6-2000

Correlational study of attachment and self-reported levels of urges to self-harm and frequency of self-harming behaviors in dialectical behavioral therapy clients

Nealy Anne Vicker
University of Nebraska at Omaha

CORRELATIONAL STUDY OF ATTACHMENT AND SELF-REPORTED LEVELS OF URGES TO SELF-HARM AND FREQUENCY OF SELF-HARMING BEHAVIORS IN DIALECTICAL BEHAVIORAL THERAPY CLIENTS

A Thesis

Presented to the Department of Counseling

And the

Faculty of the Graduate College

University of Nebraska

In Partial Fulfillment

Of the Requirements for the Degree

Master of Arts

University of Nebraska at Omaha

By

Nealy Anne Vicker

June 2000

ProQuest LLC.
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106 - 1346

THESIS ACCEPTANCE

Acceptance for the faculty of the Graduate College, University of Nebraska, in partial fulfillment of the requirements for the degree Master of Arts, University of Nebraska at Omaha.

Committee

Judith A. Harrington, PhD

Ann E. Potter, PhD Ex-officio

Chairperson Jeannette Seaberry, Ph.D.

Date June 26, 2000

Abstract

This research examined the relationships between attachment style and frequency of suicidal ideation, urges to self-harm, and action to self-harm in Dialectical Behavioral Therapy patients. The Attachment Style Questionnaire served as the attachment measure. The Diary Cards, used in Dialectical Behavioral Therapy, served as the measure for suicide ideation, urges to self-harm and action to self-harm averages. Twenty women from the Omaha YWCA and Therapy Resource Associates participated in the study. Results of the study suggest that there was no relationship between a high score on Avoidant and Anxious/Ambivalent attachment styles and frequency of suicide ideation, urges to self-harm, and action to self-harm. Comparatively, the study's results did suggest a high score on the secure attachment style decreased the frequency of suicide ideation.

Table of Contents

Table of Contents Continued

Chapter 1

Introduction

Borderline Personality Disorder (BPD) is a relatively new psychopathology that did not appear in the American Psychiatric Association's Diagnostic and Statistical Manual (DSM) until its fourth edition in 1980. Although the diagnostic criteria were recognized much earlier, only recently with its DSM-IV classification, has it gained attention. Borderline Personality Disorder is one of the most prevalent Personality Disorders encountered in mental health yet is, perhaps, the most puzzling and difficult to treat. The disorder is characterized by patterns of self-harming acts and suicide attempts, unstable and intense relationships, impulsivity, and emotional and cognitive dysregulation. Individuals suffering from the disorder often experience "chronic intense dysphoria; transient paranoid or dissociative experiences, impulsivity in a number of self-destructive areas; troubled interpersonal relationships marred by problems such as demandingness, manipulation, and extreme dependence" (Zanarini & Frankenburg, 1997).

A number of theories have been proposed to explain the development of Borderline Personality Disorder. Theories range from Judd and Ruff's (1993) belief that Borderline Personality Disorder is an organic neuropsychological dysfunction to the belief that it is a socio-emotional response to abusive childhood relationships (Park, Imboden, Park, Hulse, & Ungar, 1992). Ogata, Silk, Goodrich, Lohr, Westen, and Hill (1990) found that over 93% of women with Borderline Personality Disorder were more likely to have experienced physical and sexual abuse in their lives compared to 74% of

other women with different personality disorders. Although a significant amount of research strongly supports the belief that Borderline Personality Disorder is derived from chronic psychological and physical abuse in childhood, a more complete explanation comes from biosocial theory.

The biosocial theory asserts that Borderline Personality Disorder may exist due to the interaction between biological predisposition and environmental context during development. The biosocial theory's main tenet is that the stem of the disorder is a result of emotional dysregulation experienced from a vulnerable child in an invalidating childhood environment. A parent or other caregiver figures in the child's life inhibiting or controlling the child's emotional expressiveness creates an invalidating environment for the child. Invalidation may include trivializing a child's painful experiences; negating their beliefs, thoughts, feelings, sensation, discriminating against their gender; or punishing them physically or sexually to control their behavior (Linehan, 1993).

Invalidating environments influence extreme responses such as overreaction and underreaction typically seen in patients with Borderline Personality Disorder. A heightened emotional system that is oversensitive and overreactive creates an emotional vulnerability carrying with it a number of subsequent emotion modulating difficulties. Difficulties with emotion modulation may include an inability to inhibit, control, or express emotion, which leads to emotional dysregulation and maladaptive emotion regulation strategies. Impulsive behavior such as self-cutting or stabbing, cigarette burns, and overdoses are typical maladaptive strategies used by Borderline Personality Disorder patients for distraction, release of emotion, or as an attention-getting mechanism.

The inability to regulate emotion creates a lack of predictability and uncertainty that hinders the development of a sense of self. Emotional lability leads to unpredictable behavior and cognitive inconsistency, and consequently interferes with identity development (Linehan, 1993). The inability to control emotional responses contributes to a diminished sense of self and the ability to develop effective interpersonal relationships or attachments. Emotional regulation difficulties interfere with self-regulation and normal emotional expression which are fundamental in relationship attachment. An inability to regulate and express one's self often leads to the chaotic and intense relationships experienced by Borderline Personality Disorder individuals.

Attachment theory is based on the assumption that infants have the innate capacity to develop a secure sense of self, identity, and the world if their caregivers are consistent and responsive to their needs for security and comfort (Ainsworth, 1989; Bowlby 1982, 1988). Deficiencies due to an invalidating environment during early years are believed to lead to insecure infant attachment and psychological difficulties over the course of development as well as adversely affect the development of interpersonal relationships in later years (Belsky & Nezworski, 1988; Bowlby 1988; Kobak & Sceery, 1988).

The Attachment theory suggests that different patterns of attachment develop as a result of the caregivers 'accessibility and responsiveness to the infants' needs. To the degree a caregiver is consistent and responsive to needs, infants develop the foundation from which to feel safe in exploring their world (Ainsworth, 1989; Bowlby, 1988). Three types of infant attachment patterns that develop as a result of the varying degrees of

responsiveness and security provided by caregivers are: (a) secure, (b) avoidant, and (c) anxious/ambivalent (Ainsworth, Blehar, Waters, & Wall, 1978).

Securely attached infants use the caregiver as the primary base from which to explore the world. Securely attached infants will exhibit protest behaviors if separated from the caregiver and will prefer the primary caregiver to strangers. Avoidant attached infants, on the other hand, are unaffected by separation from the caregiver and will generally avoid or ignore the caregiver when united. Infants with Anxious/Ambivalent attachments generally refuse to explore their environment when separated from their primary caregiver and, when reunited, will seek contact with the primary caregiver but at the same time pull away in anger and protest (Ainsworth et al., 1978).

Consistent is the claim that early childhood attachments are strongly related to the quality of both caregiver-child and adulthood relationships (Bowlby, 1988; Bretherton, 1987). Individuals diagnosed with Borderline Personality Disorder typically come from invalidating home environments where their communication is met by erratic, inappropriate, and extreme responses (Linehan, 1993). Childhood sexual abuse is prevalent in individuals meeting the criteria for Borderline Personality Disorder. Bryer, Nealson, Miller, and Krol (1987) revealed that 86% of Borderline Personality Disorder patients reported childhood sexual abuse while Stone (1981) showed that 75% of Borderline Personality Disorder reported a history of incest.

