

THE CURRENT PARENTING EXPERIENCE OF MOTHERS WHO ARE THE  
DAUGHTERS OF ALCOHOLIC MOTHERS: AN ANALYSIS OF INTERNAL  
REPRESENTATIONAL MODELS OF RELATIONSHIPS

by

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This multiple case study examines the effect of parenthood on the internal representational models of relationships in women who have been maltreated as children by studying three women who have young children and who had themselves had alcoholic mothers. The review of the literature includes an extensive review about adult children of alcoholics and attachment theory. Subjects were interviewed about their childhood using Bartholomew's Family Interview and about their parenting experiences using Bretherton, Biringen, and Ridgeway's Parent Attachment Interview. Subjects also completed several questionnaires concerning child-rearing beliefs, relationship patterns, and childhood relationships with family and peers. Two independent raters analyzed the Family Interview for attachment category. The researcher analyzed the interviews with regard to attachment behavior, attitude toward attachment, emotional processing, sensitivity and insight as parents, and internal models of self and others. All subjects remember their abuse and attempt to be better parents than their own parents. They have eliminated the

most destructive parental behaviors, but reenact other of their parents' behavior to a moderate extent. For all subjects, their internal models have undergone only slight change since childhood. Cognitive change has preceded emotional change. When under stress, these women revert to old patterns in which they distort their children's signals. They particularly discount their children's expressions of distress. The Fearful, that is A/C, and the Preoccupied patterns of parenting predominate, including elements of role reversal in which the mother attempts to bolster her self-esteem through her children's approval. Parenthood in itself did not significantly change the subjects' internal representational models of relationships. Factors that most affected these models were 1) internal developmental pressures at adolescence which encouraged ending denial of parental abuse and alcoholism, 2) a long term relationship with an emotionally supportive, non-abused mate, and 3) psychological counseling. Remembering childhood abuse and desiring change was not sufficient to completely change internal models of relationships. A process of deliberate psychic integration and reorganization with a therapist and/or a long-term consistent relationship with a healthy attachment figure with whom to consciously reprocess attachment needs seems necessary.

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DEDICATION

To my parents, Aleck and Rosalyn Chizeck, and to  
my children, Benjamin and David Messer,  
with love and appreciation.



## TABLE OF CONTENTS

Chapter		Page
I.	INTRODUCTION .....	1
II.	REVIEW OF LITERATURE .....	4
	Etiology of Parenting Behavior .....	4
	The Abusing Parent .....	6
	Discontinuities in the Cycle .....	8
	Attachment Theory .....	9
	Attachment in Maltreated Children .....	11
	Internal Representational Models of Relationships .....	13
	Adult Attachment .....	19
	Intergenerational Transmission of Attachment Patterns .....	22
	Alcoholic Parents and Their Children .....	26
	Limitations of the Research .....	27
	Transmission of Alcoholism .....	28
	Home Environment .....	29
	The Child in the Alcoholic Home .....	31
	The Alcoholic Family System .....	33
	Adult Children of Alcoholics .....	36
	The Popular Literature .....	36
	The Research on ACOA's .....	39
	Intimacy .....	43
	ACOA's as Parents .....	44
	ACOA's and Attachment .....	47
	ACOA's, Depression, and Role Reversal .....	49
	Subjective Experience of Parenting .....	51
III.	METHODOLOGY .....	53
	Statement of the Problem .....	53
	Method .....	54
	Instruments .....	56
	Analysis .....	59

IV.	CASE ANALYSES .....	64
	Anne .....	66
	Carol .....	119
	Bobbi .....	180
V.	CONCLUSIONS .....	247
	Review of Hypotheses .....	247
	Review of Additional Findings .....	256
	Implications for Future Research .....	262
	Epilogue .....	264
	BIBLIOGRAPHY .....	268

## CHAPTER I

### INTRODUCTION

The purpose of this dissertation is to explore how women's parenting of their own children is affected by their having had inadequate mothering as children themselves. The women in this study had alcoholic mothers. Until recently the principal notice researchers took of children of alcoholics (COA's) was in relation to their increased risk of alcoholism. In the early 1980's, however, a movement began, led mostly by adult COA's themselves, to draw attention to the effects of growing up in an alcoholic home. Clinical and academic research are now investigating the possibility that children of alcoholics may suffer from a wide variety of psychological problems. These children grow up with parents who often cannot consistently care for them adequately. To survive in their chaotic home environment, children of alcoholics develop coping mechanisms that enable them to adapt to their parents' deficits. Developing these coping mechanisms may cause them to sacrifice their own developmental needs. These mechanisms or adaptations are emotional, cognitive, and behavioral and affect the children's self-concept, relationships with others, and their functioning in the world. The effects of living with an alcoholic parent are felt not only in childhood, but continue into adulthood, and may even continue into the next generation (Wilder-Padilla, 1989).

There has long been speculation that children who have been abused are more likely to abuse their own children. Research has lent some support to this notion (Spinetta & Rigler, 1972). Little research has been done, however, concerning the parenting behavior of people who were raised by alcoholic parents. Even though they may not abuse alcohol or other substances, these parents may reenact their parents' inconsistent and insensitive patterns of childrearing.

Attachment theory offers a construct with which to analyze and understand parents' relationships with their children. This theory postulates that, through interaction with their caretakers, children gradually develop expectations about how they interact with important others. These sets of expectations which include cognitive, behavioral, and emotional components, are labelled "internal working models" or "internal representational models" of relationships (Bowlby, 1969). These models can be seen as containing expectations and images about both the self and the parents. A child with a sensitive caretaker may experience the self as worthy of being cared for and safe and may experience the parent as present, trustworthy, and responsive. A child with a neglecting or abusing parent may experience the self as unable to be understood and unlovable and the parents as unreliable or coercive. As the child grows, new information about the self and others in relationship is integrated into the internal model. When the child is an adult and becomes a parent, s/he will raise his/her own children according to his/her internal representational models of relationships (Ricks, 1985).

This dissertation will explore how adult children of alcoholic mothers form relationships as seen from the perspective of attachment theory. It will explore, specifically, how adult daughters of alcoholic mothers relate to their own

children. This mother-child relationship will be examined by analyzing the mother's internal representational models of relationships both in childhood and as a parent. Internal models will be assessed through structured interviews and questionnaires. These internal models will be analyzed for evidence of both change and continuity in an effort to understand how having had inadequate mothering affects a woman's parenting behavior.

## CHAPTER II

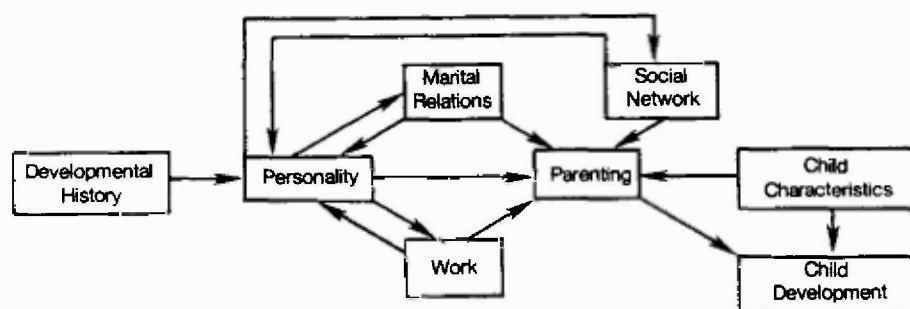
### REVIEW OF LITERATURE

#### Etiology of Parenting Behavior

Parenting is a multiply determined set of behaviors. In his "ecological model," Belsky (1980) integrates divergent viewpoints and research findings into a model having four interacting levels which he calls the ontogenic, microsystem, exosystem, and macrosystem. The ontogenic level includes all that the parents bring into the parenting situation. This includes their own history, emotional makeup, personality, developmental level, and cognitive level. The microsystem encompasses the child's immediate world. It includes the child's temperament, the spousal relationship, family size, siblings, and events in the home. The exosystem includes the outer world and how it affects the family. In this level would be the influences of social support or isolation and work or unemployment. The macrosystem in Belsky's model includes the cultural fabric within which the family exists. Especially important here are societal attitudes toward violence and physical discipline of children.

Some factors in each level are considered risk factors for abusive or dysfunctional parenting and some factors are considered compensating or buffering influences. These levels and the influences within them interact and factors in each level affect the others. The interactions are complicated and it is almost impossible to predict which conditions in which amounts are necessary

to cause abusive or competent parenting in a particular family. Belsky and Vondra (1989), in an examination of how these multiple factors interact, have concluded that the ontogenic level is the most influential in determining parental behavior. Parents' developmental history affects their self-esteem and personality and those factors, in turn, influence most other areas of life, including choice of spouse, marital relationship, social relations, work, and how their children develop. The different areas influence each other also, as depicted in the diagram below (Belsky & Vondra, 1989, p. 157):



Various studies show that parental psychological resources are most crucial to parenting behavior and the best buffer for such risk factors as difficult child characteristics or teenage parenthood (Belsky, 1984; Colletta, 1981; Engfer, 1984; Kruk & Wolkind, 1983). The parent's personality and emotional stability, including the ability to perceive the psychological complexity in relationships, is the best predictor of parental competence (Pianta, Egeland, & Erickson, 1989.) The quality of the marital relationship has also been found to be a good predictor, but the quality of the marital relationship generally correlates positively and significantly with personality measures (Belsky, Hertzog, & Rovine, 1986; Friedrich, 1979).

### The Abusing Parent

In their seminal paper "The Child-Abusing Parent: A Psychological Review," Spinetta and Rigler (1972) cited four main characteristics of abusive parents. The first is that abusing parents were raised with some degree of abuse, rejection, or early loss of a parent. Second, abusing parents often have mistaken notions of childrearing, generally having unreasonably high expectations of young children, believing in physical discipline methods, and having a tendency to role reversal with their children. The third theorized quality of abusing parents is that they have a general personality deficit that allows them to express aggression too freely. The fourth characteristic is that abusing parents have socioeconomic difficulties that increase stress for them. Friedrich and Wheeler (1982) reviewed Spinetta and Rigler's conclusions in the light of further research. They again found much evidence that abusing parents tend to have been more frequently and more harshly abused as children than non-abusing parents. They suggest that more careful research be undertaken, particularly concerning emotional abuse and nonrepeaters, i.e., abused parents who do not abuse their children.

In their literature review, "Do Abused Children Become Abusive Parents?" Kaufman and Zigler (1987) question the conclusion that being abused automatically puts a person at risk for abusing his/her own child. They argue that there is a paucity of information in this area and that many of the existing studies are flawed. Some research problems they cite include: lack of a valid control group, the researcher in many cases is not blind, the definitions and



criteria of what constitutes abuse both of children and in the family of origin vary widely, and statistical procedures are often inappropriately applied.

The studies that Kaufman and Zigler examined found intergenerational transmission rates ranging from 18% to 70%; they concluded that the best estimate is about 30%, plus or minus 5%. This rate is six times higher than the rate of child abuse in the general population, which they estimate to be 5%. They point out that, although being abused as a child is a risk factor in the etiology of becoming an abusive parent, the majority (two-thirds) of abused children do not become abusers.

Since most studies of the maltreated-maltreating cycle are retrospective, they may underestimate how many maltreating parents were themselves maltreated (Zeanah & Zeanah, 1989). Children who were abused often do not perceive their treatment to be abusive. In one study of normal college students, although 80% of the students reported being spanked by their parents, only 54% said they had been physically disciplined (Berger, Knutson, Mehm, & Perkins, 1988.) Over 12% said they had been injured by parental discipline (bruised, cut, burned, bones broken, head injuries), yet only 3% said they were physically abused as children. Respondents with siblings were twice as likely to report having a sibling who was abused than to label themselves as abused. In another investigation, interviewers were far more likely than the parents themselves to rate the parents' childhood experiences as abusive (Kotelchuck, 1982.) The interviewers' coding of severity of the subjects' childhood abuse predicted how severely parents punished their children, whereas the parents' responses to a direct question about childhood abuse was not related to punitive treatment of their children. Because a parent denies having been

abused does not mean that s/he was not, and s/he is still at risk to perpetuate the cycle of abuse.

Friedrich and Wheeler (1982) also reviewed the research concerning personality tendencies of child abusers. The authors found evidence that confirmed earlier findings that abusers tend to have difficulty with impulse control. Compared with non-abusers, abusers also tend to have lower self-esteem and an impaired capacity for empathy, be interpersonally isolated, and be more responsive to frustration than to gratification. High stress levels, including stress related to poverty, increase the risk of child abuse in a family (Kaufman & Zigler, 1989), but poverty with its concomitants is neither a necessary nor sufficient condition for child abuse to occur. Abusing and neglecting parents also react differently to stress than non-abusing parents. In a study measuring parents' physiological responses to filmed scenes of pleasant and unpleasant childrearing situations, nonabusive parents' physiological responses varied according to the filmed scenes. Abusive parents showed high levels of stress response throughout the viewing while neglecting parents showed lower levels of response (Doerr, Disbrow, & Caulfield, 1977).

#### Discontinuities in the Cycle

Some people who were abused as children become adequate parents. Research concerning how this group of nonrepeaters differs from second generation abusers has yielded consistent results. Hunter and Kilstrom (1979) found that the nonrepeaters in their study, compared to the intergenerational abuse group, had more extensive social supports, experienced fewer

ambivalent feelings about the pregnancy, had physically healthier babies, were able to give detailed accounts of their own childhood abuse, were angry about this abuse, were more likely to have been abused by only one parent, and were more likely to have had a supportive relationship with one parent. Similarly, Egeland and Jacobovitz (1984) found that the nonrepeaters they studied were more likely to have had one loving parent, to have a supportive relationship with a spouse or boyfriend, to have fewer stressful life events, to have a greater awareness of their own history of abuse, and to have resolved consciously not to repeat it. Quinton and Rutter (1985) found that in the groups of women they studied who had been raised in institutions and were at high risk for abusing their children, those who were competent mothers had spouses who were both affectionate and supportive and non-deviant psychosocially. In a sample of disadvantaged mothers in their Minnesota Mother-Child Interaction Research Project, Egeland, Jacobovitz, and Sroufe (1988) found that, besides having a stable relationship with a spouse, many of the nonrepeaters had participated in long-term psychotherapy and reported feeling accepted and cared about by their therapist.

In summary, the strongest protective factors seem to be a) as a child, having had at least one nurturing relationship with an adult; b) having a supportive, affectionate spouse; and c) remembering and integrating one's abuse history, including negative feelings.

### Attachment Theory

Bowlby (1969) proposed the existence of a separate human drive for attachment which motivates the infant to seek proximity to his/her caretaker in

times of danger. In a healthy relationship, the infant displays universal attachment behaviors (crying, reaching, etc.) and the caretaker responds and offers protection and comfort. The attachment system thus helps provide for the survival of the species through the protection of the young. The proximity and responsiveness of the attachment figure usually brings the baby a feeling of security.

The child who has a sensitive and responsive caretaker begins to use the caretaker as a "secure base." This mobile child will explore the environment as long as the caretaker is available in case of danger. The child will explore, return to the caretaker, and then set out again to explore. As the child grows, the caretaker and child form what Bowlby (1969) called a "goal-corrected partnership." As the child and caretaker can share information about their needs and motivations, they can mutually negotiate proximity and exploration. The child is able to venture further from the caretaker for longer periods of time and still feel secure. Physical proximity to the attachment figure can sometimes be replaced by visual contact or vocal contact and eventually an internal knowledge that the caretaker is available when needed. Attachment needs manifest in different ways as children grow.

A major change takes place at adolescence when parents become less important as attachment figures and children begin to form more intimate relationships with peers, both of the same and opposite sex. This may eventually culminate with the person forming a particularly close bond with one individual and entering a committed long-term relationship in adulthood. Most attachment research has been devoted to the period of age six months to two years old when attachment behavior is very strong. Still, throughout childhood

and even adulthood, when people experience extremely alarming or stressful events, they want to be with a safe and loving person (Weiss, 1982).

### Attachment in Maltreated Children

When a child has been maltreated or has not been able to form a trusting attachment relationship with the caretaker, the sequence of development may be different. In attachment theory, a caretaker is called "insensitive" when s/he does not perceive the baby's attachment signals, interpret them correctly, and respond to them appropriately (Ainsworth, Blehar, Waters, & Wall, 1978).

Research has demonstrated that when the baby's caretaker is not sensitive, the baby may react in a variety of predictable ways. If the caretaker ignores the baby's signals entirely and is withdrawn and uninvolved with the baby, the baby commonly becomes passive and listless, making fewer bids for proximity and comfort and showing little interest in exploring the environment. If the caretaker is inconsistent in noticing and responding to the baby's attachment signals, the baby tends to increase attachment behavior in both frequency and intensity until the caretaker responds. These babies will maintain proximity to the caretaker and explore only while carefully monitoring the caretaker. If the caretaker is involved with the baby in an active, controlling manner, interacting with the baby, but not in response to the baby's signals, the baby often becomes difficult, that is, resisting, vocally protesting, and exploring without seeming to need the support of the caretaker. If the parent does not respond to the baby's bids for comfort, but instead subtly punishes the baby for attachment behavior, the baby responds with increased protest and anger along with avoidance of the caretaker (Crittenden, 1988c). These patterns of parent and child dyadic

behavior have been extensively noted and labeled in the attachment literature. Most of this research has been done with children between 12 months and 18 months old. Attachment research has only recently begun to focus on the dyadic relationship patterns of toddlers and school age children, and contains almost no research concerning adolescents. Attempts are being made to answer questions of how developmental changes affect attachment behavior.

A recent investigation of the mother-child relationship patterns of a group of maltreated children 15 months to three years old showed that these older children related to their insensitive parents differently than did babies (Crittenden, 1988c). The younger maltreated babies generally showed overt resistance to their caretaker's control and coercion. They were difficult, unhappy and angry. The older children, however, showed a pattern that the researchers called "compulsive compliance." They were superficially cooperative and accommodating to their caretakers (mothers in this instance.) These children repeatedly approached their mothers, attempting to maintain proximity, but without positive affect, eye contact or touching. These children also frequently showed avoidance of their mothers (by turning away, etc.) and had many stress-related behaviors. They appeared affectless, vigilant, and eager to please. For younger babies, parental abuse was associated resistant behavior and anger in the children, but for these older toddlers and preschoolers, parental abuse was most related to the compulsively compliant pattern of child behavior. The children who showed this pattern were those who had been the most severely abused, had been both abused and neglected, or who had experienced long separations from their mothers.

The fact that these abused children's coping strategies changed at a certain age suggests that a developmental change had taken place which

allowed the children to adapt their responses to their insensitive caregivers in a way that would presumably better insure their safety. But what happened to the resistance and anger that these children had shown just months before? And how will these children's attachment and relationship behavior change as they continue to develop?

### Internal Representational Models of Relationships

Attachment theory postulates that infants gradually develop expectations about how they interact with important others. These sets of expectations eventually have cognitive components (attention, memory, perception), behavioral components (reunion responses, coping behaviors), and affective components (sadness, anger, contentment) (Main, Kaplan, & Cassidy, 1985). Attachment theory labels these multileveled webs of expectations "internal working models" or "internal representational models" of relationships. These models can be seen as containing expectations and images about both the self and the caretaker. Children begin to develop these working models by the end of the first year of life. A baby with a sensitive caretaker may experience the self as worthy of being taken care of and safe and may experience the caretaker as present, trustworthy, and responsive. A child with an insensitive, neglecting caretaker may experience the self as unable to communicate and alone and the caretaker as not present and unreliable. The child with a controlling caretaker who ignores attachment signals may experience the self as unable to be understood and needing to fight for control and the caretaker as coercive and dominating.

As internal models of relationships develop, new information about the self and other in relationship is integrated into the existing model. No one can say for sure how experience is integrated and encoded in the mind and body, but researchers in the field of memory and mental systems theorize that experiences are reprocessed and filed in intricate, cross-referenced fashion, as whole memories (dinner last night), general event-schemas (family dinners), and across different event sequences (all caregiving situations) (see Bretherton, 1988 for a detailed discussion). As the child grows and continues to integrate new experiences with the caregiver, new experiences must be integrated into the old. If caregiving patterns and relationships continue in the same way, new experiences are more easily integrated. If the caregiving relationship changes, new information must be integrated either as an exception or as a truly new pattern. Since new information is integrated into the existing schemas, the existing schemas effect what is integrated and how it is encoded. Existing schemas can limit what information a person perceives and how that information is interpreted, especially in ambiguous situations. Therefore, for internal working models to change significantly, the new pattern or information must be intense enough and frequent enough to force reorganization of current expectations.

When a caretaker responds sensitively and appropriately to a child's needs for protection, the child's experience is acknowledged and validated. Since the caretaker accepts the child's needs, the child can acknowledge and accept these needs also. The child also learns that feeling states can be shared and emotional communication is possible. When the caretaker does not acknowledge and respond to the child's needs for protection, the child is affected. In the case of the neglecting parent, very few of the child's signals are



received and responded to, and the child simply stops emitting attachment signals and stops exploratory behavior, achieving safety through not acting at all. The child with an inconsistently responsive parent inhibits exploration and maintains vigilant watch over the parent in order to insure safety. The child learns that emotions can be acknowledged and shared only if one is sufficiently dramatic and insistent. When a parent is controlling and ignores or punishes bids for comfort, the child learns that to be safe, to maintain proximity to the caretaker, s/he must not express need. The caretaker will attend to expressions of happiness or anger, but not to neediness. This baby learns to short-circuit attachment needs, to not feel those feelings. We can call this short-circuiting "defensive" since it helps defend the child against feelings of fear of danger and loss of protection. For these children, building working models of relationship must be more complex since only certain aspects of attachment experiences can be felt or acknowledged. Some of the experience can be encoded consciously and much of it encoded on some level not available to conscious awareness. The task of integrating new information must be correspondingly complex and the entire system must be less coherently organized than for the child whose experience is more wholly acceptable to his caretakers and himself. When the maltreated child reaches the developmental stages of adolescence and later parenthood, the internal models of relationship may change in a different way than those of more adequately raised children.

Ainsworth and colleagues (Ainsworth, Blehar, Water, & Wall, 1978) developed a procedure to assess babies' attachment behavior, that is, their behavior oriented toward attaining proximity to a caregiver when they are in some perceived danger. The researchers used a laboratory method called the Strange Situation in which a baby is exposed to the stress of having the mother

leave the room for a few minutes at a time and then return. Ainsworth and colleagues categorized the babies' behavior patterns into two overall patterns, securely attached and insecurely (or anxiously) attached. The insecurely attached pattern was further divided into two categories, insecure/avoidant and insecure/ambivalent. These three major patterns have eight subpatterns under them. Recently, Main and her colleagues have identified a fourth pattern they call disorganized/disoriented (Main & Solomon, 1990). Infant patterns of attachment are believed to be closely related to the behavior of their primary caregiver, generally the mother (Ainsworth, Blehar, Water, & Wall, 1978; Grossman, Grossman, Spangler, Suess, & Unzer, 1985; Haft & Slade, 1989). In the following discussion, for clarity of reading, the caregiver will be referred to as the mother, although naturally, the caregiver can be of either gender.

The securely (Type B) attached infant is generally relaxed in the presence of his/her caregiver and will play and explore the environment. When separated from her in unfamiliar circumstances (as in the Strange Situation procedure) s/he will cry and be alarmed; on her return s/he will seek proximity to her and be easily comforted. The mother of the securely attached baby is generally sensitive to her child's signals and responds promptly and sensitively. The securely attached baby can explore with confidence, trusting that his/her mother will respond when needed.

The insecure/avoidant (Type A) baby, in the Strange Situation, shows little apparent distress. S/He seems to not care that mother has left the room and avoids her on her return. Sometimes avoidance and proximity-seeking behaviors are mixed. In the home environment, however, avoidant babies frequently express anger toward their mothers. Mothers of avoidant babies tend to be emotionally rigid, unresponsive to their babies, or inappropriately involved

with their babies, intrusively giving help or structure when the baby does not request it. These mothers also tend to respond to babies' positive emotions and to ignore or punish expressions of distress or neediness. The mothers have an aversion to close bodily contact and are often overtly or covertly angry.

Therefore, when the infant is distressed, his/her bids for comfort are ignored or rejected by the mother. Eventually, the baby begins to ignore the mother when under stress. Briefly, the avoidant baby's strategy for dealing with mother seems to be to disconnect from attachment related stimuli. S/He shifts his/her attention away from fear-eliciting cues in the environment and creates more distance from the caregiver under stress.

The insecure/ambivalent (Type C) baby is generally hard to soothe and vigilant to any sign of separation from the mother, even in nonstressful situations. In the Strange Situation, the baby may engage in play in the mother's presence, but tries to maintain proximity to her. When the mother leaves, the baby is extremely distressed, and on her return is not easily comforted. His/Her behavior shows desire for proximity mixed with anger and frustration. Mothers of babies classified as ambivalent tend to be unresponsive or withdrawn with their babies. Their involvement is unpredictable and does not seem to be connected to the baby's cues or needs. Since the baby cannot predict the mother's response, s/he cannot form a dependable strategy for eliciting care. In reaction to this, the baby heightens attachment behaviors and has little energy left over for exploration. Some ambivalently attached babies are very passive in general.

A new category of infant behavior has recently been described by various researchers working with different populations in different studies (Carlson, Cicchetti, Barnett & Braunwald, 1989). These babies' behavior is often

unclassifiable with a mixture of avoidant and ambivalent behaviors along with odd behaviors, i.e., freezing in midmovement, confusion, stereotyped movements, fear of attachment figure, and simultaneous displays of contradictory behaviors (Main & Solomon, 1990). Main has labeled this category disorganized/disoriented (Type D.) Crittenden calls the category Type A/C to emphasize that the babies display high amounts of both ambivalent and avoidant behavior. Researchers investigating babies with this type of behavior have found that it occurs in those babies who have a history of abuse and neglect (Crittenden, 1985), whose mothers have affective disorders (Radke-Yarrow, Cummings, Kuczynski, and Chapman, 1985), whose mothers have a history of alcohol and drug use (O'Connor, Sigman & Brill, 1987), and whose mothers had experienced the loss of a parent before age 18 and had not resolved the loss. All of the cited researchers agree that a central organizing aspect of the disorganized behavior is fear. The caregiver's behavior is frequently bizarre or scary. The baby seems to need proximity to the caregiver and also needs to avoid the caregiver. The baby's attachment system becomes overloaded and disorganized and no organized behavioral strategy is possible (Main & Hesse, 1990).

A baby's attachment classification has been found to have value in predicting a child's behavior in relationships two, three, and even six years later. Cassidy (1988) assessed a group of 5-year-old children who had been tested in the Strange Situation as infants. Using puppets and dolls to assess these children's view of attachment relationships, Cassidy found clear differences in the children's responses. Children who, four years previously, had been judged securely attached, presented a generally positive picture of themselves, but acknowledged some less than perfect aspects of themselves.

They told "doll" stories of warm, supportive mother-child relationships. Children who had been classified avoidant presented themselves as perfect and made no mention of interpersonal relationships. In their doll stories, the child doll was depicted as isolated and rejected. Ambivalent children appeared to have no clear pattern of responses. Controlling (Type A/C or D) children presented an excessively negative picture of themselves; the dolls in their stories were involved in violent, bizarre, hostile behaviors and had disorganized relationships with their mothers.

Children who were insecurely attached as infants have been found, in comparison to securely attached infants, to later have more behavior problems in school, lack self reliance, have poor peer relations, engage in fantasy play less often than other children, and to be less empathic than other toddlers (Cohn, 1990; Crowell & Feldman, 1988; LaFreniere & Sroufe, 1985; Main & Goldwyn, 1984; Waters, Wippman & Sroufe, 1979).

### Adult Attachment

There is evidence that attachment patterns continue into adulthood. Main and her colleagues have developed a method of determining adult attachment classifications that correspond to Ainsworth's infant attachment categories. The Adult Attachment Interview (George, Kaplan, & Main, 1984) is an intensive interview method that explores the adult's attachment history. The interview is scored not only for content, but also for the organization and quality of a person's psychic processing. The assumption is that there is a correspondence between people's communication and behavior within an attachment relationship and the way they talk about attachment (Bretherton, 1990.)

Main describes four classifications: Autonomous adults remember their childhoods easily and are coherent in describing their early experiences. They can incorporate painful memories and have insight into the effects of early experiences. They have a balanced view of their role in current relationships. In Main's research, most of the children of these adults were judged to be securely attached. The second group is called dismissive of early attachments. These adults remember little of childhood bonds and tend to have idealized global impressions of their parents. The few details they can recall tend to contradict this idealized picture and suggest neglect or rejection. They can't face the reality of childhood hurts. These people seem strong and independent and in general, are indifferent to feelings and relationships. Most of their children have avoidant attachments. A third group of adults, Main labels preoccupied with early attachments. These people seem confused about their relational past. They become easily flooded with intense negative memories and have difficulty with anger and dependency feelings. They can relate many anecdotes about their childhoods, but have difficulty giving a coherent description of relationships. They seem to be still involved in struggling with their parents. Most of their children were classified as ambivalently attached. Main called her fourth group of adults disorganized or unresolved. These people were suffering from unresolved childhood trauma of a serious nature and were most similar to the preoccupied group. This group corresponds to the disorganized infant category.

