & Holmes, 1995, p. 23). When I came to formulate clients’ problems during my psychodynamic placement, I found that often many of their difficulties could be conceptualised in terms of object-relations. Furthermore, during the third year, object-relations theory proved invaluable in my efforts to integrate psychodynamic and cognitive ideas.

**Year Three**

The decision to complete my studies on a part-time basis proved to be a milestone in my development as a counselling psychologist. Completing my last year in two halves afforded me the opportunity to gain a good understanding of cognitive-behavioural theory and practice and it also provided me with ‘time and space’ to reflect upon my training in previous psychotherapeutic models and find ways that these models could be meaningfully integrated into practice. Moreover, it gave me the chance to complete two placements, one in an Eating Disorders Service and one in Primary Care. This in itself was a valuable learning experience, since by the end of my training I was able to gain a comprehensive understanding of all three levels of care in the NHS and enhance my professional skills by working aside and collaborating with other mental health professionals. For example, in my placement at the Eating Disorders Service I collaborated with a dietician to co-facilitate a psychoeducational group for obese people.

In regards to my clinical practice, I quickly came to appreciate the benefits of CBT in helping my clients overcome their psychological difficulties. I found that many clients benefited from a time-limited approach, where the therapist and the client work together as a team (i.e., collaborative empiricism) to help the client identify his/her maladaptive ways of thinking and behaving and then substitute them with more
adaptive ones (Beck, 1976; Beck, Rush, Shaw & Emery, 1979). On the other hand, at times I found CBT lacking in providing me with a deeper understanding of the origins of my clients’ difficulties. More importantly, traditional models of CBT seemed to downplay the significance of the therapeutic relationship in therapy and did not seem to provide any framework for understanding the process between the client and the therapist. At this point, I found it very useful to read about recent developments in the cognitive paradigm (e.g., Beck, J., 1995; Safran & Segal, 1990) and in particular Schema-Focused Therapy (SFT) (Young, 1994; Young & Klosko, 1993).

To summarize, SFT is essentially an integrative form of therapy, as under the unifying concept of ‘early maladaptive schemas’ (EMS) it integrates concepts and techniques from various perspectives (e.g., cognitive, behavioural, interpersonal and psychodynamic). SFT, similarly to object-relations theory, places great emphasis on the developmental history of the client as a source of information for the understanding and conceptualisation of his/her problems. Specifically, Young argues that developmentally deficient experiences with primary caregivers and peers during early childhood lead to the formation of generalised themes (i.e., EMS) about oneself and one’s relationships with others, which subsequently serve as templates to process later experiences in life. Accordingly, Young regards the therapeutic relationship as an important ‘therapeutic tool’ because it can be used to help clients counteract their schemas. In particular, he postulates that therapists should try to offer an approximation of the missed emotional experience during childhood in an effort to counteract and ‘repair’ their clients’ EMS. The provision of such ‘corrective’ emotional experience has been called ‘limited reparenting’ (McGinn & Young, 1996) and it bears great similarity to the description of Alexander and French’s (1946) ‘corrective emotional experience’ and Clarkson’s (1995) ‘reparative relationship’. Finally, SFT, unlike the traditional CT, places greater emphasis on affective experience, since it advocates that affective arousal associated with the underlying schemas facilitates their modification (Safran & Segal, 1990). Thus, alongside cognitive and behavioural techniques, which aim to the modification of self-defeating patterns of thinking and behaviour, Young (1994) has incorporated into SFT experiential techniques from Gestalt psychotherapy, such as imaginary dialogues and role-play.
To demonstrate the value of SFT I will briefly discuss my work with Mrs C., a 26-year-old woman, who was referred by her GP with mild symptoms of depression. In our first session, Mrs C. argued that her feelings of depression mainly stemmed from problems in her relationship with her husband and in particular her husband’s decision to ask her for a divorce. Being aware of outcome studies recommending CBT as the treatment of choice for depression (Roth & Fonagy, 1996, Fennell, 1989), I decided that a structured, time-limited approach with focus on the present concerns of Mrs C. would probably be quite helpful. However, as the sessions progressed Mrs C. came to describe a long-history of depression and turbulent relationships with men where the main theme was one of abandonment and rejection. At that point, I felt that a schema-focused approach with emphasis on the developmental origins of Mrs C.’s problems would be more beneficial to her. By working collaboratively, we began reviewing her developmental history and came to the shared formulation that her early experiences in her family (i.e., mother dying from heart attack when Mrs C. was 6 years; father, unable to cope with her death, became withdrawn and immersed himself into his work) had resulted in strong beliefs that she is unlovable, that people will always abandon her and that her needs are never met (‘defectiveness’, ‘abandonment’ and ‘emotional deprivation’ schemas). Her fears of abandonment were so strong that she could not withstand even brief separations. Thus, when her husband had to be away on business trips she would become very upset, tearful and even accuse him of being uncaring and planning to leave her. This created tension in their marriage and eventually her husband decided to get a divorce and thus verify her worst fears. Moreover, a review of her past relationships indicated a recurring pattern, where Mrs C. would quickly become emotionally dependent on and ‘clingy’ towards her intimate partners. Her behaviour usually scared men away and as a result her fears of abandonment were repeatedly confirmed and reinforced.

Having identified Mrs C.’s EMS, I adopted a stance of ‘empathic confrontation’ (McGinn & Young, 1996) to help her alter her distorted view of herself and others. I used standard cognitive techniques to challenge her schema-driven thoughts and perceptions (e.g., ask her to carry a ‘life review’ to provide evidence that supported and contradicted her schemas). Moreover, in order to facilitate the modification of her
underlying schemas I incorporated experiential techniques in therapy. Thus, for example, Mrs C. was encouraged to visualise scenes from her childhood, particularly when her father used to leave her by herself, and express her anger at him for abandoning her. By doing so, she was able to recognise her father’s role in the development of her EMS and thus feel less critical towards herself. In addition, in an effort to help Mrs C. modify her counteractive behaviours in intimate relationships, behavioural exercises (i.e., trying not to call her new partner so often, trying not to overreact in brief separations) were incorporated in therapy. Finally, being aware of her interpersonal schema (I am unlovable/Others will abandon me), I tried to provide her with a therapeutic relationship that would challenge her dysfunctional interpersonal schema (i.e., limited reparenting). Thus, I tried to be as accepting, validating and nurturing as possible. This was especially important towards the end of the therapy as inevitably Mrs C.’s fears of abandonment and rejection were heightened. In our last session, Mrs C. argued that the insight she gained in therapy helped her feel more in control of herself and her life and more optimistic about her ability to make positive changes in her life. Moreover, she had gradually begun making changes in her inter-personal relationships, she had stopped her antidepressant medication and her depression had significantly lifted.

**Supervision**

Before concluding this paper it is also essential to discuss supervision and personal therapy, since both experiences have played a crucial role in my development as a counselling psychologist. My working relationship with each of my supervisors furthered my understanding of different models of therapeutic practice. Furthermore, all my supervisors provided me with a ‘safe space’ to explore, question and evaluate my interventions with my clients. Through support, guidance, challenge and sometimes even disagreements they helped me develop my capacity to reflect on my practice and develop my own ‘internal supervisor’ (Casement, 1985). That is, my ability to remain close enough to what my clients are experiencing while maintaining a sufficient space to reflect upon the content and process of therapy. This is not to say that I regard the ‘internal supervisor’ as an attained state at which I have ‘arrived’ at the end of my training; I rather consider this a continuous process of personal and professional development that is never completed.
My capacity to evaluate and reflect upon my practice was further enhanced by group supervision. In this forum, I learned a great deal by listening to my colleagues’ accounts of their practice. Most importantly, group supervision proved an invaluable arena for my initial steps towards theoretical integration, since clients’ difficulties were often conceptualised from different perspectives. This advanced my ability to hold in mind more than one perspectives as well as to begin identifying areas of compatibility or incompatibility between different therapeutic approaches.

Personal Therapy
Personal therapy has also played a key role in my personal and professional development as it affected me on many levels. Personal therapy supported me through the major part of my training and has had a profound influence on my clinical practice, since my therapist served as an excellent role model for professional learning. Furthermore, by exploring my own conflicts in therapy, I became aware of my own ‘blind spots’ (Jacobs, 1999) and how these could affect the therapeutic process. Accordingly, many times my therapy provided me with invaluable space to explore feelings that had been raised by my clinical practice and to begin separating my own difficulties from those of my clients. Finally, being in the client’s chair made me aware of how difficult it is to open up and share your innermost thoughts and feelings with a stranger and how painful it can be when you gain insight into some long-denied aspects of yourself. This has made me extremely respectful of my clients’ efforts to come to terms with their painful feelings and difficult life events.

Concluding Remarks
This paper has attempted to highlight the various factors that have influenced my personal development as an integrative practitioner to this date. However, by reflecting upon the factors that have contributed to the formation of my identity as an integrative counselling psychologist, I do not intend to suggest that after four years of training this process has come to a conclusion. Although I feel that this is my ultimate goal, I regard this to be a long voyage “full of knowledge and adventure”, an everlasting process of personal and professional development. To this extent, I agree with Bion (1975) that ‘becoming’ a therapist is an ongoing process that is never completed,
“a quest that has no end” (Hollanders, 2000, p. 41), and that as practitioners we should always strive to be in a state of ‘becoming’. Nevertheless, this paper has attempted to demonstrate that my journey through the course has set solid foundations in the voyage towards my Ithaca.
References


Two helping alliance methods of predicting outcomes of psychotherapy.

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A review of adult attachment and romantic relationships: Advances, limitations and suggestions for future research.

Abstract
Since the mid-1980s, research on adult attachment and romantic relationships has burgeoned. Given the probability that this interest and enthusiasm for an attachment theoretical perspective on adult pair bonds will continue to expand rapidly, the present paper attempts to review the major findings of this research area. Through an extensive but selective review of the 'normative' and the 'individual differences' components of adult attachment theory, this paper will attempt to point to the major advances and limitations of this field of research. Finally, based on the current findings, especially with regard to the continuity of attachment styles, implications for future research are considered.
Introduction

During the last two decades, the study of adult attachment has developed into one of the most widely researched domains in developmental, social, personality and clinical psychology (Simpson & Rholes, 1998). In fact, the growth within this domain has been so extensive that between 1987 and 1997 alone more than 800 articles and book chapters on adult attachment were published (Crowell, Fraley & Shaver, 1999). This interest mainly stemmed from Bowlby’s and Ainsworth’s work on attachment in infancy and early childhood (Ainsworth, 1979, 1985, 1989; Ainsworth, Blehar, Waters & Wall, 1978; Bowlby, 1969, 1973, 1980). In particular, Bowlby (1969) proposed that over the course of repeated interactions between infants and their primary caregivers (usually the mother) infants come to develop expectations about their caregivers’ responsiveness and accessibility. Subsequently, these expectations become internally organised into inner representations or working models of the relationship between the self and the other. These internal working models serve as a basis for guiding the child’s behaviour in his/her future interactions with the social world. As it is widely known, attachment theorists have argued that young children come to develop one of the three different attachment styles (secure, anxious/ambivalent and avoidant) (Ainsworth et al., 1978)1 (For an extensive review of attachment theory see Bretherton, 1992; Bretherton & Munholland, 1999).

Bowlby (1979) argued that the attachment styles that are formed during infancy are so pervasive that they guide individuals’ behaviour during their whole lives. He even went as far as to suggest that “attachment behaviour is held to characterize human beings from the cradle to the grave” (p. 129) and that “there is a strong causal relationship between an individual’s experiences with his parents and his later capacity to make affectional bonds” (p. 135). However, Bowlby’s work was mainly concerned with attachment phenomena in infancy and childhood and his assertions for adulthood were not empirically tested facts (Hazan & Zeifman, 1999). Nevertheless, his work inspired researchers to test these ideas into the field of adulthood and resulted in the development of two main lines of research.

1 Some theorists have argued in favour of a fourth attachment style: disorganised-disoriented (Main & Solomon, 1990). For reasons of space we will not describe these different types in any detail, but refer the reader to the existing literature. However, some of their characteristics will become clearer as we proceed.
in the field of adult attachment. The first has been named the "Nuclear Family Tradition" (Simpson & Rholes, 1998, p. 5) and is concerned with how adults' representations of their childhood experiences in the family may impact upon their child rearing experiences (Main, Kaplan & Cassidy, 1985). The second has been called the "Peer/Romantic Partner Tradition" (Simpson & Rholes, 1998, p. 5) and has attempted to extend the childhood paradigm to adult love relationships (Hazan & Shaver, 1987). The present paper will focus on the area of attachment research that has dealt with relationships between heterosexual romantic partners (i.e., Peer/Romantic Partner tradition). Specifically, the purpose of this paper is to review the research on the two major components of adult attachment theory, namely the 'normative' and the 'individual differences' components (Hazan & Shaver, 1994). The normative component attempts to explain the functions and development of the attachment system through the different stages of human life, whereas the individual differences component attempts to explain the different attachment behavioural strategies that are adopted by individuals in response to different life experiences (Hazan & Shaver, 1994). Overall, the present paper will attempt to point to the major advances, problems and limitations of the research on adult attachment and romantic relationships in order to make suggestions for future research.

Normative component of attachment theory

In 1994, in a review of the literature on adult attachment Hazan and Shaver noted that there was an overemphasis on individual differences and there was a minimal interest and research literature on the normative implications of attachment theory. Unfortunately, 6 years later the same trend is still evident in the literature. There are only few theorists and researchers (e.g., Hazan, Hutt, Sturgeon & Bricker, 1991; Hazan & Zeifman, 1994, 1999; Fraley & Davis, 1997; Shaver, Hazan & Bradshaw, 1988; Weiss, 1982, 1991) that have shown interest on the normative component of adult attachment theory. However, the study of the normative component is of equal, if not of greater, importance because it will provide answers to two central questions of adult attachment research. First, do pair

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2 The paper focuses on heterosexual relationships because the majority of the studies on adult attachment have included only heterosexual participants and couples (For a review on the same-sex romantic attachment see Mohr, 1999).
bonds in adulthood qualify as attachment bonds? Second, what are the processes through which attachment behaviour is transferred from childhood to adolescence and from adolescence to adulthood? As Hazan and Zeifman (1999) argued the answer to the first question can define the future of adult attachment theory because, if the claim “about the pre-eminence of romantic partners as attachment figures in adult life [was proven to be wrong], it could potentially undermine the whole body of findings” (p. 337, words in brackets added) of adult attachment research. It must also be noted that examining the validity of the argument that pair bonds qualify as attachment bonds is not only important for future adult attachment research; it is also important for practitioners interested in applying an attachment theoretical perspective to their therapeutic practice with couples or clients that want to address in therapy the difficulties that they may be facing in their intimate relationship. Thus, before making any claims about individual differences and continuity of these differences from infancy to adulthood, it is necessary to demonstrate that pair bonds are in fact attachment relationships. In support of this argument, theorists (Hazan & Zeifman, 1999; Weiss, 1982, 1991) have suggested that pair bonds in adulthood qualify as attachment bonds for three main reasons: a) they have the same defining characteristics of attachments in infancy, b) they follow the same stages of development as infant attachment, and c) they serve a similar function.

Regarding the common characteristics between infant and adult attachments, theorists have proposed that the features of proximity seeking, secure base, safety haven, and separation distress can be witnessed in both adult and infant attachments (Weiss, 1982, 1991). Specifically, children in infancy will attempt to stay within protective range of their attachment figure (proximity seeking or proximity maintenance) (Bowlby, 1969). Furthermore, proximity to the attachment figure will be especially sought when the infant is stressed or distressed. If the infant feels that the accessibility of his/her attachment figure is threatened, s/he will protest and attempt to re-establish contact with the attachment figure (separation distress). In addition, during times of danger and distress the attachment figure serves as a haven of safety to which the infant can turn for comfort. Finally, the attachment figure serves as a secure base from which the infant feels secure to explore the surrounding environment and play. The above dynamics are also evident in
adult-adult attachments. For example, adults are more secure when their partner is around and more likely to explore the environment when their partner is perceived as available (Hazan & Shaver, 1987, 1994a; Shaver et al., 1988; Weiss, 1982). Moreover, in threatening situations partners seek comfort from one another and when they are separated they experience intense distress (Fraley, Davis & Shaver, 1995; Simpson, Rholes & Nelligan, 1992; Vormbrock, 1993).

In addition, Zeifinan and Hazan (1997) have argued that attachment in adult pair bonds follows very similar stages of development to those stages of infant attachment formation identified by Bowlby (1969) (Table 1).

Table 1. Stages of attachment formation in infancy and adult pair-bonds.

<table>
<thead>
<tr>
<th>Stage 1</th>
<th>Attachment in infancy</th>
<th>Attachment in adult pair bonds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 2</td>
<td>Preattachment</td>
<td>Attraction and Flirting</td>
</tr>
<tr>
<td>Stage 3</td>
<td>Attachment in the making</td>
<td>Falling in Love</td>
</tr>
<tr>
<td>Stage 4</td>
<td>Clear-cut Attachment</td>
<td>Loving</td>
</tr>
<tr>
<td></td>
<td>Goal-Corrected Partnership</td>
<td>The Postromance phase</td>
</tr>
</tbody>
</table>

Specifically, they have argued that the behaviours that occur during flirting (e.g., smiling, making eye contact, talking with heightened speech, exaggerated gestures) resemble those of the young infant who, in the first few months of his/her life, is predisposed to pay attention to social stimuli and engage in behaviours that enhance interaction with the attachment figure (Preattachment). Around the second and third months of age the infant starts directing his/her signals mainly towards his/her primary caregiver and the interaction between the infant and the caregiver becomes more attuned and more intimate (Attachment in the making). This is the result of behaviours like extensive gazing, cuddling and speech turn taking. In adults that fall in love similar behaviours can be easily witnessed. They stare at each others’ eyes, their attention is focused on their partner, they hold hands, they talk to each other in a more soothing tone
and they tend to use ‘baby talk’. Finally, they begin to disclose more personal information to their partner than they had done in the flirting stage (Altman & Taylor, 1973). During the third stage (Loving), the romantic relationship undergoes a major change. The excitement and arousal that was evident in the ‘Falling in Love’ stage is substituted by comfort. The sexual activity in the relationship declines (Fisher, 1992) and the partners take now more the role of the supporter and distress alleviator (Kotler, 1985). In other words, they become the secure base of each other and when they are separated or feel that their relationship is in danger they feel distressed and attempt to re-establish contact.

Similar changes can also be seen in the infant’s relationship with his/her mother. Around the age of 8 months, with the onset of locomotion, infants begin to protest separation with their attachment figures and use them as a secure base from which they can explore their environment. The appearance of separation distress indicates the full formation of an attachment bond (Hazan & Zeifman, 1999). Finally, around the second and third years of their lives, infants begin to feel more comfortable with separations from their attachment figures. Furthermore, their need for physical contact is reduced and they begin to be more interested in exploring their environment and interacting with their peers (Goal-corrected partnership). A similar change happens in adult romantic relationships. Partners during the ‘Postromance’ phase spend less time looking, holding and touching each other than in previous stages. In addition, instead of focusing most of their attention on their partners, they become again interested in social and work activities which may have been neglected during the phases of ‘Falling in love’ and ‘Loving’ (Hazan & Zeifman, 1999).

Finally, following Bowlby’s (1958, 1969) argument that selection pressures resulted in the evolution of the attachment behavioural system in infancy as a way to maintain proximity to caregivers and ensure protection from any external dangers, several theorists have proposed that attachment in adulthood serves the same function (Ainsworth, 1991; Hazan & Shaver, 1994; Hazan & Zeifman, 1999). It should be noted that Kirkpatrick (1998) has rejected this claim by arguing that seeking proximity during dangerous situations would be adaptive in childhood but it would be maladaptive in adulthood. According to Kirkpatrick, it would be more advantageous for adult survival for partners to help each other in fighting any external danger than to seek for each others’ protection.
Furthermore, since males are physically stronger than females, they could not gain any survival advantage by turning for help to their female counterparts. However, as Hazan and Zeifman (1999) have pointed out, this reasoning is flawed because it includes “a limited conceptualisation of protection, [a] misplaced emphasis on survival rather than on reproductive success, and a failure to acknowledge normative developmental change in the [attachment] system” (p. 345, words in brackets added). They argued that even in infancy attachment is not limited to dangerous situations. It also helps ensure that the infant will receive adequate food, shelter and guidance in order to survive. Furthermore, they correctly indicated that it would be wrong to expect attachment behaviours in adulthood to be identical to attachment behaviours in infancy; the attachment system develops as every other behavioural system (e.g., feeding). Finally, attachment behaviour promotes reproductive success by ensuring that the partners will stay together and provide continuing caregiving for their child.