Dialectical Behavioral Therapy (DBT) is a treatment program created by Marcia Linehan for patients with Borderline Personality Disorder. Dialectical Behavioral Therapy uses an array of cognitive and behavioral strategies to address self-harming and

suicidal behaviors. It emphasizes assessment; data collection on current behaviors; precise operational definition of treatment targets; a collaborative working relationship between therapist and patient including attention to orienting the patient to the therapy program and mutual commitment to treatment goals; and application of standard cognitive and behavior therapy techniques (Linehan, 1993).

Dialectical Behavioral Therapy employs a number of cognitive and behavioral strategies such as problems solving, exposure techniques, skill training, contingency management, and cognitive modification as key treatment procedures to helping Borderline Personality Disorder patients overcome their problems. Continuous efforts to "reframe" suicidal and other dysfunctional behaviors and to focus on active problem solving are used in conjunction with balancing and validating the patient's current emotional, cognitive and behavioral responses (Linehan, 1993). The most recent criteria to define Borderline Personality Disorder are found in the 1994 Diagnostic Statistical Manual of Mental Disorders (DSM-IV) published by the American Psychiatric Association. Patients meeting five or more of the following criteria can be clinically diagnosed with disorder:

> A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following.
> 1. frantic efforts to avoid real or imagined abandonment
> 2. a pattern of unstable and intense interpersonal relationships characterized by alternating extremes of idealization and devaluation
> 3. identity disturbance: markedly and persistently unstable self-image or sense of self
> 4. impulsivity in at least two areas that are potentially self-damaging
> 5. recurrent suicidal behaviors, gestures, or threats, or self mutilating behavior
> 6. affective instability due to a marked reactivity of mood
> 7. chronic feelings of emptiness

8. inappropriate, intense anger or difficulty controlling anger
9. transient, stress-related paranoid ideation or severe dissociative symptoms (p. 654)

Dialectical Behavioral Therapy utilizes client self-reporting on Diary Cards to monitor the behavioral progress of the client. The Diary Cards are used to study and assess two important components of Dialectical Behavioral Therapy (1) the extent/use of the skills taught during training and (2) the behavioral progress of the client. Each day, clients are expected to record the skills used on that day. Clients are asked to record the intensity of suicide ideation and self-harming on a zero to five scale and action to self-harm by a yes or no response. These and other informational-gathering segments found on the Diary Card are then discussed at the beginning of each weekly DBT class by the DBT group therapist and group participants and in individual therapy by the DBT individual therapist and the DBT patient.

Statement of the Problem

Often researchers look to attachment theory in attempts to understand and explain the impact and long-term effects of childhood trauma (Crittenden, 1994; Alexander & Anderson, 1997). Many clinical approaches to understanding the nature of personality disorders such as Borderline Personality Disorder are based on the clients' early dysfunctional relationships (Kernber, 1977). Adults suffering from severe personality disorders such as Borderline Personality Disorder often identify early traumatic relationships (e.g. physical and sexual abuse) in their history (Ogata, Silk, Goodrich, Lohr, Westen & Hill, 1990). Nearly 71% of borderline patients report a history of sexual abuse (Ogata, et al., 1990) which is comparable with Herman, Perry and van der Kolk's

(1989) finding of a higher incidence of childhood physical abuse among Dialectical Behavioral Therapy patients (71%) compared to other non-borderline patients (38%).

Although evidence documents the connection between childhood attachment styles and the caregiver-child relationship, less is known about similar connections between childhood attachment styles and adulthood relationships. Many parallels have been made between the character of the adult relationship and early childhood experiences (Bartholomew & Perlman, 1994; Simpson, Rholes & Nelligan, 1992) but none between adulthood attachment style and adulthood self-harming behaviors. Even though Borderline Personality Disorder is frequently associated with patterns of self-harm and unstable personal relationships, the potential relationship between the patterns of self-harm and unstable personal relationships has not been explored in the literature or in Dialectical Behavioral Therapy.

Purpose of the Study

Although Borderline Personality Disorder is most associated with intentional self-harming acts, the importance of attachment and its connection to self-harming behaviors has not been studied. The purpose of this study is to investigate the correlation between each attachment style (secure, avoidant, anxious/ambivalent) and the frequency of suicidal ideation and self-harming behaviors in Dialectical Behavioral Therapy or Borderline Personality Disorder clients.

Hypothesis

High scores on the secure attachment style on the Attachment Style Questionnaire will positively correlate with low scores on self-harm and suicide ideation sections of the

DBT diary cards. High scores on the avoidant or anxious/ambivalent attachment styles on the Attachment Style Questionnaire will positively correlate with high scores on self-harm and suicide ideation sections of the DBT diary cards.

Importance of the Study

This study will explore the possible correlation between the frequency of self-harming behaviors and attachment styles of Dialectical Behavioral Therapy patients. The results will reveal the potential importance of intervening in attachment problems in the therapeutic process as well as its correlation between attachment problems and a number of psychopathologies. Identifying the correlation between the frequency of self-harming behaviors and attachment styles of Borderline Personality Disorder patients will demonstrate the importance of attachment in any therapeutic relationship but particularly in Dialectical Behavioral Therapy where relationship development is significant in decreasing the high dropout rate and improving the overall therapy outcome. Identifying a correlation between the frequency of self-harming behaviors and attachment styles may influence the therapeutic process and lead to a number of future investigations of the client-therapist relationship in the areas of eating disorders, parent-child attachment styles, childhood development, psychopathology symptomology, and a variety of other developmental psychology research areas. The importance of relationship development between client and therapist will reveal the importance of a worthwhile and productive client-therapist relationship, the need to resolve insecure attachment behaviors learned in childhood, and the acquisition of new skills and approaches to improve and expedite the therapeutic process.

Scope and Delimitations

This study was conducted to determine whether a correlation exists between adult self-harming behaviors and adulthood attachment styles. A Likert-type questionnaire was mailed to 80 Dialectical Behavioral Therapy clients that previously showed interest in the study after a seminar was held on the topic. The Dialectical Behavioral Therapy clients that participated were from the Omaha YWCA and Therapy Resource Associates, two local mental health facilities that specialize in Dialectical Behavioral Therapy. The participants were given two months to complete and return the questionnaire with their first four Diary Cards of their first DBT class in the self-addressed, stamped envelope received in the mail. Once the questionnaires and Diary Cards were collected, a critical analysis of the data was completed.

Possible limitations of the study may include the inaccuracy of information from diary cards due to the participants' decreased knowledge of how to accurately complete them. Self-reporting of attachment and self-harming behaviors may also be another limitation of the study due to the participants' memory and inhibition to self-disclose. Another possible delimitation may include the number of subjects that participated in the study. More participants were needed to effectively test both hypotheses.

Definition of terms

The specific terms used in this study are defined as follows:

1. Attachment – an affectional bond with another individual that is persistent and emotionally significant; an ability to develop stable and secure relationships; a biologically-rooted pattern of behavior that disposes an

infant to form an affectional bond to its caregiver and to protest and despair at the separation from or loss of that figure (Giblin, 1994).