Bartholomew has proposed four adult attachment patterns that are based upon the individual's internal models of self and others, as illustrated in the diagram below (Bartholomew, 1990, p. 163):

		MODEL OF SELF (Dependence)	
		Positive (Low)	Negative (High)
MODEL OF OTHER (Avoidance)	Positive (Low)	<b>SECURE</b> Comfortable with intimacy and autonomy	<b>PREOCCUPIED</b> Preoccupied (Main) Ambivalent (Hazan) Overly dependent
	Negative (High)	<b>DISMISSING</b> Denial of Attachment Dismissing (Main) Counter-dependent	<b>FEARFUL</b> Fear of Attachment Avoidant (Hazan) Socially avoidant

In Bartholomew's model, Secure individuals reported having had generally supportive and sensitive parenting. They have high self esteem, an internal locus of self-evaluation, and view relationships with others as rewarding (positive self-image; positive view of others.) Preoccupied individuals, like the preoccupied or ambivalent group in previous research, have reported receiving inconsistent and insensitive parenting. They view others positively and have a deep desire to gain approval and love from others while viewing themselves as unworthy (negative self image; positive image of others.) Bartholomew's Dismissing category corresponds in part to the dismissing or avoidant category in previous research. Individuals in this group generally reported having had parents who were cold and rejecting while placing a high priority on independence and achievement. These individuals dealt with parental rejection by protecting themselves and blaming others. They see themselves as independent and self-sufficient and avoid close relationships with others (positive self-image; negative image of others.) Bartholomew calls the fourth category Fearful. People in this group reported being generally rejected or abused as children and avoid close relationships

with others as adults, but differ from the avoidant group in their greater susceptibility to loneliness and depression. They long for close relationships and the approval of others, but avoid them out of fear of rejection and low self-esteem (negative self-image; negative view of others.) Bartholomew has validated these attachment behavior categories through studies involving self, family, and peer evaluation (Bartholomew & Horowitz, 1991). Bartholomew's conception of two separate patterns of avoidance of relationships among abused children corresponds to Crittenden's finding (Crittenden, 1988b) that abused children seem to react to their parents' rejection by becoming either angry and hostile (corresponding to Bartholomew's dismissing pattern) or fearful and compulsively compliant (Bartholomew's fearful pattern.) Although the two groups act out opposite sides of the power relationship, Crittenden says, "...both groups of abused children develop a distrust of others and a belief that only powerful people get what they want. (1988a, p. 171.)" Bartholomew (personal communication) states that she and Crittenden agree that the fearful category corresponds closely with Crittenden's A/C (high ambivalent/ high avoidant) pattern.

#### Intergenerational Transmission of Attachment Patterns

The mother's history and/or attachment classification has been found to have a significant relationship to her infant's behavior. Morris (1980) interviewed mothers about their attachment history and compared this information to their infants' Strange Situation attachment classifications. This study found that mothers who reported unstable family relationships and who perceived their mothers as low in nurturance and competence tended to have



infants who were classified as insecure. Ricks (1985) reported that mothers whose infants were judged securely attached to them had more positive recollections of childhood relationships with parents and peers than did mothers of insecurely attached infants. The results were especially strong concerning mothers' memories of acceptance or rejection by their mother in childhood. Main and Goldwyn (1984) found that infants who were avoidant in the Strange Situation had mothers who reported being rejected by their own mothers as children. The mothers, although reporting experiences of rejection, had systematic distortions in their cognitive processes; they tended to idealize their mothers, had difficulty remembering their childhoods, and were somewhat incoherent in discussing attachment. Mothers who reported being similarly rejected in childhood, but who remembered the rejection and were angry about it or expressed forgiveness, tended not to have babies classified as avoidant. In an article reporting on two German studies, infant attachment category was found to predict mother's attachment status five years later in 80% of the cases (Grossmann, Fremmer-Bombik, Rudolf, & Grossman, 1988.) These studies also indicated that even if the mother reported having had a rejecting or abusive childhood, if she remembered it, reflected on it, and was able to discuss it nondefensively, her child was likely to be securely attached. Crittenden (1988c) reports that mothers of babies who are classified as A/C often have lost an attachment figure early in life and are extremely insecure. Main and Hesse (1990) found that 39% of the mothers of type D (disorganized/disoriented) babies had lost a parent before age 18 compared with only 8% of parents of otherwise classified babies reporting such a loss.

Main, Kaplan and Cassidy (1985) found that adults' attachment classification corresponded to their children's classification 76% of the time.

Another study reported an 82% correspondence (Eichberg, 1987). This suggests that patterns of information processing and affect management are transmitted across generations.

Haft and Slade (1989) explored the relationship between the feeling states mothers can access in themselves and those they acknowledge in their babies. The researchers videotaped mothers playing with their babies and then reviewed the tapes with the mothers, questioning them about their emotions, motivations, and perceptions during the videotaped sequences. The researchers also looked for the quality of emotional attunement between mother and baby defined as the mother's willingness and ability to match her child's emotional state without trying to change or manipulate the child. They found, in general, that mothers judged securely attached in the Adult Attachment Interview matched a broad range of affect in their child during the play session. Viewing the tapes later, they correctly assessed babies' positive and negative feelings including initiative, exuberance, frustration, anger, and need for closeness. Their occasional misattunements did not follow any pattern.

Mothers rated dismissing followed a consistent pattern of misattunement with their children. They were most comfortable with children's expressions of autonomy and exuberance in the play session. They consistently misread negative affect, especially when it was directed at them and not an object. These mothers rejected their baby's bids for comfort and reassurance; they had a sadistic quality to their misattunements.

Preoccupied mothers were unpredictable in the quality of misattunement with their babies. In general, however, they misattuned to or ignored their babies' exuberance and initiative and reacted strongly to expressions of fear in their babies, often expressing these emotions more intensely than the child had.

They often seemed confused and anxious with their babies and did not understand their babies' needs for structure or definition even on viewing the tapes.

The result of this kind of parent-child interaction is that children of securely attached parents learn that emotions can be shared and understood between people. The babies do not need to restrict their emotional experience and expression in order to obtain care. They can move fluidly between feeling and interaction with others who acknowledge their experience. Children of dismissing parents learn that some emotions are acceptable and others clearly are not. Autonomy is rewarded; expressions of need and bids for closeness are ignored or punished. To obtain parental approval, the child must build an emotional world that avoids feelings of neediness. Although it is unreal, this pattern is coherent and can be adaptive to life in the world as the child grows up. Preoccupied parents are so unpredictable that the baby cannot figure out what will be accepted and what will be rejected by the parent. The child responds either by giving up or by becoming very sensitive to the parent's internal state. These children appear to be more "at sea" emotionally.

According to attachment theory, the child's internal models or representations of relationships thus provide rules for affective processing and roles for self and others in relationships. The child learns to see and feel only certain stimuli, resulting in a self-perpetuating pattern which is resistant to change. The models persist into adulthood and affect how the adult relates to his/her own children. As described by Main, Kaplan, and Cassidy (1985),

Security in adulthood can now be provisionally identified as the ability to integrate existing information relevant to attachment; where this integration is possible, the parent is likely to exhibit "sensitivity to infant signals." This ability need not be stable to any given individual; indeed,

this definition allows for shifts in both the parent's and the infant's attachment status....Parental "insensitivity" to infant signals, then, may originate in the parent's need to preserve a particular organization of information or state of mind....The need to restrict or reorganize attachment-relevant information, whether it originates internally or externally, may result in an inability to perceive and interpret attachment signals of the infant accurately and, in some cases, in an active need either to alter infant signals or to inhibit them. To summarize, where the parent's own experiences and feelings are not integrated, restrictions of varying types are placed on attention and the flow of information with respect to attachment. These restrictions appear in speech in the form of incoherencies and in behavior as insensitivities (Main, Kaplan, & Cassidy, 1985, pp. 99-100.)

### Alcoholic Parents and Their Children

Several researchers in the attachment field have investigated the attachment behaviors of various pathological groups of parents, including abusive, neglecting, sexually molesting, and emotionally abusive parents (Crittenden, 1988a; Crittenden & Ainsworth, 1989; DeLozier, 1982). Alcoholic parents have not been studied as a separate group by the attachment researchers. Research from the field of alcoholism demonstrates, however, that the alcoholic parent and his/her spouse often have difficulties with child rearing.

There are at least 28 million children of alcoholics in the U. S. (Blume, 1985). About seven million are under the age of 18. Approximately one out of every eight Americans is the child of an alcoholic (Children of Alcoholics Foundation, 1986). The sheer size of this population along with the severity of their problems makes this an area of great significance in public health (Bean-Bayog, 1987).

The following review briefly discusses the transmission of alcoholism to the alcoholic's offspring. It then discusses the theories and current research concerning the family environment of the alcoholic home and the effects of that

environment on the child. This is followed by a discussion of the child of the alcoholic as an adult. Studies about their personality characteristics and general adaptation is reviewed with an emphasis on behavior and attitudes in intimate relationships. This section concludes with the little information available about adult children of alcoholics as parents.

### Limitations of the Research

Some methodological problems plague this area of research. The first is that alcoholism is not a clearly distinct condition. Studies differ in how alcoholism is assessed, who makes the assessment, and when it is made (in the present or concerning behavior many years in the past). Another problem is related to sampling. Many studies use populations who are receiving treatment, such as people in alcoholism treatment, parents reported for child abuse, juvenile offenders, children referred to child guidance centers, or adults who seek psychological help. A few studies have compared the above subjects with alcoholics or children of alcoholics who have not sought or been referred for treatment and found differences in the two populations. Care must be taken not to generalize findings to dissimilar populations.

In many of these studies, research design also limits their usefulness. Like most studies that examine parent-child relations and the long term effects of certain behaviors, they rely on retrospective data and self report and are not longitudinal studies. Some of the more thorough studies use multiple sources of data to overcome this problem. The effects of parental alcoholism on children can vary with many factors including: parental role stability, parental undependability, environmental chaos, emotional unavailability, sex of the

parent, sex of the child, child's age at onset of parent's drinking, the behavioral manifestations of the drinking, the attitude of the non-drinking parent, availability of other role models and confidants, and the personality of the child (Creighton, 1985). Studies which measure just one factor lead to oversimplified conclusions.

Another difficulty with this field of research is distinguishing the experience of the child of an alcoholic from that of a child whose parents are mentally ill, depressed, abusing or neglectful, chronically ill, or divorced. Research about these distinctions is important, but is in its early stages.

#### Transmission of Alcoholism

Early research in this area focused mainly on the male alcoholic and on the transmission of alcoholism to the alcoholic's offspring. Cotton (1979) reviewed 39 research reports from several countries and concludes that there seems to be a familial transmission of alcoholism. In all the samples of alcoholics studied, one-third reportedly had an alcoholic parent. Alcoholism seems to be more prevalent in sons than in daughters of alcoholics. For example, sons of alcoholics were four times more likely to become alcoholics than sons of nonalcoholic fathers. Only when the mother is alcoholic do daughters have more alcoholism than sons (Miller & Jang, 1977). Further studies with adoptees and twins (Altermann & Tarter, 1986; Goodwin et al., 1973) show a significant biological effect on alcoholism, especially for male offspring. Genetic transmission of alcoholism to male offspring seems probable. However, since not all sons of alcoholics have drinking problems and since the

mechanism for transmission to daughters appears to be different, much research remains to be done in this area.

### Home Environment

The alcoholic home is likely to be marked by inconsistency, chaos, and arbitrariness. When a parent is drinking, that parent may behave very differently than when s/he is not drinking. Children's behaviors that were acceptable in one case may no longer be all right, rules are changed, and promises are forgotten or broken. Children may be forced to play a parental or caretaking role when their parent is incapacitated by drinking. Children in an alcoholic home do not get the attention or nurturing they need because the parent's focus is on drinking or controlling and covering for a drinking spouse. (Brown, 1988; Cork, 1969; Woodside, 1982).

The various studies that have examined the environment in an alcoholic home present a picture of a family marked by dysfunction and conflict. Compared to adults raised in nonalcoholic homes, adults raised by alcoholic parents consistently report they had less cohesive families, more childhood stress and unhappiness and less feeling of being loved by their parents. (Carey, 1986; Clair & Genest, 1987; Cork, 1969; Harkins-Craven, 1986; Johnson & Bennett, 1989; Tolton, 1988; Wilson, 1988). Black, Bucky, Wilder, and Padilla (1986) found that, compared to non-alcoholic homes, alcoholic households suffer significantly more family disruptions, and have higher divorce rates and more premature parental and sibling deaths. In a 20-year, longitudinal study of lower class, urban, multiproblem families, results showed that all families in the study had many crises, but families with alcoholic parents

had significantly more of every kind of crisis, including parents' arrest, incarceration, absence, or hospitalization for alcoholism, mental illness, or criminal behavior (Miller & Jang, 1977.) Grown children from these alcoholic families retrospectively reported three times as many family problems as adults from the multiproblem control group. The alcoholic families received social services such as intervention from school counselors, welfare, and foster care much more often than the control families.

Although clinical reports consistently link alcoholism with violence and child abuse, the research evidence is mixed. In their review of articles concerning a link between child abuse and alcoholism, Orme and Rimmer (1981) concluded that, contrary to prevailing opinion, there was no evidence to definitively link the two phenomena. The authors found studies that estimated the incidence of alcoholism among adults who abuse children as varying from 11.9% to 65%. The authors concluded that:

The methodological problems in these studies are so serious and the definitions of alcoholism so varied that little confidence can be placed in their conclusions. Based on these data, however, one cannot eliminate the possibility of a correlation between child abuse and alcoholism (or problem drinking). (Orme & Rimmer, 1981, p. 275)

In a similar review, Mayer and Black (1977) reported a range of 2% to 62% rate of alcoholism among parents who abuse their children. Sher (1987) found that the reported rate of child abuse among alcoholic parents varied from zero to 92%. Many studies, however, have found that adult children of alcoholics report more childhood physical and sexual abuse than controls from nonalcoholic homes (Tolton, 1988; Black, et al., 1986; Wilson, 1988; Famularo, Stone, Barnum, & Wharton, 1986).



Williams (1982) found correlations between family stability and child abuse and alcoholism that varied depending upon which parent was alcoholic. Based on lengthy interviews with families that had either an alcoholic father, an alcoholic mother, or two alcoholic parents, Williams found that families with two alcoholic parents had the highest incidence of child abuse and neglect and the second lowest family stability. Families with alcoholic mothers had the lowest family stability rating, especially in marital and economic areas and were more likely to have a single parent. In these families, children were more likely to be neglected, but not abused, compared to the other two groups. Families with an alcoholic father had the most stability and adequacy of child care and the lowest incidence of child abuse and neglect, probably because the mother was responsible for most of the child care. Williams comments that all of the families in the study had many problems in functioning.

#### The Child in the Alcoholic Home

Cork (1969) interviewed 115 children of alcoholics about the emotional effects of living with alcoholic parents. Over 90% of the children said they felt rejected by their parents, lacked self-confidence, and were generally anxious about the future. More than 50% felt angry with their parents, felt there was constant tension in the home, and said they felt defiant toward adults. Their school work was affected as was their ability to form relationships with siblings and friends. Morehouse (1979) found that children of alcoholics often feel guilty and responsible for their parents' drinking behavior. They are also confused by the alcoholic's behavior when drinking and fear that their parent will become ill

or die. These children are also reluctant to bring friends home, so it is difficult to make friends and have normal peer relationships.

Several studies have demonstrated problems in emotional functioning and self concept among children of alcoholics. O'Gorman (1976) investigated children's self concept, locus of control, and perception of their fathers. This study compared three groups of 12-18-year-old children: a group of 29 children living in homes with an active alcoholic, a group of 23 children whose families included a recovering alcoholic, and a third group of 27 adolescents whose parents had no involvement with alcohol. O'Gorman found that adolescent children of fathers who had been or were alcoholic had significantly lower self-esteem than young people in non-alcoholic homes. Also, children of active alcoholics felt they experienced less love and attention than the other two groups and they had a more external locus of control. Kern et al. (1981) also measured locus of control in children ages 8-13, comparing 20 children of alcoholics to matched controls. Both the sons and daughters of alcoholics showed an external locus of control. This implies that these children of alcoholics tend more than other children, to feel their lives are controlled by others.

Fine (1976) compared children of alcoholics to controls aged 8-18 and found that children of alcoholics scored significantly higher on the Devereaux Child Behavior Rating Scale, indicating more emotional detachment, dependency, and social aggression. Herjanic (1977) used a structured interview to compare children of alcoholics to controls aged 6-17 years old. Although younger children did not show significant differences between the two groups, the teenage children of alcoholics were twice as likely as the children from nonalcoholic homes to have received psychiatric treatment for conduct

disorders and symptoms of anxiety and depression. Nylander (1960) compared 229 children of alcoholics with a control group of 163 children of nonalcoholics. He found evidence of emotional disturbance far more prevalent in the children of alcoholics. They suffered from anxiety and lack of emotional stability. They were more likely to have physical symptoms for which no cause could be found, including enuresis, speech disorders, headaches, tiredness, and stomachaches. The boys were also more likely than those in the control group to be considered hyperactive and to have difficulty concentrating. Among the boys aged 7-9, 74% of the sons of alcoholic fathers had difficulties in school.

In a review of 16 studies concerning the effects of parental alcoholism on children, the authors concluded that the studies they reviewed had so many methodological problems that they could state only that these studies provided "modest-to-moderate support for the view that children of alcoholics exhibit significant difficulties in psychological, social, and family functioning" (Jacob, Favorini, Meisel, & Anderson, 1978, p. 1242). They also noted a need for more studies that utilized a coherent theoretical, conceptual understanding of family systems.

### The Alcoholic Family System

In the book, Treating Adult Children of Alcoholics: A Developmental Perspective, Brown (1988) attempts to provide a coherent developmental theory to explain how children of alcoholics develop the problems noted in the clinical and popular literature. The author integrates a family systems perspective with psychodynamic theory, attachment theory, and cognitive theories. The central theory is stated succinctly:

Attachment--early and ongoing--is based on denial of perception which results in denial of affect which together result in developmental arrests or difficulties. The core beliefs and patterns of behavior formed to sustain attachment and denial within the family then structure subsequent development of the self including cognitive, affective and social development. (Brown, 1988, p. 5)

According to Brown's theory, the primary focus in an alcoholic family is alcohol and drinking behavior. The primary cognitive focus is denial of that behavior. Parents in an alcoholic family typically deny that anything is wrong. The children perceive that is not so, but to maintain the attachment to their parents, the children must deny their perception of chaos, abuse, neglect, and violence. The level of denial varies in each family, but the result is that the child learns not to trust his or her own perceptions and act on them. The family is constantly struggling to control an uncontrollable situation in which the central problem is not permitted to be acknowledged. The children in such a family not only deny their own perceptions, they also must deny their affect--how can one have feelings about a problem which doesn't exist?

According to Brown, the four main defenses these children develop are denial, an emphasis on control, all-or-none-thinking, and the assumption of responsibility for people and events outside of one's control. These defenses develop so that the child can maintain attachment to the parents--the need for attachment overrides all else. Denial blocks perception and affect to maintain attachment. It allows the child to accept the parent's view of reality and of the child. It is the central defense on which the others rest. An emphasis on control helps the child ward off anxiety caused by the denial of reality. It helps the child keep his/her feelings in check and protect against feeling weak or needy. The child also tries to control feelings of anger in him/herself and others. In addition, the child fears being out of control like the parent, both emotionally and in

relation to alcohol. Dichotomous all-or-none thinking serves to minimize ambiguity and uncertainty. This reduces anxiety in the child by compensating for perceptual and affective deficits. The child believes there are rules to govern interactions. People are good or bad, dependent or independent, and the like. This kind of perception of the world relates to the area of control in that the child believes that one is either in control or out of control, controlled by others or controlling. The excessive feeling of responsibility arises from the child's need to believe that his/her parents are good and will take care of him/her. When this doesn't happen, the child prefers to believe that s/he is responsible and can change the situation. The child attempts to be responsible for the chaotic family and gain an illusory sense of security through being able to manage things. In later life, this attitude causes difficulty in relationships because getting involved with people means becoming responsible for them.

The above defenses cause the child to build his/her identity around a false sense of self. The result is that the child cannot trust his/her own sensorial, intellectual or intuitive abilities. S/He cannot trust himself or others. Many problems arise from this false identity at adolescence when the child should be separating from the parents. The child cannot separate because his/her identity is built around others' needs. Never having had early dependency needs met, the child still feels tied to the parents. Change of any kind is difficult because "Any data that threatens: 1) denial of parental alcoholism 2) the beliefs constructed to maintain it and preserve attachment, and 3) the defensive adaptations that now provide the structure of the self, must be excluded" (Brown, 1988, p. 208).

In an alcoholic family, the parents are frequently inconsistent with regard to both nurturing and practical role behavior. Role reversal is frequent both in

task-related and emotional functioning. The child in the alcoholic family often feels responsible for the parents' well being. The child becomes over-enmeshed with the parents and cannot leave at the developmentally appropriate time. Brown contends that, because the child has never been able to depend on the parent, s/he cannot truly depend on her/himself and leave the parents. Alone, s/he feels nonexistent. Brown has noted that, when ACOA's are questioned about their own needs as children, they continually shift from talking about what they needed from their parents to what their parents needed from them and how they failed to provide it.

### Adult Children of Alcoholics

In the past decade, the popular literature has presented many theories and self help ideas for adult children of alcoholics. Academic literature and research is in its early stages. In fact, a search of that literature uncovers no references to "adult children of alcoholics" before 1980. A brief review of the popular literature's main theories will be followed by a review of current research.

### The Popular Literature

The popular literature has focused on three general ways of describing ACOA's: general personality characteristics or behaviors ACOA's have; "roles" children of alcoholics play; and the concept of "codependency". According to Woititz (1983), ACOA's share certain characteristics. The following list, similar to those of other authors, is from Woititz's best-selling book, Adult Children of Alcoholics:

1. Adult children of alcoholics guess at what normal behavior is.
2. Adult children of alcoholics have difficulty following a project through from beginning to end.
3. Adult children of alcoholics lie when it would be just as easy to tell the truth.
4. Adult children of alcoholics judge themselves without mercy.
5. Adult children of alcoholics have difficulty having fun.
6. Adult children of alcoholics take themselves seriously.
7. Adult children of alcoholics have difficulty with intimate relationships.
8. Adult children of alcoholics overreact to changes over which they have no control.
9. Adult children of alcoholics constantly seek approval and affirmation.
10. Adult children of alcoholics usually feel that they are different from other people.
11. Adult children of alcoholics are super responsible or super irresponsible.
12. Adult children of alcoholics are extremely loyal, even in the face of evidence that the loyalty is undeserved.
13. Adult children of alcoholics are impulsive...without giving serious consideration to alternative behaviors or possible consequences...(leading to) confusion, self-loathing, and loss of control over their environment...(p. 4).

The preceding characteristics are general. Of course, each alcoholic family and child has particular characteristics, so each child finds his/her own way to cope. Some common roles children take on to help them survive and look healthy have been explicated by Wegsheider (1981). The Family Hero, often the oldest child, takes responsibility for the family when the parents are inadequate. S/He is successful at home and at school, wins praise and awards, and is the leader everyone can count on. The trap in this role is that the Hero must constantly be in control and be successful or s/he will feel frightened and helpless. The Hero rarely feels successful enough. The Scapegoat is often the second child and gets the attention s/he needs by getting into trouble. S/He feels abandoned and angry with his/her parents. The Scapegoat acts out with alcohol, drugs, gangs, etc., and is the child most likely to end up in jail or prematurely dead by accident or suicide. The Lost Child copes by withdrawing from the chaotic family entirely, spending time alone in his/her room, learning

not to make trouble or ask for attention. This child feels unimportant, confused, and fearful and may become ill to get attention. The Lost child grows up lonely and shy and may become addicted to alcohol or food to fill the inner emptiness. The last role is the Family Mascot. This child learns to distract her/himself and the family from their pain through silliness and humor. S/He is anxious and overactive, always in flight from his/her internal suffering. As an adult, the Mascot can continue in this role, living a superficial life and suffering from psychiatric illnesses. These roles are not rigid and children can develop new role behaviors. If, for example, the Hero leaves home, one of the other children may move into that role because the family covertly demands it.

Many of the popular authors say that family members, both spouse and children, of an alcoholic are likely to become codependent. Codependency can be defined as the attempt to gain self esteem from "the ability to influence and control feelings and behavior, both in oneself and others" (Cermak & Rosenfield, 1987). Cermak believes this condition emerges as a child adjusts to a self-absorbed, narcissistic parent. The child must deny his/her own natural narcissistic needs and respond to the parent in order to get any attention or emotional validation. This leads to the child defining the self by how the parent sees him/her. According to Cermak (1990):

Codependency is a pervasive pattern of inadequacy (in fantasy or behavior), excessive empathy, and hypersensitivity to the evaluation of others, beginning by early adulthood and present in a variety of contexts, as indicated by at least five of the following:

1. Reacts to criticism with feelings of fear, shame, or embarrassment (even if not expressed).
2. Is interpersonally exploited; permits others to take advantage of them to achieve other's ends.
3. Has an inadequate sense of self-importance, e.g. minimizes achievement and talents, expects to be ignored except insofar as achievements are continuously present. (The extreme extent to which this characteristic exists often reveals a submerged, inverse grandiosity.)



4. Believes that his or her problems are unique and can be understood only by other special people.
5. Is preoccupied with fantasies of unlimited failure, impotence, catastrophe, evil, or ideal love.
6. Lacks a sense of entitlement: unreasonable expectation of especially unfavorable treatment, e.g., assumes that he or she must wait in line in order for others to be taken care of first.
7. Constant desire for attention and admiration, e.g., keeps fishing for compliments, but has a highly developed capacity for delayed gratification.
8. Lack of empathy for him or herself, in conjunction with excessive sympathy for others; inability to recognize and experience how he or she feels themself.
9. Is preoccupied with feelings of guilt.

### The Research on ACOA's

The explosion in the popular literature has led to research which is seeking to explore the popular theories. Some studies have taken the route of using classic personality tests such as the Minnesota Multiphasic Personality Inventory (MMPI) to investigate the possibility of differences between ACOA's and the general population. In one such study, Moore (1987) used Jackson's Personality Research Form (PRF) to compare three groups of college students, one with no history of family-of-origin dysfunction, one with family dysfunction unrelated to alcohol, and one with a history of parental alcohol abuse. The study found a significant difference on three variables between the control and nonalcoholic dysfunctional groups, but the alcoholic group did not differ significantly from either of the other two groups. The author concluded that ACOA's do not have a unique personality profile. Another study used the MMPI and the California Psychological Inventory (CPI) to compare four groups: non-alcoholic/non-ACA, non-alcoholic/ACA, alcoholic/ACA, and alcoholic/non-ACA (Fidelibus, 1988.) The study found that the three latter groups all differed significantly from the non-alcoholic/non-ACA group, but little from each other.

The author concluded that although ACA's may not have a discrete syndrome, there were traits or tendencies that distinguished each group from the others. The alcoholic ACA's tended to have an antisocial profile whereas the non-alcoholic ACA's had dependent-avoidant tendencies.

Although most studies of general adjustment have found differences between ACOA's and non-ACOA's, a few studies have found no differences. Tolton (1988) found no difference between the scores of female ACOA's and non-ACOA's on variables measuring depression, stressful life events, coping responses, and social support on the Health and Daily Living Form B. This study used a middle class, well functioning sample. Clair and Genest (1987) used a similar sample. They found some differences, to be discussed later in this review, but they found no differences between ACOA's and control groups in general adjustment and self-esteem.

The most common finding in the literature is that ACOA's tend to score higher on measures of depression than a control group. Female ACOA's especially have more depressive symptomatology when compared with female controls and/or with male ACOA's (Berkowitz & Perkins, 1988; Goglia, 1986; Parker, 1988; Wilson, 1988). ACOA's have been found to have a poorer self concept than non-ACOA's (Reardon & Markwell, 1989) and to have significantly more emotional and psychological problems as adults than a control group (Black, Bucky, & Wilder-Padilla, 1986).

Using a large non-clinical group of daughters of normal fathers, alcoholic fathers, two alcoholic parents and psychologically-disturbed fathers, Benson and Heller (1987) found that ACOA's had more neurotic and acting out symptoms than adult daughters from normal homes. The daughters of alcoholics were more similar to the daughters of psychologically-disturbed

fathers than to the "normal" daughters. Daughters with more symptomology reported less family support and less consistent love from their fathers, more parental conflict, and fewer supportive relationships with others in adolescence and adulthood. The authors noted that many ACOA's added notes on their questionnaires about their fears of dependency and intimacy, general lack of trust, and pervasive resentment. The authors concluded that the diversity of experiences seems to be a function of the quality of the family environment and the supportive relationships available to the child.

A study of Evangelical Christians found that adult daughters of alcoholics had more psychological difficulties than a control group, including being more likely to have sought therapy recently, to feel more depressed and guilty, to find their current lives and marriages less satisfying, to be more likely to have been married to an alcoholic, and also to have significantly more problems in their religious perceptions (Wilson, 1988.)