In sum, it would seem that pair bonds in adulthood can be considered as instances of attachment because they appear to possess the same features as infant attachments, their formation passes through similar stages of development to those of infant attachment and they have a common function to infant attachment (i.e., protection). However, if we accept that this argument is correct, then the question that immediately arises is: how does, if at all, the attachment system transfer from parental figures to romantic partners? Bowlby (1969) claimed that attachment formation begins in the first few weeks of life and ends towards the end of the second year with the formation of a “goal corrected partnership”. Moreover, Bowlby postulated that the defining features of attachment (proximity seeking, separation distress, secure base and safe haven) do not appear all together but they develop through a series of phases. The process starts in the first few months of life with physical proximity. Then, the infant learns to associate the attachment figure with comfort (safe haven) and finally learns to use the attachment figure as a secure base to explore the environment and begins to protest separations from the attachment figure. Following this argument, Hazan and Zeifman (1999) have proposed that the transfer of attachment from parental figures to peers and partners in adolescence and adulthood should follow the same stages. Indeed, the first studies (Hazan & Zeifman,
1993; Fraley & Davis, 1997) suggested that the proximity seeking component is transferred in early childhood, the safe haven component is transferred in adolescence and the secure base and the separation distress components are transferred in early adulthood (but only to romantic partners).

Before leaving this section there are three points that the present author would like to clarify. First, Hazan and Zeifman's theory and findings need to be replicated by future studies, as they themselves noted. Second, the present author does not want to argue that pair bond attachments in adulthood are identical with attachments to caregivers in infancy. In fact, there are some important differences between these two behavioural systems. First of all, attachments in adulthood are reciprocal. That is, in adulthood both partners may serve as an attachment figure and a provider of security to each other. Second, and most importantly, attachments in adulthood include a sexual component. Thus, theorists (Hazan et al., 1988) have argued that pair bonds in adulthood include three closely related behavioural systems: the reproductive, the attachment and the caregiving system, with the attachment system playing a central role. Finally, it must be stressed that an extensive analysis of the literature that deals with the normative component of the attachment theory is not the purpose of this article. The purpose of including such a section in the present report was mainly to illustrate that romantic bonds in adulthood could be considered as attachment bonds and thus attachment theory could serve as a useful theoretical framework that would contribute to our understanding of some important features and processes of romantic bonds.

**Individual differences component of attachment theory**

In 1987, Hazan and Shaver published the first article applying attachment theory to adult romantic relationships. They devised a simple questionnaire by translating Ainsworth et al.'s (1978) descriptions of different types of attachment in infancy (secure, avoidant and anxious/ambivalent) into terms of adult love (Table 2).
**Table 2.** Adult Attachment Types (adapted from Hazan and Shaver, 1987, p. 515).

<table>
<thead>
<tr>
<th>Question: Which of the following best describes your feelings?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Secure:</strong> I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don’t often worry about being abandoned or about someone getting too close to me.</td>
</tr>
<tr>
<td><strong>Avoidant:</strong> I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, love partners want me to be more intimate than I feel comfortable being.</td>
</tr>
<tr>
<td><strong>Anxious/Ambivalent:</strong> I find that others are reluctant to get as close as I would like. I often worry that my partner doesn’t really love me or won’t want to stay with me. I want to merge completely with another person, and this desire sometimes scares people away.</td>
</tr>
</tbody>
</table>

The questionnaire was published in a newspaper in the form of a “love quiz” and it included questions regarding the participants’ most important romantic relationship and questions regarding the participants’ childhood relationships with their parents. The results of this study indicated that the relative frequencies of attachment styles in adulthood (secure: 56%, avoidant: 24% and anxious/ambivalent: 20%) were very similar to those that had already been found in infancy (secure: 62%, avoidant: 23% and anxious/ambivalent: 15%) (e.g., Campos, Barrett, Lamb, Goldsmith & Stenberg, 1983). Furthermore, they found preliminary evidence that depending on their attachment style individuals experienced romantic love in a different way. That is, secures had more happy and trusting love experiences, avoidants feared intimacy and had pessimistic views about their relationships, and anxious/ambivalents had experiences of a rather obsessive love, falling in love easily and displaying inappropriate jealousy and a low self-esteem. Finally, based on the reports of their participants the researchers concluded that attachment style
in adulthood was related to relationship experiences with parental figures in childhood. At the end of their article, Hazan and Shaver acknowledged the possible limitations of their findings especially due to the use of participants’ self-reports, the limitation of interest in only one important romantic relationship and, most importantly, the use of a very crude attachment measure (Table 2). Nevertheless, they argued that their results provided “encouraging support for an attachment theoretical perspective on romantic love” (p. 521).

This study resulted in a burgeoning of literature on adult attachment and romantic relationships and by late 1998 almost 400 authors had cited Hazan and Shaver’s study (Feeney, 1999b). Since then, many studies have examined correlates of attachment styles in close relationships and have found that individuals with a secure attachment style report high levels of intimacy, trust, commitment and satisfaction in their relationships, whereas avoidants score lower on these dimensions and anxious/ambivalents report less satisfaction and more conflict in their relationships (e.g., Feeney & Noller, 1990; Levy & Davis, 1988; Simpson, 1990). Furthermore, a large area of the literature has been devoted to examining the different ways that secures, anxious/ambivalents and avoidants regulate and control negative affect in a relationship (e.g., Brennan & Shaver, 1995; Feeney, 1995, 1998, 1999a; Kobak, 1986; Kobak, Cole, Ferenz-Gillies, Fleming & Gamble, 1993; Mikulincer & Florian, 1998; Simpson, Rholes & Phillips, 1996). These studies seem to support that there are individual differences between adults with a different attachment style.

However, as the study of adult attachment in romantic relationships became more sophisticated, researchers and theorists began having disagreements around central conceptual and methodological issues. First, they could not come to an agreement about the number of attachment styles (three or four) (Hazan & Shaver, 1987; Bartholomew & Horowitz, 1991). Second, they expressed different opinions about whether we should use a taxonomic (i.e., different types) or a dimensional model for studying attachment (Hazan & Shaver, 1994; Bartholomew & Horowitz, 1991; Latty-Mann & Davis, 1996). Third, but closely related to the second issue, has been the debate around measures of adult attachment.
The majority of the published research to date has used the categorical measure introduced by Hazan and Shaver (1987) (e.g., Baldwin, Fehr, Keedian, Seidel & Thomson, 1993; Feeney & Noller, 1990; Kirkpatrick & Davis, 1994; Kirkpatrick & Hazan, 1994; Mikulincer, Florian & Weller, 1993; Mikulincer & Nachson, 1991; Pietromonaco & Carnelley, 1994). The widespread use of this measure is a result of its brevity and ease of administration (Fraley & Waller, 1998), its conceptual link with attachment theory in infancy and the general appeal of typologies (Feeney, 1999b). However, the extensive use of this measure is quite worrying especially since many researchers, including Hazan and Shaver (1987, 1994a), have pointed to some severe limitations. First of all, participants have to classify themselves into one of the three mutually exclusive categories of attachment without indicating the degree to which they fit into the category. Consequently, it is not possible to test any variabilities that may exist within each category (Simpson, 1990). Furthermore, there are no clear theoretical reasons as to why the three styles should be conceptualised as independent of each other (Fraley & Waller, 1998). Maybe some adults could be better described by using features of more than one attachment style. Similarly, the description of each style (Table 2) contains more than one aspect of relationships (e.g., the avoidant description includes fear of closeness and difficulty depending on others); thus participants are forced to accept a whole description that may not fit them entirely (Collins & Read, 1990). In addition, the classificatory system restricts the types of statistical analysis that can be used. Finally, the exclusive use of self-reports has been severely criticized as misleading and inaccurate (Bartholomew, 1990, 1994; Bartholomew & Horowitz, 1991; Kirkpatrick & Hazan, 1994, see next section for a detailed analysis). Considering all these limitations, it is very discouraging that many researchers persist in using the Hazan-Shaver (1987) attachment measure because this could potentially undermine the findings on the domain of adult attachment.

In an attempt to solve some of these problems, other researchers modified the Hazan-Shaver (1987) measure. For example, Simpson (1990) converted the descriptions of Table 2 into 13 statements and asked his participants to respond according to how they felt towards their romantic partner by using a 7-point Likert scale. Other researchers followed
this example and constructed various questionnaires that consisted of continuous rating scales (Collins & Read, 1990; Feeney, Noller & Harnahan, 1994). The result of this development was that attachment investigators started realizing that maybe it would be more useful to examine dimensions of attachment rather than discrete categories. In fact, in 1990 Bartholomew proposed a two-dimensional model of attachment that still “remains one of the most important theoretical advances in adult attachment” (Simpson & Rholes, 1998, p. 11) for both conceptual and methodological reasons.

Bartholomew (1990, 1994, 1997; Bartholomew & Shaver, 1998) reviewed the literature on adult attachment and found that there was a disagreement regarding the choice of measurement in research. Researchers who studied the effects of attachment style on parenting favoured the Adult Attachment Interview (AAI; George, Kaplan & Main, 1985) while researchers who studied romantic relationships used the Hazan-Shaver measure (or modified versions of this measure). Furthermore, the research that compared the two measures (e.g., Borman & Cole, 1993; Crowell, Treboux & Waters, 1993) indicated that the two measures failed to correspond. Bartholomew (1990) argued that there were three main reasons why the measures did not converge. First of all, the two traditions focused on different domains of adult attachment: one on retrospective descriptions of childhood experiences with the parents and the other on romantic relationships. Second, they targeted different aspects of internal working models, namely a conscious (self-reports) and an unconscious (AAI) aspect. Finally, Bartholomew noticed that the two different traditions were using a different classificatory system. More specifically, whereas the AAI classified avoidants as people who unconsciously exclude from awareness any negative feelings or attachment needs (i.e., a dismissing group), the self-report measure classified avoidants as a group who consciously report feelings of distress and discomfort when they become close to others (i.e., a fearful group). In an attempt to solve some of these problems Bartholomew proposed a new four-group model (Figure 1) directly derived from Bowlby’s (1973) theory of internal working models of attachment. According to Bowlby, internal working models include two models: a) a model of the self (individuals’ views about themselves) and b) a model of the other (individuals’ expectations about the others). Bartholomew proposed that a comprehensive
model of adult attachment should include four types of adult attachment which can be derived from two dimensions: a) a person’s model of the self (positive vs. negative) which indicates the degree of anxiety and dependence on others’ acceptance in close relationships and b) a person’s model of others (positive vs. negative) which is associated with the degree of avoidance of closeness in relationships. Thus, for example, individuals with a positive self-image will be less dependent on others for self-validation and individuals with a positive model of others will be likely to seek intimacy in close relationships, while negative models of the other may lead to avoidance of intimacy.

**MODEL OF SELF**

( Dependence )

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Low)</td>
<td>(High)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MODEL OF OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Avoidance)</td>
</tr>
<tr>
<td>Negative</td>
</tr>
<tr>
<td>(High)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive (Low)</th>
<th>CELL I</th>
<th>PREOCCUPIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECURE</td>
<td></td>
<td>Preoccupied with relationships</td>
</tr>
<tr>
<td>Comfortable with intimacy and autonomy</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Negative (High)</th>
<th>CELL II</th>
<th>CELL III</th>
<th>CELL IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEARFUL</td>
<td>FEARFUL</td>
<td>DISMISSING</td>
<td>DISMISSING</td>
</tr>
<tr>
<td>Fearful of intimacy</td>
<td>Socially avoidant</td>
<td>Dismissing of intimacy</td>
<td>Counter-dependent</td>
</tr>
<tr>
<td>(Hazan &amp; Shaver’s category)</td>
<td>(Main et al.’s category)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Figure 1.** The four adult attachment styles in terms of working models of self and others (adapted from Bartholomew and Horowitz, 1991, p. 227).
To test this model, Bartholomew and Horowitz (1991) devised a number of measures: a self-report measure, where participants are asked to rate on a 7-point Likert scale the degree to which they fit to one of the four attachment prototypes (Relationship Scales Questionnaire), a semi-structured interview during which participants are asked to describe their friendships, romantic relationships and feelings about the importance of their close relationships (Peer Attachment Interview) and another semi-structured interview during which participants describe their experiences of caretaking in childhood (Family Attachment Interview). These measures have been found to correspond significantly with each other and they have been successfully tested for convergent and discriminant validity (Bartholomew & Shaver, 1998; Griffin & Bartholomew, 1994). More importantly, when the AAI and the Peer Attachment Interview were compared they produced significantly similar classifications of attachment styles (Bartholomew & Shaver, 1998). The same result was found when the Hazan-Shaver (1987) measure was compared with the Relationship Scales Questionnaire. Thus, Bartholomew and Shaver (1998) have argued that Bartholomew’s (1990) conceptualisation and measures of attachment bridge the gap between the two traditions. Moreover, the four-group model has been validated by other researchers (e.g., Brennan, Clark & Shaver, 1998; Feeney, 1995; Feeney et al., 1994; Fraley et al., 1995). Consequently, in the last few years more and more researchers have adopted this model in their research.

The continuous measures introduced by various researchers (e.g., Collins & Read, 1990; Feeney et al., 1994; Simpson, 1990) and the dimensions (i.e., avoidance and dependence) proposed by Bartholomew (1990) have been a major advance in the conceptualisation of adult attachment. Theorists realized that attachment styles may be more quantitatively than qualitatively different as the categorical model had implied. In fact, the latest findings seem to support Bartholomew’s suggestion that people may differ in the degree of their avoidance and anxiety over relationships (Brennan et al., 1998; Feeney, Noller & Callan, 1994; Simpson et al., 1992). Finally, the continuous measures are preferred because they are statistically more powerful and allow for a variety of statistical methods to be used (Fraley & Waller, 1998).
From the above, it could be argued that since 1987, when Hazan and Shaver published their groundbreaking article on attachment and romantic relationships, the field has witnessed major advances in the conceptualisation and measurement of attachment in adulthood. However, the debate around measurement and the typological vs. the dimensional models is ongoing (for a good review see Crowell, Fraley & Shaver, 1999; Stein, Jacobs, Ferguson, Allen & Fonagy, 1998). Consequently, some theorists have argued that the success or fall of the attachment theory in adulthood does not depend on the success of any individual measure (Hazan & Shaver, 1994). Nevertheless, the present author believes that the construction of adequate adult attachment measures is of central importance to the domain of adult romantic attachment and agrees with Bartholomew’s claim that “although the validity of the theory itself may not depend on the quality of the measurement, our ability as researchers to test the theory and to accumulate convincing evidence of its usefulness is closely tied to the quality of our measures” (1994, p. 23). Moreover, the resolution of the conceptual and methodological problems described above is of great importance to clinicians who are interested in using psychological research to inform their therapeutic practice (i.e., evidence-based practice). It is noteworthy that the use of different measures in adult romantic literature makes it difficult to compare results from different studies and does not allow for this extensive body of research “to form a coherent body of research that could justify being used to guide” therapeutic practice (Bartholomew & Thompson, 1995).

**Stability of adult attachment**

The previous section demonstrated the importance of resolving disagreements around types of measures and conceptual issues of adult attachment. However, one of the most important and thorny questions in the adult attachment literature has been the issue of stability/instability of attachment styles. In other words, are the attachment styles that were established in the early stages of life relatively stable across the life-span? The answer to this question is of ultimate value to the domain of research on attachment and adult romantic relationships for two main reasons. First, if there is a high degree of stability, then it could be argued that attachment styles are traits of individuals and that
there is a continuity of attachment styles from infancy to adulthood (Hazan & Shaver, 1994). Second, high stability rates of attachment styles would support the argument that attachment styles have causal effects on romantic relationships (Bowlby, 1979; Hazan & Shaver, 1987). However, the answer to the question of stability is not only central to the domain of adult attachment research but also to the domains of counselling and psychotherapy. For example, it would be very discouraging, from a therapeutic point of view, if attachment styles were found to be stable and impervious to change because this would mean that people with an insecure (anxious or avoidant) style were 'condemned' to live a life of unsatisfying relationships.

A number of studies have found that attachment styles are associated with relationship outcome (Feeney & Noller, 1992; Shaver & Brennan, 1992), ways of behaving (e.g., Feeney, Noller & Callan, 1994; Kobak & Hazan, 1991; Simpson et al., 1992) and ways of thinking (e.g., Baldwin et al., 1993; Hazan & Shaver, 1987) in a relationship. However, the majority of these studies, as well as those on relationship satisfaction and regulation of negative affect that were mentioned in the previous section, have used cross-sectional designs and correlational measures which do not allow researchers to provide answers to questions of causality. For example, the finding that secure attachment is associated with enduring and satisfying relationships (Feeney & Noller, 1990; Hazan & Shaver, 1990) could be interpreted in two ways. On the one hand, it could be argued that a secure attachment could cause individuals to form enduring and satisfying relationships. On the other hand, this finding could indicate that being in a long-term and satisfying relationship may make one feel (and classify oneself) as securely attached. Consequently, researchers realized that answers of causality and stability of attachment styles could only be answered by the use of longitudinal designs (e.g., Baldwin & Fehr, 1995; Kirkpatrick & Davis, 1994; Kirkpatrick & Hazan, 1994; Scharfe & Bartholomew, 1994).

Of course, as Kirkpatrick and Hazan (1994) have argued, given the short history of adult attachment research on romantic relationships, it is quite natural that the majority of longitudinal studies up to the early 90s had focused on relatively short-periods. Nevertheless, the first results seemed to be quite encouraging regarding the stability of attachment styles. For example, studies that had used continuous self-report scales
derived from the Hazan-Shaver (1987) measure had indicated a stability that ranged from 37% to 71% over a period of 2 weeks to 9 months ([2 months]: Collins & Read, 1990; [9 months]: Feeney et al., 1994; [4 months]: Hammond & Fletcher, 1991; [2 weeks]: Levy & Davis, 1988). Stability of self-reports using the Hazan-Shaver self-categorisation paragraphs had been estimated at 78% over 1 year (Hazan, Hutt & Markus, 1993) and 71% over 8 months (Shaver & Brennan, 1992). In addition, researchers (Kirkpatrick & Davis, 1994; Kirkpatrick & Hazan, 1994; Hazan & Shaver, 1994) argued that these results were especially promising since they were similar to those that had been found in infancy and childhood. In particular, studies in infancy had demonstrated that stability of attachment style was quite high if the social circumstances of the infant’s family remained stable. Connell (1976) and Waters (1978) had found an 81% and 96% stability over a 6-month period, correspondingly. In unstable settings, stability ratings were still significant but lower (Egeland & Farber, 1984). For example, mothers’ reports of a high number of stressful events in their lives predicted a change in their infant’s attachment style from secure to insecure and reports of positive events predicted a change from insecure to secure (Egeland & Sroufe, 1981; Vaughn, Egeland, Sroufe & Waters, 1979).

Finally, in two 10-year longitudinal studies (Elicker, Englund & Sroufe, 1992; Grossmann & Grossmann, 1991) there was a significant stability following classifications at 12 months.

As a result, researchers decided to test the stability of adult attachment style over longer periods. The first study was conducted by Kirkpatrick and Davis (1994). They studied 354 couples that were involved “in steady or serious dating relationships” (p. 505) in an attempt to see if attachment styles would significantly predict the stability and status of the relationships over a 3-year period. They argued that their results indicated that the attachment style of both sexes significantly predicted the stability and status of the relationships even when prior commitment and duration of relationship were controlled for. However, their study included a major limitation that made their results and conclusions dubious. Specifically, Kirkpatrick and Davis gave their participants the questionnaires that assessed the status of their participants’ relationships both at the beginning of the study (T1) and at the follow up (T2) 3 years later. However, they
administered the Hazan and Shaver (1987) attachment style measure only at T1. Consequently, they could not assess whether the attachment style of their participants had remained stable over the 3-year period; neither could they know how it may had been affected by or had affected any changes in the relationship status of their participants.