2. Diary Card – a weekly behavioral and skills progress card that the patient fills out daily. The patient lists the Dialectical Behavioral skills practiced in addition to the number of self-harming behaviors or other emotional dysregulating feelings or behaviors that occur. The diary cards are discussed weekly in both group and individual sessions to help therapists assess progress and/or difficulties (Linehan, 1993).
3. Dialectic – as applied to behavior therapy has two meanings: that of the fundamental nature of reality, and that of persuasive dialogue and relationship. Dialectics stresses the fundamental interrelatedness or wholeness of reality. This means that a dialectical approach views analyses of individual parts of a system as of limited value per se unless the analysis clearly relates the part to the whole. Thus, dialectics directs our attention to the immediate and larger contexts of behavior, as well as to the interrelatedness of individual behavior patterns (Linehan, 1993).
4. DSM-IV – the letters DSM stand for the Diagnostic Statistical Manual of Mental Disorders, produced by the American Psychiatric Association. The DSM-IV was published in 1994 and is used to classify and label mental disorders.
5. Emotional Dysregulation – difficulty in regulating several, if not all, emotions. Emotional Dysregulation is accompanied by 1) very high

sensitivity to emotional stimuli, 2) very intense response to emotional stimuli, and 3) a slow return to emotional baseline once emotional arousal has occurred (Linehan, 1993).

6. Emotional Modulation – the ability to 1) inhibit inappropriate behavior related to strong negative or positive emotions, 2) organize oneself for coordinated action in the service of an external goal (e.g., act in a way that is not mood-dependent when necessary, 3) self-soothe any physiological arousal that the strong emotion has induced, and 4) refocus attention in the presence of strong emotion (Linehan, 1993).

7. Parasuicidal or Self-Harming Behavior – Behavior that can range in intensity from one requiring no medical treatment (e.g., slight scratches, head banging, and cigarette burns) to ones requiring care on an intensive care unit (e.g., overdoses, self-stabbing, and asphyxiations) (Linehan, 1993).

8. Borderline Personality Disorder (BPD) & Dialectical Behavioral Therapy (DBT) – Although DBT was primarily designed for individuals with BPD, it has become an effective form of therapy for any individual suffering from emotion regulation difficulties and other symptomology that prevents interpersonal regulation and distress tolerance. Examples may include individuals with depression, anxiety, or personality and compulsive disorders.

Organization of Report

Chapter 1 served to introduce the reader to Dialectical Behavioral Therapy, the criteria for Borderline Personality Disorder, the importance of research needed in the area of attachment, and the following topics: introduction, problem statement, purpose of the study, hypothesis, importance of the study, delimitations of the study, and definition of terms.

The focus of chapter 2 is the literature review. The study of the relationship between attachment and tendency to self-harm could not be done without considering the effects parental attachment styles have on children and the effects childhood attachments have on adulthood. More research in the area of childhood attachment styles and their relationship to adulthood behaviors is needed to potentially improve the dropout rate of Dialectical Behavioral Therapy Clients. The influence attachments have in the therapeutic realm between client and therapist and the client's progress is critically important; particularly in Dialectical Behavioral Therapy. Thus, researching childhood attachment and parenting styles and their impact on self-harming and suicidal behaviors in adulthood were important topics to be explored in the literature review.

Chapter 3 describes the methods that were used in this study. The main topics covered in Chapter 3 are research methods, research design, null hypotheses, population and subject selection, procedure, data collection, data processing analyses, methodological assumptions, limitations and conceptual hypotheses. Chapter 4 describes the results of the study. Chapter 5 provides a review and discussion of the study as well as recommendations for future research.

Chapter 2

Review of the Literature

Parenting Attachments and Effects on Children

Studies did not connect the importance of attachment between children and their primary caregiver until Bowlby (1982) first began focusing on childhood development and the impact that child attachment had on adulthood mental health and wellness. A basic assumption of attachment theory is that the relationship between the child and primary caregiver is important to the psychological health of a child. Parental attachment has significantly been related to many aspects of children's well being (Armsden & Greenberg, 1987) where long-lasting affectional bonds have proven to have a positive influence on self-esteem (Cassidy, 1988), self-image (O'Koon, 1997), and emotional adjustment (Sroufe, Fox, & Pancake, 1983).

Existing research supports the connection between parental attachment and internal coping resources and self-identity (Petersen, Sarigiani, & Kennedy, 1991). Petersen et al. (1991) found that in addition to being a source of security and support, parental attachment might directly influence the ability to cope with both self and others in adolescence. Their findings further suggest that attachment between parent and child influences adolescent self-image and is critical in establishing a sense of security that allows adolescents to establish their own sense of self and identity.

The attachment theory recognizes that parental attachment can serve as a source of security, self-esteem and self-identity throughout adolescence and into adulthood. The Petersen et al. (1991) study identifies previous experiences and childhood relationships as

factors important to the self-worth of an adolescent. Their findings further indicate that significant improvement in internal resources such as self-worth, coping skills, and self-efficacy skills were revealed in higher levels of parental attachment. Kenny and Rice (1995) reported similar findings and added that parental attachment also influences the degree of self-identity and independence of adolescents during periods of stress and transition.

Lopez, Fuendeling, Thomas and Sagula (1997) supported the idea that parenting both affects and is effected by psychopathology in childhood. Lopez et al. found that a participants' childhood recollections of parental care and warmth had a significant, direct effect on participants' capacity to maintain cohesive and integrated perceptions of self and others. Their findings indicated that low parental attachments (e.g., neglectful and intrusive parenting) related significantly to insecure adult attachment orientations in the children. Higher parental care was associated with less avoidant and less anxious adult attachments. According to their study, an integrated experience of warmth and nurturance in early childhood by the parents fosters the development of a secure adult attachment style, thus leading to adults who are able to express their comfort and closeness in their intimate relationships. Conversely, neglectful and intrusive relationships with parents promote insecure adult attachment styles.

Van der Kolk and Fisler (1993) recognized that childhood trauma and attachment play significant roles in a number of mental disorders. This study's findings suggest that insecure attachments coupled with trauma and neglect create a chronic inability to regulate emotional and behavioral responses. Van der Kolk et al. (1993) stated that

"traumatized children learn to mobilize a range of age-appropriate behaviors in an attempt to help control intense affective states" (p.158) and that self-destructive behaviors such as eating disorders and substance abuse often coexist with the trauma.

Additional studies attribute insecure parent attachment styles to a number of developmental psychological difficulties (Belsky & Nezworski, 1988, Bowlby, 1988, Kobak & Sceery, 1988; Sroufe, 1983). Moncher (1996), for example, studied the child abuse risk potential of mothers with insecure attachment styles. This study explored several attachment-style dynamics (i.e., trust difficulties, jealousy or clinging behaviors, ambivalence in relationships, frustration with partners, and fear of abandonment) and their relevance to either ambivalent or avoidant insecure adult attachment styles. The findings indicated that a strong relationship exists between adult attachment style (secure vs. insecure) and abuse and that secure attachments had significantly less child abuse risk than either of the insecure attachment styles. Inspection of the groups indicated that the secure group had the lowest abuse risk, followed by the avoidant group, with the ambivalent group having the greatest abuse risk.

Another study by Hortacsu, Cesur and Oral (1993) described the relationship between attachment style and depression in institution-reared children. This study evaluated whether or not institution-reared children, who were separated from their parents at an early age, were less likely to have a secure attachment than children from two-parent families and whether depressive symptomology were related to insecure attachment. The findings of this study support the perspective that insecure attachment

styles influence levels of depression and that the avoidant attachment style, but not secure or anxious attachment styles, were significant predictors of depression in children.