A study of what factors mediate the outcome for adult children of alcoholic fathers found that ACOA's appraised their childhood family problems as being less controllable or changeable than did non-ACOA's (Clair & Genest, 1987). ACOA's also tended to use significantly more escape-oriented coping strategies than the controls. These strategies included such things as wishful thinking, smoking, eating, and substance use. They also tended to deal with problems by trying to change their own emotions without acting on the problem whereas the control group used more problem-focused strategies. For the ACOA's in this study, self-esteem was correlated with and best explained by a combination of the degree to which the person's family maintained cohesion and the inverse of the person's tendency to use coping skills aimed at regulating their emotional reactions to problems.

Rydelius (1981) studied the histories of 229 Swedish children of alcoholics over a period of 20 years. The researcher compared them with a control group to see if they were more at risk for problems of social adjustment including alcoholism, physical and mental illness. The adult sons of alcoholics were more frequently registered with the Social Assistance, Criminal Offenses, and Temperance Registers, implying they had more need for child welfare help, more criminality, and more alcohol and drug abuse than the control group. The adult daughters of alcoholics had more involvement with child welfare personnel, but no difference in their registration with the Criminal or Temperance Registers. Both the daughters and sons of alcoholics had more physical illness than the control group, the daughters visiting the gynecologist more often and the sons requiring more surgery and visiting the hospital more often. The sons were more often involved with psychiatric facilities, generally for their own drug and alcohol treatment.

In their 20-year longitudinal study of multiproblem urban families, Miller and Jang (1977) found that adult children of alcoholics had significantly more problems of every kind than the children of non-alcoholics. The ACOA's had more alcoholism (36% compared to 16% and a national average of 8%), more mental health problems, more suicide attempts, more severe marital difficulties, and more difficulties economically and in employment. The greater the degree of parental alcoholism, the worse was the outcome for the children involved, both as children and as adults. Children who had two alcoholic parents had the worst outcome. Those with an alcoholic mother had more difficulties than those with an alcoholic father.

### Intimacy

Difficulties developing and maintaining intimate relationships is a pattern frequently attributed to ACOA's. Children of alcoholics are more likely than others to marry alcoholics (Black, Bucky, & Wilder-Padilla, 1986; Wilson, 1988). Nici (1979) found that the long-accepted idea that wives of alcoholics are "repeaters," that is, that ex-wives of alcoholics will marry another alcoholic, is true only to a point. This pattern is more often repeated when the wife is a daughter of an alcoholic. Daughters of alcoholics are more likely than ex-wives of alcoholics to marry alcoholics. Sons and daughters of alcoholics have been found to be less satisfied with their intimate relationships and to have a high risk of separation and divorce (Miller & Jang, 1977; Parker, 1988;).

Carey (1986) found no difference between daughters of alcoholics and daughters of non-alcoholics in "intimacy adjustment" as measured by the Miller Social Intimacy Scale (MSIS), but found a significant difference between the two groups on the Fundamental Interpersonal Relations Orientation-Behavior (FIRO-B), namely, the daughters of alcoholics had more difference between their scores for Wanted and Expressed Affection than controls.

Harkins-Craven (1986) found that although the clinical groups (those in therapy) of adult daughters of alcoholics did not differ from clinical controls in general emotional distress or the degree of differentiation from their family of origin, the women with alcoholic parents reported less intimacy and more fusion with their mates than controls as measured on the Personal Authority in the Family System Questionnaire. Ecker (1989) reported ACOA's had lower levels of intimacy and less individuation in relationships with their parents.

In a recent study that compared ACOA's in therapy and not in therapy with controls both in therapy and not in therapy, Settle (1988) found that the two

ACOA groups seemed to represent distinct populations with regard to intimacy difficulties. With regard to friendships, all groups were similar, but in love relationships, only those ACOA's in therapy reported significantly lower intimacy. This clinical group of ACOA's differed from the other groups by having less family of origin health, more maternal drinking, more physical and sexual abuse, more depression, and more suicidal thoughts and behaviors. Settle found that family-of-origin health predicted intimacy in love relationships and that the clinical group of ACOA's had the worst childhood histories of the four groups.

Nardi (1981) posed the possibilities of role-confusion for the child of an alcoholic, resulting in the child playing an adult role in the family. Goglia (1986) found that female ACOA's were more "parentified" than a control group, but male ACOA's did not seem to have that pattern.

### ACOA's as Parents

The question of how adult children of alcoholics function as parents is almost completely unexplored. (The present author found only a few popular books and only two research studies in this area, both recent dissertations.) The popular books (Mastrich, 1988; O'Gorman & Oliver-Diaz, 1987; Rolfe, 1990; Smith, 1988) generally espouse theories based on the authors' clinical experience and extend the generally accepted view of ACOA's in popular literature to the parental experience. All three of the above authors assert that ACOA's often feel inferior, have low self-esteem, and are afraid of their own feelings, especially anger. This results in a general emotional numbing and an inability to respond to their children's feelings appropriately. They may also find

expressing love difficult and be uncomfortable with physical touching beyond infancy. In an attempt to control their anger, they may suppress it until they lose control and strike out at their children, resulting in inconsistent discipline.

ACOA's, in an effort to avoid failing as parents, can become perfectionistic and attempt to control their children. They can become manipulative, using threats of violence, silence, rage, etc. They also tend to be overly preoccupied with how others see them and to look to others for rules on how to parent, yet have difficulty actually accepting help. Finally, ACOA parents have a tendency to look to their children for the affirmation, support, and love they missed as children themselves. Having been forced into a nurturing role with their own parents, they may force their children to care for them. In summary, these authors assert that ACOA's have ambivalent feelings about their children and tend to project their own unresolved feelings on to them. Their own emotional needs make them unable to respond clearly to their children's needs.

The only research study to explore this area partially validates the popular theories (Wilder-Padilla, 1989). In it, a control group of 52 mothers was compared with 19 mothers who had an alcoholic father and 12 mothers with two alcoholic parents. Areas compared included parental attitude, perception of their own dysfunctional parental behavior, perception of their child's dysfunctional behavior, and overall stress between the parent and child. This study used two survey questionnaires, the Parent Attitude Survey and the Parenting Stress Index. The main findings of the study were as follows: Mothers who are ACOA's reported significantly higher levels of stress within the parent-child relationship than did non-ACOA mothers. They attributed this stress to their own dysfunctional parenting behaviors. ACOA mothers reported significantly more depressive, guilt-like symptoms and they found the parental

role frustrated their attempts to maintain their own identity. They felt less competent in the parenting role and reported less emotional support from their husbands in the area of childrearing than non-ACOA mothers. There were no significant differences in parental attitudes between ACOA and non-ACOA mothers. No differences were found in either attitudes or stress level that correlated to the degree of alcoholism experienced in their family of origin, as defined by how many parents were alcoholic.

An investigation of the parenting attitudes of ACOA's who are fathers measured fathers' attitudes using the Parental Attitude Research Instrument to measure authoritarian control, marital conflict, and democratic attitudes (Biraben, 1987). It compared groups of ACOA's who were themselves either alcoholics or not alcoholics. This study found non-alcoholic ACOA fathers held more democratic attitudes toward parenting than alcoholic ACOA fathers.

In summary, alcoholism can be seen as a risk factor for dysfunctional parenting in two generations. Children raised in alcoholic homes are likely to compensate in some way for their parents' impairments. The effects of parental alcoholism on children can vary with many factors including: parental role stability, parental undependability, environmental chaos, emotional unavailability, sex of the parent, sex of the child, child's age at onset of parent's drinking, the behavioral manifestations of the drinking, the attitude of the non-drinking parent, availability of other role models and confidants, and the personality of the child (Creighton, 1985). ACOA's are therefore not a homogeneous population and few sweeping generalizations can be made concerning them. The most common findings in the literature are that children of alcoholics tend to feel less loved by their parents and report more instability in their homes as they grow up. Children often must assume adult functions and



role reversal is a common family pattern. As adults, ACOA's tend to score high on measures of depression and anxiety. Some ACOA's appear extremely successful and achieve a great deal in life; a significant subset of ACOA's with more traumatic histories appear extremely troubled. In intimate relationships, these ACOA's tend toward fusion in an attempt to experience intimacy.

### ACOA's and Attachment

Researchers in the attachment field have done little work concerning the relationship patterns of alcoholics and their children. One study, however, suggests that children of alcoholic mothers may be negatively affected by their parents' drinking quite early in life. O'Connor, Sigman, and Brill (1987) performed Ainsworth's Strange Situation procedure with mother-baby dyads when the babies were one year old. The 46 mothers were all middle class and over 30 years of age. Mothers filled out self-report questionnaires about alcohol, caffeine, smoking, and other drug consumption. The study found highly significant correlations between mothers' level of drinking in the pre-pregnancy period and insecure attachment status for babies. Among mothers who were classified as light drinkers pre-pregnancy, 22% of the babies were judged to be insecurely attached. Among moderate drinkers, 48% of the babies were insecurely attached, and among heavy drinkers, 83% of the babies were insecurely attached. Correlations were found in the same direction when drinking during and after pregnancy was computed, but they were less significant. The researchers felt that mothers underreported drinking during these periods due to social desirability pressures. A high percentage of the babies of drinking mothers were rated Type D disorganized/disoriented. Babies

in this category are thought to have experienced the most extreme family conditions including maltreatment, maternal depression, and severe loss. It was this category of classification that differentiated children of abstinent-to-light drinkers from children of moderate-to-heavy drinkers. This study suggests that by the time they are one year old, children of alcoholic mothers show severe attachment difficulties which are likely to develop into social and emotional problems as they grow up (Main et al., 1985).

A few researchers have assessed the attachment patterns of ACOA's using self-report measures rather than interviews. Similar measures have been developed by Hazan and Shaver (1987) and Bartholomew (1990). The Hazan-Shaver questionnaire asks people to rate themselves as to how well they fit the descriptions of the three traditional attachment categories of secure, avoidant, and ambivalent, whereas Bartholomew's measure adds a fourth category called fearful avoidant or simply fearful. Latty-Mann and Davis (1988) used the Hazan-Shaver questionnaire to assess the attachment styles of a group of self-designated ACOA's attending an ACOA conference. They found that this group of ACOA's were four times as likely as a control group of non-ACOA's to rate themselves as high on both avoidant and ambivalent characteristics. Brennan, Shaver, and Tobey (1990) replicated Latty-Mann and Davis' results, although not as strongly. They got significant results using the two similar, but different, measures of attachment style mentioned above. They found that people who scored themselves as high on both the avoidant and ambivalent categories on the Hazan-Shaver measure were more likely than others to have problem-drinking parents. When Bartholomew's four-category questionnaire was used, adults whose parents were problem-drinkers tended to score high in the fearful category. Latty-Mann is currently finishing a dissertation concerning the

attachment styles of ACOA's and their mothers. This data is not entirely analyzed, but points to a higher incidence of "fearful avoidance" among ACOA's than among daughters of non-problem drinkers. Jaeger (1991, personal correspondence) is also completing a dissertation analysis of ACOA's attachment styles, and data analyzed so far indicates a predominance of insecure attachment in the ACOA population.

#### ACOA's, Depression, and Role Reversal

The high incidence of depression among ACOA's suggests that findings concerning depression and attachment status may be applicable to the ACOA population. A study of attachment in children of depressed parents found that insecure attachment patterns were more common among children of mothers with major depression than among those with minor depression or no depression (Radke-Yarrow, Cummings, Kuczynski & Chapman, 1985.) Insecure attachment was more frequent among children of mothers with bipolar depression than unipolar depression. The most severe depressions in mothers were associated with high avoidance/high ambivalent patterns in children. Cole and Koback (1990) studied college age girls who were depressed and/or eating disordered and found a strong association between depression and preoccupied attachment classification, with 57.1% of the depressed subjects classified as preoccupied in the Adult Attachment Interview. Of those who were depressed and eating disordered, 52% were classified preoccupied. This was in contrast to the eating disordered subjects of whom 66.7% were classified dismissing. Depression in daughters was associated with role reversal in the

family. The parents demanded support from the child, with their needs taking precedence over the child's well-being.

Zahn-Waxler, Kochanska, Krupnick, and McKnew (1990) explain this process as follows: The parent is preoccupied with his/her own problems and difficulties and tries to get support from the child. The child becomes hypervigilant to the parent's emotions, developing high levels of empathy and also guilt for not being able to respond to the parent. The child attempts to maintain the relationship, but is unsuccessful in filling the parents' needs. The child feels unloved and fears the loss of the parent. The child's resulting sense of inefficacy and low self worth results in the preoccupied pattern of attachment and depression.

The alcoholic parent fits this description, often being unresponsive to the child's needs and needing both emotional and practical support from the child. Brown (1988) described how the child of an alcoholic learns to deny his/her own perceptions and needs and instead, focus on the parent's needs. The child becomes enmeshed with the parents and cannot separate from them emotionally at the developmentally appropriate time. Bowlby (1973) noted this pattern in children who are school-phobic, describing these children as guilt-ridden and overconscientious as well as anxiously attached.

Role reversal patterns have also been associated with abusive families. Delozier (1982) found that abusive mothers reported more role reversal and feelings of responsibility for their own parents' well-being than did non-abusive mothers. Approximately two-thirds of the abusive group felt this way compared to one-third of the non-abusive group. Bowlby (1976) explained that abused children may become compulsive caretakers in an attempt to maintain attachment to their parent and as a way to deny their unconscious resentment at

not being cared for themselves. Their anger may then be expressed against their own children later in life. Morris and Gould (1963) theorized that abusive parents unconsciously identify their infants with their own parents, who, like their infants, "demanded, who could not be satisfied, and who did not satisfy the current parent" (p. 298). Alcoholic parents and their offspring may fit this pattern.

Type D disorganized/disoriented behavior in infants has also been associated with role reversal patterns in families. Main and Cassidy (1988) found that infants who had been classified as Type D at 12 months behaved in a controlling way with their parents when they were six years old. They controlled either through punitive directness or in a caretaking style.

### Subjective Experience of Parenting

Most research on internal working models has focused on how the infant forms models of relationships. More recent work has explored adults' models of relationships with their parents and peers. Although parental behavior has been measured and correlated with infant behavior and attachment groups, little research has focused on the parents' subjective experience of parenting. We know little about parents' thoughts and feelings concerning their children's attachment to them. Parents must feel bonded to their children in order for the attachment relationship to develop in an optimal fashion. If the parents have difficulty responding sensitively to their infants, insecure attachment may result. What is the parental experience of this insecure attachment? Several investigators, working independently, have been exploring these questions using similar structured interviews. Bretherton and Ridgeway (1986) developed the Parent Attachment Interview; Zeanah, Benoit, and Barton (1986) call their

instrument the Working Model of the Child Interview. Slade and Aber (1986) developed the Parent Development Interview. All attempt to empathically explore the parent's relationship with a particular child and to understand the parent's conceptualization of the relationship.

## CHAPTER III

### METHODOLOGY

#### Statement of the Problem

Adult children of alcoholics are a heterogeneous group. Their degree of dysfunction is dependent upon the manifestations of parental alcoholism in their childhood families. As demonstrated in the previous review of the literature, the little research published to date points to the probability that a significant subgroup of adult children of alcoholics are depressed and anxious, feel low self-worth, and have difficulties in intimate relationships. From the point of view of attachment theory, they tend to have insecure models of relationships. Their attachment patterns seem more likely to follow the A/C pattern of having high avoidant and high ambivalent tendencies or the D pattern of severe disorganization in their relationships. How do these adult children of alcoholics function as parents? How do they perceive and deal with nurturing a child when they have been poorly nurtured themselves? Do these adults pass on their parents' insecure patterns even if they themselves are not alcoholic?

The purpose of this dissertation is to explore how women's parenting of their own children is affected by their having had inadequate mothering as children themselves. The subjects' conceptualization of the caregiving relationship is examined by analyzing their internal representational models of relationships both in childhood and as parents. These internal models are

analyzed for evidence of both change and continuity in an effort to understand how having had inadequate mothering affects a woman's parenting behavior.

### Method

This study is exploratory in nature. Based on an extensive review of the literature in the fields of ACOA's, parenting, and attachment, as well as on conversations with researchers around the country, it appears that no one to date has attempted to explore the parenting patterns of ACOA's from the attachment perspective.

The present study uses a multiple case method. The subjects are three nonalcoholic or recovering women whose mothers are/were alcoholic. All subjects have children who are between two and five years old because attachment issues are more salient to younger children and their parents. Subjects were found through the Community Center for Family Counseling ("Saturday Circus"), a local parent education program. At Saturday Circus, the researcher explained the research briefly and passed out a confidential form on which parents were asked to indicate whether or not they were eligible for the study and wanted to volunteer to be a subject. The researcher contacted those who volunteered by telephone and chose the first three eligible volunteers to be subjects. This is a heterogeneous group of subjects who were not chosen because they were or were not abusive with their children. The subjects differ in age (24, 32, and 37 years old.) Two are married to their children's fathers and one is divorced from her child's father and lives with a boyfriend. One subject has one child, one has two children, and one has three children. One subject has an alcoholic mother, and the other two have two alcoholic parents.



All three subjects have heavily used alcohol or drugs, but are not using substances now. Subjects differ in class background. One came from an upper middle class background, one from lower middle class, and the third from a lower class background. Two of the subjects work outside of the home and the third is a student.

The researcher met with each subject privately three times. At the first meeting, the subjects signed an informed consent form and completed several self-report questionnaires concerning their parenting attitudes, childhood experiences, and relationship style. These questionnaires were not scored until the end of the study. After the questionnaires were done, the researcher interviewed each subject about her childhood relationships with her parents using the Family Interview (Bartholomew & Horowitz, 1991). This interview lasted about one to one and one half hours. The interviewer met with the subject later the same week and administered the Parent Attachment Interview (Bretherton & Ridgeway, 1986) concerning the subject's parenting experiences and relationships with her children. Both interviews were audio-recorded and transcribed verbatim by the researcher using the protocol used in attachment research, noting pauses, laughing, and any other verbal peculiarities. Both interviews were analyzed by the researcher. In addition, the Family Interview was analyzed by two raters, Kim Bartholomew, Ph.D., a researcher at Simon Fraser University in British Columbia, who wrote the Family Interview used in this study, and another rater trained by her. The two independent raters each rated the interviews separately and their scores were averaged. The average scores were reported in this study. The primary researcher was blind to both the independent interview ratings and the questionnaires until after the main analysis was completed.

The researcher met briefly with each subject a third time approximately two months after the second interview to let the subjects examine the interview transcripts, discuss any feelings and thoughts that had emerged from the first two interviews, and to give the subject an opportunity for closure. This last meeting was not transcribed.

### Instruments

1. The Children of Alcoholics Screening Test (CAST) (Jones, 1983). The CAST is a 30-item self-report inventory with a yes/no format that deals with "(a) psychological distress associated with a parent's drinking, (b) perception of drinking-related marital discord between parents, (c) attempts to control a parent's drinking, (d) efforts to escape from the alcoholism, (e) exposure to drinking-related family violence, (f) tendencies to perceive parents as being alcoholic, and (g) desire for professional counseling," (Jones, 1983, p. 5) The test manual reports that, in a sample of adults, a Spearman-Brown split-half reliability coefficient of .98 was obtained. No test-retest reliability studies have been reported. The two validity studies reported in the CAST manual both showed significant score differences between diagnosed or self-reported children of alcoholics and randomly selected control group children (Jones, 1983). High scores on the CAST appear to be related to low family cohesion, high family conflict, and low overall family support (Dinning & Berk, 1989).

2. Adult Attachment Questionnaire (Bartholomew & Horowitz, 1991). This is a short self-report questionnaire that asks people to rate themselves on four different relationship styles (which correspond to the four attachment patterns).

It uses both categorical and Likert-type ratings. No psychometric measures for this questionnaire are available.

3. Mother-Father-Peer Scale (Epstein, 1983). This scale includes the following measures: the degree to which mothers and fathers are reported to have been independence-encouraging versus overprotecting, the degree to which mothers and fathers have been reported to be accepting versus rejecting, and the degree to which peers are reported to have been accepting versus rejecting. There is also a measure of defensive idealization of the parents. All items are responded to with respect to when the testee was a child. Reliability ratings for the M-F-P scales range from .88 to .93. The mother's self-report on the mother acceptance scale about her childhood has been found to be highly correlated with her sense of loveworthiness in adulthood and with her child's behavior (Ricks, 1985).

4. Adult-Adolescent Parenting Inventory (AAPI) (Bavolek, 1984). This 32-item self-report inventory is designed to assess the parenting and child-rearing attitudes of adults and adolescents. Using a five-point Likert scale, responses to the items of the inventory provide an index of risk for practicing abusive and neglecting child-rearing behaviors. The subscales on this inventory are: Inappropriate Expectations of Children, Empathic Awareness of Children's Needs, Belief in the Use of Corporal Punishment, and Reversing Family Roles. The four parenting constructs were developed from a literature review. A content validity criterion of 80% agreement among experts that items were perceived as an accurate measurement of each construct was established and met. Items in each of the four constructs resulted in an internal reliability equal

to or greater than .70. The total test-retest reliability of all the items is .76. Studies to establish the diagnostic and discriminatory validity of the AAPI have found that scores on the AAPI were capable of discriminating an abusive parent population from a population of non-abusive parents (Bavolek, 1989).

5. The Parent Attachment Interview (Bretherton & Ridgeway, 1986). This is an in-depth, structured, but open-ended interview which inquires about the subject's experience of parenting and relationship with a particular child from an attachment-theoretical perspective. It focuses on the parent's point of view on attachment issues such as emotional communication, separations, and negotiating autonomy. It inquires additionally about intergenerational similarities and differences with the subject's family of origin. The original interview was evaluated on a sensitivity-insight scale, the scores of which were found to correlate significantly with other measures of attachment which were administered prior, concurrent, and subsequent to the interview. In readministration, the interview has also shown some indication of stability over a one and a half year period, although these findings must be considered provisional at this time (Bretherton, Biringen, Ridgeway, Maslin, & Sherman, 1989). The current researcher did not use the original sensitivity-insight scale to evaluate the interview because it was too general to suit the purposes of this research. Instead, a detailed content and process analysis of the mother's internal representational models of caretaking was done, based on the current researcher's understanding of attachment theory.

6. The Family Interview (Bartholomew & Horowitz, 1991). This is an in-depth, structured, but open-ended, interview which inquires about the subject's

childhood family relationships from an attachment-theoretical perspective. It explores the subject's relationships with both parents with an emphasis on emotional communication, separations, rejections, loss, and changes in the parent-child relationships as the child grew up. The present author, with Bartholomew's permission, added questions that were specific to the ACOA population in this study. These added questions inquire about the effects of parental alcoholism in the subject's family, alcohol and drug use by the subject, suicide attempts among family members, depression in family members, incidents of role reversal in the subject's childhood, and counseling experiences of the subject and her family.

Bartholomew and Horowitz (1991) reported that interview ratings were based on the mean scores of two coders. Reliability was calculated with coefficient alpha. Reliability figures for the ratings of the four relationship styles ranged from .75 to .86 overall. Reliability ratings for the individual scales range from .7 up, and reliability for the entire ratings is much higher now than when the cited article was written (Bartholomew, personal communication). The article cited above contains complete psychometric information about the construction and validation of this interview.

### Analysis

The data provided by the subjects in this study was analyzed in several different ways. Each subject's data was analyzed separately. First, the content from both interviews was reported and summarized. Then, the researcher's personal observations and feelings toward the subject during the interview were noted. The interview material was examined next for how the information could be explained by findings in the child abuse literature and by theories in

the ACOA literature. The interviews were then examined for evidence of role reversal in the subject's current family and in her family of origin.

The rest of the analysis of the interviews was done from the point of view of attachment theory. First the subject's childhood attachment experiences were examined and a guess was made as to the attachment category of the subject's parents. The subject's attitude toward attachment was examined for evidence of valuing or devaluing attachment. Included in this was her attitude toward the process of being interviewed. The next part of the analysis examined the subject's coherency in the interviews. This included analysis of her ability to remember experiences, how she presented general and specific memories, contradictions in the content, evidence of idealization of relationships, evidence of disorganization in internal models, and openness and flexibility in integrating new information. The subject's attachment behaviors as a child were then noted along with the parental caretaking behaviors of the subject's parents and of the subject herself with her own children. Next, the interviews were analyzed concerning emotional processing. Emotional processing in the actual interview was noted as well as the subject's reported emotional processing. This analysis dealt with how the subject manages affect, including what emotions the subject feels and doesn't feel, how her emotional processing has changed since childhood, and how she talks about and deals with the emotions of other people, especially her children.

The subject's parental behavior was the focus of the next part of the analysis. Special attention was paid to how the subject and her child deal with separations and secure base behavior. The subject's sensitivity and insight with her child was discussed next. The last section of the main analysis examined the subject's internal models of self and others in childhood and

adulthood, both with peers and as a parent. The last part of this section was an analysis of how the subject's internal models of self and others had or had not changed since childhood.

At this point, the results of the independent analysis of the Family Interview were compared to the analysis done by the main researcher. Next, the data from the various self-report measures was examined and analyzed as to how supportive of the interview data they were. Each case analysis ended with a review of the study's hypotheses as they relate to that subject. After the three cases were analyzed separately, the study's hypotheses were reviewed in light of the entire data. Additional findings from the three cases were then presented.

The researcher is aware of the phenomenon of illusory correlation in which the one tends to see what one is looking for and not see what one is not looking for. This research utilized several safeguards against this possibility. First, several self-report measures were used in order to provide a more objective measure of remembered childhood experience, parenting attitudes, and relationship style. Also, the Family Interview was analyzed by two independent raters whose ratings were not revealed to the main researcher until after the main analysis was completed. These two raters necessarily had the same theoretical orientation as the main researcher. The subjective nature of the analyses must be seen as a limitation of the present study.

### Hypotheses

The hypotheses for this study are as follows.

### Hypotheses Concerning Content

Hypothesis 1. Daughters of alcoholic mothers will have insecure models of relationships and will fit into Bartholomew's Preoccupied or Fearful categories.

Hypothesis 2. These subjects will report incidents of role reversal with both their parent and their children. Their levels of denial will vary depending upon their attachment behavior. Subjects with a balanced view of attachment relationships will show less denial. Denial is demonstrated by memory loss, perceptual distortion, emotional rigidity, and behavioral incongruity.

### Hypotheses Concerning Internal Representational Models

Hypothesis 1. A subject's internal representational models will be consistent across relationships--the models will differ only slightly according to with whom the person is in relationship (parent, child, peer).

Hypothesis 2. Subjects may have experienced changes in their attachment behavior and internal representational models over time. The direction of these changes may be either from insecure to secure or from secure to insecure attachment.

Hypothesis 3. Subjects may display behavior indicative of all the four attachment styles either because they have more than one internal model or are in transition from one style to another.

Hypothesis 4. A change in one relationship will affect other relationships in which the subject is involved. Not all relationships will change at the same speed. All internal models may be in the process of changing.



Hypothesis 5. As internal representational models of relationships change, emotional sensitivity and emotional openness both to the self and others will change.

Hypothesis 6. As her internal representational models change, the subject's ability to perceive her child's attachment needs accurately and respond to them appropriately will change.

Hypothesis 7. Transition and change in internal representational models will have come about through the subjects' engaging in substantially different kinds of relationships than they had experienced in the past.

Hypothesis 8. Having and caring for a child will be a catalyst for change in internal representational models.

Hypothesis 9. Attachment theory will offer a more complete explanation for the relationship between being cared for and caring for others than the current theories about ACOA's and intergenerational child abuse.

## CHAPTER IV

### CASE ANALYSES

This chapter consists of the three case analyses. They are entitled Anne, Carol, and Bobbi. The cases are analyzed in detail separately. In the final chapter of the dissertation, the cases are compared and discussed in light of the hypotheses for this study. The case analyses are organized in the following manner:

- I. Content Summary: Family Interview & Parenting Interview
- II. Interviewer's Comments
- III. Child Abuse Literature
- IV. ACOA Analysis
- V. Role Reversal: As a Child & As a Parent  
Attachment Analysis:
- VI. Childhood Attachment Atmosphere
- VII. Attitude Toward Attachment
- VIII. Coherency of Mind: Memory, Idealization, & Flexibility
- IX. Attachment Behavior: As a Child; Parent's Caretaking Behavior;  
As a Parent
- X. Emotional Processing: Content and Process in Interview
- XI. Secure Base and Separations
- XII. Sensitivity and Insight
- XII. Self and Others: Childhood; Adult with Children; Adult with Peers

- XIII. Independent Raters
- XIV. Questionnaires: CAST; Relationship Questionnaire; AAPI; MFP
- XV. Hypotheses

The interviews for this study were transcribed exactly as they were spoken, including hesitations, laughs, repeated words, and unfinished sentences. Laughter and pauses of one second and longer are noted in parentheses in the transcripts. This allows the researcher to analyze the process of thought and expression as well as the content of the subject's interview. The following analyses contain liberal quotations from the from the interviews. The entire transcripts of the interviews are available by writing to the author at 1902 Jefferson St., Eugene, Or. 97405.