Kirkpatrick and Hazan (1994) noticed this limitation and decided to conduct a 4-year longitudinal study where they would administer all their measures both at the beginning and at the follow up of their study. They used a part of the sample that Hazan and Shaver (1987) had included in their initial study and asked their participants to complete the Hazan and Shaver (1987) attachment style measure together with measures that assessed the status of their current relationship, the status of the relationship that was initially reported at T1 (4 years ago) and the number of relationship beginnings and break-ups between T1 and T2. Overall, they found that 70% of respondents reported the same style over the 4-year period. In addition, the stability rates varied according to attachment style. The secure category produced an 83% stability rate, whereas the avoidant and the anxious a 61% and a 50% stability rate respectively. However, they also found that attachment style at T1 did not predict significantly the relationship status at T2, whereas attachment style at T2 did predict significantly relationship status at T2. In other words, the concurrent attachment style was a better predictor of relationship status than the previous attachment style. Thus, they decided to test whether relationship status could affect the attachment style. To answer this, they examined attachment security at T2 as a dependent variable predicted a) from attachment security at T1 and b) by the occurrence or non-occurrence of a break-up between T1 and T2. Their results indicated that 90% of the participants who were secure at T1 and did not experience a break up between T1 and T2 were still secure at T2. On the other hand, only 50% of those who were secure at T1 and experienced a break-up between T1 and T2 had remained secure at T2. From the insecure group (ambivalents – avoidants) only one-third had changed to secure at T2 and this was largely irrespective of break-ups. Furthermore, when they studied initiation of new relationships by insecurities they found that avoidants who had initiated new relationships between T1 and T2 were significantly less likely to remain avoidants. Finally, Kirkpatrick and Hazan tested the accuracy with which their respondents could recall the attachment
style that they had reported 4 years ago (T1). More than one-third of their respondents were inaccurate in reporting their attachment style at T1, “a performance that was only moderately better than chance” (1994, p. 134). Moreover, they found that accuracy of recall was significantly related to attachment style (75% of secure’s were correct, 60% of avoidants and 44% of ambivalents) and that accuracy of recall was largely a function of actual stability. Finally, their results indicated that respondents used their current style (T2) as a basis for ‘recalling’ their style at T1.

These results have important implications for the study of stability of adult attachment styles in romantic relationships. First, the percentage of overall stability has been replicated by other longitudinal studies which have found percentages of stability that ranged between 59% and 77% (Baldwin & Fehr, 1995; Scharfe & Bartholomew, 1994) and it could be argued that these are relatively high percentages. However, not all researchers agree with such an interpretation and caution against hasty conclusions based on these results. For example, Baldwin and Fehr (1995) have argued that the percentage in their study (67%) is not that high when compared to the percentage that would be expected by chance alone (44%). Furthermore, when they used kappa values that control for chance (Cohen, 1960) their sample produced a value of .41, which, according to Cicchetti and Sparrow’s (1981) guidelines for the interpretation of kappa values, was just above the level of poor stability. However, the most worrying finding of these studies is that the stability of attachment style varies significantly according to attachment style and that the anxious ambivalent group displays a stability that ranges only between 32% and 50% (Baldwin & Fehr, 1995; Kirkpatrick & Hazan, 1994). This poses a major problem for researchers who want to pre-select their sample in order to ensure that they will have equal proportions of the three (or four) attachment styles (Baldwin et al., 1993). Finally, some researchers (e.g., Kirkpatrick & Hazan, 1994; Scharfe & Bartholomew, 1994) proposed that the instability of attachment ratings may not reflect an instability of the underlying construct but an unreliability of measures. Thus, Scharfe and Bartholomew (1994) used a number of attachment measures and found that stability varied according to the measure under consideration. Specifically, they found that interviews produced a 77% stability, partner-reports a 70% stability and self-reports a 59% stability. Consequently,
they have argued that investigators should use interviews and continuous measures rather than one-item self-reports.

Second, the results by Kirkpatrick and Hazan (1994) suggest that attachment style may be affected by relationship status (e.g., break-ups and initiations of future relationships). Thus, the challenge for future research would be to identify conditions under which attachment styles would change or remain stable. Some theorists (e.g., Hazan & Shaver, 1994; Kirkpatrick & Hazan, 1994) have proposed that the work of Caspi and Bem (1990) on stability/instability of personality traits could provide a useful answer to this problem. In particular, Caspi and Bem (1990) have proposed three types of person-situation interactions that could lead to stability or change of personality traits, namely a reactive, an evocative and a proactive interaction. Reactive interaction refers to the finding that cognitive models of the self and other determine to a large extent the selection and interpretation of incoming information from the social environment. For example, Markus (1977) has found that people tend to pay attention to information that would confirm their existing cognitive models. Evocative interaction refers to the finding that individuals tend to evoke different responses from their social environments. Finally, proactive interaction refers to the tendency of individuals to select their social environments. For example, Kirkpatrick and Davis (1994) found that anxious and avoidant individuals have a tendency to choose each other as a partner because this reconfirms their internal working models. Anxious people expect their partners to be distant, avoid intimacy and commitment, whereas, avoidants tend to believe that their partners are too demanding and dependent.

Finally, the findings of Kirkpatrick and Hazan (1994) regarding the accuracy of their participants' recollections of their past attachment styles raise major concerns about using retrospective reports to assess previous attachment style. It is evident from these findings that people use their current attachment style as a basis for 'recalling' their past attachment style. These findings have been replicated by Scharfe and Bartholomew (1998), who also found that the perceived stability of their participants' attachment styles was much higher than the objective stability. Consequently, they argued that "retrospective reports are unlikely to be valid assessments of past attachment patterns" (p. 109).
232). Similarly, Kirkpatrick and Hazan (1994) claimed that retrospective measures should not be used in studies that attempt to assess stability of attachment style across time or relationships. Based on these findings, the results of all the previous studies that have used retrospective self-report measures (e.g., Kirkpatrick & Davis, 1994; Kirkpatrick & Hazan, 1994) could be seriously questioned. Investigators (e.g., Kirkpatrick & Hazan, 1994) have argued that future research could solve this problem by the use of prospective methodologies.

Overall, it could be argued that the results of longitudinal studies are at least discouraging regarding the stability of attachment styles. Nevertheless, researchers have proposed that attachment styles are relatively stable (Feeney, 1999b; Hazan & Shaver, 1994; Kirkpatrick & Hazan, 1994; Scharfe & Bartholomew, 1998). Furthermore, Hazan and Shaver (1994b) have argued that it is a major misconception that attachment theory predicts 100% stability from infancy to adulthood, as some researchers have suggested (e.g., Hendrick & Hendrick, 1994), and they have proposed that relative stability (70%) justifies future consideration and study of attachment stability. Moreover, Scharfe and Bartholomew (1994) claimed that the fact that a number of studies that have examined various time periods (from 1 week to 4 years) have found similar levels of stability (around 70%) indicates that attachment is a stable construct and that any degree of instability may be the result of unreliable measures. However, the present author, without wanting to discard any of the above interpretations, would like to express his disagreement and caution to the interpretation of the findings on stability of attachment styles for several reasons. First of all, some studies have shown that 70% stability is not that high when compared to the percentage that would be expected by chance alone (Baldwin & Fehr, 1995). Second, at this stage it would be impossible to make any conclusions about continuity of attachment styles from childhood to adulthood because there has not been any published research that has studied attachment styles for such a long period. The research has been limited to relatively short intervals ranging from 1 week to 4 years. Third, all the important longitudinal studies (Baldwin & Fehr, 1995; Kirkpatrick & Davis, 1994; Kirkpatrick & Hazan, 1994) have used retrospective reports to assess past attachment style. Consequently, they have measured perceived rather than
objective stability of attachment styles. Finally, the finding that relationship status may affect the attachment style (Kirkpatrick & Hazan, 1994) in such a limited time (up to 4 years) could undermine any strong claims about long-term continuity. Thus, researchers have to design studies (e.g., prospective studies, observational studies) that can overcome the previously encountered difficulties if they want to support any claims of continuity of attachment styles.

Conclusions and future directions

The above review of the literature on adult attachment and romantic relationships demonstrates that since 1987, when Hazan and Shaver published their groundbreaking study on adult romantic love and attachment, research on this domain has led to major advances in methodological and conceptual issues. At the same time, however, this research has pointed to major problems and limitations in the domain of stability of attachment styles across the life cycle.

In particular, theorists like Hazan and Zeifman (1997) and Weiss (1982, 1991) have suggested that romantic relationships in adulthood qualify as attachment bonds because they display all the defining characteristics of attachment in infancy, follow the same stages of development as infant attachment and serve a similar function to that of infant attachment. Consequently, it could be argued that attachment theory constitutes a helpful framework within which investigators can study romantic relationships in adulthood. However, some theorists (e.g., Duck, 1994) have argued that attachment theory is not a helpful perspective for understanding and explaining romantic relationships because it is so narrow that it could never explain such broad classes of phenomena as personal relationships. Consequently, they have argued in favour of a broader theoretical perspective that will include ideas from a variety of domains like sociology, theory of communication, and family systems theory. Indeed, even the biggest proponents of attachment theory (e.g., Hazan & Shaver, 1987, 1994a, 1994b) have accepted that this theory has its limitations and that it could be complemented by other theories like interdependence theory (Kelley, Berscheid, Christensen, Harvey, Huston, Levinger,
McClintock, Peplau & Peterson, 1983). However, to date no research has attempted to assess this proposition.

Furthermore, research on the ‘individual differences’ component has illustrated that individuals with a different attachment style report different levels of intimacy, commitment and satisfaction in their relationships (e.g., Feeney & Noller, 1990; Levy & Davis, 1988) and different ways of regulating negative affect in their relationships (e.g., Brennan & Shaver, 1995; Feeney, 1995, 1998; Kobak, 1986; Simpson, Rholes & Phillips, 1996). In addition, research in this domain has resulted in two major advances in the study of attachment phenomena in adult romantic relationships. First of all, it has led to a move from categorical measures (e.g., Hazan & Shaver, 1987) to dimensional measures (e.g., Bartholomew, 1990; Bartholomew & Horowitz, 1991). Thus, investigators have realised the value of examining quantitative differences between attachment styles rather than qualitative differences. Second, it has resulted in the development of a four-group model (Bartholomew, 1990; Bartholomew & Horowitz, 1991) of adult attachment that directly derives from Bowlby’s (1973) theory of internal working models of the self and the others. Nevertheless, these developments have been quite recent. As a result, the majority of research to date has used different measures in adult romantic literature and this makes it difficult to compare results from different studies and allow clinicians to confidently use this extensive body of research as a guide for their therapeutic practice (Bartholomew & Thompson, 1995). More research employing the same conceptual models and measures is required before firm recommendations for practice can be made.

Finally, the findings of longitudinal studies on the stability of attachment styles have important implications about claims of continuity and causality and raise interesting questions for future research. Firstly, it appears that the percentages of stability are not that high when compared to those that would be expected by chance alone (Baldwin & Fehr, 1995). Secondly, any claims about the causal influences of attachment styles on aspects of romantic relationships should be made with great caution in light of the finding that relationship status can affect attachment style (Kirkpatrick & Hazan, 1994). Finally, the finding that people use their current attachment style as a basis for ‘recalling’ their past attachment style (Kirkpatrick & Hazan, 1994) renders any retrospective reports of
past attachment styles invalid and seriously questions results from all the studies that have attempted to assess stability of attachment style by the use of retrospective self-reports (Kirkpatrick & Davis, 1994; Scharfe & Bartholomew, 1998). In other words, these studies have examined perceived rather than objective stability. Consequently, at this point it would be very difficult to make any strong claims about the stability of attachment styles across time and relationships or about their causal influence on pair bonds. To make such claims, researchers have to design studies that can overcome the problem of retrospective reports (e.g., prospective studies) (Kirkpatrick & Davis, 1994).

Nonetheless, the results from studies on the continuity of attachment styles could be used as a basis for future research. For example, if it is accepted that changes in relationship status could result in changes of attachment style (Kirkpatrick & Hazan, 1994) it would be interesting, especially in regards to therapy, to find the conditions under which attachment style would remain stable or change. In particular, the results of Kirkpatrick and Hazan (1994) about break-ups pose some very interesting questions. Why did the 50% of secures that had experienced a break-up between T1 and T2 remain stable while the other 50% changed? One possible explanation could be that the 50% that remained stable had already entered a new secure relationship. On the other hand, it could be argued that this 50% of secures had experienced fewer break-ups between T1 and T2 or any break-ups that they had experienced happened such a long time before the second testing (T2) that their effects on the attachment style had faded. Thus, a challenge for future research would be to define any relationship variables that can affect the status of the attachment style and the conditions under which an attachment style will change. Researchers could begin by testing Hazan and Shaver’s (1994) proposal about the three different types of person-situation interactions (i.e., reactive, evocative and proactive). For example, they could attempt to find when each interaction occurs and why it is preferred over other kinds of interactions. Similarly, some researchers have suggested that a fruitful way of understanding change in attachment styles would be to study the cognitive processes associated with change and stability of internal working models (Baldwin et al., 1993).
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## Appendices

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Appendix A

One interview transcript

Interviewer: So, as it is also explained in my information sheet I am interested in people's experiences and opinions about their current relationship but before going into that may be you could give me some background information about your relationship. For example, how many years have you been together? Do you have any children? If yes, how many and what are their ages?

Interviewee: Ok. Well .. we have been married ... I think it's 33 years, um we have 3 children: J. (male), L. and K. (females). Um J. is 32-33 L. is 29 and K. is 26. They have all left home .. so I still live here with the wife ... I'm getting used to it now. You know. 33 years together. I am feeling I am beginning to understand it. (laughs)

Interviewer: Laughs

Interviewee: What else do I need to say. Well ... I met her at a hospital ball in L. She was in the medical profession and somebody had asked me to go along. And we met and ... I suppose from the time we met, a year later we were married. Um ... I have to say that J. who is our eldest son although we were engaged um .. we quickened the date of getting married because .. the polite word is he was conceived out of wedlock. We we we planned the wedding in a September for the following July

Interviewer: Hmm

Interviewee: And in the event we had the wedding at Christmas and J. was born the following .. June um .. and then the two girls followed later. We got married and lived in L. and then we moved in W.

Interviewer: So, as you said you have been together 33 years

Interviewee: Hmm yeah

Interviewer: This is quite some time

Interviewee: It is.

Interviewer: and I am thinking if I was someone that had no idea of relationships and why people get into romantic relationships

Interviewee: Right hmm
Interviewer: What would you say to me if I asked the reasons for staying in a long-term relationship. In other words, what is important in your relationship?

Interviewee: Well nobody else would have me for a start (laughs)

Interviewer: Laughs

Interviewee: No I think... it’s a difficult one because um ... I think the first thing is friendship ...um and trust and understanding your partner really um .... and both of us over the years we had to adapt to each other. And I would say that we’ve grown .. closer together over the years rather than apart. We’ve learned to understand each other’s likes and dislikes and um ... I mean when we were married she preferred classical music, if you like, and I preferred pop music. She learned to .. adapt and appreciate pop music the same way that I adapted and learned to appreciate I suppose classical music. That’s only an example but that is .... that I think is um ... being with most things we had to adapt. She is still my best friend we don’t ...we have no need for hundreds of other friends. We have got lots of friends obviously but um we are very happy in each other’s company. Also we are both aware of each other’s need for .. space I suppose um .. and whilst we are the traditional family if you like in that I went out and earned the money while she stayed in and looked after the kids um .... Later .. in later life she formed another career if you like and .. got a degree went back to work. My work took a different course and we .. even now .. well we don’t see ... I would not say we don’t see a lot of each other but we both have our separate lives

Interviewer: Hmm

Interviewee: Um .. and we both share an awful lot of together but we both do our own things so that .. well just by the nature of my job I work mainly at weekends. She works during the week. So quite often we don’t see each other for you know other than .. two or three evenings a week maybe. So, I think it goes back really to friendship and trust and .. I suppose the word love is .. just a bit more than the friendship really.

Interviewer: So, you would define love as mostly friendship plus what else?

Interviewee: It is something special that binds you .. to that person um .. but it’s it’s a combination of things. Um I don’t know how many things but .. you know we’ve always said .. just take sex for example. If a marriage is good, sex is only 10% of the whole thing
and yet if a marriage is bad, sex often becomes 90% of the problem. So um ... yes it's a
combination of a lot of things but I think the basis is probably is friendship and trust and
love is that little extra.

Interviewer: Would you say then that friendship and trust have been an issue since the
beginning of your relationship? That is, were these the things that brought you together?

Interviewee: Yes, I think inevitably. I mean it must be the friendship. We realized when
we we first met that we .... we share a lot in common I suppose we became very good
friends and that that just developed .... I do know, and my god it is a long time ago, I can
always remember that um ... we had a .. a minor row and ... I remember going back to
my parent’s home for 3 days and I just knew then .. that we were going to get married. I
just missed her and realized that it was um ... well it was just something extra. It’s very
hard to define but it was ... whether what love is I suppose, and so when we met up again
we went out to dinner and I proposed to her and she said yes and ... it’s been uphill ever
since (laughs). Yes, it has been good.

Interviewer: Hmm hmm.. You mentioned a lot friendship as the core thing in your
relationship and I am wondering what do you mean by friendship.

Interviewee: It’s difficult .. it’s .... it’s ... it’s sharing your life with somebody and
somebody that you can talk to from whom you have no secrets. That you can um .... I
suppose it’s just share your life and enjoy your life with somebody. And I suppose that
one of the things that both of us have, which is to me the most important thing, is a sense
of humour. I mean we are able to laugh and .. I think that um .. that that is what kept us
going. Well, I mean that within any relationship there are good and bad times and (phone
rings) I’m sorry I have to get this.

Interviewer: ok

After 5 minutes

Interviewee: Well where were we?

Interviewer: We were talking about friendship and sharing things together.

Interviewee: Yes, it’s um ... it’s being able to share everything ... with my wife and yet
.. having our own lives that um .... As I think she has adapted, for instance I used to play
rugby that was my big sport that I always enjoyed it. Now, she never really enjoyed if you
like the camaraderie of rugby and the drinking afterwards and all the rest of it (laughs) and yet she was very happy that Saturdays was my day for going down. We used to train twice a week and play rugby and you know I'll be going drinking with the boys in the evenings we were playing and that was a part of my life that she accepted. And she didn't particularly wanted to get involved in this although, you know, sometimes there were dinners or parties that she would get involved and inevitably a lot of my friends whom I played rugby with um .. they became friends of both of us because they .. you know the wives got together. So .. so that's really what I mean by by friendship. It's the ability to be able to accept the other person's individuality and allow that space and yet at the same time share a lot of the things together. You know in our early life with J. coming along that quickly we didn't have much time to ourselves before children came along. So, for that early period it was bringing up the children and Anna gave up work or virtually gave up work she still did the odd night duty as a (name of profession) and it was a question of I did the work and she brought up the children. And um as I said in later life she went back to work and .. um and I suppose from that point of view we we caught up with a lot of things that we didn't do early on because it was all bringing up children we didn't have that maybe two or three-four years that a lot of people had before they started having children.

**Interviewer:** You have been talking about your children and how most of your time was devoted in raising them and I am wondering how do you see the role of your children in your relationship with your wife. I mean do you see them as part of your relationship with your wife or as something separate.

**Interviewee:** I think it is it is the fulfilment of a relationship and I don't think that .. either of us would have been fulfilled .. both individually and together .. if we didn't have children it is .... One would expect the future of life and it gives a lot more purpose to a marriage the fact that one has had children, brought them up and then now .. doing their own thing. And we still enjoy them and now .. that we got 2 grandchildren which is an extra bonus at the end if you like because, although we don't see them that often, .. um .. it's another extension of the family. Therefore, I think if we hadn't had children um .. yes something would have been missing. Whether that relationship would continue I
don't know and I don't think I can answer that because .. we weren't placed in that
situation. But certainly it was very much a purpose for the marriage .. and I suppose the
first ... 25 years of our marriage before the last child left so .. you know we are now in a
different stage because there is just the two of us together again but for the first 25 years
yes bringing up children and their .. happiness and their .. successes and failures were
very important to us.

Interviewer: And you consider that as well a part of your relationship because I think
you said that it completes your relationship.

Interviewee: I think it does. I think it ... I .. I can't really say how I'd feel if it didn't if it
hadn't happened but .. it was there from the beginning and I think yes it was very much ..
um the reason that I suppose one gets married has children and then it progresses. And I
think we've been very lucky because ... you know they've grown up to be the sort of
children that we wanted them to be .. and a lot of children don't turn out how you
believed they would be (laughs) um you know and ... yeah and basically they are happy
that's was always number one we we wanted them to make them happy and teach them to
be independent um .. and to live on their own two feet and and then we've been
successful at that, you know.