Childhood Attachments and Effect on Adulthood Experiences

Childhood experiences and attachments have been widely regarded as important factors in the development of adulthood sexual offending and criminal behavior. Research suggests that insecure childhood attachments are closely related to criminal behaviors and that certain combinations of attachment experiences lead to different types of sexual offenses in adulthood offending behavior (Dadds & Smallbone,1998). A disturbed home life (Becker, Cunningham-Rathner, & Kaplan, 1987); an invalidating, unstable, and unnurturing environment (Burgess, Hartman, & McCormack, 1987); and frequent, inconsistent and severe punishments (Rada, 1978) are general features of an adult sexual offenders' early life.

Ward, Hudson, and Marshall (1996) identified a strong relationship between attachment style and problems with fear of intimacy, loneliness, affective dysregulation, and negative attitudes towards women in sexual offenders. Ward et al. (1996) found that early attachments affect adulthood levels of vulnerability found in different offender groups. Their study revealed that child molesters were more likely to have an anxious/ambivalent attachment style compared to rapists and violent offenders who had a fearful or avoidant type. Marshall (1989) and Ward, Hudson, Marshall, and Siegert (1995) reported similar findings that suggest sex offenders who experience insecure childhood attachments are more likely to develop insecure oriented adulthood relationships.

The development of insecure attachment styles in childhood is likely to lead to deficits in intimacy skills and other adulthood problems (Marshall, 1989). Although there is not a discrete set of symptoms in adulthood that are related to childhood sexual abuse, a number of mental health problems typically rise from such early experiences. These mental health problems range from negative self-image and relationship difficulties to depression, and suicidal ideation (Briere & Runtz, 1993; Cole & Putnam, 1992; Kendall-Tackett, Williams, & Finkelhor, 1993).

An important characteristic to consider in sexual abuse is the nature of interpersonal relationships or attachments with parents. Early childhood experiences of sexual abuse have been found to disrupt the normal process of learning to trust, acting autonomously, and forming stable and secure relationships (Elliot, 1994), as well as affect the psychological adjustment of an individual (Runtz & Schallow, 1997).

Alexander (1992) hypothesized that the long-term effects of child sexual abuse was related to the nature of the abuse and that attachment difficulties experienced by a child (e.g., child sexual and physical abuse) were reflected in the development of self in adulthood. Briere (1992) added that development of self was not only reflected in the context of attachments but through the internalizations of others' perceptions and expectations. Briere (1992) further postulated that early child abuse trauma often produced long-standing dysfunctions of the self that lead to identity confusion, boundary issues, and the inability to soothe one's self.

Insecure attachment styles have been identified in children who experienced sexual abuse (Friedrich, 1990, 1996) as well in adult women (Roche, Runtz & Hunter,

1999). Bartholomew and Horowitz (1991) found that adult women who were sexually abused as children were less secure in attachment in adulthood than women who had not been abused. Roche et al. (1999) similarly found that a history of child sexual abuse predicted both psychological adjustment and adult attachment style, and that adult attachment style predicted psychological adjustment. Their findings revealed that adult attachment style varies in relation to child sexual abuse history and that women who experienced child sexual abuse were significantly less secure and more fearful than woman who had not experienced childhood sexual abuse.

Another study appears to support the idea that child sexual abuse develops a less secure and more fearful attachment style that affects psychological adjustment in adulthood. Lang (1997) found that women who were sexually abused before the age of eighteen tended to have less secure and trusting relationships with lower levels of interpersonal functioning and social adjustment than college women who had not been abused. Furthermore, Lang (1997) found that college women who were sexually abused as children also showed more signs of post-traumatic stress disorder than other college women, particularly if they had insecure attachment with early caregivers.

The above-cited literature represents a culmination of available research regarding the effects early child attachment has on adulthood mental health, adulthood attachment styles and behaviors. While much of what was reported indicates that parent attachment styles and childhood attachment affect mental health, little research has looked at the relationship between attachment styles and their relationship with self-harming behaviors.

Chapter 3

Method

Participants and Design

This was a non-experimental, exploratory, correlational study that involved twenty female participants over the age of nineteen. A female subject pool was selected based upon research which concluded that 75% of clients meeting Borderline Personality Disorder criteria were female (Widiger & Frances, 1989). Only females over the age of nineteen were considered for the study as most individuals who engage in self-harming acts and meet the criteria for Borderline Personality Disorder are adult women (Linehan, 1993). All subjects were active in Dialectical Behavioral Therapy at the Omaha YWCA or at Therapy Resource Associates (TRA) and were involved in treatment with a psychiatrist, individual therapist, and Dialectical Behavioral Therapy skills training therapist. Fifteen of the participants were from the Omaha YWCA and five were from Therapy Resource Associates.

Prior to soliciting subjects to participate in the study, the researcher submitted an IRB application for Non-Therapeutic Research and received approval (#380-99-FB) from the University of Nebraska Medical Center. Participants volunteered to participate in the study after having attended an informational meeting presented at the Omaha YWCA or by responding to letters sent out by their therapists at Therapy Resource Associates about the study. Subjects were informed of additional meetings held at each facility for those having any questions or concerns about the study. Subjects were additionally informed, as per agreement with TRA and Omaha YWCA, to meet/contact their DBT therapist or

individual therapist for follow-up care at the facility they attend, or previously attended, if they experienced any discomfort from filling out the questionnaire. Participants were also provided with the phone number of the researcher at the University of Nebraska if the subjects had any questions or concerns throughout the study.

The experiment utilized Pearson Product Moment Correlation to correlate participants' attachment style (secure, avoidant, anxious/ambivalent) as measured by the Attachment Style Questionnaire with the frequency of suicidal ideation, urges to self-harm, and action to self-harm on the diary cards. An alpha level of .05 was used for all statistical tests.

Measure

The Attachment Style Questionnaire is an assessment tool used to measure the number of styles and differences central to adult attachment. The Attachment Style Questionnaire (see appendices) was developed by Feeney, Noller and Hanrahan (1994) and is based upon Hazan and Shaver's (1987) attachment styles (see table 1.1). Participants were asked to read forty statements on the Attachment questionnaire that describe the three attachment styles ("secure," "avoidant," and "anxious/ambivalent"). Each statement on the Attachment Style Questionnaire represents the theme of one of the attachment styles. Items were rated on a 6-point Likert scale from 1 = "totally disagree" to 6 = "totally agree". Subjects were asked to answer the degree to which each statement best represented their feelings about themselves and their relationship with others at the beginning of their Dialectical Behavioral Therapy program. Answering the questionnaire in terms of what the subjects' feelings were about themselves and others at the time they

first started their Dialectical Behavioral Therapy program was important as the results were correlated with the Diary Cards (see appendices) reflective of the same time period.

Table 1.1 Hazan and Shaver's (1987) Descriptions of the Three Attachment Styles

Style	Description
Secure	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.
Avoidant	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.
Anxious/Ambivalent	I find that others are reluctant to get 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.

Reliability and Validity of Attachment Questionnaire

The internal consistency and test-retest reliability were two types of reliability collected (Sperling & Berman, 1994) on the Attachment Style Questionnaire. The coefficient alphas were calculated on 470 introductory psychology students. The coefficient alphas, as measured by Cronbach's alpha, were (Security) .83, (Avoidance) .83, and (Anxiety) .85. These coefficient alphas suggest a high level of internal consistency for the Attachment Style Questionnaire.

The test-retest reliability revealed an acceptable level of stability and was calculated on the subsample of 295 introductory psychology students over a 10-week period of time. The test-retest reliability was (Security) .74, (Avoidance) .75, and (Anxiety) .80.