Anne

## Content: Family (Childhood) Interview

Anne is 32 years old and works as a free-lance writer. She is married and has two children, Sam, nine years old, and Joey, five years old. Anne grew up in an upper middle class family. Her father was an engineer and her mother mainly stayed home with the children. She was the youngest of three children with two brothers, six and seven years older than she. Anne reports that her mother was and still is an alcoholic. She says that her mother's drinking increased after the family moved to another state when Anne was eight years old. Apparently in their new home, Anne's mother had a hard time making friends and was alienated from her husband. Anne characterizes her mother's behavior in Anne's growing-up years as alternately withdrawn and extremely angry. She says that her father was a "workaholic."

For the most part the years in Ann Arbor were him withdrawing to work and her withdrawing to the couch with her cigarettes and her drink and her books where she'd read, and just, kind of where she lived.

Anne's parents were frequently emotionally estranged when she was young, but they are still married now and, she reports, happy together. Anne says she was "an oops" and that she was glad she was a girl because she thinks that pleased her parents more than if they had had a third boy. Still, she reports feeling like she had to be an "easy kid" so as to not make them regret having had her.

Anne remembers her father as being a "classic 50's and 60's dad, kind of distant, but quite benevolent." As a father, "he was definitely afraid to get close." She remembers having little actual time or contact with him, but feels he "didn't

wish us ill." She has a few memories of loving interaction with him which are very significant to her. She thinks his difficulty with intimacy was a result of his childhood since, "He's the kind of person who was not loved much, didn't see much love as a kid."

Anne says her mother was inconsistent, sometimes distant, sometimes angry, and sometimes loving. In the interview, Anne spoke of her mother, saying "she was always there" and moments later, saying "I remember the real loneliness that I had" when with her. Anne identified with her mother's femininity as a child and remembers doing "female things, kind of being a little lady" with her. She recalls her mother being generally distant except when Anne was sick; then her mother was very attentive and loving. Says Anne with a laugh, "Consequently I got psychosomatically sick a lot as a kid." She says her mother withdrew frequently, drinking alcohol and smoking cigarettes. Over the years, her mother seemed to get more depressed and her angry outbursts increased. Anne says she and her brother called her mother,

the Arctic Blast... because, you know, she'd be this, this wall of ice for a while. You never knew what was going on and then, Boom! You know, she'd just malign your character and... just attack... Leave you half frozen and half dead.

By the time Anne was about 12, her mother's angry episodes were frequent and Anne felt frightened and rejected.

Anne remembers being lonely as a child. Her earliest memory is of lying alone in her crib crying. She says when she was unhappy or upset she would go into her room and cry, "in hopes if I cried loud enough someone would hear me and come in and take pity on me and hug me and make things better. But it usually didn't work really well (laugh)..." She says her parents were "stony-faced" when she was upset. She does recall that sometimes "there would be,

you know, intellectual recognition of the distress I was in" along with "a stiff squeeze" rather than a hug. Anne reports that her parents' main discipline method when she was small was isolation. When she was older, she remembers them using threats of abandonment or disowning her, a technique she sarcastically says was not very effective.

Anne found her parent's behavior to be unpredictable and dealt with it partly by trying to smooth things over in her family emotionally, to distract them from fighting by "asking irrelevant questions" and being "the very best little girl I that could be." After age 12, Anne attempted to stay away from home as much as possible. She got involved with boys early and had a serious high school boyfriend with whom she was sexually involved. She feels now she had been starved for affection and got it from boys. As a teenager Anne began to have what she later came to call panic attacks. She was often very unhappy and remembers doing "sort of suicidal things like cutting ineffectually at my wrists with not very sharp knives usually just because I'd just get so upset I just wanted something to interrupt the, the distress."

Anne says that her relationship with her parents improved when she left home to go to an out-of-state college. She characterizes their present relationship as "quite friendly." She says, "...for the most part we have a good time together. It's very guarded on my part. I mean, I, they make me nervous." She says she is

...not going to drive myself crazy getting along with them any more. They can do what they can do and I'm gonna do what I'm gonna do, and if we can, you know, know each other and have a pleasant interaction from time to time, that's great.

Anne has tried to make the best of a difficult childhood. She feels that "I certainly didn't have the most tragic kind of experiences" and says "I've just kind

of turned it into a perfectly acceptable experience." Concerning her childhood, Anne says "It's not such a, it's not a complete sense of loss..." and that some good things have come out her painful experiences,

some really good things like, you know determination to be a really good friend and a very accepting parent and, and all that, and to keep talking to my mate and not let ourselves get to the point that we (giggle) have lack of communication.

#### Content: Parenting Interview

This interview focussed mainly on Anne's relationship with her second child, five-year-old Joey. Anne was very happy to be pregnant with Joey since she was enjoying her first child and wanted to have two children. She says her husband was also happy about her pregnancy and she had support from a mothers' group she attended. She remembers feeling interested in and protective of her unborn child. After a difficult labor and birth, Anne was disappointed to have had a second boy. As soon as she held him in the delivery room, however, she felt sympathy for him for his difficult birth experience and "we started to have a good bonding experience."

Anne reports that Joey was very sweet and was an "easy baby," which made it easier to accept that he was a boy. She says she doesn't wish he was a girl, and since she only can handle two children, she "borrow(s) friends' girls." Anne breast-fed Joey because "it was just sort of an instinctive thing." He wanted to stop nursing at eight months before Anne felt ready to stop. After a few weeks of trying to force him to nurse, Anne weaned him. She remembers Joey being a very sociable and adaptable baby.

Anne describes her son currently with the following adjectives: bright; sensitive; adaptable; empathetic; strong-willed. In general, she describes him

in positive ways and supports her general descriptions with specific instances. Activities Anne enjoys doing with Joey include going out to lunch and talking, going to children's movies, playing games, and chatting while shopping together. Anne says that she almost always feels close to Joey, especially when the two of them are alone together without her older son.

Anne says the most difficult times for her with Joey are when he whines and complains when he is tired or overwhelmed. She says then she reminds herself that is not going to grow up faster just because she is impatient. She also gets frustrated when he won't cooperate with her plans. She tries to use empathy with his feelings to get him to cooperate with her. Joey generally shows his will through passively resisting rather than with direct, angry resistance. Her two children fight quite a bit and Anne is trying to learn not to intervene in their fights, but to encourage them to settle them themselves. She describes a tendency to try to make them be happy as she had tried to do in her family of origin. Anne returned to therapy last year to try to deal with this need.

Anne could remember times Joey was upset or scared and tell how they had dealt with those times. Generally she tries to be empathetic and talk about fears rationally. She tells of staying near him when he was sick and trying to relieve his discomfort. When he is angry, she encourages him to talk about how he feels without anger.

Anne seems to have little difficulty with autonomy issues with Joey. She sets firm, but flexible limits; he seems agreeable to her limits. Although she wants him to be competent at doing things himself, she is usually willing to help him when he asks for assistance. She says she doesn't mind indulging him because he is the "baby of the family."

Anne has never been separated from Joey for more than three days at a



time. She reports that he gets a little sad at separations, but doesn't get very upset. He puts up some resistance to going to day care or having her go out at night with her husband. Anne tends to make light of his feelings in this area.

Anne says that she and her husband enlist similar childrearing practices with the children, although her husband is more easygoing and less overwhelmed by "kid action." She says they are equally warm and involved, but Anne spends more time with the children since her husband works full time. Anne says that she is affectionate with the children, doing things like walking with an arm around them or stroking their hair.

Anne reports that she used to occasionally spank her children. She stopped it when she decided that it wasn't improving the children's behavior or making her feel any better. She does not have a clear idea of how to discipline her children in order to reduce their fighting with each other. She says when she gets overwhelmed she sometimes yells at the children, but never the personal, hurtful kinds of things her mother yelled at her. She says she thinks she sounds more patriarchal like her father. Anne says that she wants her children to like her and sometimes has difficulty being the bad guy because of that. Anne volunteers that she has very high standards for herself as a parent and tries not to let her feelings of insecurity affect her children. She says she tends to sometimes feel overwhelmed by the children and then becomes more withdrawn.

Anne reports that her relationship with her parents has changed only slightly since she has had children. They treat her more as an adult and feel like she now understands better how hard it is to have children. Mostly, however, Anne feels their relationship changed more when she moved out of their house and went to college than when she had children.

Anne thinks she and Joey are similar in their easy-going nature, but feels he is more secure than she was as a child and needs approval less than she did. She feels she has grown through seeing how Joey lives "for himself" and not necessarily to please others. She expects him to be a rebellious teenager and expects to have difficulty letting him grow away from her. However, she anticipates him being a delightful, marvelous adult with whom she will have a close relationship.

Anne feels that she is able to be a better parent than her parents because her parents did give her some love and she could feel that. She says she also learned clearly how not to treat children. She concludes that if you can survive it, there may be benefits to having a difficult childhood.

#### Interviewer's Comments

At the start of the first interview, Anne appeared a little scared, but later became fairly relaxed. She was very open verbally with the interviewer, and eager to be helpful. She tended to speak quickly and give long answers to the questions. She made eye contact with the interviewer sometimes, but not consistently. Anne seemed fairly well controlled emotionally, especially during the childhood interview, showing emotion only briefly. During both interviews, she was frequently mildly sarcastic and made humorous comments about her parents' shortcomings and her difficulties with her children. Her answers were punctuated with laughter and expressive demonstrations of how people talked or felt. Anne later reported that she was "chatty" during the first interview because it made it easier to talk about these difficult things. Although she was talkative and helpful, Anne was only moderately warm. She behaved

appropriately for the interview. As the interviewer, I liked her and felt comfortable with her, but sensed that she was somewhat contained emotionally.

### Child Abuse Literature

Although Anne was emotionally rejected and abused as a child, she does not appear to be abusing her own children. This could be predicted since she demonstrates many of the research-based qualities of a non-repeater. First, she was not as severely abused as many children. She was emotionally rejected and abused, but not physically or sexually abused (that she reports). She had one parent, her father, who, although not consistently available, generally liked her and offered some support. Second, she remembers her abuse and is, or was, angry about it. She feels she didn't deserve it, although she occasionally minimizes the effects of it. She doesn't idealize her parents, nor does she see them as all bad. Third, she married a man who grew up in a healthier family than her own and who is supportive of her and their children. Fourth, she has had three short-term therapy experiences in which she processed some of her childhood pain. In dealing with her panic attacks, she realized, "Basically, I was afraid of, that I would die of a broken heart." She recalls going through a time of deep sadness and grieving for her lost childhood. Consequently, she was able to regain access to her childhood suffering and increase her sensitivity to her own children. In summary, the research on intergenerational child abuse would predict that Anne would be likely to not abuse her own children.

## Adult Children of Alcoholics Analysis

The literature contains little information or research specifically about women alcoholics as mothers. When the father is alcoholic, usually the non-alcoholic mother is responsible for most of the child care and the children get more care and stability. When the mother is alcoholic, the effect on the children would be expected to be more severe, especially for the female children who look to their mother as a role model.

In Anne's case, her mother was sometimes sober and dependable. Other times, she seemed to use drinking as a way to withdraw from the burdens of childrearing, a distant husband, and an unsupportive social environment. Drinking made her especially unpredictable to her children. It could make her more withdrawn, more open, or more angry. According to Anne,

When she was, I think, first starting to get a buzz on, she was very, you know, kind of, jolly, and we'd have a little more family togetherness...And then, but I think, the longer she drank and the more she drank, she got real remote, you know, she just got so that she didn't really care about much other than her (3 sec. pause) her wall.

It could also fuel her angry attacks on the children.

As the literature predicts, Anne responded to her mother's unpredictability and her father's disengagement by trying to maintain family harmony through controlling her own feelings and behavior and trying to smooth over everyone else's also. Anne remembers feeling she had to keep everything together for the family emotionally.

Um, I think I had the real strong sense that if I allowed things to reach their natural conclusion, you know, negative interactions--if I allowed them to go, then life as we knew it would just implode and cease to exist. So for me it was really a survival thing, that I not only be nice, but make sure everything else was OK too. So I was a busy little girl. (laugh)

The literature about children of alcoholics says that the family's denial of the problem of alcoholism leads the children to deny that anything is wrong and therefore to deny their own feelings of pain. Anne fits this pattern, saying that she was in denial that anything was wrong in her family until she was about 12. She says she was loyal to her parents. "I knew that my life depended on absolute and unquestioning loyalty..." That denial broke at adolescence however and she felt she then "was ready to admit that something was quite wrong." At that point, rather than staying tied to her family and continuing to try to control them, Anne opted to leave emotionally. She tried being honest with her parents and she tried fighting with them. She eventually opted to lie to them about her activities and do as she pleased. As an adult, she expressed her attitude toward changing her parents as, "I've spent so much of my life, uh, convoluting myself to try and you know, change other people that I'm tired and (small laugh) I'm not going to really bother too much any more."

As a mother, Anne tries to avoid her parents' mistakes. She succeeds to a large extent, although she does evidence some of the difficulties the literature predicts for ACOA parents. Anne has very high standards for herself as a parent. She still feels somewhat insecure and has difficulty accepting her children's negative feelings if it undermines her feeling of being a good mother. She has to fight her childhood tendency to try to please everyone, including her children. She also tends to get overwhelmed by her children sometimes and withdraw to the couch as her mother did.

Anne suffers from an affective disorder and reports she used alcohol for ten years to try to deal with her emotional pain. She no longer drinks and is somewhat able to control her panic attacks. With the help of therapy and her husband who is not from an alcoholic family, Anne has recovered much of the

emotional truth of her childhood.

### Role Reversal

Anne shows a limited tendency to reverse roles both as a child with her own parents and with her own children. In both situations, the role reversal occurs mainly in the emotional realm. Support for this view comes both from Anne's own appraisal and from analysis of her style of thinking about her parents and children.

#### As a Child

In answer to the question "What kind of young child were you?," Anne first answers from her mother's point of view, telling how her mother was shocked to be pregnant again, and eventually explaining that she had to be a good, nice child in order not to make her mother regret having her. From the beginning she defined herself in terms of what her mother felt rather than from her own self. Anne also remembers feeling that, for her own survival, she had to take responsibility for the family's emotional happiness. Her parents did not seem to be able to regulate things in this area, so Anne tried to take over that job-- "...what I did for the family was just to be, to facilitate everything whenever I could." "So for me it was really a survival thing, that I not only be nice, but make sure everything else was OK too. So I was a busy little girl. (laugh)" Later in the interview she recalls, "I had to be such a good little girl and to be making sure everybody was happy all the time. I wasn't able to be just an irresponsible kid and do my kid stuff."

Recounting being separated from her parents at age five for three weeks,

Anne doesn't recall being very upset, but curiously, remembers her parents coming back "looking very happy." She talks about her parents' needs as if she were aware of them at the time. "But I also knew that (3 sec. pause) it was important for them to be happy and this was gonna make them happy." This concern for her parent's needs shows again, that as a young child, Anne was aware of and felt somewhat responsible for satisfying, her parents' needs.

When she reached adolescence, Anne apparently stopped trying to maintain control in this area. She recalled a time that her mother blew up at her and her brother, saying "I think her real fury was in (2 sec. pause) our lack of telepathy." She implied that her mother expected her to know how she felt and to be attentive to her mother's wishes without being told, an attitude Anne had apparently given up.

To a question about whether or not she felt like her parents understand her now, Anne answered, after some pauses,

No. They, they see part of me and they approve of that that they see and they are pretty much learning to enjoy harmonious relationships. They get what they can out of it. I wish they could get more, but I'm not...

Her answer focusses her parents' inability to understand and how they are missing out on something rather than focussing on how she feels about not being understood. This is a throwback to her tendency to see herself through their eyes instead of her own experience.

Questioned about how her relationship with her parents has changed since she has had children, Anne answers first that "they've been happy to see me understand firsthand how hard it is to have kids." This implies that Anne's parents want her to understand them and accept them, a role reversed expectation. She says they have occasionally been helpful with her children,

but mostly they rarely talk any more about "what a terrible teenager I was, the awful phase of their lives I caused..." When they do, Anne sarcastically says she gives them "a little bit of recognition for all their pain and suffering." Apparently they still have not given her recognition for her pain and suffering.

In summary, Anne's childhood role reversal tended to be mostly in the area of emotionally stabilizing the family through being a "good girl" and controlling her behavior to try to make everyone happier. She abandoned this strategy at adolescence to live her life as she pleased at the cost of emotional abuse from and conflict with her parents and general family disharmony. She does not feel responsible for her parents at this point although she seems more understanding of them than they do of her. She still tries to maintain pleasant relations with them by being friendly and superficial.

### As a Parent

As a parent, Anne shows a tendency to want her children to provide emotional support to her. She describes five-year-old Joey as being empathetic and mentions several times how he empathizes with her feelings. For instance, she says,

In general he will come up and say things like 'You look really discouraged' (laugh) which usually, um, lifts the clouds of discouragement off my head because it's neat to have somebody so insightful who can come there and, um, be with me in my feelings.

In describing fun things they do together, Anne recounts how they talk about Joey's activities and friends, but also adds that,

That's just kind of a nice time to (2 sec. pause) for me to tell him, you know, what's been happening in my life, you know, 'Boy, I've got this real challenging thing I'm working on, this book, and I'm



trying to get it done by Friday and it's really hard. It takes me so long to write it and uh,' And he tells me what he's working on; and (laugh) it's kind of, kind of, a neat little friendship.

Anne reports that when she is angry at someone else sometimes the children just "lay low" and

sometimes they'll both try and empathize with me...And they, I guess they're kind of parroting me. They try and be real specific about what it is we're complaining about...you know, I think they're supportive in that way. They're, they validate my feelings, too. (laugh)."

Again here, as above, Anne perceives her children as empathizing with her feelings and giving her support.

As an example of Joey's empathy, Anne tells a story about a week when she was grieving about her childhood and how Joey threw tantrums and broke his toys all week. Anne and her therapist felt that Joey was trying to distract his mother from her grief. If their interpretation was correct, then Joey was acting out of a need to take care of his mother, a role reversed position. Of course, Joey could have been simply acting out his own fright or anger at his mother's changed affect and her depression. Anne reported that she explained to Joey that he didn't have to take care of her, but added, "If you want to give me extra hugs sometimes when you see me looking sad, great (small laugh). I can use them." Here she is definitely using her child as a source of comfort, the kind of comfort she wished for, but rarely got from her parents.

If Joey can be supportive to her, he can also hurt her. When Joey gets angry, Anne reports that he "usually yells things, what, what he thinks can be most hurtful--'I wish you weren't my mother' and things like that. And similar things to his brother." Anne admits to momentarily feeling hurt by these things and feeling vengeful toward Joey, although she tries not to show it.

Anne says she tries not to let her feelings affect the children. She says

that sometimes though, Joey says to her, "You look aggravated." She finds it funny that he uses these long words. Anne says she tries to be specific about what she is feeling if Joey asks. Although Anne tries not to make him the emotional sympathizer for the family, he seems to keep a watch on her feelings.

She reports that once when she was irritable, "He just said (dramatic voice), 'Well, excuse me!' (laugh) and stomped out. (laugh). It just, again, it just cracks me up. So, he has many ways of diffusing the household tension. He's very adept." Anne interprets Joey's behavior as diffusing tension and keeping people happy, a role she played as a child, but she doesn't see herself as asking him to do that. It is interesting that Anne interprets Joey's behavior as being motivated by diffusing tension; she doesn't look at other possibilities to explain his behavior.

Anne says that she still has the tendency to want to keep everyone happy in her family and returned to therapy a year ago because "it was driving me nuts trying to keep people happy." When asked directly if anyone besides herself in the family tries to maintain family harmony, Anne replies that,

sometimes Joey (3 sec. pause) let's see (3 sec. pause) he tries to be (1 sec. pause) empathetic and tries to help people feel better by it...I can't think of any specific incidents where he's tried to gloss, you know, gloss things over which is what I used to do. Sometimes he tries to get at the heart of the matter, which is, (3 sec, pause) commendable, I suppose. (small laugh). "What's really the problem here?"

Joey seems to be doing his best to mediate between family members and maintain harmony. His method is different than Anne's was as a child, but his purpose is the same.

Anne not only sees her children as direct sources of emotional support, she also indirectly depends on them to make her feel loved. Anne says that she

feels that with her children, she wants,

to be wanted, you know, I want my kids to want me as a mom, I want to be popular. I want them to like me. And there are definitely times when I have to put that aside cause just discipline-wise it doesn't work to always be the nice guy... Uh, I think I was, I tried to be pretty affectionate with my parents as a way of ingratiating myself into the family unit. And I probably still do that; that's certainly part of my motivation. I want to be, I want them to look back and think, yeah, boy, my mom was always giving me pats on the back and stuff.

Anne talks about being affectionate to her children as a way of obtaining love for herself rather than as a way to meet their needs.

In summary, Anne shows some tendency to role reversal with her children in the area of emotional nurturing. As a child she felt her feelings went unacknowledged most of the time. Except for several important exceptions when her father empathized with her, Anne felt lonely and like she needed more love than she got. As an adult Anne is still trying to be liked and to get support from others, including her children. Although she may not be consciously encouraging them to be sensitive to her, Anne is pleased when her children empathize with her and she uses them as a source of emotional support. As Anne played a role in stabilizing her family emotionally when she was a child, so she allows her younger son to play a similar role now.

#### Attachment Theory Analysis

This portion of the analysis will examine Anne's transition to parenthood from the point of view of attachment theory. It begins with a review of Anne's attachment relationship with her parents. It will then address the changes over time in her internal representational models of relationships. This will include analysis of Anne's state of mind in regard to attachment demonstrated by her coherency in discussing attachment relationships during the interview, her

emotional processing in the interview, the feelings she reports, the attachment behavior she discusses, her ability to serve as a secure base for her children, and her sensitivity and insight as a mother.

### Anne and Her Parents

There is a evidence to support the conclusion that Anne's parents acted out both the Disengaged style of parenting and the Preoccupied style. In the Disengaged style, caretakers habitually ignore their children's distress and reward independence and emotional control. The parents themselves don't value closeness and dislike physical contact with their children. Anne's parents, especially her father, often fit this pattern. As well, Anne's mother showed some behavior that fits the Preoccupied style of parenting in which the caretaker is Preoccupied with her own emotional needs and is only inconsistently responsive to her child. Anne's description of her mother's drinking, withdrawal, and sudden angry attacks suggests she behaved in this way.

She says that she doesn't have "a whole lot of specific memories" about her mother before she was ten years old and says that maybe that is due to her mother's being distant, "I think she kind of always wanted to be left alone to some degree"... and used alcohol to..."put up a little bit of a wall from her kids." Anne does remember having talks with her mother while her mother cooked and Anne sat "on the other side of the divider, which I think she needed." Anne remembers these talks as being "fun" even when her mother disapproved of her daughter's behavior. Anne reports that her parents were somewhat affectionate at bedtime, with some hugs and kisses, but in general were not particularly

physically affectionate. They were more likely to say, "you're a good girl" than to use a "spoken endearment." Only when Anne was sick was her mother attentive, behavior that Anne attributes to guilt.

Anne's earliest memory is of lying in her crib crying, having no one come to comfort her and feeling "irritation." As a child, Anne reports her parents responded to her crying by not being "particularly sympathetic." She says, "I think they figured it would go away if they ignored it." She says sometimes they would be "pretty supportive" if she were upset, and verbally give "intellectual recognition of the distress I was in." When Anne was in a lot of pain and went to her school counselor for help, her counselor called her mother in to talk. Upon seeing Anne in the counselor's office holding hands with her boyfriend, Anne reports that her mother stormed out and refused to talk with them. Apparently Anne's mother also chose to ignore Anne's suicidal gestures. All of these behaviors suggest a disengaged style of parenting that frequently leads to an avoidant attachment strategy in children.

Anne reports that her parents' method of dealing with her teenage rebellious behavior was to threaten to disown her. "'Out! Out you go!...We'll kick you out of the family'...It just seems like such a quick step to absolute desperation." They were unable to deal with conflict or negotiate the changes in their relationship with Anne when she reached adolescence. Anne says that she was happy to leave and be her own person and that they were both happier when she was gone from the house more. Of course, her unhappiness and panic attacks belie the easy solution that avoiding each other seemed to offer.

A child who does not feel secure with her parents feels uneasy being separated from them out of fear they may not be there when she returns. Anne recalls feeling "bereft" when sleeping at friends' houses as a child and says that

even now she feels lonely when she is away from her family. Despite her desire to leave her parents' home, when she went away the summer before college, she got sick and "had to go home for a while and had to get my mom to take care of me, which she did. And then I was OK again (small laugh) and I went back into the world." This is a replaying of the secure base phenomenon in which Anne had to return home for nurturing, which, of course, she had to get sick to receive.

Anne tells of a time when her mother got angry, told them she was leaving, and ran out during dinner. Anne remembers her father taking over and talking to the children about what they would do if mother didn't come back. The bonds in this family were so fragile that the family actually believed their mother might not return.

All of the above evidence suggests a Anne's parents had a Disengaged style of parenting that often encourages an Avoidant strategy in children. Anne's mother also had a Preoccupied tendency that encourages a child to be Ambivalent with regard to attachment.

#### Attitude Toward Attachment

Anne clearly values attachment. In the interviews she talks about love and closeness as desirable qualities of a relationship. She talks about her own efforts to get care, such as her frequent childhood illnesses that would attract her mother's nurturing. Anne sees the effect of lack of nurturing in her father, how he "never really felt that he was OK...whenever topics would get too personal, he'd very adeptly step into another topic with you." She calls her father's few times of empathetic interaction with her "the most wonderful

moments of my childhood."

Anne says she wishes her parents could have given her more love. She says, "I think it was, you know, I needed more love" but feels that she got enough to be able to "be a real good friend, a good wife, and a good mom." Loyalty is important to her. She mentions it as one of the qualities of being a good friend and she mentions several times how she has learned to be compassionate and accepting of others.

Similarly, Anne speaks often about being close to her children. She felt close to them before they were born and she hoped for a "snuggly" baby. She enjoys spending time with Joey alone talking and she tries to empathize with his feelings. She wonders if she will be able to let him go when he is an adolescent. Anne was very happy to be interviewed and was not at all hostile to the purpose of the interview. She was happy to be of help and felt strongly that the topic of the research was important.

### Coherency of Mind

Anne is quite coherent in these interviews. She hears the questions and answers them fully. Her answers are organized and her stories as a whole are consistent. She neither gets lost in anecdotal storytelling nor has poverty of memory. Anne does not get disorganized when talking about attachment issues. She is able to relate an incident and the corresponding emotions she felt without losing control or shutting down. However, she does occasionally show evidence of some defense mechanisms in the interviews. The most common is that she tends to laugh when she talks about difficult topics. She also uses sarcasm to distance herself from some more painful memories. (This will be discussed more fully in the section on Emotional Processing.) On some

occasions Anne pauses for long periods before speaking. For instance, when she first talks about her relationship with her mother, she pauses for 10 seconds before she can speak. This points to an initial difficulty and time needed to organize her feelings and thoughts about her mother.

### Specific and General Memories

Anne is able to generalize well about both of her parents and also has some specific memories, but not in every case. The specific memories she has are coherent and supportive of the general descriptions. She rarely says that she can't remember something when asked. In some cases, however, she cannot think of specific instances to illustrate her general descriptions. For instance, she describes her father as being "locked in" but says, "Specific instance. I'm not sure..I can. No, I think it was just a general, that's the way he was." Anne twice mentions that she has few specific memories about her mother, especially before age 10. In the interview she also can't recall the details of a time her mother "ripped into" her in an incident she tries to recall. She says, "I've kind of blocked out the details of this kind of thing 'cause it was just so unpleasant." Anne also has both general and specific memories about her son, Joey. Her specific memories support the general descriptions she gives.

### Idealization of Relationships

Anne does not idealize her mother at all. She says very little that is positive about her, but gives the impression that she has some compassion for her. Although she doesn't idealize her father, Anne tends to think of him as



benevolent and loving and doesn't express anger about his distance from her. Her positive feelings about him must be seen in the light of comparison with her feelings about her mother.

### Openness and Flexibility of Internal Models

Anne seems to be open to change in her thinking about relationships, both through what she says and how she processes her thoughts. She has a firm sense of how she feels now, but is open to new information. An example of content-oriented openness comes in Anne's description of Joey as an infant. Questioned about her expectations about Joey as a toddler or preschooler when he was a baby she said "I really wondered because I didn't know." Similarly she has a few expectations about Joey as an adolescent or an adult based on his present behavior, but appears excited about finding who he will be in the future.

Several times in the interviews Anne seems to discover some new insight as she talks. At one point, Anne tells a story about how she cried so much for her childhood pets that died, and she realizes as she speaks that perhaps the animals represented her own child self that "died". She integrates this in the moment and seems interested in her insight. Another time she expresses surprise that she didn't miss her parents when they went away for a few weeks when she was five. She had not thought of that before. Later, discussing one of her therapists, she slightly changes her attitude about the "anger" therapy and its effects.