Interviewer: Having in mind that 25 years of your marriage involved raising up your
children and it was a part of your relationship with your wife, how has this changed now.
Now that your children have left home. Has this changed at all your relationship?

Interviewee: No I don't think it has um ... as I say the friendship is still there um ...
we've reached a different stage in our lives ... as I say Anna went back to work got a
degree worked very hard and has almost built a career in the last .. 20 years. Um I .. I
back tracked, changed my career in fact um ... and I do something that, I (title of job), and
I am doing something that I really enjoy doing and and something that is different um ...
and we are both very supportive of each other's .. different careers if you like.

Interviewer: Hmm hmm

Interviewee: The grandchildren now have helped I mean the eldest one is only five and
the other one is two and so in the last five years we've had the grandchildren that we we
both had to make time in our busy life. I know that sounds silly but both have made time
to go together and see the grandchildren unfortunately they live far away and we don’t see them that much um ... no I think the relationship is the same because our children ... because the nature of the family they still come back and see us and we go and see them um ... and we are quite close as a family and I think that for both of us that this is fantastic. They are closer to her than they are to me. Simply because the nature of that when she brought them up I was out working and travelling and earning the money I suppose ... trying to earn the money (laughs) ........

Interviewer: So things have stayed more or less the same but at the same time you have managed to adapt to new situations because you said that you both changed jobs (interrupted)

Interviewee: I think the basic friendship and love has stayed the same I don’t think that this has changed at all .. um .. and as I say we’ve both been very supportive of each other’s .. changing careers and doing different things ... and admiration and .. I suppose that all relationships have certain their highs and lows there are certain times when .. your love, affection, and friendship is stronger than other times but that’s probably because .. sometimes your own career ... or something is going wrong and then .. then .. therefore it affects the way you think and the same with Anna or .. there are times maybe I think, you know, that she is working too hard .. or the job is driving her mad but .. I would never ... I only offer my opinion if she asks for it because .. her success and her happiness is .. helps our relationship and vice versa. And quite often she does ask me about what she should do, where she should go and I do offer my honest opinion and sometimes mine doesn’t agree with hers but again there is an adaptability that that she .. is able to look at it and see my point of view and what I am talking to her about and I think .. the same with her. I mean I have to say that we are both very strong personalities.

Interviewer: In what way?

Interviewee: Um .... We are both .. very positive ..... I am .. I was born an optimist it think Anna was born a pessimist. I always look at the good things and when anything goes wrong .. I can even look at the good things saying “well that’s gone wrong but at least I know not to do that” and move forward and it doesn’t worry me um ... but we are both very determined to ... when we do something to do it well and be successful at it
however large or small that particular thing is. Very occasionally .... we have had very
violent arguments if you like about something but it is very rare and I think that we both
know that we must never ever get to those odd stages again where it really .. where we ..
both violently disagree and life is not ... you know it’s too short to worry about it really
and I think um .. that humour can always come to it in the end. And I mean there is
nothing I don’t think there is nothing too important to impose my views as being the right
or the wrong way um .. and .. I think we both .. respect our different views too. I mean
politics which is a popular thing at the moment with the elections coming up I mean I
don’t really know what Anna votes. I vote (name of political party) while I think she
votes (another name of party). Because I have always voted (name of political party) I
could never think of voting anything else but I think she votes something different. But it
it’s not important.

Interviewer: So let me see if I have understood you correctly. You are saying that you
can acknowledge and respect each other’s opinions even if they are different
Interviewee: Yes yes

Interviewer: And you have found ways of dealing with arguments. Humour seems to be
the most
Interviewee: (interrupts) I think I think you are absolutely right and I think it’s from my
point of view it’s the belief that there is nothing that ... um ... nothing that is so serious
that one has to create an argument over it so humour will ... will break it up.

Interviewer: You you mentioned that you are both strong personalities and you said that
you are an optimist and that she is a pessimist and I am wondering how do you feel about
this aspect of your relationship, do you feel it has affected your relationship in any way?
Interviewee: Well again I think she has grown much more optimistic over the years. I
think she has learned to be able look at things the way I do with this optimistic view um
.... So I think that that I’ve helped her in that and I think it’s something that I always had
naturally it’s just the luck of the draw you know .... if you always think positively. So I
think she has improved over the years. Improved is the wrong word I think she’s grown to
be much more of an optimist or to understand what optimism is that ... you know it’s not
the end of the world if something happens you know there is always a positive view
towards it that you can .. um good can come out of something that is bad. And that, as is
say, humour is always .. is .. it’s the cure for everything you can laugh at it and say to
hell with it because ... but there’s never been real tragedy in our ... that’s one thing
where we’ve been lucky. I mean Anna’s father has died, her mother is still alive both my
parents are in their late 80’s and still alive. So her father dying was the only real tragedy
and she was able to cope with all that because she is (name of profession) and she is used
to that um ... so there’s never been any real tragedies. As I say, the children have always
grown up I think basically fairly happy to .. enjoy their lives um ... but we are ... still
individuals Anna and I .. sharing our lives together in a great friendship. Sounds awfully
shoapy (laughs) when I say that.

**Interviewer:** I think that what you were describing was your ability as a couple to share
things together but also have your own space as individuals.

**Interviewee:** I think that’s true. Yes I do.

**Interviewer:** Would you describe this as an important aspect of your relationship?

**Interviewee:** Yes I do. Um ... I think a very good example right now would be golf, I
mean I always loved my sport, I played sport all my life, Anna has grown to enjoy sport
more and more I think because I enjoy it. So she would even sit down and watch a
football match occasionally on television because .. um she knows it interests me and she
has learned to share some of that excitement of of sport. We both now play golf. I started
first when my (name of career) career was coming to an end. Then Anna took up golf. It’s
grown to an extent that right now, apart from the fact that she is probably better than me
in terms of um the handicap system, she will play with loads of other people, and that’s
her space, she plays with all the girls at the golf club, there are various competitions for
ladies in evening Sundays, and I will play with the men. But when we go on holiday or
very occasionally when she’s got a rare afternoon off we can play together. But I think we
... share the same enjoyment but we do it as individuals rather than do it all the time
together. And as I say golf is just an example but I suppose there are lots of things yeah
... and the nature of my job is that I, you know I’ve been out to dinner twice this week,
it’s part of my job ... um and it’s sounds silly because it’s a bloody good job to have
actually (laughs).
Interviewer: It really sounds like that (laughs).
Interviewee: The tragedy of this is that when you do these things so often, people look at you and think ‘God I’d love a job like that’, one, I mean I never take it for granted, but um um ... it doesn’t have the same excitement as other people think it does. But I suppose a good example is that I am off to A. on Monday for 7 weeks to cover the Anna’s tour .... Um and I wouldn’t have and Anna said “I want to come, I’ve got to make sure that I can get 3 weeks holiday” and it would never occur to me that she wouldn’t come out and that we would pay um for her to come out and although she won’t necessarily get involved in the R. tour ... she might .. she will .. I know she will get involved in the R. tour because it’s the nature of my job and she will .. she will be sucked in ... but she is coming out for a holiday although it’s my work and ... yes I never thought otherwise. It actually excites me that she is coming out and will have the chance, I’ve been to A. before she never has, to um .. to share it. And I would much um it’s such a waste in many respects that I go places and ... she isn’t there to share it with me if you like.

Interviewer: So would you say that sharing is another important aspect?

Interviewee: Yes, I mean, the same as space is important, I think that sharing is important and that um .. yeah in marriage, in our marriage, yeah sharing has been .. and it is as I say it will be exciting for me that she is coming over that I’ll be able to share things with her and yeah sharing is a very important thing.

Interviewer: We are talking about sharing but I also noticed that you mentioned that you have different friends and I am wondering how do you see this aspect of your relationship.

Interviewee: Um .. um .. I think most of our friends are are shared friends but by the nature of her playing golf on her own she has women friends who are um, and women friends at work who ... she will we go um to their leaving parties, birthday parties or things, mainly connected with work or maybe with golf um .. the same as I have friends ... because I met them through rugby or golf or whatever. For instance this weekend, if I wasn’t going to A., I would be going to N. for three days playing golf, which we do every .. first weekend in June a whole group of blokes. Now, she doesn’t know those guys, she knows some of them but not all of them, there’s 12 of us and she would know 6 of them.
probably um ... but .. that’s the nature of how things are. She will also go on .. um ... you
know she takes her mother away for 3 or 4 days .... I wouldn’t want to do that but um ...
she ... you know you have to respect the sharing as well as the individualness.

Interviewer: And I’m thinking that when we started talking you mentioned three things
as important in your relationship sharing, understanding and trust.

Interviewee: Hmm hmm

Interviewer: We have talked about sharing and understanding and I am wondering how
does trust come in as an aspect in your relationship, especially since you mentioned that
you can both be with people that the other one does not know them at all.

Interviewee: I think it’s very very important. I mean um trust is simply ... knowing your
partner and knowing that they are having a good time and knowing that (coughs) because
they are having a good time you are happy. And they are not doing something that is
something that you would not want them to do. I know that sounds a bit silly because .. I
am sure Anna wouldn’t want me to get drunk, smoke cigars and .. you know .. go to night
clubs, which I suppose occasionally one does although not very often. But it’s it is that
trust that I am out enjoying myself but um ... and I suppose ... when we go on say a golf
tour and the old days we went go on rugby tours there would be things that I wouldn’t tell
her because ... there were men things that I know that she wouldn’t .... she wouldn’t um
... you know um um .... How do I put it? ... there is nothing to do with our relationship
but um ... you know go with the boys to a strip club or something ... sometimes I
suppose if one did I would say so and other times I probably wouldn’t because ... it’s not
going to help. She wouldn’t particularly enjoy it so there is no point in telling her, you
know, that sort of thing. But the element of trust is always there I trust that we are out
enjoying ourselves but .. but the relationship with each other ... is there and it’s the
important thing. And um .. I’ve never ever broken that trust and it is simple as that really.

Interviewer: So let me see if I have understood you correctly. Although you consider
sharing and trust important aspects of your relationship you also said that there are things
that you don’t say to your partner. So, in a way, you consider that keeping some things
‘secret’ from your partner is another aspect of your relationship.
Interviewee: I think it is because I think it’s it’s ..... Um difficult to explain it but I suppose that there are things that are man’s things that women don’t particularly understand, they know it happens, but you know it’s not the sort of thing that you rush in and say oh you know that we went to um to a strip club so we went to ... um ... (name of place) and put itching powder down women’s backs when we were playing rugby in O. and the coach stopped off and we ... went into the (name of place) and we were trying to see who could dance with the ugliest girl and various ... I mean these were .. things that happened which you didn’t ... you know .. you just said yeah we drunk our way back from O., we had a great time and that um ... sometimes one would perhaps tell her and other times perhaps one wouldn’t. But um .. it was only to ... you know a way to protect the relationship that one didn’t .. say anything that might be interpreted as being totally stupid or .. not what I would want you to do. But it .. it was nothing to harm the relationship so there wasn’t really breaking the trust .... And it’s still the same now. We could go on a golf tour and ..... you know we were in D. last year and ... sat down and talked to all these women ... and we all ended up having a meal at the place we stayed in. I never mentioned that to Anna because it .... it was just one of those things and I just you know I thought that .... it wasn’t really important .. it was just a boys’ tour we just enjoyed ourselves and that was it. But um um you know if I ever went somewhere with another woman and had a one night stand or relationship, that I think would break the trust that I have with .. and it would ruin the .. what is a great relationship.

Interviewer: So there are kind of different boundaries to what you can do without breaking the trust.

Interviewee: Yes yeah and I think you .. I think there is the element of having to work on it and you do have to work sometimes to stop yourself doing, I think from a man’s point of view particularly, the one night stand syndrome if you like, I mean it doesn’t happen so much as you get older but in our younger days you know I had the opportunity to ... to mess around with an awful lot of women if if I wanted to .. and I didn’t because one there was the children and Anna um .. and what I would lose to what I would gain is .. you know ... well there is no contest. So, you know, I’ve always respected that and came home.
Interviewer: So, having an extramarital relationship, apart from maybe causing problems in your relationship, it would mainly break the trust for you.

Interviewee: Yes, I think so. It would break the trust and I think that if the trust is broken there is ... I think that one would realize that it would be something very difficult to repair, if that’s the word, because I think there is always the element they’ve done it once would they do it again that sort of thing um ... so yes there is a tremendous element of trust.

Interviewer: Would I then be correct in saying that you are talking about the exclusivity of your relationship. In that you are your wife’s only partner and vice versa?

Interviewee: Yes, and I think ... yeah... it is that that total exclusivity as you say. That is um .... yeah that is very much part of it and I think that when one gets older, one values that even more .. and particularly as you see lots of other .. people, even friends, get divorced or separated for for one reason or another. That is, as you get older you value the fact that you still have the relationship you started with and over the years I think it .. it has grown stronger.

Interviewer: How was it seeing couples that you knew getting a divorce?

Interviewee: How did it change them?

Interviewer: I was thinking more of the lines of how this experience was for you. I mean ... how did you feel about it or what did you think about it yourself.

Interviewee: Well it would inevitably affect us because ... it could be that both Anna and I could take different sides if you like

Interviewer: Hmm hmm

Interviewee: Inevitably .... With friends getting a divorce, you know, I would get the man’s point of view and she would get the woman’s point of view. I think that’s because it’s human nature but I think that we were both strong enough to realize that that was probably the way it was and we always say that there are two sides to every story. But both ... because ... when they were together they were good friends of us I think it would come as a great shock when suddenly people you think you know extremely well, suddenly, separate or get divorce because you realize you don’t really know them that well because if you did you would realize that they were having these major problems um
... and sometimes you did know they were having problems but there is no way you could solve them. And I think the other thing is that when they did split up um ... sometimes you kept friends with both in separate ways and other times they just .. they just disappeared because it um .. you find it difficult to keep keep up friendship with two separate elements when they are always friends together.

Interviewer: Would you say that the experience of seeing friends going through divorce affected in any way the way that you experienced your own relationship?

Interviewee: I think it it probably ... enhanced ... again it was another part of the continuing binding together because ... I think one was well aware that .. people got divorced, and as I say it was quite a shock to us to realize that they were getting divorced or that things were happening that we didn’t know about um ... and I think that one ... we realized that um ... it was a very personal thing that these people had and um I suppose one could say ... it crossed our mind I suppose that that sort of thing it could happen to us if if we started going different directions, but we never have done ... and I think there is, there has always been a window of opportunity when Anna was doing her degree and you know spending nights working hard studying at a time in our life when perhaps with the kids having grown up you know we should be able to enjoy life with each other more. But I think it was respect again and friendship and I support her in everything she does. There were certain things like when she ... got her degree and then was awarded her degree that I had to be to her ceremony whatever I was doing, wherever I was, I had to do that. But in most cases there are certain ... there are certain limits I know I could go to with Anna in terms of .. what’s important and what isn’t important. You know, I could go on a rugby tour and Anna would accept all that but on the other hand if during that rugby tour one of my children was graduating and we needed to be there then then that that took priority. So, she was very liberal in in (coughs) in her latitude, if you like, of letting me do um do my own thing and yet there were certain things that she would put her foot down. So, you have to know your limitations

Interviewer: Hmm hmm

Interviewee: and I am pretty much the lazy guy but um and yes you have to respect your limitations.
Interviewer: I was struck by what you said when I asked you about your experience of other couples getting a divorce and the effects that this may have had in your relationship. In that you said that this was a part of the continuing binding between you and your wife.

Interviewee: Yeah yeah. Well, only because I think that that because they are good friends they … they obviously share the same interests as we do um .. and therefore to see their relationship break up, particularly as they were good friends of us as a couple, um I think .. um, probably it didn’t happen that much, but probably when it did happen it was always quite a shock. We would sit and discuss it Anna and I as to why they were breaking up … yeah I think it’s just to remind us too that if they are close friends and Anna and I are close friends that it could happen to us too. It’s never ever .. I’ve never ever thought at any time that … that our relationship was anything but good. As I say, there are times when it’s better than other times but it’s always good ... It sounds perfect doesn’t it (laughs)

Interviewer: (laughs) It sounds quite good.

Interviewee: I mean um um …. I think it it’s circumstances of life too that we .. we’ve never been sort of money .. although we’ve never been wealthy and there are times when .. we sent the two of the children well in fact at some time all three of them to private school and it was a struggle. Well it was a lot of money to fork out um … but we always did it together and and you know I worked hard and and got the money to do it. But everything has been a partnership, we’ve done it together, and and, as I say, there is mutual respect but we do need our own space and do our own things and that’s always been since since the day we got married really and I …. I can’t I couldn’t envisage life without her um …and I suppose even now when I am in A. for 4 weeks without her I shall miss her and it is going to be so much better when she does come out because we can share it together. Um … as I say I suppose when you’ve been together for 33 years you do get the hang of each other .....
Interviewee: I don’t think so. You see, I think it’s very difficult to .. I mean it’s quite interesting talking to you because well nobody else asks me really about .. about relationships um .. and it’s not something I’ve done before but .. yeah one can say one is lucky, I’ve met the right .. person um .. but I think fundamentally the love you have for each other is .. I mean it has grown I think in our case um and it is based, as I say, on trust, friendship, humour is very important because we can laugh at things but we’ve shared everything together and it has been great. I mean whether it’s luck or whatever the word is, and that must come into it, it has been a really good relationship and .. um and .. a fulfilment of life with three good kids. I mean .. there is not much more I can say.

Interviewer: Thank you very much for your time.

Interviewee: Is that it?

Interviewer: Yeah yeah I am going to turn the recorder off now and once again thank you very much for your time.

Interviewee: Not at all.
Appendix B

Demographic Information

Age: ____________________

Sex: ----------------------------------

Current Occupation: ____________________

Highest Educational Qualification: ____________________

Ethnic Background: ____________________

Number of Years in Current Relationship: ____________________

Do you have any children? If yes, please state their sex and age:

________________________________________

________________________________________

Thank you for your time and participation in this study.
Dear Sir / Madam,

The present researcher is undertaking a Practitioner Doctorate in Psychotherapeutic and Counselling Psychology at the University of Surrey. This is an advanced professional psychology training in the practice, research and academic aspects of psychological therapy.

As part of his second year research he is conducting research on the romantic relationships of adult heterosexual couples. The study involves interviewing couples in order to explore their experiences and opinions about their relationship and their partner and it has been approved by the University Advisory Committee on Ethics. Each partner is going to be interviewed individually and the information that s/he will give will not be disclosed to his/her partner. There are not fixed issues that will be covered during the interview. Each participant will be asked to think about his/her current relationship and talk about any aspects of it that s/he considers important. For example, participants may wish to talk about how their friends or family play a part, if any, in their relationship, how arguments are being resolved in their relationship, communication issues. The interview will last for about 30-40 minutes and it will be tape-recorded to allow the researcher to have an accurate record of what his participants say.

All information that will be given will be treated as confidential and after the transcription of the tape-recordings all the recorded material will be destroyed. In addition, during the transcription of the data the recorded material will be locked in a safe. Although the final research report will contain quotations from interviews, any
information which might reveal a participant’s identity (e.g. names of people, places or organisations) will be removed from the final report. That is, any identifying material will be removed or altered so that the anonymity of the participants will be protected.

The participants are reminded that they are volunteers and are free to stop the interview at any time if they feel that they do not wish to carry on.

If you have any questions please do not hesitate to ask the researcher before the interview or contact him at:

Stylianos Gkouskos
Department of Psychology
University of Surrey
Guildford
Surrey, GU2 7XH

E-mail: sgkouskos@btinternet.com
I confirm that I have read and understood the above and freely consent to participate in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer:
(BLOCK CAPITALS) ______________________________________
Signed ______________________________________
Date ______________________________________

Name of volunteer:
(BLOCK CAPITALS) ______________________________________
Signed ______________________________________
Date ______________________________________

Name of researcher:
______________________________________________
Signed ______________________________________
Date ______________________________________
Appendix D

Interview Schedule

Introduction: Hello, as you may already know from the consent form that I sent you, my name is Stelios Gkouskos and I am doing my Doctorate in Psychotherapeutic and Counselling Psychology. As part of my second year research I am carrying out a study of the romantic relationships of adult heterosexual couples. Over the years there have been many psychological theories that have attempted to explain how and why people get involved in romantic relationships and what happens or may happen in these relationships. However, I believe that as psychologists we can enrich our understanding of the workings of intimate relationships simply by asking people to talk to us about their experiences of romantic relationships. Thus, I am not going to ask you any specific questions about your relationship. What I would like you to do is to imagine that I am someone from Mars who has just landed on this planet and I am trying to find out what a couple is; why do people get into intimate relationships; what are the aspects that they consider important in their relationship. In other words, I would like you to think about your CURRENT relationship and talk to me about any aspects of it that you consider them to be the most important ones.