The validity of the attachment styles was significant and was based upon the data from the 295 introductory psychology students. The correlations between the three scales of the Attachment style Questionnaire were (Security correlated with Avoidance) r = -.49, (Security correlated with Anxiety) r = -.29, and (Avoidance correlated with Anxiety) r = .35.

Procedure

Former and current clients from both TRA and the Omaha YWCA were contacted by their therapist in letterform stating the nature of the study, its purpose, and inquiry of participants' interest in the study. Clients interested in participating were asked to contact their therapist by telephone to confirm participation interest. Once received, an envelope containing two consent forms, a copy of the attachment questionnaire, meeting letter, and self-addressed, stamped envelope was mailed to the Dialectical Behavioral Therapy client by the researcher. Clients were asked to sign and return one consent form, the Attachment Questionnaire and their first four Diary Cards (used in the first four weeks of the Dialectical Behavioral Therapy program) in the self-addressed, stamped envelope. Subjects having concerns or questions regarding the study were offered an additional opportunity to fill out their questionnaires at an Informational Meeting held by the researcher at TRA and the Omaha YWCA or, by contacting the researcher directly at the University.

Anonymity and confidentiality were provided by numerically coding the Diary cards so no client identification could be gathered through the data. Once collected, the research data was securely kept in Kayser Hall room 420 on the campus of the University

of Nebraska at Omaha. The cabinets and room where the data was kept were locked and accessible only by University of Nebraska at Omaha's full-time Counseling Department staff/faculty.

Once the data was analyzed and scaled, a closing letter extending gratitude for participation, along with the results of the study, were mailed to each participant. A briefing meeting was also held for participating agencies in which the results of the study were presented and discussed.

Chapter 4

Results

The primary goal of this study was to investigate the correlation between each attachment style (secure, avoidant, anxious/ambivalent) and the frequency of self-harming behaviors in Dialectical Behavioral Therapy or Borderline Personality Disorder clients. Eighty questionnaires were mailed to clients participating in Dialectical Behavioral Therapy from both the Omaha YWCA and Therapy Resource Associates. Of the eighty participants who received the mailers, twenty returned their Diary Cards and the Attachment Style Questionnaire.

Reliability

Reliability data was collected and measured by Cronbach's alpha on the 40 item Attachment Style Questionnaire and each attachment style (secure, avoidant, anxious/ambivalent) within the questionnaire. The coefficient alphas for the three factors (secure, avoidant, and anxious/ambivalent) were .31, .87, and .83. These coefficients were calculated using a sample of 20 subjects and suggest high levels of internal consistency on the avoidant and anxious/ambivalent coefficient alphas. The coefficient alpha on the secure coefficient did not support a high internal consistency. It is important to note that the secure coefficient alpha score differs somewhat from the overall alpha score of the Attachment Style Questionnaire (.80) and previous research which supports its high internal consistency.

Correlations between Attachment Styles and Frequency of Suicide Ideation

Suicidal ideation correlated negatively with secure attachment (r = -.51) compared to the avoidance attachment (r = .01) and anxious/ambivalent attachment (r = .05). Results of the Pearson Product Correlation partially supported the first hypothesis that a higher score on the secure attachment would positively correlate with low scores on suicide ideation. The results of the avoidant and anxious/ambivalent failed to support the second hypothesis that higher scores on the avoidant or anxious/ambivalent attachment styles would positively correlate with high scores on self-harm and suicide ideation. Results of the Pearson Product Correlation of attachment styles and frequency of suicide ideation are presented in table 1.1. Scatterplots of attachment style and frequency of suicide ideation are presented in appendix 1.2.

Table 1.1 **Attachment style correlation with Frequency of Suicide Ideation**

	SECURE	AVOIDANT	ANXIOUS/AMBIVALENT
Pearson Correlation	*-.507	.006	.050
Sign. (2-tailed)	.023	.981	.834
N	20	20	20

*Correlation is significant at the 0.05 level (2-tailed)

Correlations between Attachment Styles and Urges to Self-Harm

None of the correlations of the three scales on the attachment questionnaire were significant with urges to self-harm: secure (r = -.22), avoidant (r = -.11) and anxious/ambivalent (r = .14). These latter correlations fail to support both hypotheses: that higher scores on the secure attachment scale would positively correlate with low scores on self-harm and suicide ideation and that high scores on the avoidance or anxious/ambivalent attachment styles would positively correlate with high scores on self-

harm and suicide ideation. Results on attachment styles and self-harm are presented in table 2.1. Scatterplots of attachment style and self-harm are presented in appendix 2.2.

Table 2.1 **Attachment style correlation with Self-harm**

	SECURE	AVOIDANT	ANXIOUS/AMBIVALENT
Pearson Correlation	-.216	-.112	.141
Sign. (2-tailed)	.360	.638	.553
N	20	20	20

*Correlation is significant at the 0.05 level (2-tailed)

Correlations between Attachment Styles and Action to Self-harm

Only the secure attachment style between the three scales on the attachment questionnaire showed significance using a 1-tailed test: secure (r = -.38), avoidant (r = .23), and anxious/ambivalent (r = -.14). The results failed to support the hypothesis that high scores on the secure attachment scale would positively correlate with low scores on self-harm and suicide ideation and that high scores on the avoidant or anxious/ambivalent attachment styles would positively correlate with high scores on self-harm and suicide ideation. Results on attachment styles and action to self-harm are presented in table 3.1. Scatterplots of attachment styles and action to self-harm are found on appendix 3.2

Table 3. 1 **Attachment style correlation with Action to Self-harm**

	SECURE	AVOIDANT	ANXIOUS/AMBIVALENT
Pearson Correlation	-.382	.226	-136
Sign. (1-tailed)	.097	.338	.566
N	20	20	20

*Correlation is significant at the 0.05 level (1-tailed)

Chapter 5

Discussion

While the results of this study did not support the second hypotheses, it partially supported the first hypothesis that suggested high scores on the secure attachment scale would positively correlate with low scores on suicide ideation. The first hypothesis' results supported Dialectical Behavioral Therapy which attempts to build patients' repertoire of cognitive and behavioral skills to improve interpersonal and intrapersonal effectiveness and decrease self-harming and suicidal behaviors. The results did not, however, support the second hypothesis that suggested that higher scores on the avoidant and anxious/ambivalent attachment styles scale would positively correlate with high scores on self-harming and suicide ideation.

Although the results showed a significant negative relationship between suicide ideation and secure attachment, a number of factors may have decreased the results of the second hypothesis. One factor was the number of subjects included in the study. More subject's were needed to effectively test both hypotheses. In order to improve Dialectical Behavioral Therapy and increase research and the number of subjects available for Dialectical Behavioral Therapy research, facilities that provide Dialectical Behavioral Therapy could establish a DBT release form that would entitle the facility to use the patients' Diary Cards for future research efforts. Using a DBT release form would not only be advantageous for the facility, but for the Dialectical Behavioral Therapy patients who would be receiving improved treatment through research methods.