In the parenting interview, Anne also shows some openness to change. In discussing Joey's fears about being left at day care, Anne first says he is not

worried. Then, she begins to explore her memories about the topic and soon realizes that he is somewhat worried. Another time, asked to compare herself to her parents, she realizes that she sometimes sounds like her father. She seems surprised at this thought and also reflects on the things she says when she's making pronouncements and how ridiculous they seem now to her. She notes that caring about the things the children break rather than about them is "probably somewhat belittling." In summary, Anne is open to discovering new information about her attachment relationships. She has insight into her own process and is able to integrate new information fairly easily.

#### Attachment Behavior

In the childhood interview, Anne describes various behaviors which were designed to elicit care from her parents when she was a child. Some of those behaviors are:

1. Lying in her crib crying.
2. Talking with her mother about things.
3. Crying in her room alone.
4. Getting sick to stay home, from school, including in college.
5. Not missing her parents at five years old.
6. Hugging her mother when mother was upset about accident.
7. Early sexual relationship with boyfriend.
8. Calling teen hotlines and seeing her school counselor.

Anne says her earliest memory is of lying in her crib crying and having nobody come. She later recalls crying alone in her room hoping someone would come in and comfort her and thinking, "Nobody loves me." We could also

include in attachment behavior what Anne calls psychosomatic illness, that is, getting sick in order to stay home from school and cared for by her mother. She even uses this behavior to get reassurance before she leaves for college. Anne's talking with her mother about things before dinner was also a way she felt close to her mother.

Anne feels that she transferred her need for love and security to her boyfriend, Cliff throughout high school. She also tried to get help from her school counselor, teen hot-lines, and from her older brothers' girlfriends.

Anne seems to have continued to search for security and love even when it was not easily obtainable. She didn't become passive or hardened against her need for love.

Some of Anne's parents' caretaking behaviors include:

1. Father acknowledged her difficulty and helps her with zipper.
2. Father empathized about alienation at party.
3. Mother took care of her when sick by patting her head, holding her hand, giving her good things to eat, sitting with her, talking, spending time with her.
4. Mother talked with her while preparing dinners.
5. Parents gave "verbal dollops" of encouragement.
6. Parents sometimes gave intellectual recognition of distress.
7. Parents ignored many signals of distress including crying, suicidal gestures, and the school counselor's request to talk.

Anne's parental caretaking behaviors include:

1. Recognizes and acknowledges children's feelings when they are upset.
2. Protects children when they are sick or hurt.

3. Touches children--arm around shoulders, stroking hair, snuggling at bedtime.
4. Breastfed children.
5. Helps children when they ask for assistance.
6. Talks things over and explains things.
7. Sometimes feels overwhelmed and withdraws.
8. Minimizes children's fears of separation.
9. Wants children to get over negative feelings quickly.

In general, Anne seems to be more involved with and responsive to her children than her parents were to her. She engages in many kinds of attachment-responsive behaviors. In the interview, the behavior she mentioned the most times was talking with her children and explaining things to them. She also frequently mentioned protecting them and empathizing with their feelings. Like her parents she is likely to give verbal encouragement to her children when they are distressed. She is however, more likely to acknowledge their feelings and is more physically affectionate.

### Emotional Processing

How a person processes emotions, especially painful emotions, is important to internal working models because these templates are not just cognitive models, but also influence how people moderate distress. Children whose parents respond to their distress with protection and assistance remain able to experience their emotions freely. Children whose parents ignore or punish expressions of distress learn other strategies for dealing with these feelings. By examining how parents and children deal with emotions, we can

get information on their internal representational models of caregiving relationships. Through these interviews, we obtain information about emotional processing that is both content-oriented and process-oriented.

### Content

Anne remembers crying a lot as a child and feeling that her parents were generally unaware of and unresponsive to her distress. She says, "I really think they probably felt that I would be spoiled if they nurtured me emotionally and, I don't think that would have happened." Anne reports that the family generally used "little bits, little dollops, of verbal support to each other, like 'Oh, that's too bad. You'll do better next time' type thing." She does, however, have several very clear specific memories of her father being empathetic and understanding. One is when he helped her learn to zip zippers and empathized with how difficult that was for her. Another memory is of his understanding her alienation and sadness at a New Year's party when she was about 11 years old. Anne says these few experiences of his "just accepting it and me, unconditionally" were "the most wonderful moments of my childhood." As a result of her parents' behavior (or the way she perceived their behavior) Anne internalized their attitudes toward distress. Anne reports that until the age of 12, she was in denial about her feelings of pain and sadness. She says, "I was very loyal to my parents." At one point in the interview, discussing her childhood grief about pets dying, she realizes in the moment that she may have been crying for herself when they died. She says, "I didn't know that (2 sec. pause) that I really had anything to be that sad about. I just kind of assumed I was being kind of a, kind of a wimp or something."

In her teen years, Anne acknowledged her distress and tried to get help with her feelings from her boyfriend, a school counselor, and teen hot-lines. She also began to have panic attacks. As an adult she drank alcohol to control the attacks. As she reduced her drinking, the attacks became worse and she eventually sought therapy to deal with them.

### Process

In the childhood interview, Anne frequently talks about her emotions. She is able to recall both negative and positive feelings and often describes herself as a child as lonely or sad. As an adult, she talks of having a "sense of loss" about her childhood. Still, she frequently giggles or makes jokes about her childhood feelings, demonstrating some discomfort with them. Anger is the most difficult emotion for Anne to acknowledge. In the interview, whenever she alludes to feeling angry, she qualifies it with why she doesn't really feel angry, often laughing nervously or pausing mid-sentence. "For a while I was extremely, (small laugh) extremely angry about it, but, (3 sec pause) I realize that I have the power to make my own life..." And later she says "I don't think it lasted all that long because, the anger, because, probably because I've been busy with my own life and kids.." However, although she reasons that it's not necessary to feel angry, Anne reports that she didn't actually feel less angry until she entered therapy. She says that she had difficulty with one therapist who encouraged her to express anger and wanted her to use Bataca bats to hit things. Anne felt this wasn't really effective for her because "I don't think I use anger to deal with my frustrations as much as (3 sec. pause) I don't know what I do, but that's not my first reaction to (3 sec. pause) to pain, I think." She adds,

about expressing anger, "doing it was just not really making me feel any better...in thinking about it, you know, you can fight, you can beat back all you want, but it's not gonna change anything." This attitude toward feeling angry is reminiscent of Crittenden's (1988c) observation that at a certain age, some children stop reacting angrily toward their unsympathetic parents and begin to act compliant instead, a pattern Anne followed. Anne seems slightly confused about how she responds to frustration and pain, demonstrating some disorganization in that area. Despite her discomfort with expressing anger, Anne recalls, "it was during the course of that therapy that I realized that it was just, it was all kind of sad and I'd really much rather just kind of go on..." She discovered that her anger masked a sadness "over the lost childhood."

Although Anne frequently mentions her childhood sadness, she sometimes giggles about it or make slightly demeaning comments about it. For instance, about her childhood crying she says, "...I think, I certainly cried my share, perhaps a little more." She tells of crying alone as a child and makes it sound slightly humorous, using an affected voice to say she felt, "Nobody loves me. OOhh." Then, laughing she says, "I guess that my mom decided that withdrawal of affection was definitely the way to motivate children." She tells how her mother slapped her at a shopping mall for calling her mother a name and says "I know exactly where I was standing. Every time I go to that shopping center in Scarsdale (laugh) I laugh." The laughing here is a defense against her sadness or fear of her mother.

In the childhood interview, Anne was asked about how she felt during the interview. She responded in an intellectual fashion that she was very glad that someone was doing this research and she was happy to contribute to the study. She then alluded to the interview being like "exercising to the point of

discomfort," acknowledging that "it's painful to think about it." She then volunteered that "I used to laugh whenever I felt any pain at all." She said that one of her therapists wanted her to not laugh at all, but Anne defended her laughing by saying, "I mean, life is pretty absurd and nobody gets through it unscathed...I've just kind of turned it into a perfectly acceptable experience." When she arrived for her second interview, Anne told the interviewer that she had been "chatty" during the first (childhood) interview because that made it easier to talk about difficult feelings.

In summary, as a child, Anne denied her feelings of pain, and in her teen years, although she was unhappy, she tried hard to be independent and deny she needed her parents' support. As an adult, Anne is able to recognize her own feelings, although it is sometimes delayed recognition. She is still not comfortable with strong negative emotions and regulates them with chattiness, humor and sarcasm. She does not talk much about pleasure, excitement, or other joyful emotions in her childhood except for certain memories when her father was especially kind to her. Anne's panic attacks can be seen as a way to express all the negative feelings (anger, fear, sadness) that she felt she had to deny to live a normal, happy life. Anne is fairly balanced in her processing of emotions, but with a mild avoidant tendency. Her defenses allow her to both acknowledge her feelings and manage them in an adaptive manner.

The following portion of the analysis focuses mainly on Anne's relationships with her children and her ability to be a sensitive and responsive caregiver to her younger son, Joey.



## Secure Base and Separations

Secure base behavior for the caregiver refers to the caregiver's ability to be available to protect and comfort her child when the child needs her and to let the child explore when the child wants to venture out. The child may explore or play, then come back to the caregiver for reassurance before venturing out again. A caretaker can perform this function for her child if she can accurately perceive when her child needs protection and when her child needs autonomy and if she is willing and able to provide each kind of care when it is needed. Secure base behavior begins when the child is an infant, reaches a height in the toddler years, and continues in some form throughout childhood. Parent and child ideally form a "goal-corrected partnership" in which they can share their needs and plans and negotiate needs for closeness and distance. At adolescence the child moves further from the parent, but still needs to return for parental support periodically. Adolescence offers a challenge to parents and children to renegotiate their ways of expressing autonomy and intimacy.

In general, Anne seems sensitive to Joey's needs for protection and for exploration. She leans more toward wanting to be close to him than letting him go, but she is aware of her tendencies and consciously tries to respond appropriately to Joey. Anne's feelings of wanting to protect Joey began before his birth. She says that during both of her pregnancies she felt very close to her unborn babies and she spontaneously mentioned feeling protective and interested in them.

Anne breast-fed Joey, and when he indicated at eight months old that he wanted to stop breast-feeding, Anne was unprepared and tried to continue, saying, "it was like a kind of death, and it was really tough to let him just go off..." She finally decided "that I would respect his feelings (laugh) in this matter" and

weaned him. After "a few weeks of physical and emotional distress" which she attributes to hormones, she felt "great." This is an early negotiation of autonomy in which Anne was able to give precedence to Joey's needs over her own.

Children often need to use their parents as a secure base when they are ill and feeling more vulnerable than usual. Anne's statements indicate that she is very supportive of Joey when he is sick and stays with him, trying to relieve his discomfort. She says, after one particularly severe illness, "I had to stay close for a few months."

Anne reports that Joey goes to sleep easily after a pleasant bedtime ritual and rarely wakes at night. If he does have a bad dream at night, Anne goes to him and they talk about it briefly and he goes back to sleep. His easy willingness to go to sleep suggests that he is not overly frightened by being apart from his parents.

Anne says that Joey has few fears and when he does, she reassures him in a rational way. She reports that Joey is sometimes hesitant to go into his day care school. He resists passively until Anne talks about how she'll pick him up sooner if he goes in sooner. He will then go in. Anne understands his need to be reminded about her return. Despite his reluctance, Joey's willingness to cooperate suggests that he has been able to use his mother as a secure base in the past and trusts that she will be dependable again.

In answer to direct questions about giving Joey autonomy when he wants to do something Anne feels isn't safe, Anne relates how they have negotiated these situations. She seems flexible, but also sets firm limits. This area doesn't seem to be very controversial for them. Anne is also willing to assist Joey with things when he asks for help, even if she knows he can do it himself. She says,

I'm kind of admitting to myself, OK, I'm going to baby him a little bit,

but I, I will try not to warp him permanently by still insisting that he learn to be competent at it himself and kind of slowly get just past it, past the point of his wanting me to do it even.

She good naturedly negotiates this sort of help with him.

Although she appears to handle these areas sensitively with Joey, at other times in the interview Anne shows some conflict in dealing with issues concerning separation. She sometimes seems annoyed with her children for wanting to be close to her and also fears their eventual independence. For instance, although at one point in the interview, Anne seems to understand Joey's fear of going in to day care, at another point she discounts it. She says that Joey puts up a "token resistance" to going to day care, but "doesn't ever throw a, a big fit about it." These phrases imply that she doesn't take his feelings seriously. Asked about Joey's feelings about this, Anne first says,

Um, I think he feels secure in our relationship, so he doesn't worry about me not coming back, although once in a while we talk about that. He says, boy, sometimes, I mean, he does, sometimes worry about it. Boy, what if you didn't come back And I, you know, we talk about all the reasons why I wouldn't always come back. And if I couldn't make it back for some reason, you know got stuck in traffic or whatever, that I would have somebody else who knows him and loves him pick him up and, and, somebody would take care of him until I got back. So, he, you know, it does concern him, but he doesn't obsess about it.

After first denying that Joey feels somewhat anxious about separations, Anne remembers and realizes that he does. She is open to accepting the new information, but her first tendency is to deny his worries. As with most other emotional situations, Anne reassures her son with logical conversation. She is willing to be available to him when he needs her, but her comfort mode is mainly intellectual.

Anne's mixed feelings about separations are clear when Anne tells how, when she and her husband go out on a date, her nine-year-old son says, "I

don't want you to go." And both children begin to hang onto her. In the interview she laughs heartily about this and says,

Well I try not to laugh too much, I mean, it's getting, he's realizing the humor in it because he's so big and, um, but (3 sec. pause) it used to be kind of smothering for the older kid to be so--he used to really make a big stink every time I left him and it didn't feel like I just could never get away without drawing, um, a quart of blood.

Anne uses sarcasm and humor to discount and distance herself from her children's fears, apparently forgetting her own childhood fears of separation.

In adolescence when children grow away from their parents, the secure base behavior must be radically renegotiated. Both parents' and children's needs for closeness and distance must be reevaluated. Anne says she expects Joey to be pretty rebellious as a teenager and that she expects it will be difficult for her to let him grow away from her. She says, "I expect it's gonna be pretty hard for me to, uh, (2 sec. pause) figure out how to (4 sec. pause) guide him without trying to stifle him and, and drive him away, you know." She continues,

I think it's going to be really hard for me to see him get himself in danger. Hopefully we can negotiate the danger part of it. Um, it's gonna be painful for me, you know, the breaking away that he's gonna need to do.

Anne has some insight into her own feelings as well as into her son's needs and wants to do what they both need. However, her own difficult adolescence causes her to project feelings onto Joey. Anne never felt close enough to her parents. Then, at adolescence she wanted more freedom and had to separate from her parents without ever having gotten the closeness she had needed. Earlier in the interview Anne had discussed her feeling that it would be more difficult to let a girl child grow away from her at adolescence. She thinks it will be easier with boys. As Anne lost her parents, she is afraid she will also lose her son. She reassures herself, saying that boys "just really

seem to benefit from having a (2 sec. pause) a benevolent mom. You know, somebody who's friendly to them." These particular words, "benevolent" and "friendly," are the words that Anne used in the family interview to describe her father. This suggests Anne's projection about children and their opposite sex parent in her current expectations about her children. Anne expects that children are more likely to feel close to their opposite sex parent after adolescence. There is a hint her feeling of loss here as Anne says about her mother, "With my mom, it's sort of an abnormal situation. I treat her basically sort of like an invalid, which she is."

Anne still has some conflict about separations from her children. On the one hand, she has always wanted to be close to them and accepts their dependency, for instance, wishing Joey would nurse longer and not minding his requests for her help. She anticipates that it will be hard for her to let Joey grow away from her at adolescence. On the other hand, Anne discounts Joey's uneasiness about going to day care and laughs at both children's protests at her going out. Anne's own unexamined conflicts about closeness and distance prevent her from being completely comfortable with her children's feelings.

### Sensitivity and Insight

Anne seems on the surface to be a sensitive and insightful mother. She clearly enjoys her children, is helpful and reassuring to them, and wants them to be happy. There are many instances of this in her interview. Anne reports staying close to Joey when he was sick and trying to ease his discomfort. She tells how she reassured him when he worried about his parents dying. Anne tells of playing board games with Joey even when she was ill and how she likes

bedtimes when they can snuggle and read. She seems to be very different from her own parents. However, Anne's interview reveals several striking instances of insensitivity that invite a closer look at her internal models of relationships.

Anne's style of relating to her children is rather intellectual. Her intellectual approach to parenting is revealed by the fact that, throughout the interview, when questioned about how she deals with various situations with her children, Anne generally relates what she says to her children. She often tells the interviewer what she says to her children, but very infrequently mentions touching or holding except when specifically questioned about it. A particularly striking example of this comes when Anne talks about an auto accident her children were in. She relates her response to them, "And I could be there and explain things to them, hold them, um, he needed to be held, talk to them, and I wasn't telling them anything that wasn't true." Anne mostly focusses on talking to her children in this very physical crisis. She even feels that she has to explain to the interviewer why she held her son.

Responding to her children rationally and even intellectually could just be part of a personal style if other elements were not present. Anne felt emotionally unsupported as a child and wants to be a better parent to her own children. She felt loved as a child the few times her father empathized with her feelings. As a parent she now tries very hard to empathize with her children's feelings. But her empathy in many cases has an intellectual quality to it. An careful analysis of the interview reveals that she actually views empathy as a child-rearing tool with which to manipulate her children into feeling better. Several examples of this follow:

Anne talks about feeling frustrated when Joey whines or complains but reminds herself he is only a little kid and to be patient with him. She says "when

he's showing how strong-willed he is, I feel frustrated first and then I realize that there are things I can do that, to get out of it basically, by validating his feelings..." Later she says,

So I have to, if I'm quick on my feet and, and can empathize with where he is at emotionally, that can usually work through it. But until the process has been gone through, he doesn't, he doesn't give any ground.

The implication is that Anne is not validating his feelings because she truly understands him or to help him, but to get him to cooperate with her.

At another point, Anne takes about 13 seconds to remember a time when Joey was sad or upset. In telling the incident, she demonstrates clearly the mixed response she has to actually empathizing with her children's sadness. She relates that Joey had a fight with his brother and then ran out of the house saying, "I feel like nobody cares about me at all." In her telling, Anne imitates Joey's voice with a tinge of sarcasm, as if mocking him and also distancing herself from his feeling. Anne reports that she ran after Joey while shouting, "that must be really hard for you." She caught him, and told him he could not run away like that. Then she urged him to talk with her about what happened, saying, "I know you're sad. Let's work it out." She continues,

He didn't, he didn't entirely want to work things out then. I think he really wanted a lot of sympathy and I don't know, I was taking kind of an analytical approach to it. Like, yeah, OK, you feel this way, but let's, let's move on to the next part of it. And he's going (Anne imitates with dramatic wailing) "Oh I feel this way!" He kind of wanted to, you know, self pity is a fun feeling for, for a while. I think he kind of wanted to wallow in it a little bit. I wasn't really letting him do that, but (sigh).

Here she shows her pattern of attempting to use empathetic statements to manipulate her son to feel better. After she had acknowledged that he was sad, she wanted him to "move on to the next part of it" as if they were going through

an exercise. When he didn't, she demeaned his sadness as self-pity and called it wallowing. She also imitates him as if he were amusing. She seems uncomfortable with the intensity of his feelings.

Later, Anne describes another time, "he just looks really sad and walks away" and again she uses a mocking, dramatic voice that implies lack of respect for Joey's feelings. Anne's style of expression suggests a mixture of acknowledgment and discomfort. Anne's confusion about how to respond to Joey's sad feelings is evident later when the interviewer asks her what she feels like doing when Joey cries. She replies that she feels like going and hugging him because "to see him sad like that triggers memories of me being sad for, you know, probably hours at a time." She says she doesn't go hug him because she is trying to disengage from her children's fights and,

Well, I realize that he's, you know, he doesn't have to be sad for hours at a time. You know, I tell myself that if it hasn't worked out in ten minutes, or so that I can go and intervene and save him essentially. But, but that hardly ever happens. He doesn't usually need to be saved.

Anne is insightful in realizing that Joey's crying brings up her childhood feelings and that comforting him might be a response to her own unfulfilled needs and not his present needs. However, she sees responding to Joey's feelings as "saving" him, rather than responding to him. It is as if she identifies both with the crying child and the disengaged parent.

Although Anne has given up trying to get her parents to take care of her and be responsive to her as an adult, she shows a lingering preoccupation with her childhood by comparing herself with her mother. For instance, in talking about her reaction to her children being in an auto accident, Anne talks almost entirely about her own reactions in comparison to her own mother. She says



she wanted to have kids to

redo the things my mom did in the right way, and I just about, one of the first things I thought was, well, I'd feel really bad if I weren't thoughtful and nice in general and then here came this accident and I'm thoughtful and nice. You know, but I just had a real clear conscience about that.

Anne saw this as an opportunity to be a good mother, rather than just wanting to help her children in a crisis. It's as if she is parenting not just her children, but herself at the same time, still being caught up in what her mother would have done.

Anne appears to be moderately sensitive and responsive to her children. She is available to comfort and guide them. Her way of discussing them in the interview was interesting however. She frequently talked about how she made decisions in a situation by talking about her needs rather than the children's needs. For instance, in answer to a question about physical punishment, Anne told why she stopped spanking the children. In her explanation of why she stopped spanking them, Anne said three times that spanking them didn't make her feel any better and once that "it wasn't improving the behavior." She never once mentioned her children's needs or welfare as a reason she stopped spanking them. This awareness of her own feelings and seeming lack of thinking about her child's needs seems odd considering that Anne seems to provide well for her children's emotional needs.

In her discussion about spanking her children, Anne showed another instance of lack of insight into her children's needs. She said,

And one of the things that I realized when I stopped spanking Joey, he was having a great time. He loved being spanked. For him, anything physical is, is great. And if it's dramatic and physical, well that's even more fun. I think he, he'd have felt just, you know, that it was enjoyable to have this kind of thing going on where it was, there was lots of contact, or, or just seeing me jump through the

hoops might have been what it was.

Although Joey may like physical contact and dramatic emotions since both of these may be in short supply in his family, it seems unlikely to this researcher that he loved to be spanked or found it fun.

Near the end of the parenting interview, Anne discusses some of her feelings about being a mother. In this excerpt, she again reveals how some of her nurturing behavior toward her children is actually in response to her own needs rather than theirs. She says she wants,

to be wanted, you know, I want my kids to want me as a mom, I want to be popular. I want them to like me. And there are definitely times when I have to put that aside cause just discipline-wise it doesn't work to always be the nice guy....Uh, I think I was, I tried to be pretty affectionate with my parents as a way of ingratiating myself into the family unit. And I probably still do that; that's certainly part of my motivation. I want to be, I want them to look back and think, yeah, boy, my mom was always giving me pats on the back and stuff.

Anne talks about being affectionate to her children as a way of obtaining love for herself rather than as a way to meet their needs. She is still involved in trying to be loved.

### Self and Others

In this final section, we will examine Anne's probable internal models in terms of the global nature of her relationships with others.

#### Childhood

As a child, Anne's attachment figures were her parents. She also tried to get care and love from her boyfriend and her brothers' girlfriends. In general, her attachment figures were inconsistent. They were sometimes attentive and available and sometimes withdrawn or hostile. Anne could not control when

they would be available. As a younger child, she tried to elicit care by being good, helpful, and bright. Anne's apparent internal models of her caregivers and herself are outlined below.

With father:

Anne sees her father as distant and benevolent and does not have a lot of specific memories about him. Some specific memories are of empathic interaction; others are of distance. Anne occasionally felt loved by her father, but usually at a distance. The resulting internal models of her father and her self probably were:

Other: My father is inconsistently available and inconsistently responsive, but he loves me.

Self: I am lovable, but not very important. I only sometimes deserve attention.

With mother:

Anne sees her mother as angry, withdrawn, and inconsistent. She gives Anne superficial approval for good behavior and is caring mainly when Anne is sick. She is sometimes available and interested in an intellectual way. Anne's efforts to be ingratiating sometimes resulted in maternal care and sometimes in maternal withdrawal or attack. The resulting internal representational model of her mother and her self probably were:

Other: My mother is sometimes available, sometimes withdrawn, and sometimes hostile. Her behavior is out of my control.

Self: I am not lovable or good enough. I am OK only if I do what mother wants.

In general:

Anne's resulting model of herself with others probably was:

I am only acceptable when I am good. My vulnerability and neediness are not acceptable. I cannot control when will be responded to.

### As an Adult with Children

As an adult Anne is determined to be a better mother than her mother was. She said that one of the reasons she wanted to have children was to "redo" what her mother had done and do it right this time. In her relationship with her children, Anne is the caregiver and attachment figure for her children. She sees her children as needing her protection, guidance, love, and companionship. She sees herself as able to provide what they need. In taking care of them after an auto accident, she says she felt, "I just knew that I was exactly what they needed."

Anne also sees her children as a source of support for her. She mentions several times in the interview how Joey especially is sensitive to her feelings and offers empathetic comments that make her feel good. Her children are also an indirect source of support for her by making her feel like a good mother. For example, in discussing the car accident, Anne said, "I just felt like, wow, here's the chance for me to really show what I can, what I can do for these kids." The clue here is that Anne is concerned not just with helping her children, but with enhancing her self image of being a good mother. (For a more detailed discussion of these points, refer the sections on Role Reversal and Sensitivity and Insight.)

In her role as caretaker of her children, Anne's internal representation of them is:

Other: Children are worthy of protection, care, and love.

When she sees her children as attachment figures for herself, Anne feels in general that they love her and approve of her, both directly and by being happy. When they are upset and she can't "fix" them easily, she ignores their pain. In this role, Anne is somewhat insecure and tries to prove to herself and her children that she is a good mother. If she can keep them happy, she feels like she is doing all right. She takes classes and tries new techniques in an attempt to improve. Her internal model of her children and her self in this role is:

Other: The children usually give me love and approval for being a good mother.

Self: I am deserving of love if I do a good job.

#### As an Adult with Friends:

Anne provides little information in this area. Anne mostly discusses others as recipients of her friendship and mentions one difficult relationship. Anne says several times that she is a good and loyal friend. Her internal model of others as friends and her self might be:

Others: Other people are worthy of love and loyalty. They are sometimes undependable and inconsistent toward me.

Self: I am loyal, compassionate, and accepting. I deserve to be treated well.

#### Continuity and Change in Internal Models

If as predicted, as a child, Anne integrated both sides of the relationship with her parents and as a parent, acted out the parental side of her internal

model, Anne would be, as her parents were, inconsistently responsive, angry and attacking, and withdrawn. Her occasional responsiveness and caring would be mainly verbal and intellectual. Anne appears to have changed her internal models somewhat but not entirely. She is generally caring with her children, but has occasional lapses in which she attempts to ignore or minimize their feelings of distress. She is generally available, but occasionally gets overwhelmed and withdraws to the couch at those points just as her mother did. Anne feels she has definitely eliminated from her parenting the angry attacks her mother inflicted upon her. Anne's nurturing style still tends to be verbal and intellectual like her parents'. It seems that Anne has modified her internalized models by reducing or eliminating the hurtful elements such as withdrawal, hostility, and inconsistency. But in their place she has not completely developed new positive elements such as genuine empathy, acceptance of "negative" feelings, and seeing things from her child's perspective. She has adopted a way of responding that sounds like genuine empathy, but stops short of really seeing things from the child's point of view and accepting all of their needs.

Just as Anne has modified, but not completely abandoned her parents' models of child rearing, she has also modified, but not completely changed her internal model of her self as a receiver of care. As a child she felt that only parts of her were acceptable and she had to be very good to be loved. She denied her feelings of neediness. Anne no longer denies her need for emotional support and she acknowledges the need to accept all of her feelings, positive and negative. However, she is still somewhat uncomfortable with anger and sadness. As when she was a child, Anne strives to be popular and liked by her family by being nice and doing the right things. She uses her children as attachment figures indirectly by needing their emotional support and approval.

Anne's children are young and appreciative of her now, but when they become adolescents, they may want more distance from her and possibly become critical of her. Anne could become hurt and angry with her children, as her mother did with her, if they withdraw the validation she gets now for being a good mother.

In summary, Anne is still somewhat insecure about being loved by those she is close to. Some of the effort she puts into being a good mother appears to be as much to shore up her self image as out of sensitivity to her children. Anne would probably be rated as balanced in her view of attachment and her parental behavior. She shows some tendency toward being avoidant (dismissing) in her low tolerance for her children's feelings of distress. She also shows some tendency toward the ambivalent (preoccupied) style of relationship in her continuing need for reassurance from others that she is all right. She has modified her internal representational models, but not completely changed them. She has been able to change on the intellectual level more than the emotional level. For instance, she can talk to her children about their sad feelings, but she cannot actually allow them to feel that way for very long. The changes Anne has made appear to be from the internal pressure to be herself at adolescence and from doing therapy.

#### Independent Ratings of the Family (Childhood) Interview

Two independent raters with extensive experience rated the Family Interview. Their findings were not examined by the main researcher until after the above analysis had been completed. These ratings are measured on a scale of 1-9 with the higher end of the scale conveying more of a particular

quality. When scores are hyphenated, the true score falls between the two.