From this point, the interview will be fairly unstructured with the participant talking about their relationship and me listening to what they say and attempting to help them elaborate on the issues that they chose to talk about. For example, if someone argued that companionship was an important aspect of their relationship but did not then elaborate on this issue, I would ask them: “What do you mean by companionship? Would you like to help me understand better by explaining to me in a more detailed way about this matter?”

Furthermore, if I feel that there may be some issues that they have not covered at all, I may tell them something like: I have noticed that you have not mentioned anything about your life outside your relationship. Is this something that you consider irrelevant to your relationship?

Possible issues that I may propose:

- Work life (i.e. do you feel that your work life has any effects on your current relationship?)
- Family (i.e. does your family or your partner’s family influence your relationship?)
- Friends (i.e. when you have problems with your relationship do you talk about them with any of your friends? Does this influence your actions?)
- Arguments (i.e. Do you ever argue with your partner? What happens when you argue?)
• Communication
• Social Network
• Security / Insecurity in their relationship
• Dependence on each other

At the end of the interview I will also ask my participants whether they feel that there is something important about their relationship that they feel that they haven’t told me and if they do then I will invite them to talk about it for a couple of minutes.
Appendix E

An example of a recorded concept:

47. Shaping each other / Learning from each other

(Kate / lines: 60-66)

I was sort of growing up being with Nick and I think we were shaping each other. I think um also we are very different people but somehow we always managed to sit down and talk and learn from each other. Um um I am quite emotional and I get quite sort of, you know, um I get angry quite quickly but I cool down very quickly. Nick is very balanced, always objective, he never looses his you know, his voice or anything, he is always, you know, balanced and ...but somehow we always seem to be able to complement each other and we...we learned that from each other.

    category 164? The relationship changes, it evolves (dynamic nature)
Appendix F

11 July 2001

Mr Stylianos Gkouskos
Counselling Psychologist In Training
Department of Psychology
University of Surrey

Dear Mr Gkouskos

Towards a grounded theory of adult attachment in heterosexual romantic relationships (ACE/2001/18/Psych)

I am writing to inform you that the Advisory Committee on Ethics has considered the above protocol (and the subsequent information supplied) and has approved it on the understanding that the Ethical Guidelines for Teaching and Research are observed. For your information, and future reference, these Guidelines can be downloaded from the Committee’s website at http://www.surrey.ac.uk/Surrey/ACE/.

This letter of approval relates only to the study specified in your research protocol (ACE/2001/18/Psych). The Committee should be notified of any changes to the proposal, any adverse reactions, and if the study is terminated earlier than expected, with reasons.

Date of approval by the Advisory Committee on Ethics: 11 July 2001
Date of expiry of approval by the Advisory Committee on Ethics: 10 July 2006

Please inform me when the research has been completed.

Yours sincerely

Catherine Ashbee (Mrs)
Secretary, University Advisory Committee on Ethics

cc: Professor L J King, Chairman, ACE
Dr A Coyle, Supervisor, Dept of Psychology
Mr R Draghi-Lorenz, Co-Investigator, Dept of Psychology
MATERIAL REDACTED AT REQUEST OF UNIVERSITY
Re-examining the role of adult attachment as a predictor of relationship satisfaction in heterosexual romantic relationships when other relationship variables are taken into consideration.

Abstract

This research examined the association between adult attachment and relationship satisfaction in heterosexual romantic relationships when other relationship variables are also taken into consideration. 238 participants completed a questionnaire that included an adult attachment measure, a relationship satisfaction measure and a new measure that derived from previous research. Exploratory factor analysis of the new measure yielded 3 factors. These were termed: 'sharing and mutual adaptation', 'pressure from work commitments' and 'influenced by others' relationships'. Results indicated that the link between attachment and relationship satisfaction was much weaker when the 3 factors were examined in combination with attachment as predictors of relationship satisfaction. 'Sharing and mutual adaptation', a scale that measured degree of similarity, sharing and adaptation between romantic partners, emerged as the most important predictor of relationship satisfaction. 'Influenced by others' relationships', a scale that overall measured the degree to which participants used other people's romantic relationships as a measure of comparison and as a source of influence for their relationship, was also a significant predictor of relationship satisfaction. Overall, the results suggest that other relationship variables such as those measured by the 'sharing and mutual adaptation' and the 'influenced by others' relationships' scales may play a much more defining role than attachment in relationship satisfaction. Implications of these results for theory, practice and future research are discussed.
Introduction

The application of attachment theory to adult romantic relationships has received considerable attention within personality and social psychology in recent years, with the majority of literature and research emanating from the USA (see Fraley & Shaver, 2000; Gkouskos 2000 for comprehensive reviews). This interest mainly originated from Hazan and Shaver’s (1987) groundbreaking study in which they proposed that romantic love could be conceptualised as an attachment process. Following their proposal, a growing body of research documented the existence of attachment styles in adults (Collins & Read, 1990; Hazan & Shaver, 1987, 1994; Simpson & Rholes, 1998). More importantly, research on adult attachment and romantic relationships indicated that differences in adult attachment style could account for some of the differences in the development of romantic relationships and in various relationships’ characteristics.

A number of studies have suggested that individuals with a secure attachment style report high levels of intimacy, trust, commitment and satisfaction in their relationships, whereas ‘avoidants’ score lower on these dimensions and ‘anxious/ambivalents’ report less satisfaction and more conflict in their relationships (e.g., Feeney & Noller, 1990; Levy & Davis, 1988; Simpson, 1990). Moreover, during conflict secure individuals have been found to be less rejecting and aggressive and more supportive and validating than ‘avoidants’ and ‘anxious/ambivalents’ (Kobak & Hazan, 1991; Senchak & Leonard, 1992). Furthermore, secure individuals’ relationships seem to be more stable (i.e., last longer) than those of insecure individuals (Feeney & Noller, 1990; Kirkpatrick & Davis, 1994). In addition some studies have suggested that the effects of adult attachment on romantic relationships may be gender specific. For example, Simpson (1990) found that relationship satisfaction was positively associated with secure attachment and negatively associated with avoidant attachment for both males and females, but anxious/ambivalent attachment was negatively associated with relationship satisfaction only for females. Finally, some studies have also indicated small but significant sex differences in the prevalence of adult attachment styles, with more women endorsing the preoccupied and fearful attachment categories while more men endorsing the dismissing category (Feeney, 1994; 1996). However, these gender differences have not been consistent, since other researchers report no such

Overall, the above studies provided support for the application of an attachment perspective on romantic relationships and spurred optimism among theorists and researchers of adult attachment that attachment theory could be used as a unified explanatory framework of the processes by which people develop, maintain and dissolve affectional bonds within adult romantic relationships (Feeney, 1999). This was clearly reflected in Hazan and Shaver’s suggestion that the “major bodies of data on close relationships ... could be organized and explained by [attachment] theory” (1994, p. 9, words in brackets added) and that attachment theory could serve as an organizational framework for research on close relationships. However, a close inspection of this large body of research reveals that such a strong argument may be premature and unjustified due to a number of methodological and conceptual problems (for review see Gkouskos, 2000).

First, different researchers have used different measures to assess adult attachment styles. This makes it very difficult to interpret and compare results from previous studies as some researchers classify participants in three attachment groups (i.e., secure, avoidant and preoccupied or anxious-ambivalent) (e.g., Hazan & Shaver, 1987; Kobak & Hazan, 1991; Simpson, 1990), while others use a four-category scheme to classify their participants, with the avoidant group being separated into a dismissing and a fearful group (e.g., Bartholomew & Horowitz, 1991; Brennan, Clark & Shaver, 1998). More importantly, depending on the attachment scale used in a study, the classification of participants as secure or insecure changes dramatically. Somebody who would be classified as secure in one study could be classified as preoccupied in another study. For example, Brennan, Clark and Shaver (1998) found that almost half (47.2%) of the participants classified as secure on Bartholomew’s four-category self-classification measure were classified as insecure on their attachment measure. The importance of these findings should not be underestimated as they raise serious concerns about the construct validity of adult attachment measures and, consequently, question the findings of previous studies. In an effort to encourage researchers to use a common measure for assessing adult attachment and overcome the unreliability problems of previous measures, Brennan et al. (1998) constructed a self-report measure of adult attachment that consists of two attachment-
dimension scales (avoidance and anxiety). These scales derive from principal component analysis of the items of all previous adult attachment scales. They have high internal consistency and discriminate more precisely than previous attachment measures among people with different attachment styles (Brennan et al., 1998; Fraley, Brennan & Waller, 2000). However, since they were constructed only recently, they have not been widely employed in adult romantic relationship research.

Another serious methodological problem is that the majority of the studies on adult attachment and romantic relationships have examined college/university samples with participants' mean ages ranging mainly from 18 to 21 (e.g., Baldwin & Fehr, 1995; Bartholomew & Horowitz, 1991; Feeney & Noller, 1990; Fraley, Waller & Brennan; 2000; Kirkpatrick & Davis, 1994). Subsequently, the majority of research has been on couples or individuals who have been dating for less than a year. In fact, some studies have used as samples couples that were dating for only 6 (e.g., Simpson, Rholes & Phillips, 1996) or even 3 months (e.g., Simpson, Rholes & Nelligan, 1992). Since researchers have reported that it takes, on average, 2 years for romantic relationships to take on all the characteristics of an attachment relationship (Bartholomew & Thompson, 1995; Hazan & Zeifman, 1999), it is highly questionable how meaningful it has been to mainly investigate the application of an attachment perspective to short-term romantic relationships. There are only few studies that have examined the effects of adult attachment on romantic relationships of married couples (Feeney, 1994, 1996; Kobak & Hazan, 1991). It is noteworthy that these studies have found significant associations between attachment and relationship satisfaction but these associations are small to modest. More importantly, variables such as communication (Feeney, 1994) and partner's caregiving style (Feeney, 1996) have been found to be better predictors of relationship satisfaction. Thus, although there seems to be a consistent link between attachment and relationship satisfaction, this link appears to be modest.

Finally, but most importantly, adult attachment has been conceptualised as the equivalent of infant attachment. In fact, some researchers have gone to great lengths to explain the similarities between infant-caregiver relationships and pair bonds (e.g., Hazan & Shaver, 1987; Hazan & Zeifman, 1999; Weiss, 1982, 1991) and have also acknowledged that, in their attempt to build a persuasive case that pair bonds are 'true attachments', they may have underplayed the importance of their differences. Hazan and Zeifman (1999) acknowledge that the two attachment systems are qualitatively
different because of a) the reciprocal nature of adult attachment (i.e., each partner uses the other as an attachment figure but also serves as an attachment figure to the other), b) the sexual nature of the adult romantic relationship, and c) the different level of verbal communication. Bearing in mind these differences between infant-caregiver bonds and pair bonds, Gkouskos (2002) argued that, although some of the literature on adult attachment and pair bonds may provide a useful framework for looking at the phenomena of romantic relationships, the a priori conceptualisation of pair bonds in similar terms to infant-caregiver attachment might provide us with a limited scope for studying adult relationship phenomena. Moreover, by imposing attachment theory on the phenomena of adult romantic relationships, we may be losing the opportunity to develop a detailed understanding of how adult couples make sense of the nature of the connections in their relationship and the processes by which those connections are developed and maintained.

To gain a better understanding of how adults themselves view their intimate relationship and how they make sense of the various processes through which their romantic relationship is developed and maintained, Gkouskos (2002) conducted a qualitative study where seven couples that had been in relationships from 4 to 36 years duration (Mean = 16.9, SD = 14.4) were interviewed about their intimate relationship and asked to talk extensively about the aspects that they considered as more important in their relationship. The major themes, concepts and categories that arose from the analysis of this study indicated that participants' accounts of their intimate relationship could be meaningfully organised under two major categories; one that related to the interpersonal processes that occurred within the couple (see Figure 1 in Appendix A) and another one that related to the effects of a number of extraneous factors on the dyadic relationship (see Figure 2 in Appendix A). Participants explained how a number of extraneous factors (e.g., social comparisons with other couples, the role of children in the relationship, work commitments, relationship with parents-in-law) had influenced their pair bond. Moreover, the findings indicated that partners were very conscious of the processes that occurred between them (e.g., learning from each other and influencing each other's behaviour in the relationship.

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1 Each participant was interviewed individually and his/her accounts were analysed independently of the accounts of his/her partner.

2 Figures 1 and 2 are included in the Appendix only for purposes of quick reference, so that the reader can get a general understanding of the categories that emerged from that study.
adapting to each other’s values or likes and dislikes) and both of them seemed to be active participants in these processes in an effort to make their relationship work in a satisfactory way. Overall, participants’ accounts about the interpersonal processes that occurred within the dyadic relationship indicated that partners’ roles in pair bonds were viewed as reciprocal and thus different from the asymmetrical roles of infant-caregiver bond, where only one person (the caregiver) is able to attune himself/herself to the needs of the other (the baby) and may be explicitly aware of the processes that happen between the caregiver and the infant. Finally, participants’ accounts about the influence of a number of extraneous factors on their intimate relationship could not be easily explained by an attachment perspective, which focuses only on the processes that occur between the partners and ignores their broader social worlds.

Overall, Gkouskos’ (2002) study provided preliminary support for the argument that attachment cannot account fully for the phenomena and processes in intimate relationships and posed some serious questions about the validity of studies that so far have used attachment style as the only predictor of romantic relationship satisfaction and quality (e.g., Collins & Read, 1990; Feeney, 1996; Simpson, 1990). However, the above study did not include any attachment measures and this made it difficult to test specific hypotheses deriving from an attachment perspective. Moreover, the sample of the study was small and it could be argued that these findings were limited to the sample under examination.

Implications for counselling psychology

In 1995, Bartholomew and Thompson examined the application of adult attachment theory to counselling psychology and concluded that counselling psychologists should “restrain themselves from prematurely applying attachment theory to their counseling practice” (1995, p. 489). In the author’s opinion this argument largely holds true to this date. Given the methodological and conceptual problems described above, it would be difficult to see how this extensive body of research could be confidently applied by counselling psychologists in their therapeutic practice with couples or individuals who bring to therapy relationship problems. So far, a great part of the research has been mainly limited to the romantic relationships of undergraduate students. It is questionable how this research could inform us about the romantic relationships of older adults who, for example, have been together for
many years, are married or have children. Moreover, the focus of research on newly
dating participants or couples (i.e., dating for three or six months) could only inform
us about the processes that occur between partners when they attempt to establish an
intimate relationship but cannot inform us about the processes that occur in a
relationship when partners are trying to successfully maintain it. Thus, before firm
recommendations for practice are appropriate, more research on non-undergraduate
samples and on couples or individuals with longer-term relationships is needed.
Finally, Gkouskos’ (2002) findings indicate that there may be some relationship
variables that could not be explained by an attachment perspective. It would be
interesting to include such variables together with attachment variables in multivariate
models in order to test together their effects on relationship satisfaction.

Research aims and hypotheses

The present study had two main aims. First, to investigate whether the main
categories and concepts that arose in the qualitative study of Gkouskos (2002) would
generalise to a larger sample when using a more powerful quantitative design. Second,
to examine the role of these concepts in the relationship between attachment and
relationship satisfaction by employing a sample that also overcomes the
aforementioned methodological limitations of previous studies.

In particular, a series of research questions was addressed. Some of them were
approached in an exploratory manner due to lack of previous literature, while others
were expressed in terms of specific hypotheses:

a) How are the concepts derived from Gkouskos (2002) structured when using a
quantitative approach? This was examined using an exploratory approach.
b) Are there any differences among attachment styles on relationship
satisfaction? Based on previous literature, it was expected that secure
participants would report significantly higher levels of relationship
satisfaction.
c) What is the role of attachment and the factors suggested by (a) in predicting
relationship satisfaction? It was expected that attachment would be a
significant predictor of relationship satisfaction, while there were no specific
predictions for the factors suggested by (a) due to the exploratory nature of the
study.
d) Are there any differences between attachment styles on the factors suggested by (a)? No specific predictions were made.

Method
Design
A cross-sectional survey design was used where the main dependent variable was relationship satisfaction and the independent variables were attachment style and the factors that emerged from the exploratory factor analysis of the new measure that was developed on the basis of Gkouskos’ (2002) study (see Measures section).

Participants
The sample for this study consisted of individuals who at the time of testing were involved in a heterosexual romantic relationship and considered this relationship to be ‘an established and meaningful one’. This definition was mainly chosen because it has been the definition of choice among researchers of adult romantic attachment (i.e., Collins & Read, 1990; Kirkpatrick & Davis, 1994; Simpson, Rholes & Phillips, 1996). Furthermore, following suggestions that ‘clear-cut’ attachment is evident only in couples that have been together for at least 2 years (Bartholomew & Thompson, 1995; Hazan & Zeifman, 1999) but also bearing in mind that many studies have recruited participants that have been dating for only 3 or 6 months, this study recruited participants that had been dating their current partner for at least three months (there was no upper limit) in order to allow for comparisons based on the length of the relationship.

Since the researcher developed one of the instruments (28 items in total) used in this survey, it was decided that it would be subjected to Principal Components Analysis in order to examine its conceptual structure. According to Gorsuch (1983) a minimum ratio of five individuals per variable is required for any factorial analysis. Thus, 140 participants were considered as the absolute minimum size required for factorial analysis in the present study.

Measures
A questionnaire was developed containing demographic questions and three instruments: an attachment measure, a relationship satisfaction measure and a measure
of perceived interpersonal processes and extraneous factors that can influence the intimate relationship.

*Attachment style* was measured using the ‘Experience in Close Relationships’ scales developed by Brennan et al. as an “all-purpose reply to future attachment researchers who wish to use self-report measures” (1998, p. 46). This measure consists of two 18-item attachment scales (avoidance and anxiety) with items rated on a Likert scale ranging from (1) Disagree Strongly to (7) Agree Strongly (see questions 1-36 in Appendix B). Responses to these statements can be used to classify individuals into one of four adult romantic attachment categories (see Figure 1 for a diagrammatic representation of the two-dimensional/four-category scheme). Finally, the scales have been proven to have a high internal consistency (avoidance scale, $\alpha=.94$; anxiety scale, $\alpha=.91$, Brennan et al., 1998) and to be more precise than previous attachment measures in the categorization of individuals into one of the four adult romantic attachment categories (Fraley et al., 2000). Alpha reliability coefficients for the present sample were .93 (avoidance) and .88 (anxiety).

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>(Low)</th>
<th>(High)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Low)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SECURE</strong></td>
<td></td>
<td><strong>PREOCCUPIED</strong></td>
</tr>
<tr>
<td>Comfortable with intimacy and autonomy</td>
<td>Preoccupied with relationships</td>
<td></td>
</tr>
<tr>
<td><strong>Avoidance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DISMISSING</strong></td>
<td></td>
<td><strong>FEARFUL</strong></td>
</tr>
<tr>
<td>Dismissing of intimacy Counter-dependent</td>
<td>Fearful of intimacy Socially avoidant</td>
<td></td>
</tr>
</tbody>
</table>

*Figure 1.* Diagrammatic representation of the four adult attachment styles in terms of anxiety and avoidance dimensions. Adapted from Brennan, Clark & Shaver (1998, p. 50).
Relationship satisfaction was assessed using the ‘Quality Marriage Index’ (QMI) (Norton, 1983). The QMI is a highly reliable scale (α=.95, Feeney, 1996), consisting of 6 items that evaluate the relationship as a whole (see questions 65-70 in Appendix B) and has been previously used in studies that have examined the relationship between attachment styles and relationship satisfaction (e.g., Feeney, 1994, 1996). The first five items are rated on a Likert scale ranging from (1) Disagree Strongly to (7) Agree Strongly, while the sixth item is rated on a Likert Scale ranging from (1) Extremely Unhappy to (10) Perfectly Happy. Alpha reliability coefficient for the present sample was .90. Scores on the QMI ranged from 3.33 to 7.5 (possible range 1-7.5) with a mean of 6.36 (SD=.97).