Another factor that may have decreased the results of the second hypothesis was the questionnaire in which subjects were asked to answer questions about themselves and others according to when they first started Dialectical Behavioral Therapy. For some Dialectical Behavioral Therapy clients, the length of time between when they were first in Dialectical Behavioral Therapy and when they filed out the questionnaire could be one year or longer. Asking subjects to remember how they felt that long ago might have decreased the accuracy of the answers on the questionnaire which identified each subjects' appropriate attachment style. To eliminate this inaccuracy, Dialectical Behavioral Therapy facilities may ask each client to fill out and answer an attachment questionnaire upon beginning Dialectical Behavioral Therapy. Having clients fill out and answer an attachment questionnaire before beginning Dialectical Behavioral Therapy would eliminate the need to have subjects recall their feelings about themselves and others from a past time period. Having clients fill out and answer an attachment questionnaire before beginning Dialectical Behavioral Therapy would also ensure the accuracy of the questionnaire because the subjects' current state of mind would reflect the feelings of the time period they were asked to remember.

Another limitation of the study was obtaining only the first four diary cards of the first four Dialectical Behavioral Therapy classes. Most patients starting Dialectical Behavioral Therapy are unfamiliar with filling out the Diary Cards and require many weeks to learn how to fill them out accurately. This was a great oversight in the study as many "suicide ideation," "self-harm," and "action to self-harm" categories were left blank. Averaging blank categories decreased the averages of suicide ideation, self-

harming, and action to self- harm of many subjects who scored high on either the avoidant or anxious/ambivalent attachment styles. Averaging blank categories may be the primary reason the second hypotheses went unsupported. To remedy the blank categories in future research, collecting the first ten diary cards of the first ten weeks of Dialectical Behavioral Therapy group may improve the accuracy of the averages and eliminate this error in future research. Another factor that may improve the accuracy of the averages is by providing new DBT clients with an introductory DBT orientation where introductory concepts and Diary Cards are explained. Clients who attend the DBT orientation will not only know how to fill out the Diary Cards upon beginning class but be better prepared to participate and learn new skills.

The results of this exploratory study suggest that a secure attachment style will reduce the frequency of suicidal ideation in Dialectical Behavioral Therapy or Borderline Personality Disorder clients. Continued study with the improvements and changes suggested is indicated to discover more about the role of attachment and its relationship to suicidal ideation and self-harming behaviors and also the importance of relationship development between client and therapist. Especially important, is the research in this area to Dialectical Behavioral Therapy which substantiates the importance of the client-therapist relationship as a key component to the success of Dialectical Behavioral Therapy.

References

Ainsworth, M.D.S. (1989). Attachments beyond infancy. American Psychologist, 44, 709-716.

Ainsworth, M.D., Blehar, M.C., Waters, E., & Wall, S. (1978). Patterns of attachment: A psychological study of the strange situation. Hillside, NJ: Erlbaum.

Alexander, P.C. (1992). Applications of attachment theory to the study of sexual abuse. Journal of Consulting and Clinical Psychology, 60, 185-195.

Alexander, P.C. & Anderson, C.L. (1997). Incest, attachment, and developmental psychopathology. In D. Cicchetti & S.L. Toth (Eds.), Roschester symposium on developmental psychopathology: Developmental perspectives on trauma (Vol. 8, pp. 343-377). Rochester, NY: University of Rochester Press.

American Psychiatric Association. (1987). Diagnostic and statistical manual of mental disorders DSM-IV (4th ed.). Washington, D.C.:Author.

Armsden, G., & Greenberg, M. (1987). The inventory of parent and peer attachment: Individual differences and their relationship to psychological well-being in adolescence. Journal of Youth and Adolescents, 16, 427-454.

Bartholomew, K., & Horowitz, L.M. (1991). Attachment styles among young adults: A test of a four-category model. Journal of Personality and Social Psychology, 61, 226-244.

Bartholomew, K., & Perlman, D. (1994). (Eds.). Attachment processes in adulthood. London: Jessica Kingsley.

Becker, J.V., Cunningham-Rathner, J., & Kaplan, M.S. (1987). Adolescent sexual offenders: Demographics, criminal and sexual histories and recommendations for reducing future offenses. Journal of Interpersonal Violence, 1, 431-445.

Belsky, J., & Nezworski, T. (1988). Clinical implications of attachment. In J. Belsky & T. Nezworski (Eds.), Clinical implications of attachment (pp. 3-17). Hillsdale, NJ: Erlbaum.

Briere, J. (1992). Child abuse trauma: Theory and treatment for lasting effects. Newbury Park, CA: Sage.

Briere, J., & Runtz, M. (1993). Childhood sexual abuse: Long-term sequelae and implications for psychological assessment. Journal of Interpersonal Violence, 8, 312-330.

Bowlby, J. (1982). Attachment and loss: Vol. 1. Attachment. New York: Basic Books.

Bowlby, J. (1988). A secure base. New York: Basic Books.

Bretherton, I. (1987). New Perspectives on attachment relations: Security, communication, and internal working models. In J. Osofsky (Ed.), Handbook of infant development (pp. 1061-1100). New York: Wiley.

Bryer, J.B., Nealson, B.A., Miller, J.B., & Krol, P.A. (1987). Childhood sexual and physical abuse as factors in adult psychiatric illness. American Journal of Psychiatry, 144, 1426-1430.

Burgess, A.W., Hartman, C.R., & McCormack, A. (1987). Abused to abuser: Antecedents of socially deviant behavior. American Journal of Psychiatry, 144, 1431-1436.

Cassidy, J. (1988). Child-mother attachment and the self in six-year-olds. Child Development, 59, 121-134.

Cole, P.M., & Putnam, F.W. (1992). Effect of incest on self and social functioning: A developmental psychopathology perspective. Journal of Consulting and Clinical Psychology, 60, 174-184.

Crittenden, P.L.M. (1994). Peering into the black box: A exploratory treatise on the development of self in young children. In D. Cicchetti & S.L. Toth (Eds.), Disorders and dysfunctions of the self (Rochester Symposium on Developmental Psychopathology, Vol. 5., pp. 79-148). Rochester, NY: University of Rochester Press.

Dadds, M.R., & Smallbone, S.W. (1998). Childhood Attachment and Adult Attachment in incarcerated adult male sex offenders. Journal of Interpersonal Violence, 13(5), 555-573.

Elliot, D. (1994). Impaired object relations in professional women molested as children. Psychotherapy, 31, 79-86.

Feeney, J.A., Noller, P., & Hanrahan, M. (1994). Assessing adult attachment. In M.B. Sperling & W.H. Berman (Eds.), Attachment in adults: Clinical and developmental perspectives, 128-152. New York: Guilford.

Friedrich. W.N. (1990). Psychotherapy of sexually abused children and their families. New York: W.W. Norton.

Friedrich, W.N. (1996). An integrated model of psychotherapy for abused children. In J. Briere, L. Berliner, J.A. Bulkley, C. Jenny, & T. Reid (Eds.), The APSAC handbook on child maltreatment. Thousand Oaks, CA: Sage.

Giblin, P. (1994). Attachment: A concept that connects. *The Family Journal:* Counseling and Therapy for Couples and Families, 2(4), 349-353.

Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. Journal of Personality and Social Psychology, 52, 511-524.

Herman, J.L., Perry, J.C., & van der Kolk, B.A. (1989). Childhood trauma in borderline personality disorder. American Journal of Psychiatry, 146, 490-495.

Hortacsu N., Cesur S. & Oral A. (1993). Relationships between depression and attachment styles in parent- and institution-reared Turkish children. The Journal of Genetic Psychology, 154(3), 329-337.

Judd, P.H., & Ruff, R.M. (1993). Neuropsychological dysfunction in borderline personality disorder. Journal of Personality Disorders, 7, 275-284.

Kendall-Tackett, K.A., Williams, L.M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. Psychological Bulletin, 113, 164-180.