The raters assigned Anne a score of (3) for Acceptance by her mother and (8) for Rejection by her mother. They gave her a (6) on the maternal Neglect scale. They gave her mother a very low Consistency score of (1-2). Anne's mother was rated a (8-9) on the Emotional Expressivity scale, scoring in the histrionic range. Anne's tendency to Role Reversal with her mother was rated in the middle of the scale at (5). They rated Anne at (7) for Expressed Anger at her mother now and at (3) for Idealization of her mother.

The raters gave Anne a score of (4) for Acceptance by her father and (6) for Rejection by her father. These scores reflect Anne's slightly closer relationship with her father. They rated her father as (5) on the Neglect scale and (5) on the Consistency scale. His Emotional Expressivity was rated as (3). They found a very low tendency to Role Reversal for Anne's father, giving him a (1) on this scale. Anne was given a score of (5) for Expressed Anger at her father now and (5) for Idealization of her father. These ratings are consistent with the previous detailed analysis. The main researcher did not see as much idealization as the independent raters, however.

The raters gave both Anne's mother and father ratings of (7) for Dominance in the relationship with her and ratings of (3-4) for current closeness. They rated Anne's seeking Proximity with and comfort from her parents during childhood as a (4) for her father and (5) for her mother, citing Anne's sickness, crying, and suicide attempts. They rated her as a (5) on general Coherence, a moderate rating, citing her laughter, idealization, and occasional defensiveness. They counted 21 instances of inappropriate laughter, no "I don't know's," and no instances of insistence on not remembering. These ratings are in agreement with the main researcher, with the



exception of the independent raters lower score for Coherency.

The raters assigned Anne a high score of (8) on Separation Anxiety and a high average score of (6) on Self-confidence. They felt her adolescent rebellion was high enough to rate her (7) on that scale. They rated Anne as low average on Warmth (4) and Trust (4). They saw her as higher than average in Jealousy (7), Emotional Dependence (6-7), and Caregiving (6-7). Again, these ratings agree with the previous analysis.

The independent raters saw Anne's model of her Self to be Moderate (rather than Low or High). They think that although her self confidence is moderate, so is her emotional dependence on others. She still is emotionally enmeshed with and feels hurt by her parents. They rated Anne's model of Others also as Moderate. This rating is based on her coping style of seeking support from others--getting sick, calling crisis lines, going to counselors, crying to be heard, etc. They note that she values close relationships with friends and her own family and is moderately emotionally expressive.

The raters assigned a score (from 1-9) for each attachment category (or relationship style). These scores show how much of the qualities of that style the person seems to demonstrate. They rated Anne as (3) on the Fearful style, citing her compliance as a child. They gave her (3-4) on the Secure style based upon her attaining some disengagement from and acceptance of her parents and her reasonable coherence in the interview. They rated her (4) on the Dismissing scale, giving as examples her defensive laughter, reaction to a funeral she discussed, and her panic attacks which reveal her ability to disconnect from her feelings. They rated Anne highest on the Preoccupied category (6), citing no specific evidence. These ratings of attachment style are somewhat different from the opinion expressed by the main researcher who felt

that Anne rated highest in the Secure category but with significant elements of both the Preoccupied and Dismissing style. The differences are not great, however. Anne clearly show elements of all four styles with none very high or very low.

### Questionnaires

In this section the written questionnaires Anne completed will be analyzed to see if they validate the interview information.

#### Children of Alcoholics Screening Test

Anne's replies on the CAST confirm that she had an alcoholic parent. Of thirty questions about possible childhood experiences with alcoholic parents, Anne checked Yes to 18 questions and No to 12 questions.

#### Relationship Questionnaire

Anne skipped the first question on the relationship questionnaire which asked her to choose the one style that best described her relationship style. Possibly she misunderstood the instructions. She did rate herself on the Likert-type question about the four relationship styles which has a scale of 1-7, with 1 being "Not at all like me" and 7, "Very much like me." On this scale, Anne rated herself highest on the "Secure" relationship style. She gave herself a 6 on this scale. Anne rated herself lowest on the "Fearful" scale, giving herself a rating of 1. Anne rated herself as 3 on both the "Preoccupied" style and the "Dismissing" style.

A person with the Secure relationship style has a positive image of the self

and a positive image of others. Anne endorsed this style as being the most like her. A person with the Fearful style has a negative self image and a negative image of others. This is the style Anne said was least like her. A person with the Preoccupied style has a negative image of the self and a positive image of others whereas the Dismissing style has a positive image of the self and a negative image of others. Anne saw herself as somewhat like these latter two mixed styles. This suggests that generally Anne sees herself as worthy of love and others as dependable and caring. She occasionally feels like either she is not worthy or others are not loving, but she rarely feels like both of these are true.

From the interviews, the researcher saw Anne as being Secure with Dismissing and Preoccupied tendencies. Anne sees herself exactly as the researcher did. The independent raters concurred with Anne in rating her lowest on the Fearful scale. They agree on a low average rating on the Dismissing scale. However, the raters see Anne as higher on the Preoccupied style and lower on the Secure style than she sees herself.

#### Adult-Adolescent Parenting Inventory

This inventory has four scales, Inappropriate Expectations, Empathy, Belief in Corporal Punishment, and Role Reversal. Scores are stated as Sten scores, ranging from 1 to 10. Compared to other non-abusive Caucasian women, Anne got a standard score of 7 in having appropriate expectations of children. She scored 8 on having appropriate empathy for children. She scored 7 in valuing alternatives to corporal punishment and 8 in understanding appropriate family roles. Anne's scores, therefore, reflect attitudes in parenting

and child rearing that exceed what would be expected from the average parent, but fall below those attitudes that would be exceptionally appropriate and nurturing. On the Corporal Punishment scale Anne endorsed statements that said 1) that parents should sometimes use physical punishment to teach their children right from wrong and 2) that children often deserve more punishment than they get. These reflect Anne's slight confusion about how to discipline her children. She scored highest on the Empathy scale, getting the highest possible score. This test confirms that Anne's child-rearing attitudes are generally healthy and appropriate.

#### Mother-Father-Peer Scale

This inventory has scales for mother-acceptance/rejection; father acceptance/rejection; mother encouraging independence vs. overprotection; father encouraging independence vs. overprotection; idealization of each parent; and acceptance/rejection by peers. The scores are given in percentile rank with the more positive point at the high end. On the Mother Acceptance scale, Anne ranked at the 31 percentile point. On the Father Acceptance scale, she ranked at the 44 percentile. These scores are consistent with the interviews. Anne felt rejected by both of her parents, but more by her mother.

On the Mother Encouraging Independence vs. Overprotection, Anne ranked in the 46 percentile. On the Father Independence vs. overprotection score she ranked at the 57 percentile. Anne's responses to the individual questions on this scale show her perception that her parents generally encouraged her independence, but not as strongly as she would have liked. She marked her mother down on some of the questions for preferring that Anne

not do things her own way or express her own opinion. Again, Anne felt more supported by her father than by her mother.

On the Parent Idealization scales, Anne got the lowest scores possible, showing she does not tend to idealize her parents. This was also demonstrated in the interviews. Since idealizing the parents often is associated with people who were abused and don't remember their abuse and who abuse their own children, Anne would be expected to score low on this scale.

On the Peer Acceptance/Rejection Scale, Anne scored at the 10 percentile mark. An examination of her answers shows that although Anne felt that other children were usually friendly with her and wanted to play with her, she also felt that they were often unfair to her and tried to hurt her feelings. The interviews provided too little information to compare them to this scale.

In general, these tests provide confirmation for the information in the interviews as interpreted by the main researcher and the independent raters.

### Hypotheses

Anne grew up with an alcoholic, inconsistent mother, and a distant, but non-abusive father. She experienced some loving attention, some hostile emotional attacks, and some neglect. She is now raising her own children in a moderately nurturing way. The questions we have asked are, in what ways have her internal models changed and in what ways have they not changed? How can we explain this?

Anne seems to have incorporated elements of all the ways her parents behaved, both the positive and negative aspects. She feels she learned to be a nurturing parent mainly from imitating her father's occasional empathy and

her mother's attentive caring when Anne was sick. She says she bases her inner image of good parenting on those experiences and tries to reproduce them with her children. Anne says that her parents sometimes gave her verbal "dollops of encouragement." Her parents' verbal, intellectual support seems to be repeated in Anne's relationships with her children in which verbal support plays a large role.

Anne also incorporated some of her parent's insensitivities to distress and discomfort with painful feelings. Although she wants to be empathetic with her children, Anne sometimes is insensitive and demeaning when they are upset. She also is somewhat uncomfortable with her own strong feelings of distress.

Anne behaves similarly to when she was a child in that she is still trying to be liked and accepted by those close to her. She still wants everyone to feel happy; instead of glossing over things, she now uses empathetic statements as a technique to achieve this.

Anne's life story as presented here demonstrates that an individual can show behavior consistent with various attachment styles. Anne has more than one conscious model of attachment (both the nurturing parent and the rejecting parent, the nurtured child and the rejected child). She acts out of both models. Intellectually she is secure and balanced in her view of attachment, but emotionally she has mixed models. Because she can identify with the sad child in herself, the natural assumption is that she could acknowledge her children's sadness. But when Joey is very distressed, she can intellectually acknowledge his feelings, but cannot entirely accept them. The reason must be that she feels this way about herself as well. It is as if she is in transition between two models of caregiving, one on the intellectual level and the other on the emotional level.

What happens when Anne is confronted with her sad child? The rejected

sad child model in her is activated at an unconscious level along with the old representational patterns which insist that sadness must be denied. At the same time her newer models are activated which encourage recognition of the sadness. The combination of these models gives Anne her peculiar pattern of cognitively acknowledging her child's feelings and then wanting the feelings to go away quickly.

Anne has changed in that she is more aware of her feelings now than when she was a child. The theory would predict that she would also be aware of her children's feelings. She generally shows some cognitive awareness and very occasionally, real empathy, as when, after Joey's birth she realized how hard the birth had been for him. Although Anne seems to be aware of her children's feelings, in the interviews she consistently talks as if she evaluates situations according to her own needs. Her baby's laughing makes him a nice person to have in her family; her children's auto accident gives her a chance to be a Supermom; she stops spanking because it doesn't make her feel good. She doesn't say that she's glad her child was so happy merely because she cared about him and his well-being or that she stopped spanking because spanking was harmful to her children. Even her children's fighting bothers her because she doesn't know how to stop it, but not because she wants them to learn better conflict management skills out of concern for them. Perhaps Anne has finally learned to take care of herself, but has not yet learned to do this well enough to be able to forget herself and see things from the other's point of view. It is as if everything is about her. This is the position of the Preoccupied style mother who is so concerned about providing for her own emotional welfare that she is not always aware of what her child needs. Anne's mother had some of these tendencies, withdrawing and interacting according to her own needs and

not her children's. Anne has again, intellectually accepted that she will never get what she needed from her parents, but on an emotional level, the transition is only half completed. She continues to compare herself with her mother and need her children to give her support. Fortunately for Anne's children, Anne's needs include feeling like a good mother and so she generally cares for them well.



Carol

## Content: Family (Childhood) Interview

Carol is 37 years old and works as a Certified Public Accountant. She is married and has three children, Gabrielle who is 6 1/2 years old, Jessica who is 2 1/2 years old, and David, who is 1 year old. Carol was born in the Midwest and lived in several cities before her family settled in Arizona when she was six years old. She is the eldest of three children with younger brothers who are five and six years younger than she. Carol's father was a travelling salesman and her mother was a housewife. She is the only person in her family who lives outside of Arizona.

Carol's parents are still married. She recalls neither huge fights nor obvious signs of affection between them when she was young, just a "routine" level of conflict. Carol reports that both of her parents were and still are active alcoholics. In her childhood, they both drank mostly in the evenings and all day on the weekends and holidays. Carol says she tried to be out of the house or locked in her room in the evenings and did not invite friends to the house. Over the years, their drinking escalated and they started to drink earlier in the day. Carol thinks that her mother's temper got worse when she drank.

Carol says her mother was affectionate to her as a small child before her brothers were born and that she is affectionate now, leaving a large time in between when she was hostile.

Carol chose the following adjectives to describe her father: shy; intelligent; hardworking; withdrawn; and loyal. Carol remembers spending time with her father when she was very young, before her brothers were born and she remembers him being affectionate then. She feels that later, they became

more distant because he worked very long hours, often was gone most of the week and spent more time with her brothers. She says that he is "relatively affectionate," but also very shy and withdrawn and doesn't show feelings very much.

She describes her mother as: temperamental; unstable; caring; funny; and angry. Carol remembers her mother as being angry frequently. Carol says, "I never felt like I could do anything right with her." She recounts a number of situations in which she felt her mother had unreasonable expectations of her and got furious if Carol did not do what she wanted. Carol remembers that her mother would get her down on the floor and kick her. Carol feels like she was blamed for everything that went wrong for her mother. She felt her mother's anger was extremely unpredictable and says, it was "pretty scary because you never knew what was going to trigger it." Carol can remember some incidents when her mother took care of her in emergencies. She also remembers fun times with her mother, especially when her mother read to her as a small child, but Carol says the happy times "would never last very long."

Carol says when she got upset as a child she just got withdrawn and sulked. She says her mother would also get upset then and it was like "dueling upsets." Her father would generally stay disengaged unless Carol yelled back at her mother. Then her father might swat her. Carol says she cried a lot as a child, usually in hiding and that her parents either didn't know or chose to ignore it. She says that if she got hurt, her mother would imply that it was her own fault and be annoyed with her. Her mother was not so angry if Carol were sick, but was not nurturing either.

Carol was separated from her mother soon after her birth because her mother needed surgery for cancer. As a child, Carol was often separated from

her father, who traveled for work, but not from her mother. She says that her parents almost never got babysitters and went out. Carol remembers getting angry at her mother and trying to run away from home when she was four or five years old, but her father, laughing, ran after her and brought her back.

Carol says that if she had done something wrong, usually her parents would hit her, and when she was older, her mother would kick her on the floor. Her father belittled the children by calling them insulting nicknames, "so a lot of times they would discipline just through (1 sec. pause) kind of cutting you down, I guess." Her mother would also tell her that she hated her and wished she'd never been born. Carol says at the time she felt she was treated unfairly. Now, however she says, "...now you hear all the time about how there's all these ads on TV about how you, how that's a form of abuse. So I guess I was pretty abused (laugh)." Carol says that she wasn't really afraid of her mother until about seventh or eighth grade. She did feel rejected however and fantasized that she was really adopted and her real parents would come and rescue her. Carol says she never felt like her parents understood her. She reports that she was in high school before she realized that her some of parents' abusive behavior might be caused by their drinking.

Carol felt that her parents didn't value her as much as her brothers. She says she thinks her mother felt criticized whenever Carol made a life choice that was different from her mother's choices. Carol is not sure whether or not she felt responsible for her family's happiness; she does know that she felt that she was to blame for whatever went wrong, that if she weren't there, they all would have been happy. She remembers thinking about suicide a lot during high school, but was "too chicken" to do it.

Carol says she has been able to understand her mother more and feels

less angry at her now. Carol did some counseling five years ago for a few months, but can't remember what she talked about there. She felt her main insights into her mother came from reading a self-help book and doing the exercises in it.

Carol says she and her mother get along better now that Carol lives away from home, is married, and has children. A major turning point in their relationship occurred when Carol had her third child a year ago and told her mother, "You know, I don't really know how you did it with three kids and a husband who traveled all the time..." Her mother apparently felt validated and has been very friendly since then.

Before Carol got involved with her husband, most of her friends and romantic partners were alcoholics. She herself drank, sometimes heavily, for about ten years. Her husband was from a healthier family than hers and didn't drink. Carol stopped drinking after she got involved with him and says now that the feeling she gets if she drinks scares her. She thinks if she had not married him she would probably be an alcoholic now.

Carol says she would have liked her father to be more "participative" and open with his feelings and she would have liked her mother to not be always on edge and angry. She thinks they would have liked her to just go along with everything they wanted and not have fought with them. Carol admitted that she found the interview emotionally difficult. Even though she says the memories are always with her, she rarely speaks of them. She has considered doing some therapy, but feels she couldn't trust anyone not to "go out and tell somebody" what she said. She is concerned now about her frequent anger at her children and its effect on them.

### Content: Parenting Interview

This interview focuses mainly on Carol's relationship with her middle child, 2 1/2-year-old Jessica. Carol reports that she and her husband had had some difficulty conceiving and so they were very excited about this pregnancy. The pregnancy went well and Carol enjoyed being pregnant. Carol was hurt, however, that when she sent her mother word of the pregnancy, her mother didn't respond for two or three months, and then, unenthusiastically. Carol was very happy that she had a second girl. She decided to nurse her because she felt it was best for both her and the baby emotionally and physically. They nursed for six weeks; Carol remembers that Jessica "wasn't really interested" in nursing and preferred to have a bottle. Carol returned to work when Jessica was eight weeks old.

Carol reports that, unlike her other two children, Jessica was "just never a cuddler" and her impression was that Jessica was not very interested in interaction in general. Carol was concerned about this and wondered what she was doing wrong as a mother, but her pediatrician assured her that it was just Jessica's personality.

Carol uses the following adjectives to describe Jessica: energetic; strong-willed; funny; nurturing; feisty. Carol finds living with a two year old trying, but says she knows the difficult behavior will eventually pass. Carol says Jessica likes to have time alone with her since Carol usually must divide her attention between her three children. Carol and Jessica enjoy going to movies together, shopping or driving alone together, and cuddling together in bed and reading books. Carol feels especially close to Jess when they are alone together, especially if they are somewhere they can sit face-to-face and talk, like if they go to get ice cream together.

Carol says the most frustrating part of her relationship with Jessica is "just her wanting, her fighting me every step of the way on anything... I don't feel like I can motivate her, um (2 sec. pause) to do the things that I need to have done." Carol says when Jessica is so uncooperative, "I just get furious. I just (1 sec. pause) I just absolutely can't deal with it." At those times, Carol reports she yells at Jessica, handles her roughly and puts her in her room. She says she never hits her or calls her names. After the incident is over, Carol says she regrets that it happened, but still has a hard time getting rid of her anger. She will apologize to the children if she feels she has been out of line. Carol feels that when she yells at Jess, Jess just gets angrier, but is not frightened. She does relate an incident in which she yelled at Jessie, and Jessie got upset and finally ran to her for comfort, at which point Carol realized how she had been attacking her child and comforted her. Often, however, Carol says she just gets angry and doesn't think to comfort Jessie.

Jessica is afraid of loud noises, and Carol is very reassuring and comforting about that. When Jessie is upset about fighting with her sister, Carol sometimes comforts her with empathetic listening and spends time with her. Other times she feels irritated. Carol says that when her children fight, she feels like there is something wrong with her. She is starting to realize that she doesn't need to take their conflicts so personally.

Sometimes when Carol is sad, Jessica tries to comfort her. If Carol is angry at Jessica, Carol reports that Jessica is strong-willed and yells back at her. However, if Carol is angry at someone else, she says that both of her children stay out of it.

Carol sets limits on dangerous activities, but Jessica sometimes insists she can do things that might be dangerous. When Jessica wants help to do

things Carol knows she can do, Carol gets angry and they fight about it. Carol says she just has so much to tend to with three children that she needs everybody to be more self-sufficient and she gets frustrated when Jessie asks for help with things.

Carol says that bedtime is generally peaceful with Jessica. Jess occasionally wakes up at night, but Carol's husband tends to her since Carol sleeps very soundly. When Carol has had to travel out of town, she says that Jessica is generally happy with her father, but does miss her mother. Carol reports that Jessica does well at day-care, although she occasionally asks to stay home all day with her mother.

Carol says that her husband plays more physical games with Jessica while she prefers quieter activities like reading or coloring. She also says that Jessica is more openly affectionate with her than with her husband.

Carol doesn't feel that she and Jessica are similar at all although others think that they are. Carol sees Jessica as a risk taker and needing less emotional support than she, Carol, does. Seeing them as very different makes Carol feel less able to relate to Jessica. She imagines that Jessie will be strong-willed as a teenager and that she, Carol will be protective, leading to lots of battles between them. She thinks Jessica will be an busy, independent adult with whom she will have a good, but not necessarily close, relationship.

Carol feels similar to her own mother in that she gets frustrated and yells at Jessica a lot. She thinks that she enjoys Jessica more, laughs more, and is more affectionate with her than her mother was with her. She tries to avoid her mother's more destructive parenting behaviors.

Carol thinks that her relationship with her parents has improved since she's had children, partly because seeing her parents with her children allows

her to remember some of the good things about her childhood she doesn't usually think of, and so she sees more good in her parents now. Carol's mother has been more friendly since Carol had her third child and commented on how she didn't understand how her mother managed with three children and a husband who travelled.

For Carol, being a mother is hard work and she worries that her anger harms her children. She feels like she is a good mother except for her intense anger when her children say "no" to her. Having grown up with an angry mother, she knows how harmful that can be for children. She says she would like to change, but doesn't know how. She comforts herself by feeling that she is doing at least a little better than mother did.

#### Interviewer's Comments

Carol was very open in sharing her life story with the interviewer. Although, in the interview, she expressed distrust concerning telling people about herself, during the interview she was very open. She made eye contact with the interviewer most of the time and seemed present. Carol spoke relatively slowly and her voice had a sad quality to it in general. When talking about her mother, her voice sometimes got slightly plaintive. In both interviews, her voice occasionally expressed deep emotion, trembling or breaking. She also laughed frequently, either when talking about painful memories or occasionally at her own foibles. She seemed warm, but vulnerable and slightly protected. She was not defensive to the purpose of the study in any way. Her behavior throughout was entirely appropriate. As an interviewer, I felt very comfortable with Carol and sympathetic toward her.



### Child Abuse Literature

Carol fits the profile of someone who was abused as a child and is at some risk for abusing her own children. She has some risk factors and some protective factors. Evaluating according to Spinetta & Rigler's (1972) four criteria, Carol fulfills at least two of them. First, she was raised by abusing parents and second, she herself has difficulty controlling her aggressive impulses. She says she has rarely hit her children, but she experiences extreme feelings of rage that she has difficulty controlling. On the third criteria of having unreasonable expectations of young children, the evidence is unclear. In general, Carol does not seem to have unreasonable expectations, but Carol does expect Jessica to be willing to regularly dress herself efficiently and quickly to go out, an expectation that Jessica has clearly demonstrated is not achievable for her at 2 1/2 years old. Carol continues to expect her to do something she cannot do. Carol, however, does not believe in physical punishment. The fourth risk factor, having socioeconomic difficulties, is not present in Carol's family.

People who abuse their children often have low self-esteem and an impaired capacity for empathy. Carol seems to have mixed feelings about herself and shows some low and some average level self esteem. Since self-esteem was not measured in this study, it is impossible to say for sure. Carol respected herself enough to discontinue her destructive drinking and relationships with dysfunctional men, but she says she still has difficulty imagining many people she respects would want to be friends with her. Her capacity for empathy seems high although she shows some incidents of ignoring or discounting her children's feelings. Carol also has high reactivity to

some kinds of childrearing stresses, a reaction typical of abusers.

From the research about discontinuities, abused children who do not abuse their own children, it could be predicted that Carol probably will not abuse her children. Carol has many of the qualities of non-abusers in these studies, but not all of them. Most important, she remembers her childhood abuse and does not try to minimize its effects on her. She has not idealized her parents; she is still somewhat angry at them and also has tried to understand them. She has resolved not to repeat the abuse. Additionally, she is married to a man who is non-deviant; he comes from a healthier family than her own and is emotionally supportive of her. She was happy to be pregnant and has a healthy baby. On the negative side, although Carol was not as abused by her father as by her mother, he was still not really supportive of her. She also has done very little therapy concerning her childhood and many of her memories seem unintegrated. In summary, according to this research, there is a small risk that Carol will abuse her children.

#### ACOA Analysis

Both of Carol's parents were alcoholics who drank every day. She says at first they drank mostly in the evenings and all day on the weekends. Eventually they began to have a drink with lunch and then drink from about 3:00 pm. on. They also drank all day on holidays. Carol provided no information about her father's family, but says that she learned only recently that her maternal grandfather had been an alcoholic who behaved violently in the home. Carol says that her mother, as a result, suffered from eating disorders as a teenager and is emotionally unstable, as well as alcoholic as an adult. Her mother claims

to have started drinking when she got married to Carol's father. Carol says that her mother "was just not happy and didn't know (1 sec. pause) couldn't handle if she wasn't perfect and so she looked for other people to blame for her not being perfect. And whoever was closest was it." When Carol's father drank, he just became more withdrawn and fell asleep on the couch. Then they had to wake him up to go to bed. Carol reports that she and her brothers didn't mind her father's drunkenness as much as her mother's. Carol thinks that her mother became more volatile when drunk.

In Carol's home, she said that no one discussed her parents' drinking. She still does not discuss it with them. Carol says that she didn't even realize that drinking was abnormal until early in high school. She just assumed that everyone's parents drank. Carol says of her mother, "Um, (1 sec. pause) and she never said anything about 'I'm drinking and it's your fault' because she never would acknowledge that there was a drinking problem." Because their drinking was not acknowledged, Carol did not blame her parents' alcoholism for their unpredictability and abusive behavior. Since they, especially her mother, blamed her, Carol assumed responsibility for much of the family's unhappiness. She says she figured there must be something really wrong with her to make them reject her. Because she was willing to shoulder the burden for the family's unhappiness, Carol did not have to break the family's denial of the parental alcoholism. She also could have some kind of illusory control over her life if she could imagine that she was responsible for events that were really beyond her control. To have admitted being so out of control would have been very frightening. When Carol reached adolescence, she experienced the developmental need to separate from her parents. As she took the risk of separating and defying them and their need for her to be the family scapegoat,

she could see their alcoholism more clearly. She became angrier with them and fought with them. She was willing to sacrifice the possibility of being loved by them to break denial about their abuse and alcoholism.

As an adult, all of Carol's friends and boyfriends were alcoholics and had other addictions (gambling, etc.). Carol herself drank for about 12 years, heavily for the last two to three of those years. She reports that she always took two bottles of wine (for herself) with her whenever she went out socially and sometimes drank to the point of passing out. However, she denies that she was an alcoholic because she "never did it alone and I only did it social drinking." She does think she would be an alcoholic now if she hadn't stopped drinking when she got involved with her husband, who does not drink. Carol still is in some denial about her own alcoholism.

Although Carol has escaped the trap of being an alcoholic herself and can acknowledge her parents' addiction, she has some of the qualities predicted of ACOA's. She has difficulty trusting people, even her therapist, and has low self esteem, especially in forming new friendships. She is not in much denial in her current problems; she is able to talk about her negative feelings and problems with her children. However, she gets very angry when her daughter defies her. Like her mother, when she can't control a situation easily, she feels threatened and becomes very upset.

### Role Reversal

#### As a Child

Carol describes her mother as having a great need for order and perfection and as being unable to cope with lack of perfection in herself. Carol

feels that as a result, she became a scapegoat for her mother's own failings. Carol is uncertain whether or not she felt responsible for her family's happiness. What she does know is that she felt responsible for their unhappiness. She says "but if I, if anything went wrong in the family, it was my fault, so obviously I must be responsible for their happiness because if I weren't screwin' up they'd be happy. (laugh)" Although intellectually Carol knew better, even as an adult she felt this way. She said,

I remember when I moved up to Oregon (1 sec. pause) I would call, um, I was afraid to call up on Thanksgiving and Christmas because I was afraid that, one, if she were drunk, maybe it was my fault, or two, if she weren't drunk, that would mean that it had been my fault all of those other years and now that I wasn't there, she didn't need to do it any more.

This pattern of holding a child responsible for one's own failings is a form of role reversal because it implies that the child ought to be caring for the parent instead of the parent caring for the child. The child must be vigilant to what the parent needs at all times, and in Carol's case, her mother's needs and desires were irrational at times and difficult to predict. Carol recalls visiting her parents after she had left for college:

I came home for a visit and my brother said, "Sis, Mom just went to get her hair done." It was like he knew her better than I did. And he said, "There are certain things you probably oughta think of doing. You probably ought to think about clearing out the dishwasher and scrubbing the shower and doing this and that. 'Cause knowing Mom she'll get all pissed off if those things aren't done by the time she gets back." And I would never have thought to do that myself.... So I went ahead and did all those things. And sure enough, it was like, boy, this was nice.... If you didn't do it you were screwed, but it was not, I would, she would never just say out loud, "I'd really appreciate it if you could do this for me while I'm gone."

Carol's brother apparently was willing to monitor his mother, but when Carol lived at home, she had refused to try to read her mother's mind. She did just her chores and no more. Carol says that was one of the reasons she and

her parents fought so much.

Besides wanting Carol to read her mind, clean the house and take the blame for her unhappiness, Carol's mother wanted her daughter to provide validation for her competence as a mother. Although Carol's relationship with her mother had improved somewhat when she left home, Carol says that the real turning point came last year when her third child was born. Carol at that point reportedly told her mother on the phone, "You know, I don't really know how you did it with three kids and a husband who traveled all the time, because it's just overwhelming to me and I have a husband who's here all the time."