Participants’ attitudes towards perceived interpersonal processes and extraneous factors that can influence the intimate relationship were measured using a questionnaire that was developed on the basis of a previous qualitative study that investigated 14 individuals’ accounts about their intimate relationship (Gkouskos, 2002). Specifically, it was decided that the categories comprising the perceived interpersonal processes and extraneous factors described by the Figures 2 and 1 respectively (see Appendix A) would form the basis for the development of the new measure. Accordingly, many of the direct views and experiences of the participants in that study were converted into simple statements. A pool of 46 statements reflecting a broad range of attitudes was checked by a second researcher for internal consistency of groupings. Through this process, 28 items were retained and included in the new measure (see questions 37-64 in Appendix B). Finally, for reasons of internal consistency, it was also decided that these statements would be rated, as in the case of the other two instruments, on a Likert scale ranging from (1) Very Strong Disagreement to (7) Very Strong Agreement.

Demographic questions were included at the end of the survey (Oppenheim, 1998). Finally, all items on the questionnaire, the instructions and the layout were piloted on four psychology PhD students. This provided useful feedback in terms of grammar and comprehensiveness.

Procedure

Ethical approval was obtained from the University of Surrey’s Advisory Committee on Ethics (see Appendix C). Each participant received a covering letter
outlining the purpose of the study and providing specific instructions about taking part, a consent form, a questionnaire, a demographics information form (see Appendix B) and a pre-paid self-addressed envelope.

The participants were initially recruited in two ways:

a) The researcher distributed 115 questionnaires in public places in Guildford as well as the Campus of the University of Surrey.

b) Another 115 questionnaires were posted in the Guildford area using a random sampling strategy (e.g., Fife-Schaw, 2000). Specifically, a sampling interval approach was used to select 115 participants from a population of 99430³ listed in Guildford’s Electoral Register.

Ninety participants returned the completed questionnaire (39% response rate). Due to the lack of additional funds as well as time limitations, it was subsequently decided that an ‘internet-mediated research approach’ (Hewson, 2003) would be employed in an effort to recruit additional number of participants. Accordingly, a Web page was constructed containing the same information and items as the paper-administered survey. Subsequently, the researcher e-mailed friends and colleagues and asked them to take part in the study as well as forward the Web link to others that fulfilled the criteria for participation in the study (i.e., snowball technique). Finally, they were asked to report on the number of people who had forwarded the Web link. Three hundred and sixteen people received information about the study over the Internet and one hundred and fifty six participants completed the e-questionnaire (49% response rate).

Results

Participants’ Background Information

A total of 246 participants returned the completed questionnaire. Eight participants indicated that they did not consider their relationship ‘an established and meaningful one’ and thus their questionnaires were excluded from the analysis. Prior to analysis, all data were examined for accuracy of data entry and missing values. There were

³ This is the number of people in Guildford above the age of 19 according to Census 2001.
seven questionnaires with single missing values (less than 1.4% of items). These questionnaires were retained for analysis after means from available data were calculated and used to replace missing values (Tabachnick & Fidell, 2001). All data were coded and analysed using SPSS v10.1 software.

Since studies have indicated that Internet-accessed samples and traditional samples (i.e., non-Internet) may vary on a number of demographics (Bimbaum, 1999; Smith & Leigh, 1997), it was decided that an examination of comparability on a number of demographic variables between the Internet-accessed sample (148 participants) and the rest of the sample (90 participants) was necessary. Chi-Square tests indicated that there were no significant differences between the two modes of questionnaire administration with respect to gender ($X^2(1)=1.03$, $p=.31$, ns). However, the two modes of questionnaire differed significantly in regards to the level of education ($X^2(4)=24.48$, $p<.001$), and type of occupation ($X^2(8)=15.82$, $p<.05$). These results reflect the relatively high percentage of participants from the e-questionnaire endorsing the 'Higher Degree' level of education, and the relatively high percentage of participants from the paper-questionnaire endorsing the 'High School' level of education. Moreover, they reflect the relatively high percentage of participants from the e-questionnaire endorsing the 'Professional Occupations' category. Finally, Mann-Whitney $U$ tests$^4$ indicated that two samples differed significantly in age ($U=5033$, $Z=-3.17$, $p<.01$) and length of relationship ($U=4903.50$, $Z=-3.35$, $p<.001$). In particular, participants from the paper-questionnaire were on the average older ($M=35.78$, $SD=10.98$) from the e-questionnaire participants ($M=30.82$, $SD=8.42$) and had on the average longer relationships ($M=10.78$, $SD=10.54$ and $M=5.71$, $SD=6.69$ respectively).

The differences between the two samples in education, occupation, mean age and mean length of relationship suggested that the two samples might need to be treated separately in analysis. However, subsequent analyses of all demographic variables revealed no significant effects on any of the independent variables (i.e., attachment styles and the 3 factors derived by PCA) and the dependent variable (i.e., relationship satisfaction) of the study. Thus, it was decided that the two samples could be justifiably combined into one. Table 1 summarises the participants' background

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$^4$ Non-parametric tests were used because the groups differed in size to a great extent.
information, including gender, age, ethnicity, education, occupation, and relationship characteristics for the whole sample.

**Table 1. Summary of participants’ background information.**

<table>
<thead>
<tr>
<th>Participants:</th>
<th>No. of participants</th>
<th>Response rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender: Female</td>
<td>155 (65.1%)</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>83 (34.9%)</td>
<td></td>
</tr>
<tr>
<td>Age: Mean age (years)</td>
<td>32.69</td>
<td>Range (years)</td>
</tr>
<tr>
<td>18-65</td>
<td>9.75</td>
<td></td>
</tr>
<tr>
<td>Ethnicity: White</td>
<td>233 (97.9%)</td>
<td>Non-White</td>
</tr>
<tr>
<td>5 (2.1%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupation: University Student</td>
<td>52 (21.8%)</td>
<td></td>
</tr>
<tr>
<td>Managers &amp; Senior Officials</td>
<td>29 (12.2%)</td>
<td></td>
</tr>
<tr>
<td>Professional Occupations</td>
<td>97 (40.8%)</td>
<td></td>
</tr>
<tr>
<td>Associate Professional and Technical Occupations</td>
<td>17 (7.1%)</td>
<td></td>
</tr>
<tr>
<td>Administrative and Secretarial Occupations</td>
<td>29 (12.2%)</td>
<td></td>
</tr>
<tr>
<td>Sales and Customer Service Occupations</td>
<td>5 (2.1%)</td>
<td></td>
</tr>
<tr>
<td>Process, Plant and Machine Operatives</td>
<td>2 (0.8%)</td>
<td></td>
</tr>
<tr>
<td>Self-Employed</td>
<td>4 (1.7%)</td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>3 (1.3%)</td>
<td></td>
</tr>
<tr>
<td>Education: High School</td>
<td>21 (8.8%)</td>
<td></td>
</tr>
<tr>
<td>Diploma (HND, SNR etc.)</td>
<td>10 (4.2%)</td>
<td></td>
</tr>
<tr>
<td>1st Degree (Ba, Bsc etc.)</td>
<td>87 (36.6%)</td>
<td></td>
</tr>
<tr>
<td>Higher Degree (MA, MSc etc.)</td>
<td>106 (44.5%)</td>
<td></td>
</tr>
<tr>
<td>PhD</td>
<td>14 (5.9%)</td>
<td></td>
</tr>
<tr>
<td>Length of Relationship: Mean Duration (years)</td>
<td>7.64</td>
<td>Range</td>
</tr>
<tr>
<td>Relationship: 3 months – 39 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children with partner: Yes</td>
<td>63 (26.5%)</td>
<td>No</td>
</tr>
<tr>
<td>partner: Yes</td>
<td>226 (95%)</td>
<td>No</td>
</tr>
<tr>
<td>Dating partner exclusively: Yes</td>
<td>12 (5%)</td>
<td></td>
</tr>
</tbody>
</table>
**Principal component analysis of new scale**

The conceptual structure of the 'perceived interpersonal processes and extraneous factors' measure was examined through the use of principal component analysis (PCA). PCA was selected because it is recommended as the first step in exploratory factor analysis (Ferguson & Cox, 1993) and it provides the most robust results (Hammond, 2000). Twenty-eight items of the 'perceived interpersonal processes and extraneous factors' measure were submitted to PCA. The data were screened for normality, presence of outliers, absence of multicollinearity and factorability of the correlation matrices. An inspection of the correlation matrix indicated that two variables ('Having children has strengthened our relationship' and 'Having children has contributed to the stability in our relationship') were highly correlated ($r=0.82$) and caused concerns for multicollinearity\(^5\). Following Field's (2000) instructions, one of the two variables was eliminated from further analysis. Subsequently, the sampling adequacy was checked using the KMO measurement (KMO=0.62). Finally, following an inspection of the correlation matrix, an oblique rotation (Direct Oblimin) was selected for rotating the factor structure.

The PCA initially indicated nine principal components that accounted for 73.34% of the variance (eigenvalues greater than one). Given that this solution was difficult to interpret, three selection criteria were used to decide on the number of extracted principal components. These were the absolute magnitude of the eigenvalues of factors (Kaiser's 'greater than one' criterion; 1974), the relative magnitude of the eigenvalues or 'scree test' (Cattell, 1966) and the interpretability of the factor solution (Hammond, 2000). The scree plot (see Figure 2) indicated that a three-factor, a four-factor and a five-factor model could be justifiably retained. Thus, three parallel factor analyses were attempted. Interpretability of these solutions guided the final choice of solution that is presented here (i.e., 3-factor solution). The eigenvalues for the three factors were 4.06, 3.26 and 2.14 accounting for 15.03%, 12.07% and 7.94% of the variance respectively.

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\(^5\) The value of the determinant of the correlation matrix (i.e., 0.000008) was smaller than the necessary value of 0.000001 (Field, 2000). This indicated that some variables correlated very highly (i.e., multicollinearity problem).
Reproduced communality values (estimates of the variance in each variable that can be explained by the retained factors in the factor solution) ranged from .06 to .63 (see Table 2). The pattern matrix of unique relationship between factors and variables after oblique rotation is presented in Table 2. With a conservative level of .40 (16% shared variance between the variable and the factor) (Stevens, 1986) accepted for the inclusion in the interpretation of the factor, eight items failed to load on any component. Moreover, two items were eliminated from the analysis because they were considered factorially complex (Hammond, 2000). The first item (‘We do everything together’) cross-loaded on factors one and three (.49 and -.49 respectively). The second item (‘We like spending time apart’) cross-loaded on all three factors.

After the elimination of the two problematic items, 9 items loaded on the first factor, 4 items on the second factor and 4 items on the third factor (items are indicated in Table 2 by bold values). Interpretation of the factors based on these loadings appeared relatively straightforward. The first factor seems to relate to several sharing and adapting processes that occur within the relationship and was termed 'sharing and mutual adaptation'. The second factor appears to relate to the effect of the couples’ work commitments on their relationship and it was termed 'pressure from work'.
Finally, the third factor seems to relate to the influence of other couples' experiences on the intimate relationship, specifically, the extent to which the observation of and comparison with other people's relationships have affected the participants' relationship. This factor was termed 'influenced by others' relationships'. For reasons of brevity, in the remainder of the analysis the factors will be referred to as 'sharing', 'work' and 'others' respectively.

Table 2. Factor loadings on the three-factor model using oblique rotation\(^3\) and communality values.

<table>
<thead>
<tr>
<th>Items</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
<th>Communalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have similar goals</td>
<td>.67</td>
<td>-.15</td>
<td>.08</td>
<td>.46</td>
</tr>
<tr>
<td>My partner has learned about my likes &amp; dislikes &amp; adapted to them</td>
<td>.64</td>
<td>-.07</td>
<td>-.04</td>
<td>.43</td>
</tr>
<tr>
<td>We share everything</td>
<td>.66</td>
<td>.10</td>
<td>-.45</td>
<td>.62</td>
</tr>
<tr>
<td>We feel the same about important things</td>
<td>.60</td>
<td>-.26</td>
<td>.01</td>
<td>.42</td>
</tr>
<tr>
<td>We have similar interests</td>
<td>.57</td>
<td>-.19</td>
<td>.03</td>
<td>.35</td>
</tr>
<tr>
<td>I adapted to partner's likes &amp; dislikes</td>
<td>.55</td>
<td>.04</td>
<td>.11</td>
<td>.31</td>
</tr>
<tr>
<td>I have adapted to my partner's values</td>
<td>.53</td>
<td>.37</td>
<td>-.10</td>
<td>.42</td>
</tr>
<tr>
<td>We do everything together</td>
<td>.49</td>
<td>.18</td>
<td>-.49</td>
<td>.53</td>
</tr>
<tr>
<td>Partner has adapted to my values</td>
<td>.49</td>
<td>.32</td>
<td>-.12</td>
<td>.36</td>
</tr>
<tr>
<td>My behaviour has influenced partner's behaviour</td>
<td>.44</td>
<td>.01</td>
<td>.28</td>
<td>.26</td>
</tr>
<tr>
<td>Our children disturbed the balance of relationship</td>
<td>-.38</td>
<td>.16</td>
<td>.16</td>
<td>.21</td>
</tr>
<tr>
<td>I have been influenced by my partner's behaviour</td>
<td>.36</td>
<td>.09</td>
<td>.31</td>
<td>.23</td>
</tr>
<tr>
<td>Item</td>
<td>Correlation</td>
<td>Cramer's V</td>
<td>Probability</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------------</td>
<td>------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>Our children made relationship more stable</td>
<td>.31</td>
<td>-.02</td>
<td>.007</td>
<td></td>
</tr>
<tr>
<td>It is important to have a good relationship with partner's parents</td>
<td>.26</td>
<td>-.007</td>
<td>.22</td>
<td></td>
</tr>
<tr>
<td>My work often comes between us</td>
<td>-.15</td>
<td>.75</td>
<td>.02</td>
<td></td>
</tr>
<tr>
<td>Sacrifice time together due to work commitments</td>
<td>-.03</td>
<td>.73</td>
<td>.24</td>
<td></td>
</tr>
<tr>
<td>Our work commitments put additional pressure on relationship</td>
<td>-.02</td>
<td>.66</td>
<td>.25</td>
<td></td>
</tr>
<tr>
<td>My partner's work often comes between us</td>
<td>-.07</td>
<td>.64</td>
<td>.13</td>
<td></td>
</tr>
<tr>
<td>I make sure I have time for myself</td>
<td>-.26</td>
<td>-.38</td>
<td>.20</td>
<td></td>
</tr>
<tr>
<td>Partner's parents obstacle to our relationship</td>
<td>-.08</td>
<td>.29</td>
<td>-.03</td>
<td></td>
</tr>
<tr>
<td>I try to avoid making the mistakes that others make in their</td>
<td>.11</td>
<td>.11</td>
<td>.65</td>
<td></td>
</tr>
<tr>
<td>Influenced by observation of parents' relationship</td>
<td>.16</td>
<td>.03</td>
<td>.62</td>
<td></td>
</tr>
<tr>
<td>I tried to avoid making same mistakes as my parents</td>
<td>.17</td>
<td>.04</td>
<td>.60</td>
<td></td>
</tr>
<tr>
<td>Use other couples' relationship as a measure of comparison for my</td>
<td>-.03</td>
<td>.06</td>
<td>.58</td>
<td></td>
</tr>
<tr>
<td>Behaviour towards partner has been influenced by friends'</td>
<td>-.09</td>
<td>.12</td>
<td>.18</td>
<td></td>
</tr>
<tr>
<td>We like spending time apart</td>
<td>-.23</td>
<td>-.32</td>
<td>.44</td>
<td></td>
</tr>
<tr>
<td>I tried to recreate my parents' relationship</td>
<td>-.08</td>
<td>.22</td>
<td>.27</td>
<td></td>
</tr>
<tr>
<td>Behaviour towards partner has been influenced by friends'</td>
<td>-.09</td>
<td>.12</td>
<td>.18</td>
<td></td>
</tr>
</tbody>
</table>

a Rotation converged in 18 iterations.
Following the PCA, three subscales were calculated from the items in each factor. Subsequently, the internal reliability (Cronbach’s alpha) of the subscales was examined through reliability analysis. These were calculated for the ‘sharing’ factor $\alpha=.77$, for the ‘work’ factor $\alpha=.81$ and for the ‘others’ factor $\alpha=.64$. As evident, the ‘sharing’ and ‘work’ subscales have very good internal reliability and the ‘others’ subscale has an acceptable reliability$^6$.

Finally, all participants were assigned a score for each salient component that emerged from the analysis. Component scores were calculated by averaging the weighted responses across each set of salient variables loading on a factor. The component-score coefficient matrix facilitated the estimation of mean regression scores for each factor (see Appendix D for a copy of the component-score coefficient matrix). These component-scores were used in further data analyses (see Table 3 for means and standard deviations of the 3 factors). Prior to the analyses, normality of variance was examined and all the factors met the necessary criteria for the analyses that follow.

Table 3. Means and standard deviations of ‘sharing’, ‘work’ and ‘others’ factors.

<table>
<thead>
<tr>
<th>Factors</th>
<th>Mean (SD)</th>
<th>Range</th>
<th>Possible Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharing</td>
<td>6.52 (1.10)</td>
<td>3.51-9.11*</td>
<td>1.33-9.29</td>
</tr>
<tr>
<td>Work</td>
<td>4.33 (1.41)</td>
<td>.98-6.85</td>
<td>.98-6.85</td>
</tr>
<tr>
<td>Others</td>
<td>3.89 (1.16)</td>
<td>.92-6.44</td>
<td>.92-6.44</td>
</tr>
</tbody>
</table>

* Higher scores indicate positive attitudes.

Attachment characteristics of the sample

Following the guidelines suggested by Brennan et al. (1998), participants’ scores on the two attachment subscales (anxiety and avoidance) were used to classify participants into one of the four adult attachment styles. Table 4 presents the attachment characteristics of the sample. The association between gender and attachment style was marginally not significant ($X^2(3)=7.55, p=.06, \text{ns}$). Thus,

$^6$ According to Fife-Schaw (2000) $\alpha=.6$ is the barest minimum for purposes other than scale construction. Since this was an exploratory study, Factor’s 3 reliability ($\alpha=.64$) was considered acceptable.
although there was a relatively higher percentage of females (40%) than males (32.5%) classified as preoccupied and a relatively higher percentage of males (16.9%) than females (7.1%) classified as dismissing, overall there were no significant differences between males and females in the prevalence of attachment styles. Hence, gender was not included as a variable in further analysis.

Table 4. Attachment characteristics of the sample.

<table>
<thead>
<tr>
<th>Attachment Style</th>
<th>Males N (%)</th>
<th>Females N (%)</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>23 (27.7%)</td>
<td>55 (35.5%)</td>
<td>78 (32.8%)</td>
</tr>
<tr>
<td>Preoccupied</td>
<td>27 (32.5%)</td>
<td>62 (40%)</td>
<td>89 (37.4%)</td>
</tr>
<tr>
<td>Dismissing</td>
<td>14 (16.9%)</td>
<td>11 (7.1%)</td>
<td>25 (10.5%)</td>
</tr>
<tr>
<td>Fearful</td>
<td>19 (22.9%)</td>
<td>27 (17.4%)</td>
<td>46 (19.3%)</td>
</tr>
<tr>
<td>Total N (%)</td>
<td>83 (100%)</td>
<td>155 (100%)</td>
<td>238 (100%)</td>
</tr>
</tbody>
</table>

Differences between attachment styles on relationship satisfaction

A Kruskal-Wallis analysis of variance\(^7\) indicated that overall attachment styles differed on their scores on relationship satisfaction \(X^2(3)=39.09, p<.001\). Between group differences were subsequently assessed using Mann-Whitney \(U\) tests (see also Table 5 for mean scores and standard deviations of attachment styles on relationship satisfaction). These tests revealed that secure participants reported significantly higher levels of relationship satisfaction to those of preoccupied \(U=2325.50, Z=-3.70, p<.001\) dismissing \(U=375, Z=-4.64, p<.001\) and fearful participants \(U=765.50, Z=-5.34, p<.001\). There were no other significant differences between the groups.