Kenny M.E., & Rice K.G. (1995). Attachment to parents and adjustment in late adolescent college students: current status, applications, and future considerations. The Counseling Psychologist, 23(3), 433-456.

Kernber, O.F. (1977). The structural diagnosis of borderline personality organization. In P.Hartocollis (Ed.), Borderline personality disorders: The concept, the syndrome, the patient (pp. 87-121. New York: International Universities Press.

Kobak, R.R., & Sceery, A. (1988). Attachment in late adolescence: Working models, affect regulation, and representations of self and others. Child Development, 59, 135-146.

Lang, S.S. (1997). Childhood Sexual Abuse Affects Relationships in Adulthood. Human Ecology Forum, 25(2), 3-7.

Linehan, M. (1993). Cognitive-Behavioral Treatment of Borderline Personality Disorder. The Guildford Press: N.Y, New York.

Lopez, F.G., Fuendeling, J. Thomas K. & Sagula D. (1997). Counselling Psychology Quarterly, 10(4), 461-472.

Marshall, W.L. (1989). Intimacy, loneliness, and sex offenders. Behavior Research & Therapy, 27(5), 491-503.

Moncher, F.J.(1996). The relationship of maternal adult attachment style and risk of physical child abuse. Journal of Interpersonal Violence, 11(3), 335-350.

Ogata, S.N., Silk, K.R., Goodrich, S., Lohr, N.E., and Westen, D., & Hill, E. (1990). Childhood sexual and physical abuse in adult patients with borderline personality disorder. American Journal of Psychiatry, 147, 1008-1013.

O'Koon, J. (1997). Attachment to parents and peers in late adolescence and their relationship to self-image. Adolescence, 32(126), 471-481.

Park, L.C., Imboden, J.B., Park, T.J., Hulse, S.H., & Unger, H.T. (1992). Giftedness and psychological abuse in borderline personality disorder: Their relevance to genesis and treatment. Journal of Personality Disorders, 6, 226-240.

Petersen, A.C., Sarigiani, P.A. & Kennedy, R.E. (1991). Adolescent depression: Why more girls? Journal of Youth and Adolescence, 20(2), 247-271.

Rada, R.T. (1978). Clinical aspects of the rapist. New York: Grune & Stratton.

Roche, D.N., Runtz, M.G. & Hunter, M.A. (1999). Adult Attachment: A mediator between c hild sexual abuse and later psychological adjustment. Journal of Interpersonal Violence, 14(2), 184-207.

Runtz, M., & Schallow, J. (1997). Social support and coping strategies as mediators of adult adjustment following childhood maltreatment. Child Abuse and Neglect, 21, 211-226.

Simpson, J.A., Rholes, W.S., & Nelligan, J.S. (1992). Support seeking and support giving within couples in an anxiety-provoking situation: The role of attachment styles. Journal of Personality and Social Psychology, 62, 434-446.

Sperling & W.H. Berman (1994). Attachment in Adults. New York: Guilford Press.

Sroufe, A., Fox, N., & Pancake, V. (1983). Attachment and dependency in developmental perspective. Child Development, 54, 1615-1627.

Stone, M.H. (1981). Psychiatrically ill relatives of borderline patients: A family study. Psychiatric Quarterly, 58, 71-83.

Van der Kolk, B.A., & Fisler, R.E. (1993). Childhood abuse and neglect and loss of self-regulation. Bulletin of the Menninger Clinic, 58(2), 145-168.

Ward, T., Hudson, S.M. & Marshall, W.L. (1996). Attachment style in sex offenders: A preliminary study. The Journal of Sex Research, 33, 17-26.

Ward, T., Hudson, S.M., Marshall, W.L., & Siegert, R. (1995). Attachment style and intimacy deficits in sexual offenders: A theoretical framework. Sexual Abuse: A Journal of Research and Treatment, 7, 317-335.

Widiger, T.A., & Frances, A.J. (1989). Epidemiology, diagnosis, and comorbidity of borderline personality disorder. In A. Tasman, R.E. Hales, & A.J. Frances (Eds.), Review of psychiatry, 8, 8-24). Washington, DC: American Psychiatric Press.

Zanarini, M.C. & Frankenburg, F.R. (1997). Pathways to the development of borderline personality disorder. Journal of Personality Disorders, 11, 93-104.

Appendix A

Attachment Style Questionnaire

Attachment Style Questionnaire

Show how much you agree with each of the following items by rating them on the scale: 1=totally disagree; 2=strongly disagree; 3=slightly disagree; 4=slightly agree; 5=strongly agree; 6=totally agree.

1 2 3 4 5 6 1. Overall, I am a worthwhile person.
1 2 3 4 5 6 2. I am easier to get to know than most people are.
1 2 3 4 5 6 3. I feel confident that other people will be there for me when I need them.
1 2 3 4 5 6 4. I prefer to depend on myself rather than other people.
1 2 3 4 5 6 5. I prefer to keep to myself.
1 2 3 4 5 6 6. To ask for help is to admit that you're a failure.
1 2 3 4 5 6 7. People's worth should be judged by what they achieve.
1 2 3 4 5 6 8. Achieving things is more important than building relationships.
1 2 3 4 5 6 9. Doing your best is more important than building relationships.
1 2 3 4 5 6 10. If you've got a job to do, you should do it no matter who gets hurt.
1 2 3 4 5 6 11. It's important to me that others like me.
1 2 3 4 5 6 12. It's important to me to avoid doing things that others won't like.
1 2 3 4 5 6 13. I find it hard to make a decision unless I know what other people like.
1 2 3 4 5 6 14. My relationships with others are generally superficial.
1 2 3 4 5 6 15. Sometimes I think I am no good at all.
1 2 3 4 5 6 16. I find it hard to trust other people.
1 2 3 4 5 6 17. I find it difficult to depend on others.
1 2 3 4 5 6 18. I find that others are reluctant to get as close as I would like.
1 2 3 4 5 6 19. I find it relatively easy to get close to other people.
1 2 3 4 5 6 20. I find it relatively easy to trust others. (R)
1 2 3 4 5 6 21. I feel comfortable depending on other people. (R)
1 2 3 4 5 6 22. I worry that others won't care about me as much as I care about them.
1 2 3 4 5 6 23. I worry about people getting too close.
1 2 3 4 5 6 24. I worry that I won't measure up to other people.

1 2 3 4 5 6 25. I have mixed feelings about being close to others.
1 2 3 4 5 6 26. While I want to get close to others, I feel uneasy about it.
1 2 3 4 5 6 27. I wonder why people would want to be involved with me.
1 2 3 4 5 6 28. It's very important to me to have a close relationship.
1 2 3 4 5 6 29. I worry a lot about my relationships.
1 2 3 4 5 6 30. I wonder how I would cope without someone to love me.
1 2 3 4 5 6 31. I feel confident about relating to others.
1 2 3 4 5 6 32. I often feel left out or alone.
1 2 3 4 5 6 33. I often worry that I do not really fit in with other people. (R)
1 2 3 4 5 6 34. Other people have their own problems, so I don't bother them with mine.
1 2 3 4 5 6 35. When I talk over my problem with others, I generally feel ashamed or foolish.
1 2 3 4 5 6 36. I am too busy with other activities to put much time into relationships.
1 2 3 4 5 6 37. If something is bothering me, others are generally aware and concerned.
1 2 3 4 5 6 38. I am confident that other people will like me and respect me.
1 2 3 4 5 6 39. I get frustrated when others are not available when I need them.
1 2 3 4 5 6 40. Other people often disappoint me.