Carol was surprised at her mother's reaction:

And she just got all choked up and went in and my fam-, my brothers were there too, and said, um, "You know, I think all these years she thought I just did nothing and now she realizes, what a, everything I did."...I guess maybe she just needed to hear it from me that I thought she was doing a great job. But at the same time it doesn't seem like she was, (laugh) so, you know, it's kind of hard to give strokes when you don't feel like they're warranted.

Of course parents like to be appreciated by their children, but in this case, Carol says that her mother changed and became much friendlier to her after this exchange. Carol cites other instances in which she feels like her mother takes her children's actions as validation or lack of validation.

I would probably never tell them that I were taking this Child Psych course on Friday's because that would get my mom stirred up--you must think that there was something wrong with your childhood. Um (2 sec. pause) I don't talk about (3 sec. pause) my brothers, uh, relationships with their girlfriends much like when are they going to get married because the fact that they haven't gotten married in so long makes my folks, makes my folks feel like there's something wrong with their marriage or else the boys would have gotten married.

There is a trend here of Carol's parents being upset unless their children live lives that validate their parents' choices. Whether Carol's parents actually

feel this way is less important than Carol's perception that they do. It is this perception that led Carol as a child to feel like she had to either validate or reject her parents rather than simply live according to her own needs. If she did not validate her mother either through perfect behavior or by following in her mother's footsteps, her mother was angry at her.

In response to the question, "Do you feel like (your parents) understand you now?" Carol, like Anne in the previous case, answers not about her own feelings of being understood, but rather, about her parents' feelings of being accepted by her. Carol answered,

*I think Mom feels validated because I have three kids now like she does. And I understand what she's gone through more. She can identify with me more now because I have three kids. I may work, but I, I'm still basically a mom. I mean, when she writes letters to me, it's not to Carol Smith, it's to Mrs. Ron Smith. (long laugh). It's not like, it's not like she sees me as a separate person. It's like I'm this spousal unit. Um, but I think she understands me more now. My dad, I don't know. You know, I just, I don't know if I've ever really understood him because he's so quiet. It's not like he shares a lot of himself. I never know exactly what he's feeling about something. (italics added)*

As the italicized portions indicate clearly, Carol responds with how well she understands each of her parents, not whether they understand her. She even says her mother doesn't even see her as a separate person. Carol adds that she feels more understood now, but gives no evidence as to why. It is as if Carol doesn't even think in terms of being understood by her parents. Any emotional closeness to them occurs because she is willing to make the effort to understand and accept them.

The issue of Carol's mother "identifying with" her and needing her to be the same as her recurs several times in this interview. Carol herself discusses her children in terms of how much she identifies with each one. The importance of identification as a basis for acceptance in this family will be discussed more

in the section on Internal Representational Models.

The role inversion in Carol's family of origin was primarily in the area of the children (at least Carol) being expected to please her mother through mind-reading and taking the blame for conflict in the family. Carol also felt pressure to affirm her mother's general acceptability as a person. All these things mainly served to counteract her mother's tremendous insecurity.

As a Parent:

In Carol's present family, there is some evidence that Carol needs her children to validate her, but it is not as pervasive as in Carol's childhood family. For instance, Carol talks about feeling that there is something wrong with her when her children fight. She also reacts so violently to Jessica's defiance, it seems that that she takes it as a personal affront. She gets upset when Jessica shows the normal two-year-old swings between independence and dependence .

In the area of direct emotional support, Carol describes Jessica as being sensitive to her (Carol's) sadness. As demonstrated by the following excerpts, Jessica sometimes attempts to monitor her mother's feelings and comfort her. Although Jessica does this, Carol does not appear to strongly encourage this behavior or depend on it for support (in contrast to the pattern demonstrated by Anne in the previous case.) In describing how Jessica is nurturing, Carol says that Jessica is helpful to her little brother, that she will hug him, kiss him, and give him his pacifier. Carol says Jessica is also nurturing with her:

And if she sees I'm having a bad time, she'll, a lot of times she'll hold out her arms and go, 'Oh Mom, come here.' And I'll go over and she'll put her arms around me and kind of pat my back like I'm a little kid. And then kiss me and she's just really nurturing that way.



Carol remembers a time when she was talking to her husband about her feelings while her daughter was present and Jessica intervened,

And she looks up at me and she goes, "Are you sad, Mommy?" And I said, "Yeah, I'm sad." "Oh, come here." And, um, I mean, I just couldn't help but laugh when she starts doing that. She seems to, she'll look at me sometimes and ask if I'm sad and then seem really nurturing and like she wants to comfort me.

Carol was talking to her husband, not to her daughter. She felt it was funny when Jessica sympathized with her, but she did not seem to need the comfort or be glad for it. It sounds as if Jessica is uncomfortable or worried about her mother's sadness and wants it to go away, but not that Carol specifically wants her daughter's comfort, at least overtly. Asked further about this, Carol replies, "I mean, I don't think she, a lot of time, realizes what I'm sad about. I think it's just she sees me looking sad and she wants me to be better." Clearly here, Carol sees Jessica's interest in her feelings as having to do with Jessica and not as a support for her (Carol). Jess seems particularly interested in Carol's sadness. Carol says that if she is angry about something not connected to them, generally her children are unconcerned. They only are interested if she is angry at them. She says of Jessica, "If I'm angry at someone else, she pretty much stays out of it."

There are some trends toward a limited amount of role reversal in Carol's current family, but in general, she takes responsibility for her own feelings and the running of the household rather than blaming her children or making them responsible for her needs.

### Attachment Theory Analysis

This portion of the analysis will examine Carol's transition to parenthood

from the point of view of attachment theory. It begins with a review of Carol's attachment relationship with her parents. It will then address the changes over time in her internal representational models of relationships. This will include analysis of Carol's state of mind in regard to attachment as demonstrated by her coherency in discussing attachment relationships during the interview, her emotional processing in the interview, the feelings she reports, the attachment behavior she discusses, her ability to serve as a secure base for her children, and her sensitivity and insight as a mother.

### Carol and Her Parents

Carol characterizes her childhood home as full of conflict. She says that the television was always turned up loud and people had to shout to be heard above it. "The emotions were just always running through there." Carol received some affection and attention from her parents when she was young. She remembers her mother reading to her and her father being affectionate. But after her two brothers were born, Carol mostly remembers her mother being temperamental and angry and her father being gone. Carol felt she had a better relationship with her father than with her mother and that it is "easier" to talk about him. She describes her father as distant, working long hours, and generally drinking and withdrawn when he was home. Extremely shy, he never showed much feeling. Carol's father reportedly did not join in the battles Carol had with her mother. Carol says of her father, "He would just sit there and listen to my mom just yell at me and yell at me and yell at me. And wait and not do anything and hope it would work itself out." Then if Carol yelled back at her mother sometimes her father would get up and swat her. "And it wouldn't even

hurt. It was just the sight of him physically standing up from the chair that would scare the crap out of me." Carol remembers that her father tried to discipline her and her brothers by calling them insulting nicknames. Once, because Carol often locked herself in her room when she was upset, her father reversed the lock on her door and locked her in her room. He appears to be almost unable to relate to his Carol at all and when he does, to be childish and vengeful. Still Carol concludes of her father, "But I always felt that, uh, (2 sec. pause) you know, I never felt that he didn't like me at all." She says later,

And my dad was always never part of it anyway; he was always kinda out there on the periphery like a safe harbor. Um, it wasn't like he'd be real supportive of you. If, if he had a choice between my mom and you, you'd, usually Mom won. Um (2 sec. pause) so you just never really went to him, you never tried to pit the folks against each other. But he's, he was always there for you, kind of, and he's there now.

Carol didn't feel as threatened by her father as by her mother so he seems like a relatively "safe harbor" to her. She feels like he's there for her, "kind of," but, again, only in comparison to her mother. Carol's father's parenting was almost nonexistent. Although he clearly disliked emotional displays and physical contact, unlike the Avoidant style parent, he was not directive and intrusive with high expectations for his children. He seems generally disengaged, passive, and occasionally hostile.

Carol's relationship with her mother, on the other hand, was highly involved and emotional, marked by fighting, blaming, and physical attacks. Carol remembers her mother breaking a brush over her nose when she was four or five years old because she wouldn't sit still to have her hair brushed. In general, Carol says, "I never could do anything right for her" and later, "So, it was, you were kind of caught in a double bind. Um (1 sec. pause) you never knew (laugh), you just could never win." Carol felt blamed for everything that

went wrong for her mother. She remembers some good times, but felt it "always seems, um (2 sec. pause) overshadowed by everything else." Her mother seemed unpredictable to her. "You never knew what you were going to find when you (small laugh), when she woke up in the morning, what kind of mood she was going to be in."

Carol's mother was rarely comforting. If Carol accidentally hurt herself, she recalls that her mother would be angry and act as if, "God, I have enough to worry about and now you went and did this." When Carol was sick, her mother would put her in her room with some books, close the door and ignore her, unless she threw up, in which case her mother would be annoyed. Carol remembers only one incident in which her parents tried to comfort her when she was upset. She was sad about a favorite television show ending,

And I was just so surprised 'cause it, they never acted like this before. And I was also embarrassed because I didn't want to tell them that, well, I'm just disappointed about this show 'cause I figured they'd belittle me or something, so I just made up some story just so they could feel like they were helping me out. (laugh)."

She concluded, "And it was just such a stupid thing to be crying over." Carol was so unaccustomed to their comfort and used to being belittled she could not bring herself to trust her parents.

Carol's parents disciplined her by yelling, hitting her, and later, her mother would kick her on the floor. Carol says her mother frequently yelled at her that she hated her and wished she had never been born. Even after Carol was an adult, her mother continued to reject her, saying, when she moved away from home and then to Oregon, "That's not far enough." Carol dealt with her mother's rejection by feeling responsible, "I always felt that it was my fault. That, if I hadn't been there, um, (3 sec. pause) then she would have been OK...And I

don't, I don't even know why I felt that." Carol says her parents never told her they loved her except occasionally after a really bad fight. But she says, "I mean, I felt like they must like me. Otherwise they probably wouldn't let me stay there.. I figure if they really, really didn't want me around, they probably would have found a way to get rid of me."

Carol's mother clearly fits into one of the insecure parenting patterns. She is rejecting, punitive, and has unreasonably high expectations of Carol, qualities of the Dismissing (Avoidant) type. Her emotional volatility and the unpredictable pattern of her temper are more consistent into the Preoccupied (Ambivalent) category. She seems preoccupied with her own state of mind and her drinking and not at all attuned to her children's needs, seeing everything as a reflection on herself. There is a strong possibility however, that Carol's mother would fit best into Bartholomew's Fearful category. Carol's mother seems to have a negative view of herself and also of others. She cannot deal with her own failings and wishes she had not had children. She has unpredictable mood swings that frighten her children. In summary, Carol was raised in an atmosphere of insecure relationships, which can most likely be classified as Preoccupied or Fearful.

#### Attitude Toward Attachment

Carol does not talk directly about how she feels about her own attachment needs and her children's, but most of the indirect evidence supports the assumption that she values closeness with others, especially physical closeness. Many of her references to closeness to her children concern hugging and cuddling. Carol says that one reason she chose to breastfeed was

to be closer to her baby emotionally. Jessica's early seeming dislike of being held disturbed Carol; Carol wanted her to be more cuddly. When asked to describe times she's felt close to Jessica, Carol's first response is, "She's become more cuddly in the past year." The most recent time she felt close to Jessica was the day of the interview when Carol relates that Jess "laid her head on my lap and just cuddled me and told me she loved me, and then hugged me." After a big fight with Jessica, Carol says sometimes she rocks with her daughter and holds her until they both calm down.

Carol says that she misses her children when she is gone from them travelling. She also tells how her priorities have changed since she's had children; now her family is much more important to her than her career.

Carol does not talk specifically about how she feels about responding to her children's attachment needs, but the incidents she relates give a mixed picture of an attitude ranging from very sensitive and responsive to casual discounting of their needs. In some cases she feels guilty about her rejection of Jessica and in other cases she does not see her behavior as rejecting.

Carol is sad about her parent's cruelty toward her, but she never even talks about her sadness about their lack of nurturing toward her. It is as if she can conceive of not having been abused, but can not go so far as to imagine actually having been loved.

Although Carol has mixed feelings about attachment, her conscious attitude is positive. She volunteered for this study knowing what it concerned and she conveyed her belief that this was an important area to study. Carol wants to care for her children well and wants to be cared for herself, although she does not seem sure that she deserves that care.

## Coherency of Mind

Structure of Speech

Carol's style of discourse differs when she talks about her mother from when she talks about her father. Carol chooses twice in the interview to discuss her father first because "it would probably be easier to start with my dad." When she first talks about him, the account is organized, telling about the relationship in a chronological sequence, generalizing about her father's personality, and ending with a summary of their relationship. Her initial account of her relationship with her mother begins, "Um, with my mom, oh, she's always had a real hair-trigger temper and I remember her breaking a brush over my nose, um, and breaking my nose when I was about four or five..." Immediately, Carol launches into a series of painful incidents with very little organization. It is almost like a dam breaking; the incidents just come pouring out, interspersed with generalizing phrases like, "You just felt like you could never do anything right." There is a sense of pressure, as if when Carol thinks about her mother, she can barely control the memories and the pain they bring up.

Carol's sentence structure becomes convoluted under the pressure of the memories. For example, she says of her mother,

When she gave me, um, (4 sec. pause) you know, if she went to the store, I better, there were things that without her even telling me, I should be omniscient enough to know, um, like I should check the dishwasher and be sure all the dishes were put away.

Carol sometimes uses the pronoun "you" to refer to herself when talking about her mother, as for instance, "Uh, so you felt like you were walking on eggshells because you never knew what, anything could happen at any time and it would be your fault." Her use of "you" alternates with using the first

person pronoun; she uses "you" much more in the first half of the interview than in the second half. Carol also sometimes laughs at painful memories, especially when talking about her mother's irrationality. Carol never laughs in this way when discussing her father.

When Carol gives five adjectives that describe each of her parents, she pauses to think between each adjective. With her father, she pauses a total of 24 seconds with about equal pauses between each word. In describing her mother, Carol pauses a total of 46 seconds. She pauses for 15 seconds after labeling her mother "caring." The longer pauses may suggest that Carol needs more time to access and organize her memories of her mother.

#### Content Coherency

Carol can think of both specific and general memories about both of her parents. Her specific memories are consistent with her generalizations. In the parenting interview, she also supports her generalizations about Jessica with appropriate specific incidents. On several occasions in the interview, however, Carol seems to distort the meaning of what she has said. For instance, Carol relates that when she moved into her own apartment, her mother said "That's not far enough." She continues,

Then I moved to Flagstaff a few years later and she told my brothers, 'That's not far enough.' And then I moved to Oregon and she told my brother, 'I thought her moving to Oregon would be far enough away, but it will never be far enough away.'

When asked by the interviewer what her mother meant by that, Carol replies,

Um. I think, I think she feels it's her responsibility to worry about people, to worry, that she's responsible for worrying about the whole family, and that somehow she thought, you know, if I moved to Oregon and kind of started



up my own life, she wouldn't have that responsibility any more. And I think she realized that it didn't really change. I was still her daughter and she still had to worry about me.

The statement, "That's not far enough," is clearly a rejection, and it is repeated three different times. But Carol interprets it in a positive way, as a confirmation of the connection between her and her mother. She concludes that her mother worries about her and feels responsible for her, things that a caring mother would feel, not a rejecting one. Carol cannot face that her mother is rejecting her so directly and must distort the meaning of her comment.

In a similar way, Carol distorts her father's actions later in the interview. Carol says that when the neighbors complained about her family's fights,

My dad would usually calm people down by belittling them. He's, he's funny, and so he'd come up with little nicknames for them. Like my brother was a chronic bed wetter and he'd call him Chief Wetpants...Um, for me it was Fats.

She continues by talking about how distraught she felt when he ridiculed her supposed plumpness. At the same time that she calls her father funny and says he calmed the children down, she says he belittled them. In her desire to see her father as in a positive light, she distorts his cruelty into humor.

### Idealization

Carol does not idealize her parents in these interviews, nor does she represent them as entirely bad. She uses both negative and positive adjectives to describe each one of them. She is especially forgiving toward her father, however, accepting his passivity and insensitivity with surprisingly little anger. She seems to feel guilty about being disappointed with him, saying (and only when specifically asked how she would have liked him to be different),

I would have liked my dad to be more participative, I guess. Um, (2 sec.

pause) I mean, you can't ask for anybody to do any more than to spend practically all their waking moments trying to provide for the family. But, um, (2 sec. pause) I would rather have had him more, more there, participating more, and more open with his feelings.

She pauses twice, as if reluctant to express her disappointment, and feels that she didn't really have a right to ask more of him.

Although Carol is very angry with her mother and hurt by her, she has some understanding of her. She speaks with some compassion about her mother's difficult childhood as an immigrant with an alcoholic father. She also is sympathetic to how difficult her own birth must have been to her mother since her mother had cancer at the time.

Carol shows some confusion about relating to her mother now because her mother seems so different than in Carol's childhood. She says of her that it's "almost like she's a different person or it's a totally different relationship. It's like we're just different individuals in this relationship now." Carol treats her mother in a friendly way now despite all of her unresolved hurt.

### Openness and Flexibility

In the interviews, Carol shows openness on some points and is less flexible on others. In the course of the interview, Carol several times seemed to understand something differently than she had before or have a new insight. For example, at one point she realized that Jessica was like her in a way she had not thought of before. "She gets, um, sometimes if she gets physically hurt, she'll get violently angry, I guess a lot like me. Actually I never thought about that." Another time, Carol first says that Jessica didn't miss her when she was out of town. She then remembers that her husband did say that Jess seemed sad last time Carol travelled.

Carol originally seems open to Jessica changing. Before her birth Carol says she didn't have any strong ideas about what Jessica would be like, only that she would be active judging from her activity in utero. Asked whether she could picture Jessica as a toddler when she was an infant, Carol says,

it was hard to picture what she was going to be like. And then as she got a little bit older, I kind of saw her as being somebody who'd probably be pretty self-sufficient. Um (2 sec. pause) you know, maybe she's actually turned out more cuddly than I expected now, but that wasn't actually until her brother came along. And so she must have sensed some kind of competition.

Carol sounds like she is still open to Jessica changing, realizing in the moment that she has become more cuddly. But Carol's picture of Jessica as a teenager and an adult sounds fairly firm. She imagines Jessica in the future as being exactly as she sees her now, strong-willed, fighting with Carol, and too busy to call very often. The sureness of Carol's description seems to leave little room for Jessica to change.

### Attachment Behavior

A child's attachment behavior is behavior designed to elicit protection and comfort from the child's caretaker. In the childhood interview, Carol describes very little attachment behavior spontaneously. Most of her stories are about what her mother did, rather than how she responded. She only mentions various attachment behaviors when she is specifically asked about them. For instance, when asked what she did when she was upset, Carol said she just didn't talk, just withdrew and maybe sulked. Then, when she was asked if she ever cried, Carol replied that she cried a lot as a child. But she hadn't mentioned that in her previous answer. Carol implies that she inhibited her attachment behavior as a child.

Um (3 sec. pause) I would say typically (3 sec. pause) I would just not talk. (2 sec. pause). *I learned early that if I*, until I got to be a teenager. Then I started yelling back at her. Um, but if she got upset the easiest thing to do is to clamp down and be quiet. It just, you know, it was OK to sulk maybe, but um, (1 sec. pause) not to get loud at all. So if I were upset, I would usually just get withdrawn and get, um, surly probably. (italics added)

The italicized phrase above is never completed. Carol doesn't say what it was that she "learned early" not to do and why or what she "clamped down." One can assume that her early attachment behaviors were punished in some way. When asked about crying, Carol replies that she cried quite a bit in hiding, again, making sure her parents didn't see evidence of her distress. When her parents actually see her crying about a TV show and are solicitous, Carol is embarrassed to tell them the truth and makes up a story for them.

Some of Carol's attachment behaviors as a child are:

1. Crying in hiding
2. Withdrawing, sulking.
3. Lying about her distress.
4. Fighting back when she was a teenager.

It is clear that none of these behaviors would have been successful in eliciting comfort. And indeed, Carol describes receiving very little comfort as a child.

### Attachment Figure Behavior

Carol several times says that her mother worries a lot and is "overprotective." For example, when asked how her mother responded if Carol fell down or got hurt, Carol replied,

Um, I think my mom was always kind of overprotective of me. Um, (2 sec. pause) so, you know, she'd take all the necessary steps, but you could tell

she was really put out that, you know, it was like, I told you not to do that, I told you you'd get hurt...I always felt like it was my fault. (laugh) Yeah, and it always felt like, um, like, you know, God, I have enough to do, to worry about and now you went and did this. It's all your fault. You did this just to get to me.

In this case, performing the actions that would prevent injury was not enough to make Carol feel secure and protected. While being rescued from injury she was also attacked by her caretaker. Although she felt grateful and cared for by being rescued, she also felt guilty and angry, a high price to pay for care. Carol's mother's "overprotection" can be seen as a response, not to her child's needs, but to her own anxiety. When Carol is hurt, her mother is angry about having her own anxiety heightened.

1. Mother is affectionate early. Example: Read books with Carol.
2. Mother takes steps to help Carol when she hurts herself.
3. Mother takes care of Carol in emergency
4. Mother is annoyed when Carol hurts herself
5. Mother ignores Carol when she is sick.
6. Mother gets upset when Carol is upset.
7. Parents ignore Carol's crying.
8. Parents try to comfort her when she cries about TV show.
9. Mother is affectionate now. Example: Styles her hair, hugs, says nice things (I love you), writes nice letters.
10. Father is affectionate early. No examples.
11. Father belittles her when she is upset.
12. Father locks her in her room when she is upset.
13. Father withdraws when Carol is upset.

Carol's parents' caretaking behaviors range from helpful to withdrawn to malicious. They are inconsistent and generally unsupportive.

### Carol's Parental Caretaking Behaviors

Carol's caretaking behavior is inconsistent, sometimes warm and responsive and other times withdrawn and even cruel. It is possible that Carol is more responsive with Gabrielle and Dave than with Jessica since she feels the least close to Jessica. The interviews don't contain enough information about her behavior with her other two children to make an informed evaluation about that. Carol seems on the whole more positively responsive than her parents, but still rejecting, particularly to Jessica when her daughter acts angry or needy.

#### Nurturing behavior:

1. Breastfeeds Jessica. (for 6 weeks)
2. Spends time alone with each child.
3. Cuddles in bed, reads to children.
4. Rocks in chair with Jessica, comforts her after they fight.
5. Listens to and sympathizes with Jess when sister bosses her.
6. Protects Jesssica from scary loud noises.
7. Monitors children closely in dangerous play situations.
8. Cuddles Jessica and carries her home after a bad fall.
9. Keeps baby out of dangerous situations.

#### Less nurturing behavior:

1. Ignores Gabrielle often when she cries.
2. Ignores Jessica when she cries in bed at night.
3. Yells at Jessica when child is upset.
4. Speaks vengefully to Jessica when child is upset

5. Ignores, withdraws from Jessica when child is upset
6. Refuses to help Jessica when she requests help with dressing.
7. Calls for help when Jessica is injured as a baby.
8. Gets hysterical when Jessica is injured as a baby.

### Emotional Processing

An infant experiences relationships with others mainly through the body and emotions. Emotional responses to tender care or lack of it are encoded at a very primal level in the body and psyche (Pipp & Harmon, 1987). As people develop they create cognitive structures and gain some control over emotional expression. However, it is likely that the physiological and emotional components of internal representational models of relationships are the least available to the conscious mind and the most resistant to change. Through observation of people's emotional reactions within the interviews and careful examination of the emotional content, we can understand their internal models more deeply.

Carol characterizes her childhood home as emotionally turbulent. The TV was always blaring and everyone had to shout to be heard above it. "The emotions are always just running through there." Only her father did not join in the general uproar. She says, "he would just sit there and listen to my mom just yell at me and yell at me and yell at me. And wait and not do anything and hope it would work itself out." Carol says her mother was emotionally unstable and temperamental while her father was shy and emotionally withdrawn. These were the two main models of emotional functioning Carol saw as a child. How did Carol react emotionally to her family? She says that when she was upset as

a child, she just clamped down and withdrew. When she became a teenager, she often locked herself in her room and listened to music loudly to drown out the shouting, read books, or climbed the mountain they lived on. She attempted to redirect her attention away from emotional stimuli. Carol says (in response to a specific question) that she cried a lot as a child, "Yeah. I think I was probably a real crybaby." She says she cried alone in her room or hiding in the back yard. "I used to hide and cry."

Carol remembers feeling rejected by her parents and afraid of them. She remembers crying, but never in the interview uses the word "sad" to describe herself or anyone else. When she talks about her crying she calls herself a crybaby, implying that her crying was unwarranted. Asked whether or not her parents knew she was crying she replied,

I don't think so. I don't think, I don't feel like they were really aware of it. I don't know whether they chose not to be aware of it. There are times now when my oldest, who's a real crybaby, will cry and (1 sec. pause) and I don't do anything about it because I almost feel like you're almost encouraging her to cry more if every time she cries over some little boo-boo or something or some imagined slight, if you keep going up there and comforting her, then she's just going to keep magnifying all those. So I don't know if they chose to uh, ignore some of that, or if I was really as good at hiding it as I thought I was.

The same way that Carol discounts her own childhood crying, she discounts her daughter's. Carol ignores her daughter's sadness as her parents ignored hers and rationalizes that ignoring distress will encourage it to go away and paying attention will encourage more distress. This is an example of Carol identifying with her internal model of her childhood parent instead of the model of the sad child. The sad child feelings seem almost inaccessible to Carol and so she cannot see them in her daughter. Carol's idea that ignoring distress will make it go away is based on a childhood strategy of dealing with sadness when



there is no possibility of comfort. Sadness is seen as something bad that may even be imagined or exaggerated, that needs to be hidden and ignored so it will go away. One time when Carol inadvertently cried in front of her parents and they comforted her, Carol says,

And I was just so surprised 'cause it, they never acted like this before. And I was also embarrassed because I didn't want to tell them that, well, I'm just disappointed about this show 'cause I figured they'd belittle me or something, so I just made up some story just so they could feel like they were helping me out. (laugh).

And then, "And it was just such a stupid thing to be crying over." Being comforted was so unfamiliar that Carol didn't trust it and protected herself by making up a story and then by, as before, discounting her feelings as being "stupid."

In the parenting interview, Carol says that her older daughter is much like she was as a child. She calls her "clingy" and "overaffectionate." Carol acknowledges Gabrielle's attachment behavior, but uses slightly demeaning words for it. Sometimes, Carol can be sensitive and acknowledge her children's emotional vulnerability. When asked about how she responds when Jessica is upset or sad about something apart from her mother, Carol says sometimes after her children fight, Jessica comes to her for comfort.

And I'll say, "It's kind of hard when people are always telling you what to do, isn't it?" And she'll say, "Yeah." And so then we'll just kind of spend some time together doing something. Carol's response in this case is a fairly sensitive, recognizing Jessie's feelings and then spending time with her.

But Carol does add, "She's starting to play her sister against me," subtly implying that Jessica may be manipulative rather than genuinely upset. In another exchange, Carol denies that Jessica misses her when she is travelling. She then remembers that Jessica did miss her recently. Here, she shows her

difficulty acknowledging her child's sadness by maintaining the generality that Jess does not miss her and acknowledging her sadness as a specific event that may not affect her general belief, depending on her emotional openness to her own sadness.

Carol is not entirely insensitive to her children's distress. She is open to perceiving Jessica's fears of loud noises and deals with her sensitively, warning her if there will be a loud noise, and holding and reassuring her if it is unavoidable. Carol also briefly mentions her own fear of domed spaces. Fears do not appear to arouse mixed feelings in Carol.

Carol finds anger extremely problematic in herself, in her mother, and in her child. The models of handling anger that Carol saw in her parents were both dysfunctional. Her father ignored anger all around him and then occasionally struck out unpredictably before withdrawing again. Carol's mother controlled her anger barely, if at all. As a child, Carol was frightened of her mother's anger and inhibited her own responses to it. As a teenager, she began to express anger toward her mother more openly. Although Carol says she began to fight back against her mother, she also says that if she ever yelled back, her father would swat her. She also says,

Um, when she got me down on the floor and started kickin' me, I just kicked her back one time. Um. (2 sec. pause.) We just became very good at yelling at each other. And there were periods where, once I moved out of the house. I just wouldn't talk to her for months at a time. Um, because it was just too frustrating when I did.

Carol yelled at her mother, but only kicked her back once and apparently tried to inhibit her anger by not talking to her mother.

As an adult Carol herself gets uncontrollably angry. She describes what happens when she gets angry at Jessica.

I mean, I just, I feel like my whole back and, and everything is lit up in electric lights. I mean, I feel like I've got electric current. And my jaw gets tight and I'm just, I can barely get the words out because my jaw is so tight. And it's almost like a growl when I talk to her. And my hands get like this and I mean, I just get totally out of control. I remember looking at my mom when she would get mad and thinking, she looks like, like, a rabid dog almost. And when I imagine what I look like, I just picture flashing teeth and almost fangs. (small laugh).