\(^7\) A non-parametric test was chosen because the dependent variable (relationship satisfaction) was not normally distributed within each attachment style and the group sizes were unequal.
Table 5. Mean scores and standard deviations of attachment styles on relationship satisfaction.

<table>
<thead>
<tr>
<th>Attachment style</th>
<th>N</th>
<th>Relationship Satisfaction Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>78</td>
<td>6.8 (.67)</td>
</tr>
<tr>
<td>Preoccupied</td>
<td>89</td>
<td>6.3 (1.01)</td>
</tr>
<tr>
<td>Dismissing</td>
<td>25</td>
<td>5.84 (.91)</td>
</tr>
<tr>
<td>Fearful</td>
<td>46</td>
<td>5.96 (.98)</td>
</tr>
</tbody>
</table>

Attachment style, 'sharing', 'work' and 'others' as predictors of relationship satisfaction.

A hierarchical multiple regression (MR) was conducted in order to examine how much of the variation in relationship satisfaction could be accounted for by attachment and the 3 factors ('sharing', 'work' and 'others') that derived from PCA and to test which of these variables account most for the variation in relationship satisfaction. Given the importance of attachment as a predictor of relationship satisfaction (Collins & Read, 1990; Feeney, 1994, 1996; Feeney & Noller, 1990; Simpson, 1990), participants' attachment style was entered at Step 1 and 'sharing', 'work' and 'others' were entered at Step 2 of the MR.

In order to allow for the four categorical variables (i.e., attachment styles) to be included in the regression analysis, three dummy variables were created (Cohen, Cohen, West & Aiken, 2003). In our coding scheme the 'secure' category was designated as the reference group. Having chosen 'secure' as the reference group, each of the other groups was given a value of 1 on the dummy-coded variable that would contrast it with the reference group in the regression analysis and a value of 0 on the other dummy-coded variables (see Appendix E for dummy variable coding scheme). All dummy-coded variables were included in the MR to represent the overall variation in relationship satisfaction.

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8 Hardy (1993) suggests two practical considerations that should guide this choice. First, the reference group should be expected to score highest or lowest on the dependent variable. Second, the reference group should not have a very small sample size relative to the other groups. Accordingly, the 'secure' category in this analysis satisfied both considerations and was chosen as the reference category in the coding scheme.
effect of attachment. Finally, the data were screened for normality, linearity and absence of multicollinearity and outliers (see Appendix F for correlations among the predictor variables).

At Step 1, attachment style proved to be a significant predictor of relationship satisfaction ($F(3,231)=13.38$, $p<.001$) and it accounted for 14% ($R^2=.15$, adjusted $R^2=.14$) of the variation in relationship satisfaction. At Step 2, the addition of the ‘sharing’, ‘work’ and ‘others’ factors provided a significant increase in the predictive power of the model ($F(6,231)=32.47$, $p<.001$) and all the variables (i.e., attachment style and 3 factors) accounted for 44% ($R^2=.46$, adjusted $R^2=.44$) of the variation in relationship satisfaction. Therefore, the ‘sharing’, ‘work’ and ‘others’ factors accounted for an additional 30% of the variation in relationship satisfaction. Table 6 presents a summary of the intercept, the unstandardized regression coefficients, the standardized regression coefficients and the semi-partial correlations for the MR.

**Table 6.** Hierarchical regression analysis of relationship satisfaction on attachment style and ‘sharing’, ‘work’ and ‘others’ factors.

<table>
<thead>
<tr>
<th>Step 1</th>
<th>$B^9$</th>
<th>Beta$^{10}$</th>
<th>T</th>
<th>Sig.</th>
<th>Semi-Partial Correlations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept</td>
<td>6.84</td>
<td>67.22</td>
<td>.001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dummy 1 (Preoccupied vs. Secure)</td>
<td>-.54</td>
<td>-.27</td>
<td>-3.86</td>
<td>.001</td>
<td>-.23</td>
</tr>
<tr>
<td>Dummy 2 (Dismissing vs. Secure)</td>
<td>-1.00</td>
<td>-.32</td>
<td>-4.83</td>
<td>.001</td>
<td>-.29</td>
</tr>
</tbody>
</table>

$^9$ The unstandardized regression coefficients and their significance tests for the dichotomous dummy variables represent a comparison of the mean of one of the groups with the mean of the reference group (i.e., secure) on the DV.

$^{10}$ Interpretation of the standardised regression coefficients for the dichotomous dummy variables is presented here for the sake of completeness. However, as Cohen and Cohen (2003) suggest Beta values for categorical variables are greatly affected by changes in the relative sizes of the groups. Thus, their interpretation should be made with great caution as the size of the sample and the sampling procedures will affect their magnitude.
| Dummy 3  | -.88 | -.36 | -5.28 | .001 | -.32 |
| (Fearful vs. Secure) | | | | | |
| **Full Model** | | | | | |
| Intercept | 3.85 | 10.39 | .001 | | |
| Dummy 1  | -.32 | -.16 | -2.67 | .01 | -.13 |
| (Preoccupied vs. Secure) | | | | | |
| Dummy 2  | -.49 | -.15 | -2.88 | .01 | -.14 |
| (Dismissing vs. Secure) | | | | | |
| Dummy 3  | -.46 | -.19 | -3.23 | .001 | -.16 |
| (Fearful vs. Secure) | | | | | |
| ‘Sharing’ factor | .50 | .57 | 11.19 | .001 | .54 |
| ‘Work’ factor | -.03 | -.05 | -.98 | .33 | -.05 |
| ‘Others’ factor | -.08 | -.10 | -2.03 | .05 | -.10 |

The unstandardized regression coefficients for the dummy variables suggest that at both steps of the MR participants with secure attachment style scored significantly higher in relationship satisfaction than preoccupied, dismissing and fearful participants. Furthermore, in the full model the ‘sharing factor’ was the most important predictor of relationship satisfaction, followed by attachment style and the ‘others’ factor, while the ‘work’ factor did not contribute significantly to the prediction of relationship satisfaction. The ‘sharing’ factor was positively associated with relationship satisfaction while the ‘others’ factor was negatively associated with relationship satisfaction. It is also noteworthy that the ‘sharing’ factor by itself accounted for 29% ($.54^2 = .29$) for the variation in relationship satisfaction.
Finally, to assess the variance of relationship satisfaction uniquely identified by attachment, a second hierarchical multiple regression was conducted with the order of the entry of the predictor variables reversed (i.e., 'sharing', 'work' and 'others' factors at Step 1 and dummy variables at Step 2) (Cohen, Cohen, West & Aiken, 2003). At Step 1, the 'sharing', 'work' and 'others' factors proved to be significant predictors of relationship satisfaction (F(3,234)=57.18, p<.001) and together they accounted for 42% ($R^2 = .42$, adjusted $R^2 = .42$) of the variation in relationship satisfaction. At Step 2, the addition of the dummy variables provided a significant increase in the predictive power of the model (F(6,231)=32.47, p<.001) and altogether the variables accounted for 44% ($R^2 = .46$, adjusted $R^2 = .44$) of the variation in relationship satisfaction. Therefore, attachment style by itself accounted only for an additional 2% of the variation in relationship satisfaction.

Differences between attachment styles on 'sharing', 'work' and 'others' factors

Finally, three one-way ANOVAs were conducted to explore the differences between attachment styles on the three factors that emerged from PCA. The results indicated that overall participants with different attachment styles differed significantly on their scores on the 'sharing' factor (F(3,234)=7.95, p<.001, $\eta^2 = .09$), the 'work' factor (F(3,234)=4.41, p<.01, $\eta^2 = .05$) and the 'others' factor (F(3,234)=7.49, p<.001, $\eta^2 = .08$). However, the strength of the relationship between attachment style and the 'sharing', 'work' and 'others' factors was weak to modest (Cohen, 1973). In particular, the $\eta^2$ values indicate that attachment style accounted for only 9% of the overall variance in the 'sharing' factor, 5% of the overall variance in the 'work' factor and 8% of the overall variance in the 'others' factor.

Between group differences were assessed using post-hoc tests (Gabriel's pairwise tests\textsuperscript{11}). These comparisons indicated that secure participants tended to score significantly higher than fearful (p<.001) and dismissing participants (p<.001) on the 'sharing' factor, while preoccupied participants scored significantly higher than dismissing participants (p<.01) on this factor. Moreover, fearful and preoccupied participants tended to score significantly higher than secure participants (p<.01 and p<0.5 respectively) on the 'work' factor. Finally, preoccupied participants tended to

\textsuperscript{11} Gabriel’s pairwise tests were chosen because the groups had equal variances but their sizes were different (Field, 2000).
score significantly higher than secure participants (p<.001) on ‘others’ factor. It should be noted that despite the high levels of statistical significance the mean differences between the groups were small (see Figure 3).

![Mean scores on 'sharing', 'work' & 'others' factors](image)

**Figure 3.** Differences between attachment styles on ‘sharing’, ‘work’ and ‘others’ factors.

**Discussion**

The main purposes of this study were a) to investigate whether the main categories and concepts that arose in the qualitative study of Gkouskos (2002) would generalise to a larger sample when using a more powerful quantitative design and b) to examine the role of these concepts in the relationship between attachment and relationship satisfaction by employing a sample that also overcomes the methodological limitations of previous studies. Several important findings emerged from the analyses.
Conceptual structure of the 'perceived interpersonal processes and extraneous factors' measure

The exploratory factor analysis of the new measure revealed three underlying dimensions: 'sharing and mutual adaptation', 'pressure from work commitments' and 'influenced by others' relationships'. These dimensions seem to relate meaningfully to Gkouskos' (2002) findings. All the items that loaded highly on the 'sharing and mutual adaptation' factor asked participants about the extent to which they shared with their current romantic partner interests, values, goals and the extent to which they felt they had adapted to their partner's values, likes and dislikes and vice versa. The items that loaded on this factor appear to capture most of the themes and concepts that were organised under Gkouskos' 'interpersonal processes' category (see Figure 1 in Appendix A). The items that loaded highly on the 'pressure from work commitments' factor asked participants about the extent to which their work or their partner's work had negatively affected their relationship by reducing the time spent together by the partners or by creating tension within the relationship. Finally, the items that loaded highly on the 'influenced by others' relationships' factor asked participants about the extent to which their behaviour in their relationship was affected by their observations of their parents' relationship or other couples' relationships. Both these factors appear to capture some of the information contained under Gkouskos' 'extraneous factors' category (see Figure 2 in Appendix A). Moreover, mean scores on all three factors (see Table 3) indicate that most participants endorsed these items highly, thus reflecting the importance of the items as shown by Gkouskos' (2002) qualitative study. Overall, the results from the PCA lend support to Gkouskos' findings as they indicate that most of the categories and concepts that emerged from the qualitative study generalised to a broad sample.

Attachment characteristics of the sample

The prevalence of attachment styles in this study is not consistent to that reported in previous studies. Only 32% of participants in this study were classified as secure in comparison to previous studies in which the frequency of secure classification ranged from 47% to 56% (Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987, 1990; Feeney, 1995). Moreover, the percentage of participants classified as preoccupied in this study (37%) was high when compared to that of other studies (14%-26%)
(Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987, 1990; Feeney, 1995). The reason for this inconsistency is not clear. On the one hand, it may reflect differences between samples. On the other hand, it is highly probable that these differences are due to the adult attachment measure being used in this study, which was not available when previous studies were conducted. Further support for this claim is provided by Brennan et al.’s (1998) study, in which they administered the same adult attachment measure to a large sample (i.e., 1085) of undergraduate students and found that only 30.4% of them were classified as secure. Thus, the prevalence of attachment styles in this study seems to be consistent to Brennan et al.’s (1998) study and also extend their findings to a broad sample (i.e., non-undergraduate). Although this finding needs to be replicated with other samples, it suggests that previous studies may have largely overestimated the prevalence of secure attachment in adults and indicates the importance for researchers of adult attachment to agree on “a common, reliable method for assessing adult attachment orientations” (Brennan et al., 1998, p. 68).

Attachment, ‘sharing and mutual adaptation’, ‘pressure from work commitments’ and ‘influenced by others’ relationships’ as predictors of relationships satisfaction

The present results replicate previous work in pointing the link between attachment and relationship satisfaction. Moreover, similarly to previous studies (Feeney & Noller, 1990; Feeney, 1994, 1996; Levy & Davis, 1988; Simpson, 1990) they indicate that adults with secure attachment style report higher levels of relationship satisfaction with their romantic relationships than adults with an insecure attachment style (i.e., preoccupied, dismissing and fearful). However, the present study indicates that the link between adult attachment and relationship satisfaction is fairly modest. More importantly, when the contribution of adult attachment to relationship satisfaction was assessed together with the contribution of other relationship variables, such as ‘sharing and mutual adaptation’, ‘pressure from work commitments’ and ‘influenced by others’ relationships’, its effect, although still significant, was minimised to a great extent. The new variables in combination significantly improved our ability to predict relationship satisfaction. With the exception of the link between ‘pressure from work commitments’ and relationship satisfaction which was relatively weak, both ‘sharing and mutual adaptation’ and ‘influenced by others’ relationships’ were strong predictors of relationship satisfaction.
'Sharing and mutual adaptation', a scale that measured degree of similarity, sharing and adaptation between romantic partners, emerged as the most important predictor of relationship satisfaction. Scores on this scale were positively associated with relationship satisfaction, indicating that the more participants perceived themselves and their partners to hold or to have developed common interests, goals and values, the more satisfied they were with their relationship. The strong association between 'sharing and mutual adaptation' and relationship satisfaction seems to be in line with previous research that has indicated that common ground between people is an important motivational factor in fostering interpersonal attraction (Byrne, 1971; Grover & Brockner, 1989). However, these studies have mainly examined similarity among people as a factor that leads to an initial attraction between people and as such may foster the establishment of an intimate relationship. The present study, having employed a sample with varying degrees of length of intimate relationships (see Table 1), suggests that common ground between partners may also play an important role in fostering the development and maintenance of intimate relationships.

'Influenced by others' relationships', a scale that overall measured the degree to which participants used other people’s romantic relationships as a measure of comparison and as a source of influence for their relationship, was also a significant predictor of relationship satisfaction. Scores on this scale were negatively associated with relationship satisfaction, indicating that the more participants compared their relationship to other relationships and the more they tried to adjust their behaviour in their relationship according to how other people behaved in their relationships, the less satisfied they were with their own relationships. The reason for this negative association is not very clear. A simplistic explanation for this result could be that people tend to make comparisons with relationships that are being perceived as 'better' than their own (i.e., upward comparisons; Festinger, 1954), thus making them feel dissatisfied with their own relationship. Another possible explanation is that comparing one’s relationship with others’ relationships may create tension and dissatisfaction in a relationship as the other partner may feel offended or hurt by the comparison. On the other hand, it could be argued that high levels of comparison of one’s relationship with others’ relationships may not affect satisfaction with one’s relationship but may be indicative of pre-existing relationship dissatisfaction. That is, the more people are unsure about whether their needs and desires are met in their
relationship, the more they may try to use other relationships as a measure of comparison. Finally, it could be argued that being influenced by what others do in their relationships and adjusting one's behaviour on the basis of other people's relationships may be an ineffective coping mechanism for dealing with difficulties and potentials in a romantic relationship, as what may seem to work well for one relationship may not work equally well in another relationship and vice versa.

Differences between attachment styles on 'sharing and mutual adaptation', 'pressure from work commitments' and 'influenced by others' relationships' factors

The present study also suggests that people with different attachment styles differed significantly on their scores on the 'sharing and mutual adaptation', 'pressure from work commitments' and 'influenced by others' relationships' measures. However, despite the statistical significance the mean differences between the groups were small (see Figure 3) and, more importantly, the strength of the relationship between attachment and the three measures was fairly weak. Specifically, the $\eta^2$ values revealed that only 9% of the variation in the scores of the 'sharing and mutual adaptation', 5% of the variation in the scores of the 'pressure from work commitments' and 8% of the variation in the scores of the 'influenced by others' could be explained by the differences in attachment style.

This seems to be one of these instances where statistical significance and practical significance are two quite distinct matters (Stevens, 1986). According to Tabachnick and Fidell (2001) significant differences illuminate the nature of reported group differences without assessing the degree of relationship between the independent variable (i.e., attachment style) and the dependent variable (i.e., three factors). Thus, when examining the nature of group differences, "it is important to assess the degree of relationship to avoid publicising trivial results as if they had practical utility" (p. 52). Accordingly, in the present study, although attachment style seemed to have a statistically significant effect on the three factors, the strength of the relationship between the attachment style and these factors was fairly weak. In other words, most of the variation in scores on the 'sharing and mutual adaptation' (i.e., 91%), 'pressure from work commitments' (i.e., 95%) and 'influenced by others' relationships' (i.e., 92%) measures was independent of a person's attachment style. This weak association
indicated that there was no need to pay any further attention to the differences between the attachment groups on these factors.

Conclusions

In interpreting the results of the present study, some limitations must be recognised. First, even though this is one of the few adult attachment studies that employed a broad sample in regards to the age of participants and the length of their romantic relationship, most of the sample consisted of white participants with high or higher educational level and professional occupation background. Thus, the findings of this study may not necessarily generalise to all romantic relationships. Further research with more diverse samples in terms of ethnicity, educational and occupational background should seek to verify the findings of the present study before generalising from them.

Second, one could question the ability of a measure that was constructed on the basis of 14 individuals' accounts about their romantic relationship to capture most of the information that may be important in every romantic relationship. Indeed it is important to acknowledge that most likely there are other relationship variables that have not been discussed here. However, the intention of this study was not to identify all or most of the relationship variables that could be theoretically meaningful in romantic relationships. Its purpose was mainly to re-assess the link between attachment and relationship satisfaction by exploring the role of a number of relationship variables that emerged as important from a previous qualitative study (Gkouskos, 2002).

Third, as in most adult attachment research on romantic relationships (Collins & Read, 1990; Feeney, 1994, 1996; Simpson, 1990), participants' mean scores on relationship satisfaction in this study indicate that the results of this study are mainly limited to people who feel fulfilled by and satisfied with their intimate relationship. Hence, future research needs to focus on people who report low levels of relationship satisfaction. For example, future research could recruit people who are in therapy because they are facing relationship problems with their romantic partner.

Fourth, because this study, as with most adult attachment research, was based on a cross-sectional design, it would be difficult to answer questions of causality. For example, the finding that common ground between partners was associated with high
levels of relationship satisfaction could be interpreted in at least two ways: common
ground between partners in heterosexual romantic relationships may cause partners to
feel satisfied with their relationship or, alternatively, being in a satisfying relationship
may make a person feel that s/he shares more common ground with their partner.
Thus, longitudinal designs are required to clarify any questions about causality.

The results of the present study have also important implications for counselling
psychologists who use attachment theory as a framework for conceptualising and
addressing the difficulties that a client may be experiencing in his/her romantic
relationship. Specifically, this study suggests that, although a person's attachment
style may exert some influence on the quality of a romantic relationship, such an
influence may not be as important as that of other relationship variables. For instance,
processes within the couple that seem to foster the development of common ground
between the partners may play a much more defining role in relationship quality and
satisfaction. In practice, for example, this could mean that instead of focusing our
therapeutic endeavours on helping a client address his/her insecure attachment style, it
may be more beneficial to adopt a problem-solving stance, where the client is being
helped to identify areas of differences with his/her partner and then to minimise them
by a number of behavioural exercises, such as engaging together with his/her partner
in social activities or finding common hobbies. On the other hand, it could be helpful
to assist the client reframe his/her differences with his/her partner in terms of positive
features, such as seeing differences as an opportunity to learn from each other and
enrich their relationship. This is not to say that attachment theory is not a useful
framework for addressing a client's relationship problems. What is postulated here is
that there may be more effective avenues of addressing a client's relationship
problems than helping him/her change his/her insecure attachment style.

Finally, the results of this study suggest that too great an emphasis on the client’s
attachment style (i.e., intrapsychic features) at the expense of addressing the
interpersonal issues in an intimate relationship may compromise therapeutic
endeavours. Even if therapy has been successful in changing a client’s insecure
internal working models, not addressing the interpersonal aspects of the intimate
relationship may “mean sending him/her back into a depressogenic situation where
relapse is highly probable” (Harris, 1997, p. 287).
In summary, the present study is useful in demonstrating that the link between attachment and relationship satisfaction in heterosexual romantic relationships is much weaker when other relationship variables are examined in combination with attachment. Hence, attachment’s utility as an organizational framework for the explanation of the major bodies of data on close relationships (Hazan & Shaver, 1994) is seriously questioned. Moreover, the present study suggests that one of the most important aspects related to relationship satisfaction is the degree of sharing and similarity between romantic partners. However, as it was indicated, before generalising from the findings of this study and making firm recommendations for practice, it is important for future research to extend this work on a broader range of samples.
References
Cassidy, & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 355-377). New York: Guilford Press.