From:
Feeney, J.A., Noller, Pl, Hanrahan, M.(1994). Assessing Adult Attachment. In M.B. Sperling & W.H.Berman (Eds.), Attachment in Adults (pp.128-152). New York: Guilford Press.

Appendix B

Diary Card

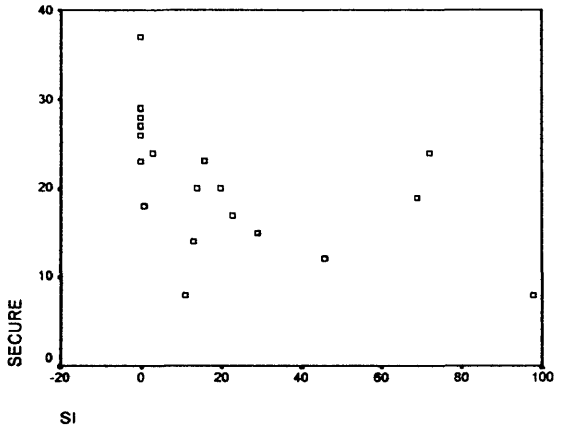
Appendix C

Scatterplots

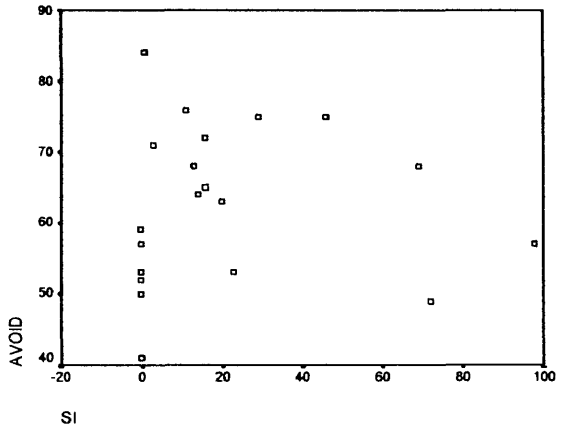
Appendix C

Table 1.2 **Scatterplots of Attachment Styles and Frequency of Suicide Ideation**

Graph



Graph



Graph

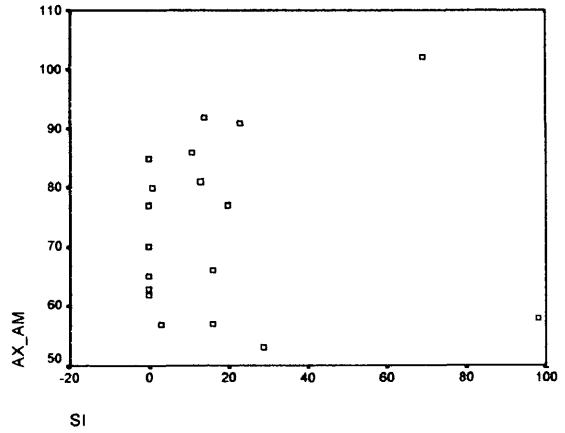
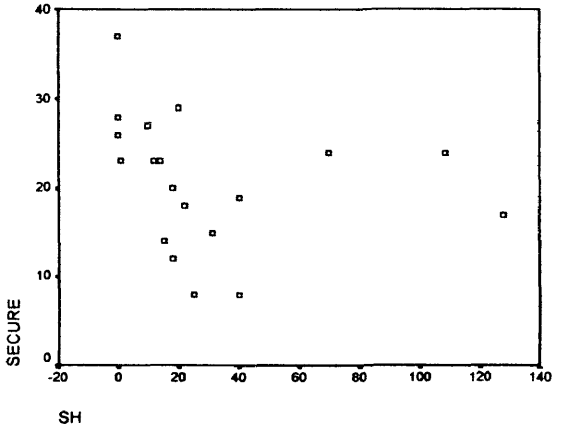
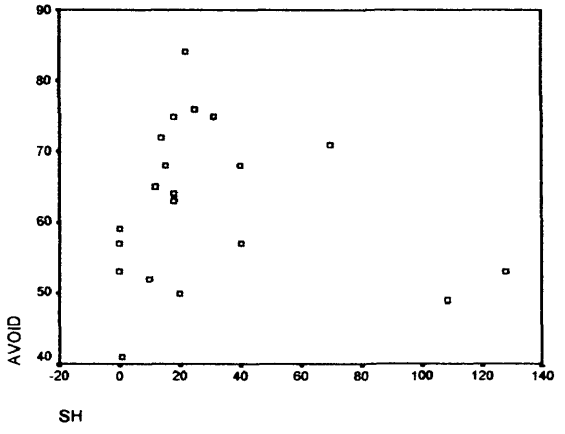


Table 2.2 **Scatterplots of Attachment Styles and Urges to Self-harm**

Graph



Graph



Graph

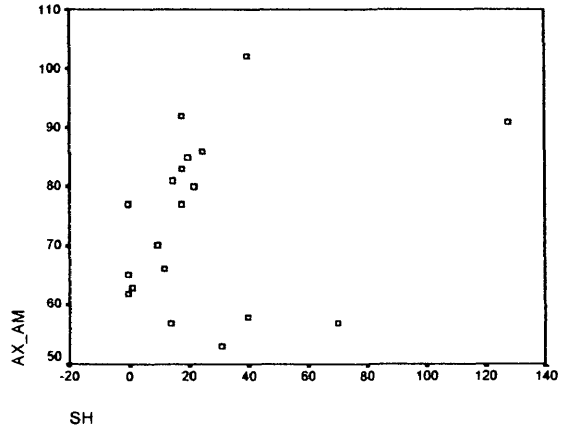
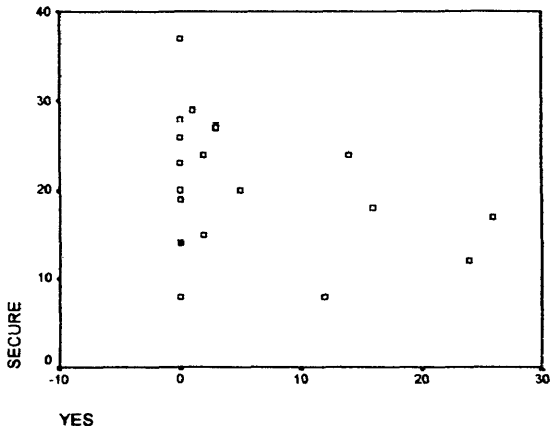
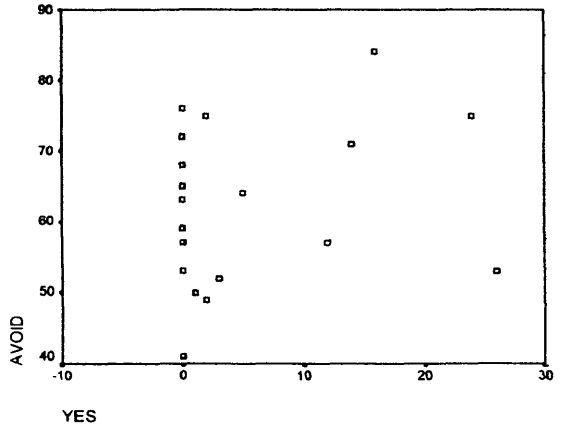


Table 3.2 **Scatterplots of Attachment Styles and Action to Self-harm**

Graph



Graph



Graph