Appendices

Contents

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Appendix A

Figure 1. A diagrammatic representation of the category cluster relating to the ‘Processes that happen within the relationship can influence and change the relationship’ (adapted from Gkouskos, 2002, this volume, p. 136).
Intimate Relationship

Partner A  Partner B

Extraneous factors that can influence the dyadic relationship

Children may affect an intimate relationship in a positive or negative way:
  a) bring couple closer, provide another dimension to the relationship, fulfil a relationship.
  b) create stress in the relationship and disturb the already established balance

The experiences in one's family can have an implicit effect in an intimate relationship (i.e., the relationship between parents can serve as a role model)

Parents-in-law can affect the intimate relationship (i.e., by not accepting or being hostile to the husband/wife in-law, they can create stress on the couple)

Social Comparisons
Seeing how other couples behave in a relationship or how other relationships operate can have an effect on the relationship (i.e., learn and imitate, learn and avoid mistakes)

Workload can affect a relationship (i.e. not having enough time to be together and communicate)

Figure 2. A diagrammatic representation of the category cluster relating to 'The relationship is NOT just two people' (Gkouskos, 2002, this volume, p. 142).
Appendix B

Project Title: Influence of Attachment Styles, Perceived Interpersonal Processes and Extraneous Factors on Relationship Satisfaction.

Researcher: Stylianos Gkouskos
Supervisor: Dr. Riccardo Draghi-Lorenz

Dear Sir / Madam,

My name is Stylianos Gkouskos and I am currently undertaking a Practitioner Doctorate in Psychotherapeutic and Counselling Psychology at the University of Surrey. For my final year Doctorate research project, I am interested in investigating the romantic relationships of adult heterosexual couples and in particular some of the processes and factors that may affect an individual's satisfaction with their intimate relationship. The project requires that participants have been dating their current partner for at least three months and that they consider their relationship to be an established and meaningful one. If you are not currently in a romantic relationship or you feel that your experience in your present relationship is different to this, then you need not consider taking part.

You are under no obligation to participate (If you do not wish to take part, please send the incomplete questionnaires back to me in the enclosed stamped addressed envelope). However, if you feel able to take part in my study, I would much appreciate it if you could assist me by completing the enclosed questionnaires, consent form and demographic form. Your views and experiences are important to me and are needed to give us as accurate a picture as possible of the processes and factors that may affect an individual's satisfaction with their romantic relationship. Please complete the questionnaires on your own and answer all questions as honestly as possible, there are no 'right' or 'wrong' answers. Do not spend too much time on any one question. Give each question a moment’s thought and then answer it. It has been estimated that it takes
approximately 20 minutes to complete the questionnaires. The project has received ethical approval from the University Advisory Committee on Ethics at the University of Surrey.

Do not write your name on the questionnaires because I want your responses to be anonymous. In addition, your responses will be confidential to myself and the supervisor of the project. Questionnaires will be destroyed on completion of the project. Participants’ data will be held on computer in such a way that individuals cannot be identified. You may withdraw from the project at any stage. To make this possible each booklet is numbered and I advise you to make a note of your number so that I can withdraw your responses without compromising your anonymity. On completion of the study, all participants will have the opportunity of receiving general feedback as to the outcome of the study by contacting me on the above address or my email address (sgkouskos@ntlworld.com).

I would appreciate it if you could return the completed questionnaires in the enclosed stamped addressed envelope as soon as possible. Please do not hesitate to contact me if you have any queries about taking part in the study and I will be happy to try to answer them.

Thank you for your time and co-operation.

Stylianos Gkouskos
Counselling Psychologist in Training
Consent Form

I have read and understood the information letter and I agree to take part in this study. I understand that my responses will be anonymous and confidential to the investigator and project supervisor. I understand that I have the right to withdraw from the study at any time.

Signature ..........................................................
The following statements concern how you generally feel in romantic relationships. **We are interested in how you generally experience romantic relationships, not just in what is happening in your current relationship.** Please respond to each statement by circling a number to indicate how much you agree or disagree with the statement.

1. I prefer not to show a partner how I feel deep down.

   *Disagree Strongly*  
   *Neutral/Mixed*  
   *Agree Strongly*  
   1  2  3  4  5  6  7

2. I worry about being abandoned.

   *Disagree Strongly*  
   *Neutral/Mixed*  
   *Agree Strongly*  
   1  2  3  4  5  6  7

3. I am very comfortable being close to romantic partners.

   *Disagree Strongly*  
   *Neutral/Mixed*  
   *Agree Strongly*  
   1  2  3  4  5  6  7

4. I worry a lot about my relationships.

   *Disagree Strongly*  
   *Neutral/Mixed*  
   *Agree Strongly*  
   1  2  3  4  5  6  7

5. Just when my partner starts to get close to me I find myself pulling away.

   *Disagree Strongly*  
   *Neutral/Mixed*  
   *Agree Strongly*  
   1  2  3  4  5  6  7

6. I worry that romantic partners won’t care about me as much as I care about them.

   *Disagree Strongly*  
   *Neutral/Mixed*  
   *Agree Strongly*  
   1  2  3  4  5  6  7

7. I get uncomfortable when a romantic partner wants to be very close.

   *Disagree Strongly*  
   *Neutral/Mixed*  
   *Agree Strongly*  
   1  2  3  4  5  6  7

223
8. I worry a fair amount about losing my partner.

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9. I don't feel comfortable opening up to romantic partners.

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10. I often wish that my partner's feelings for me were as strong as my feelings for him/her.

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11. I want to get close to my partner, but I keep pulling back.

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12. I often want to merge completely with romantic partners, and this sometimes scares them away.

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13. I am nervous when partners get too close to me.

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15. I feel comfortable sharing my private thoughts and feelings with my partner.

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16. My desire to be very close sometimes scares people away.

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17. I try to avoid getting too close to my partner.

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18. I need a lot of reassurance that I am loved by my partner.

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19. I find it relatively easy to get close to my partner.

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20. Sometimes I feel that I force my partners to show more feeling, more commitment.

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21. I find it difficult to allow myself to depend on romantic partners.

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22. I do not often worry about being abandoned.

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23. I prefer not to be too close to romantic partners.

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24. If I can't get my partner to show interest in me, I get upset or angry.

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25. I tell my partner just about everything.

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26. I find that my partner(s) don’t want to get as close as I would like.

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27. I usually discuss my problems and concerns with my partner.

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28. When I am not involved in a relationship, I feel somewhat anxious and insecure.

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29. I feel comfortable depending on romantic partners.

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30. I get frustrated when my partner is not around as much as I would like.

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31. I don’t mind asking romantic partners for comfort, advice, or help.

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32. I get frustrated if romantic partners are not available when I need them.

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33. It helps to turn to my romantic partner in times of need.

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34. When romantic partners disapprove of me, I feel really bad about myself.

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35. I turn to my partner for many things, including comfort and reassurance.

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36. I resent it when my partner spends time away from me.

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The following statements concern how you feel in your present romantic relationship. In contrast to the previous questionnaire, we are interested in what is happening in your current relationship, not how you generally experience romantic relationships. Please respond to each statement by circling a number to indicate how much you agree or disagree with the statement.

37. My partner and I feel the same way about things that are important to us.

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</tbody>
</table>

38. I feel that in some respects I have been influenced by my partner’s behaviour in our relationship.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
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</table>

39. My partner and I have similar goals.

<table>
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<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
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</table>

40. My partner and I have similar interests.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
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</tbody>
</table>

41. I feel that in some respects my behaviour in our relationship has influenced my partner’s behaviour.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
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</tbody>
</table>

42. My partner and I do everything together.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
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</tbody>
</table>

43. I feel I have adapted to my partner’s values.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
44. I feel my partner has adapted to my values.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

45. My partner and I share everything.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

46. I feel my partner has learned about my likes and dislikes and adapted to them.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td></td>
</tr>
</tbody>
</table>

47. My partner and I like spending time apart.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>7</td>
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</tr>
</tbody>
</table>

48. I make sure that I have some time for myself.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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<td>6</td>
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<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

49. I feel I have learned about my partner’s likes and dislikes and adapted to them.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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<td></td>
</tr>
</tbody>
</table>

50. I feel that to some extent my behaviour towards my partner is informed by my friends’ behaviours towards their partners.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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<td>6</td>
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<tr>
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</tr>
</tbody>
</table>

51. Sometimes I compare my relationship to other couples’ relationships in order to evaluate the relationship I have with my partner.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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<td>7</td>
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</tr>
</tbody>
</table>
52. I try to avoid making the same mistakes that other people make in their relationships.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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<td>7</td>
</tr>
</tbody>
</table>

53. Looking back, I sometimes feel that I tried to recreate my parents’ relationship.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

54. In my present relationship, I have tried to avoid making the mistakes that my parents’ did in their relationship.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>7</td>
</tr>
</tbody>
</table>

55. My behaviour in my relationship has been affected to some extent by my observation of my parents’ behaviour in their relationship.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
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<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

56. Our work commitments often put an additional pressure on our relationship.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

57. My partner and I often have to sacrifice the time we spend together because of our work commitments.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
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</thead>
<tbody>
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</tbody>
</table>

58. My partner’s work commitments often come between us.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
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</tbody>
</table>
59. My work commitments often come between us.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
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</tbody>
</table>

60. My partner’s parents have been an obstacle to our relationship.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
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</thead>
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</tbody>
</table>

61. It is important to have a good relationship with my partner’s parents.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
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<th>Agree Strongly</th>
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</thead>
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</table>

Please answer questions 64-66 only if you and your partner have children. If you do not have any children please continue at question 67.

62. Having children has strengthened our relationship.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
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<th>Agree Strongly</th>
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</table>

63. Having children has contributed to the stability in our relationship.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
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<th>Agree Strongly</th>
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</tbody>
</table>

64. Having children has disturbed the balance in our relationship.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
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<th>Agree Strongly</th>
</tr>
</thead>
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</table>

65. My partner and I have a good relationship.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
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<th>Agree Strongly</th>
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</thead>
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</tbody>
</table>
66. My relationship with my partner is very stable.

<table>
<thead>
<tr>
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<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
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<td>7</td>
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</tbody>
</table>

67. Our relationship is strong.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

68. My relationship with my partner makes me happy.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

69. I really feel like part of a team with my partner.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Neutral/Mixed</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

70. On the scale (1-10) below, indicate the point which best describes the degree of happiness, everything considered, in your intimate relationship.

<table>
<thead>
<tr>
<th>Extremely Unhappy</th>
<th>Happy</th>
<th>Perfectly Happy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
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<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Demographics Form

Could you please complete the following information requests?

Would you describe your present relationship as a serious and meaningful relationship?  
Yes / No

Are you dating your partner exclusively?  
Yes / No

How long have you been dating your partner? ..........................................

Do you have any children with your partner? ..............................................

Your age (in years): .................................................................................................................

Your sex (please circle):  Male    Female

Your ethnicity: ....................................................................................................................

Your occupation: ....................................................................................................................

Your highest educational qualification: ..................................................................................
Many thanks for your time and co-operation

Please return the questionnaires, the consent form and demographics form to me in the stamped addressed envelope provided.

If you have any queries about the research and/or you have experienced distress as a result of taking part in the research, you can contact me at the following address:

Stylianos Gkouskos
PsychD in Psychotherapeutic and Counselling Psychology
Department of Psychology
School of Human Sciences
University of Surrey
Guildford
Surrey, GU2 7XH

E-mail: sgkouskos@ntlworld.com
Appendix C

24 March 2003

Mr Stylianos Gkouskos
PsychD Student
Department of Psychology
University of Surrey

Dear Mr Gkouskos

Influence of attachment styles, perceived interpersonal processes and extraneous factors on relationship satisfaction (ACE/2003/24/Psych)

I am writing to inform you that the Advisory Committee on Ethics has considered the above protocol and has approved it on the understanding that the Ethical Guidelines for Teaching and Research are observed. For your information, and future reference, these Guidelines can be downloaded from the Committee's website at http://www.surrey.ac.uk/Surrey/ACE/.

This letter of approval relates only to the study specified in your research protocol (ACE/2003/24/Psych). The Committee should be notified of any changes to the proposal, any adverse reactions, and if the study is terminated earlier than expected, with reasons.

Date of approval by the Advisory Committee on Ethics: 24 March 2003
Date of expiry of approval by the Advisory Committee on Ethics: 23 March 2008

Please inform me when the research has been completed.

Yours sincerely

Catherine Ashbee (Mrs)
Secretary, University Advisory Committee on Ethics

cc: Chairman, ACE
    Dr R Draghi-Lorenz, Supervisor, Dept of Psychology
    Dr A Coyle, Research Tutor, Dept of Psychology
### Appendix D
Component Score Coefficient Matrix

<table>
<thead>
<tr>
<th>Items</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>We feel the same about important things</td>
<td>0.158</td>
<td>-0.096</td>
<td>0.030</td>
</tr>
<tr>
<td>I have been influenced by my partner's behaviour</td>
<td>0.101</td>
<td>0.022</td>
<td>0.122</td>
</tr>
<tr>
<td>We have similar goals</td>
<td>0.177</td>
<td>-0.059</td>
<td>0.053</td>
</tr>
<tr>
<td>We have similar interests</td>
<td>0.150</td>
<td>-0.074</td>
<td>0.035</td>
</tr>
<tr>
<td>My behaviour has influenced partner's behaviour</td>
<td>0.121</td>
<td>-0.006</td>
<td>0.117</td>
</tr>
<tr>
<td>We do everything together</td>
<td>0.116</td>
<td>0.081</td>
<td>-0.179</td>
</tr>
<tr>
<td>I have adapted to my partner's values</td>
<td>0.133</td>
<td>0.134</td>
<td>-0.039</td>
</tr>
<tr>
<td>Partner has adapted to my values</td>
<td>0.124</td>
<td>0.119</td>
<td>-0.046</td>
</tr>
<tr>
<td>We share everything</td>
<td>0.162</td>
<td>0.050</td>
<td>-0.154</td>
</tr>
<tr>
<td>My partner has learned about my likes &amp; dislikes &amp; adapted to them</td>
<td>0.167</td>
<td>-0.028</td>
<td>0.003</td>
</tr>
<tr>
<td>We like spending time apart</td>
<td>-0.048</td>
<td>-0.130</td>
<td>0.169</td>
</tr>
<tr>
<td>I make sure I have time for myself</td>
<td>-0.060</td>
<td>-0.145</td>
<td>0.084</td>
</tr>
<tr>
<td>I adapted to partner's likes &amp; dislikes</td>
<td>0.145</td>
<td>0.008</td>
<td>0.053</td>
</tr>
<tr>
<td>Behaviour towards partner has been influenced by friends' behaviours towards their partners</td>
<td>-0.019</td>
<td>0.038</td>
<td>0.061</td>
</tr>
<tr>
<td>Use other couples' relationship as a measure of comparison for my relationship</td>
<td>0.006</td>
<td>0.001</td>
<td>0.216</td>
</tr>
<tr>
<td>I try to avoid making the mistakes that others make in their relationships</td>
<td>0.045</td>
<td>0.013</td>
<td>0.244</td>
</tr>
<tr>
<td>I tried to recreate my parents' relationship</td>
<td>-0.016</td>
<td>0.068</td>
<td>0.090</td>
</tr>
<tr>
<td>I tried to avoid making same mistakes as my parents</td>
<td>0.060</td>
<td>-0.006</td>
<td>0.226</td>
</tr>
<tr>
<td>Influenced by observation of parents' relationship</td>
<td>0.057</td>
<td>-0.012</td>
<td>0.234</td>
</tr>
<tr>
<td>Our work commitments put additional pressure on relationship</td>
<td>-0.004</td>
<td>0.229</td>
<td>0.069</td>
</tr>
<tr>
<td>Sacrifice time together due to work commitments</td>
<td>-0.007</td>
<td>0.254</td>
<td>0.060</td>
</tr>
<tr>
<td>My partner's work often comes between us</td>
<td>-0.019</td>
<td>0.226</td>
<td>0.023</td>
</tr>
<tr>
<td>My work often comes between us</td>
<td>-0.043</td>
<td>0.270</td>
<td>-0.024</td>
</tr>
<tr>
<td>Partner's parents obstacle to our relationship</td>
<td>-0.025</td>
<td>0.107</td>
<td>-0.027</td>
</tr>
<tr>
<td>It is important to have good relationship with partner's parents</td>
<td>0.074</td>
<td>-0.012</td>
<td>0.089</td>
</tr>
<tr>
<td>Our children made relationship more stable</td>
<td>0.079</td>
<td>-0.012</td>
<td>0.012</td>
</tr>
<tr>
<td>Our children disturbed the balance of relationship</td>
<td>-0.097</td>
<td>0.052</td>
<td>0.044</td>
</tr>
</tbody>
</table>
Appendix E

Illustration of dummy-variable coding scheme with ‘secure’ as reference group.

<table>
<thead>
<tr>
<th>Attachment Style</th>
<th>Dummy 1</th>
<th>Dummy 2</th>
<th>Dummy 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Preoccupied</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dismissing</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Fearful</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
Appendix F

Correlations among measures of relationship satisfaction, attachment, ‘sharing’, ‘work’ and ‘others’.

<table>
<thead>
<tr>
<th></th>
<th>Dummy 1 (Preoccupied vs. Secure)</th>
<th>Dummy 2 (Dismissing vs. Secure)</th>
<th>Dummy 3 (Fearful vs. Secure)</th>
<th>Sharing factor</th>
<th>Work factor</th>
<th>Others factor</th>
<th>Relationship Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dummy 1 (Preoccupied vs. Secure)</td>
<td>1</td>
<td>- .27**</td>
<td>- .38**</td>
<td>.06</td>
<td>.12</td>
<td>.27**</td>
<td>- .05</td>
</tr>
<tr>
<td>Dummy 2 (Dismissing vs. Secure)</td>
<td>1</td>
<td>- .17**</td>
<td>- .20**</td>
<td>-.07</td>
<td>-.06</td>
<td>- .19**</td>
<td></td>
</tr>
<tr>
<td>Dummy 3 (Fearful vs. Secure)</td>
<td>1</td>
<td>- .17**</td>
<td>.14*</td>
<td>.01</td>
<td>- .21**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharing factor</td>
<td>1</td>
<td></td>
<td>-.06</td>
<td>-.02</td>
<td>.63**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work factor</td>
<td>1</td>
<td></td>
<td>.21**</td>
<td>-.14*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others Factor</td>
<td>1</td>
<td></td>
<td></td>
<td>-.16*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship Satisfaction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

* Correlation is significant at the .05 level (2-tailed).
** Correlation is significant at the .01 level (2-tailed).
Appendix G

Personal Relationships

Journal of the International Society for the Study of Personal Relationships

Instructions for Contributors

Personal Relationships is an international, interdisciplinary journal which has as its aim the promotion of scholarship in the field of personal relationships throughout a broad range of disciplines and methodologies including psychology (social, clinical, developmental, health), psychiatry, communication studies, family studies, anthropology, and sociology. We anticipate that the subject matter and approach of Personal Relationships will be of interest to teachers, researchers, and practitioners alike, and will include such topics as love, jealousy, conflict, intimacy, social support, loneliness, socialization, attachment and bonding, communication, kinship, and sexuality. A wide range of personal relationships will be explored, including those between romantic partners, other relatives, parents and children at various stages of the life-span, siblings and friends. It is important to note that only work focusing on a relationship or relationships will be accepted for publication and we will not be publishing work which focuses on relationship relevant processes (such as emotion, communication, sex, etc.) outside of the relationship context.

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Four copies of the manuscript should be submitted to the editor,

Patricia Noller Ph.D,
Department of Psychology,
University of Queensland,
Queensland, 4072, Australia

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Abstract (page 2). Include (a) full title of article; (b) abstract of no more than 200 words; (c) up to five keywords for indexing and information retrieval.

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Book

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Chapter in an Edited Book

Appendix (optional). Use only if needed. May be usefully included for review, even if not appropriate for publication.

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