This description of her anger is detailed and intense. It is also almost totally physical rather than emotional. Carol does not even say what she feels emotionally when she is so angry. This makes it more likely that it springs from very early experience. The closest she comes to understanding her anger is,

Um, I guess I feel like I wish there was something I could do to control the anger that I feel so that I wouldn't feel so threatened every time one of them said "no"....And that feeling of powerlessness and not knowing how to handle a situation like that and just getting so angry.

Carol thinks that she feels threatened and powerless and gets uncontrollably angry when a child says "no" to her. The function of Carol's anger must be to maintain control over something or someone that is perceived as threatening if uncontrolled. Carol gets angry not at her older daughter who is clingy, but at her younger daughter who is assertive and stubborn. Carol's anger does not seem to stem from a belief that children should do as they are told. At no point does she invoke authoritarian precepts. Her anger seems to be almost conceptless. She just cannot deal with another person who does not listen to her and respond to her wishes. It takes only a small leap to imagine Carol as a helpless, threatened baby with a caretaker who ignores her and does not respond to her needs. The anger that Carol had to suppress as an infant and small child is still present in her body. Bowlby (1988) suggests that violent behavior may be merely an exaggeration of evolutionarily functional anger.

Thus, in the right place at the right time, and in right degree, anger is not only appropriate, but may be indispensable. It serves to deter from dangerous behavior, to drive off a rival, or to coerce a partner. In each case the aim of the angry behaviour is the same--to protect a relationship which is of very special value to the angry person. (pp. 79-80.)

Bowlby proceeds to describe the situation of children who have been rejected and/or threatened with abandonment. He continues,

Small wonder, therefore, if when a woman with this background becomes a mother, that there are times when, instead of being ready to mother her child, she looks to her child to mother her. Small wonder, too, if when the child fails to oblige and starts crying, demanding care and attention, that she gets impatient and angry with it. (p. 86.)

When Jessica refuses to cooperate with Carol, Carol's early experiences of frustration and inability to affect her caretaker instantly emerge and overwhelm her.

Carol copes with her anger in various ways. When Jessica is demanding and Carol gets angry, she yells at Jessica or "Other times if I'm just extremely upset with the situations, I'll either just leave the room um, or just tune her out." Sometimes Carol says,

Um, I pick her up if she's really, if it's something where she's screaming and whining and I think she needs to get away from me for a while...so I'll carry her up in her room and put her in her bed and close her door. And she'll stay up there until she calms down. Um, there are times when I've squeezed her like this, um, on her arms, and then noticed like a couple days later if I've done that a couple times during the day that she'll actually have bruises and it makes me realize what I would be capable of if I actually hit her.

So, Carol isolates her child, tunes her out, or handles her roughly. The one thing Carol rarely does is objectively listen to her and try to take her point of view.

Astonishingly for someone who grew up with an angry mother, Carol believes that Jessica is largely unaffected by her rage. When asked how Jessica feels when Carol is angry, Carol answers,

Well, I think she's more used to it than Gabi was 'cause I tried with Gabi really hard the first year. I never yelled at her. And then when she was about 18 months old, I remember really yelling at her for the first time and she just backed into a corner and was just terrified and I realized the effect it was having on her. And with Jess, she just seems to let things, most things bounce off of her. She's just so strong-willed. She just bears down and it's like, "I'm gonna do this."

Asked later what Jess does if Carol is angry at her, Carol replied, "Oh, she just gives it right back.... And so she just kind of flings it back at you." Carol has a very hard time perceiving Jessica's distress when she is angry. Her general belief is that Jessica is unaffected. Pressed by the interviewer asking for a specific instance of how Jess responds, Carol told this story.

Uh, she started crying and said, "I can't get my shoes on." Sometimes she'll get (1 sec. pause) which just breaks your, my heart, sometimes she'll get so upset and she'll, it's like she wants to run to somebody to comfort it, but I'm the one that's, that she would normally run to for comfort, and I'm the one that's being the shit to her. And she'll just kind of stand there and bounce around like she's waiting for somebody and then she'll go, "Mommy, I need you." And she'll run up to me and hug me and that's when I kind of realize that I need to be there for her instead of being the one that's attacking her.

Carol can only see her daughter's pain when Jessica directly asks for comfort. But even after telling this poignant story, later in the interview, Carol again asserts her belief that Jessica is unaffected by her anger. She seems to need to maintain this belief despite evidence to the contrary. As with acknowledgment of Jessica's sadness, Carol continues to maintain her general belief even when it is contrary to certain specific experiences.

Carol seems to need to continue to redirect her anger at her mother toward her children. She claims to have a friendly relationship with her mother. Asked how she manages to do that, she says that she had read a book called Women and Self Esteem and did some exercises in it. She tried to see things from her mother's point of view and felt a lot of empathy and understanding for

her. She says,

And I think just reading that book and doing some of those exercises helped me understand so much about her, that before, I just thought, God, what is with this woman? It helped me understand so much, that, um, (2 sec pause) I think a lot of the anger that I was feeling kind of went away. And (1 sec. pause) I guess the hardest thing now is to concentrate on my relationship with my own kids because when all you hear is the yelling and the "You're stupid" and the, you know, all that, those tapes that automatically come pouring out of you when your kid does something.

Carol gained an understanding of her mother through empathy, but immediately follows that story by talking about her anger at her children. The two angers are related in her mind. However, an empathetic understanding of her children would necessitate acknowledging her own deep childhood pain and possibly reactivating her anger toward her mother. Carol says she has considered attending an anger management class, but said the activities there sounded ridiculous and she could never trust a group of people, so she remains unable to process her anger.

Carol insists that her two daughters are as different as night and day. She says that her older daughter, Gabrielle, is just like her and is clingy and needy. She says that her younger daughter, Jessica is completely different than her, independent, a risk taker, and not needing "strokes" very much. Carol's parents, however, say that Jessica reminds them very much of Carol when she was young. Why does Carol identify with one child and feel very different from the other? While the two children certainly have different personalities, we have seen that Carol almost systematically ignores much of Jessica's neediness. When Jessica asks to stay home from day care, Carol says she just learned it from her sister. When Jessica cries at night in bed, Carol discounts it, saying again that she just picked it up from her sister. We don't know if in a like manner, she also ignores Gabrielle's anger and independent qualities. In

herself, Carol identifies with her own neediness expressed as fear and dependency and refuses to identify with her anger and assertiveness. She needs to keep the two kinds of feelings separate inside of herself. If she saw both her children as having both kinds of feelings, she would have to reconcile her own sadness with her anger, a task she is not ready to do.

### Process

Carol laughs many times in the interview, generally when she talks about her mother hurting her and being unpredictable. She also pauses frequently when talking about emotionally laden topics. After Carol chooses adjectives to describe Jessica, she laughs loudly and for a prolonged time. This outburst is a way to release her nervousness about her feelings about Jessica. When she lists the adjectives about Jessica, Carol pauses only about three seconds each before saying "energetic", "strong-willed" and "feisty." She pauses much longer, nine to thirteen seconds, before saying "funny" and "nurturing." These last two adjectives are more emotionally difficult for her to process. It is worth noting that she also labeled her mother as "funny" and "caring." Carol also laughs heartily when she talks about her own parenting, saying,

In that way, I feel like I've made a li- (1 sec. pause) a minuscule amount of progress from my mother (loud laugh). It's not much, but (lot of laughing), you know, who knows, by the time she grows up and has kids, maybe it'll be a little bit better too. (still laughing).

This laughter, clearly not at a joke, conveys Carol's anxiety.

Asked, "How has it been to do this interview? How have you felt during the interview?" Carol answers,

(4 sec. pause) Oh, like I'm about to cry. (loud laugh) Um. (Quavery voice). It's been hard. I mean, I've spent a lot of time thinking about all these things for years anyway. Um, it's hard talking about it to somebody's who's

a total stranger. But I don't think I'd talk about it to someone I knew real well either. Probably my husband's the only one I would talk to about it. Um. (3 sec. pause) So I think it's just hard.

Carol goes on to say she relives all of her memories constantly anyway. "So it's not like I'm dredging up a lot of memories that I don't--I feel like I live in the past a lot. And I deal with it all the time. Um. (2 sec. pause) But I guess it's still hard." She continues, "Yeah, you feel like you've dealt with this and that you've thought about it so much that, um, you've kind of exhausted it, but it still stays there." Carol, despite her desire to process her feelings, ignore them, and get beyond them, is still emotionally affected by her past and it keeps her from dealing effectively with the present. She is afraid that her children will only remember her anger when they are adults and will forget her loving care. She feels guilty about her inadequacies. As she says sadly of being a mother, "It's hard work. I mean, there are so many times where I sit there and wish (2 sec. pause) and, and wish I had Mom there taking care of me."

### Secure Base and Separations

To act as a secure base for her child, a mother must be willing to be available to her child for nurturance when needed. She must also be willing to be quietly available, but uninterfering, so the child can explore with confidence. If the child has confidence in the mother (or caretaker), the child can endure temporary separations from the mother, secure in the knowledge that she will return. If the child has doubts about the mother's availability, the child will adapt a coping strategy based on fear of external danger and anxiety about the mother as a protector. The child may, for instance, become fearful of exploring or may explore without regard to safety and become accident prone in an attempt to obtain care. The child may also possibly become excessively self-



reliant.

Carol characterizes Jessica of being very comfortable with separation from her. Most of the evidence Carol provides supports this view. Carol does, however, tend to see Jessica as "self-sufficient" and to discount evidence that she is not. Carol reports that when she was gone for a week this spring (with Gabrielle), Jessica did fine because she got more time with her father. When she returned, however, Jessica's day-care providers told her how much the children missed her. Carol discounts this information because Ron said he didn't see any evidence of that at home. Then a moment later Carol remembers that Ron did

mention that it, it, she really did seem to miss me, that she seemed kind of (1 sec. pause) you know, sad that I wasn't there, that he thought it was really hard. And he's, he's really in tune with the kids, so when I come home, he'll tell me which one he thinks I need to focus more attention on that maybe they're having a harder time with me being gone this week than the other ones. So I'll try to make sure that I spend a little more time with them. He did say that she missed me.

Here, Carol first denies the Jessica missed her, then remembers that she did. This is the identical reaction to Anne in the previous case. Carol does not want Jessica to miss her and so maintains that she doesn't. She does acknowledge the specific instance of Jessica missing her this time, but as we shall see, she still maintains that Jessica is basically self-sufficient.

Carol says, in an answer to a question, that Jessica is not upset about going to day care and then adds,

No. Um, she's picked up from her sister. Her sister will say, "Oh, I don't want to go to day care today. I want to spend the whole day with you." And I think she picks up a lot of those things just thinking it's what you're supposed to say.

She goes on to talk about how well Jessica does at day care and then says,

Doesn't seem to have any problems leaving me. Does-, isn't clingy. I mean she just goes in and just gets right into the playing and, and I'll just say, "I'm leaving, Jess." "OK, bye bye." and she'll maybe give me a kiss, but really doesn't seem to matter to her whether she gives me a kiss or not.

Although there is evidence that Jessica enjoys day care and is secure being away from her mother, she may still wish she could stay home sometimes. These feelings need not be exclusive. In discounting Jessica's feelings about staying home sometimes, Carol can maintain her notion that Jessica doesn't really need her much.

When Carol returned from her trip this summer, she said Jessica was "just really happy. Um, you know, lots of hugs and kisses and just kind of, kind of clingy." This kind of reunion behavior is characteristic of a secure relationship. It sounds neither avoidant nor resistant and angry. Carol did not discuss how Jessica behaves on being picked up from day care.

Although she says Jessica doesn't really miss her, Carol reports that she misses the children a lot when she travels. She says, "It's always really hard for me whenever I leave the kids....Emotionally I really miss the kids. It's like I feel like every day I, that I'm away from them, I'm missing a really important part of something."

Carol sees herself as being very protective of Jessica and worrying about keeping her safe. She says she plays this role more than her husband. Carol tells of two incidents in which Jessica engaged in unsafe behavior. In one she fell from a jungle gym and in another, she jumped into a swimming pool herself after being told to wait for her parents to help her. In both cases, Carol rescued her immediately. It is difficult to tell just from those two incidents whether or not Jessica has a pattern of dangerous behavior that would indicate an insecure secure base relationship with her mother. Often the teen years parallel the

toddler's secure base period. In her projection of what Jessica will be like as a teen, Carol says,

Oh, she's gonna be a real handful (giggle). 'Cause she's gonna want to go out and just do it. And um, I'm gonna be over there going, "Oh, you're gonna get hurt." And (giggle) "No, I told you you can't do that." And I think the battles that we're seeing right now are probably only, only a hint of what they're going to be like when she gets to be a teenager.

Carol sees herself her much like she described her own mother, "overprotective," worrying over, and fighting with a teenage daughter. It sounds like Carol would like Jessica to be more needy, but at the same time, excludes evidence that she is. Optimal secure base behavior is grounded in cooperation between parent and child, with both being able to negotiate needs for closeness and distance. When Jessica is difficult, instead of being able to negotiate mutually acceptable solutions to problems with her, Carol often gets angry and perhaps overprotective in an effort to control Jessica's behavior. Jessica then takes one (or more) of a variety of paths including defensive anger, direct bids for comfort, and possibly a pattern of reckless behavior. Until Carol can deal more clearly with her own issues about being rejected by her mother and about dependence and independence, she won't be able to see clearly when Jessica needs her and when she doesn't.

### Sensitivity and Insight

Sensitivity refers to how appropriately responsive the mother is to her baby's needs. Insight refers to how much the mother cognitively understands the baby's needs and behavior. Sensitivity and insight are often related to each other, but it is possible for a mother to be responsive to her baby without having insight into why she is responding as she is. A person can also be insightful,

but not be able to respond. Sensitivity and insight are limited by a person's need to distort signals from others in order not to feel certain feelings and think certain thoughts.

A sensitive, insightful caretaker sees situations from the baby's point of view and wants to give the baby what it needs. Carol wants to be a sensitive caretaker and often is. When Jessica was a baby, Carol chose to breastfeed her because she thought it was best for both of them. She stopped because she says Jessica preferred having a bottle. Whether or not Carol was right about what Jessica needed, she framed her decision in terms of what Jessica appeared to want. Similarly, Carol was disturbed when Jessica seemed not to enjoy being held very much. Carol tried to be sensitive to Jessica's needs to control the amount of closeness or cuddling, even though Carol wanted more. Although I am skeptical that a baby wouldn't want to cuddle, Carol supports her observation with several examples of how Jessica showed she didn't want to cuddle. She says that "It was like, she would cuddle, but it was strictly on her own terms." Carol tried to accommodate her child. Carol notes that Jessica seems to want to cuddle more now, perhaps feeling some competition with her baby brother. Carol show some insight here.

In another instance of sensitivity to Jessie, Carol discusses the enjoyable things they do together and mentions Jessie's feelings and needs as often as her own. Examples include, "She doesn't even care where. It's just some place where she gets to be alone, uh, with me" and "I took her to see 'Land Before Time' and she liked being able to just go with me and having popcorn and a Coke." Carol is also sensitive and responsive to Jessie's fear of loud noises and volunteers her insight into why Jessie developed this fear. Carol tries to be sensitive when she drops Jess off at day care. Carol says that she likes to kiss

Jessie when she leaves her, but if Jess is occupied, in order not to upset her, Carol will just say goodbye and leave. Carol shows some insight into herself when she briefly discusses having unreasonably high expectations of her older daughter. Another time she seems accurately insightful is in evaluating her feelings about her children fighting.

It bothers, it bothers me when they fight. Um, and I guess this is a lot like my mom. Um, always feeling like it's a reflection like I need to have happy kids. And if my kids aren't constantly happy, there's something wrong with me....And now that I'm starting to realize that's just their nature it doesn't bother me as much. Uh, but if I'm tired and they're right underfoot and they're doing it, then I get irritated.

It is this kind of insight that helps Carol respond appropriately to her children rather than to the pressures of her past.

In some instances Carol shows a total lack of sensitivity and in others, a mixture of sensitive and insensitive behavior. Carol feels she behaved cruelly in an incident in which Jessica dallied and was late and missed something. Carol says she purposely spoke to her daughter hurtfully. "And so it was almost like I was kind of rubbed it in." When Carol gets angry at Jessica, she can only see her own feelings and not Jessica's.

As has been discussed elsewhere in this analysis, Carol often overlooks Jessie's needy feelings. She claims Jess cries occasionally in bed at night because she learned it from her sister. She says that Jess only asks to stay home from day care because she learned it from her sister. Carol also compares how Gabrielle as a baby reacted with terror to Carol's yelling with Jessica's reaction of anger and tantrums. She concludes that her yelling upset Gabi, but that "with Jess, she just seems to let things, most things bounce off of her....It just makes her get angry too." Carol inaccurately does not see that

Jess's angry reaction is evidence of distress. Carol does not want to have two vulnerable daughters. When Jess doesn't behave as Carol expects, Carol just decides her daughter's feelings are not real and meaningful. Carol cannot be sensitive to Jessie's distress in this case.

Sometimes Carol shows mixed sensitivity and lack of it. Carol relates an incident in which Jess stayed up very late and played in her room when her parents thought she was asleep. Carol tells the incident in a humorous way and makes it clear that she was more amused than upset about the incident. She explains, from Jessica's point of view, "She just wasn't ready for bed." When the interviewer asks specifically how she thought Jessica felt, however, Carol frames it as a power struggle. "I think she felt pretty good because she'd still been able to buy all that time....I think she felt like she really had won out of the situation." This power struggle explanation contradicts Carol's original statement that Jessica just wasn't tired. Here, her insight is marred by her own need for Jessica to go to sleep at a certain hour.

Carol's anger at Jessica's two-year-old-swings between independence and neediness may be based on some mistaken insights. Carol first shows some insight into Jessica, saying, "she's torn between wanting to do it all herself or saying 'I can't do it at all.'" This is probably true. Carol continues "If it's something she doesn't want to do, then she says, 'I can't do it at all,' If it's something she wants to do, 'I'll do it'. And then she just flies into a rage." When the interviewer asks, "How do you think she feels at those times?" Carol answers,

Well, I think it's a power play because I know she can do it. It's just, she's just saying she can't because she doesn't want to and she know it buys her more time. Um, so I think she just feels like it's one more way to get, maybe, I don't know, maybe just to get more direct attention from me when

I'm running around the house trying to do 50 million things that, that slows me down and gets me to focus on her more.

Carol goes on to say that she is so harried with the baby and Gabi that, "I need everybody to be as self-sufficient as possible, and it, and it really frustrates me when she's not." Carol says that sometimes she does help Jess when she wants help with something she could do herself, but she does it grudgingly and "with a growl."

Carol shows mixed reactions here. She sees with some insight that Jessica may want more attention from her harried mother. But she ignores Jessica's frustration and continues to represent Jessica's actions as being willful and a power play. Carol's need for Jess to be self-sufficient is in contradiction with Jessica's need for focussed attention, so Carol just discounts Jessie's need as willfulness in order not to have to attend to it. It is clear here that Carol is insensitive to Jessica's needs when she has a strong, contradictory need herself.

The final evidence of Carol's struggle between sensitivity to her children's needs and dealing with her own emotions is the situation already discussed in which Carol yells at Jessica and Jessica is caught between her need for comfort and her fear of her mother. When Jessica's attachment needs win out and she asks her mother for protection, Carol suddenly sees her as if waking from a dream and holds her. Before that, Carol's sensitivity is inactivated by her overwhelming inner need to control her daughter.

In summary, Carol is frequently insightful and sensitive with her children. But when her needs contradict her children's needs, she is likely to see only herself and to distort her children's needs, compromising her ability to respond appropriately to them.

## Self and Others

### Childhood

Carol's attachment figures as a child were her mother and father. She had no relatives or older siblings or extrafamilial relationships that fulfilled that function for her. Carol says that both her parents were affectionate before her brothers were born, but she mentions only one incident for her mother and none for her father when this was so. She never mentions being held or touched in her childhood except when her mother rushed her to a hospital when she hurt herself. In general, Carol says she felt like her parents valued her brothers more than her and like there must be something very wrong with her to make them not want her.

#### With father:

Carol's father her preferred parent because he is less cruel than her mother. She doesn't feel as if he doesn't like her. He is belittling, withdrawn, "not part of it." Carol has no memories of him being supportive to her, but feels he is "there, kind of." Carol has no expectations of care or interaction from her father. Her internal model of him and her self with him appears to have been:

Other: My father is neither available nor responsive, but he is safe and will not hurt me.

Self: I am not lovable. I do not deserve attention. I am allowed to exist. I have no power to change my father.



With mother:

Carol sees her mother as angry, unstable, unpredictable, and very infrequently, caring. She also sees her as overprotective and worrying about her. This latter view is the one that her mother wants her to have, and that Carol has partially adopted both as a child and now. It competes with Carol's experiential view of her mother as hostile and frightening. Carol felt that there was something wrong with her and that if she were not there, her mother would have been fine. If Carol protested about her abuse, her mother became more angry. If she did not protest, the abuse continued unpredictably. Her two competing models of her mother were:

Other 1: My mother hurts me. My mother is unavailable, unresponsive, and out of my control.

Other 2: My mother loves me, worries about me, and is protective of me.

Self: I am unlovable and bad. I am to blame for my own unhappiness and my mother's unhappiness.

In general:

Carol's resulting models of herself and others were:

Others: Other people are unavailable and unresponsive with me. Other people are not sources of comfort or help.

Self: I do not deserve comfort, help, or love. I am to blame for being unloved. There is nothing I can do to obtain care.

### As an Adult with Children

Carol has mixed models of children and herself, depending upon whether she is seeing them from a caretaker position in which she is the attachment

figure for them, or from the position in which they are attachment figures for her. When she sees herself as their caretaker, she has insight into their needs and responds to them. She spends time cuddling, reading, and talking with Jess. She protects her children from danger. When she has needs that are not filled, she sees her children as attachment figures for herself. Then she sees them as powerful, threatening, angry, and self-sufficient. Carol is especially confused with Jessica; she insists that Jessica is self-sufficient. She wants Jessica to be more self-sufficient. She also says she doesn't feel close to Jessica because Jessica is so self-sufficient. Her internal models of her children when she is in the caretaking role seems to be:

Others: Children need and deserve of love, care, and protection. Jessica needs some love, etc., but less than other children.

When she is concerned about her own needs, her model seems to be:

Others: Children (Jessica especially) can hurt me. She doesn't need me. She is unresponsive to my needs and I am powerless to affect her.

Because Carol shifts in her relationship to her children, she becomes unpredictable to them and to herself. Her model of her self with them is:

Self: I am competent, available, and responsive. I am also unpredictable and angry. I have little control over my behavior and theirs.

#### As an Adult with Friends and Husband:

Carol had a series of relationships with alcoholics and other addicts. She eventually left her alcoholic/gambler boyfriend because she got "angry" and got "fed up with being just this little crumb." She has difficulty trusting people, citing dishonest people at work and friends who didn't support her going back to

school. When she meets people she likes and respects, she assumes they could not possibly want to be friends with her. She says she could not do a therapy group because she could never trust people in it not to tell her confidences to others. Carol is able to talk about her past with her husband and trusts him, but sometimes gets afraid he will leave her. She says, "I think I'm really afraid of being left."

Others: Other people are not sources of comfort. They will dislike me, leave me, or betray me. My husband is an exception (so far.)

Self: I am unlovable in general, but lovable to my husband.

#### Continuity and Change in Internal Models

Sroufe and Fleeson (1986) predict that children internalize both the child's and the parent's model of caretaking and act out which-ever side is appropriate in a given relationship. If Carol had done that, she would be, as a parent, unavailable, unresponsive, withdrawn, hostile, and unpredictable. She is unpredictable and sometimes unresponsive and hostile. Other times she is very available and responsive. She is rarely withdrawn. She is much more physically affectionate to her children than her parents were to her. She has modified, but not entirely changed the internal parent models from her childhood. When she truly sees herself as a caretaker, she is responsive. For instance, when Jessica finally says "I need you," or asks to rock in the chair with her after a fight, Carol suddenly sees that she is supposed to be the protector, not the attacker, and she can respond with care. Carol is not entirely responsive, however, denying that her children need comfort when they cry sometimes.

Carol's internal model of her self as being unlovable and unable to obtain a response from those she needs has remained basically unchanged. She sees her husband as an exception. If her children are happy, they also make her feel more acceptable. She is trying to accept that if her children are unhappy, it does not mean that she is bad. Carol's fragile self esteem is tied to approval from others whom she sees as difficult to affect.

The issue of identification is a key to approval and acceptance in this family. Carol's mother feels that if her children do not act like her and make the choices she made, that they are criticizing her and maybe she is not all right. She rewards Carol with warmth and friendliness when Carol affirms her with her choices. The message is, "If you are like me, then you will accept me and I must be OK." Of course, when her mother accepts her for these reasons, she is not really accepting Carol, only the parts of Carol that are like her. Similarly, Carol feels closer to and more able to love Gabrielle, the child who she thinks is more like her. By being like Carol (if indeed she is) Gabrielle makes Carol feel more acceptable and accepted. Carol has assigned Jessica the role of not being like her. Because Jessica was (?) an unusual baby, Carol could project on her that she was self-sufficient. Carol continues to believe this despite evidence that Jessica is not self-sufficient. What causes Carol to see Jessica this way? Perhaps it helps assuage Carol's guilt about not giving Jessica enough attention. She gives more time to the baby and to Gabrielle. If she can see Jessie as not really needing her, she doesn't have to feel guilty about this. Another possibility is that Carol's mother insisted that Carol be relatively self-sufficient after her brothers were born and that Carol is replaying her mother's actions. Carol has few memories of this period of her childhood. In either case, Carol as a child and as an adult has undoubtedly felt both needy and angry. So

have both of her daughters. If Carol could admit to being both needy and angry, she could allow her children to be both and accept each of them as individuals rather than see them as copies or non-copies of herself. As long as acceptance is based on validation through identification, neither child can be herself without rejecting her mother.

In Carol's childhood, neediness and anger were kept separate. Carol was needy and her mother was angry. The self-other roles were well defined by power. Her mother had power and Carol didn't. Carol's only power was to fight back against her mother's abuse, but fighting just increased the abuse. Compliance, however, didn't stop the abuse, so Carol felt powerless. When Carol gets uncontrollably angry with Jessica, Carol says she gets angry because she feels threatened and powerless. We can see that Carol responds to Jessica as if Jessica were her mother rejecting and abusing her. Carol describes Jessica's response to her (Carol's) anger as "she just kind of shoots it back at ya' and says, 'Hey, this is life (giggle). You know, get used to it.'" This recalls Carol's comment that she and her mother had "dueling upsets". In truth, Carol's neediness and anger are intertwined. She would not get so angry at being told "no" if she were not so needy of validation from her children and everyone around her. Carol says she gets upset with Jessica because she cannot "motivate her, um, (2 sec. pause) to do the things that I need to have done." The power struggles and anger emerge in Carol's relationship with Jessica when Carol and Jess have different needs and Carol cannot get what she needs.

In summary, Carol's internal model of herself as a needy child without the power to get her needs met is almost unchanged from her childhood. Carol's newly formed internal model of sensitive parenting only can emerge when

Carol is not feeling too needy. This model of the good parent is still somewhat fragile in the face of the needy child. When she is under stress, Carol reverts to her child representation, expressing long denied anger that is very similar to her mother's anger. She then reacts to Jessica as if she is Carol's own unresponsive mother. Carol's style of parenting at some times seems secure and balanced. However, her uncontrollable anger alternating with responsiveness best fits the picture of the preoccupied mother who often reacts to her own inner demons rather than to her children. A case could be made for Carol fitting the fourth pattern of parenting, the A/C, fearful, pattern. Carol does not show much avoidant (A) behavior except with Jessica in her continuing pressure on the child to be more self-sufficient.

The fact that Carol is frequently sensitive to her children and is not hitting them or completely rejecting them shows that she has somehow created internal models of children who deserve love and care and a parent who can care for them. She seems to have been able to do this from 1) beginning to see her parent's abusiveness more clearly at adolescence, and 2) marrying a man who treats her as if she is lovable and worthy of respect. She has done little therapy and says she can't remember what she discussed in the little she did. This short therapy experience was not enough to allow Carol to do the complex reorganizational work on her internal representational models she would have to do to change the way she sees herself and others.

### Independent Analysis

Two independent raters analyzed the Family (Childhood) Interview. The main researcher did not read their analyses until the entire previous analysis

was completed. Their analysis largely supports the previous analysis in this study. Highlights of their analysis follow. All of their individual ratings are expressed on a scale of one to nine. When a rating is hyphenated, the truest score lies between the two numbers.

The ratings for Carol's relationship with her parents correlates highly with the main researcher's findings. They rated Carol's Acceptance by her mother very low (2) and Rejection as high (8). Carol's mother's Consistency was quite low (1-2). They rated her mother as (7) on Role reversal tendencies.

They noted that Carol rarely sought Proximity to her mother for comfort (2) and that her mother Dominated the relationship (8). They rated Carol's Idealization of her mother as moderate (4-5).

They rated Carol's Acceptance by her father as low (2) and Rejection by him not quite as high as her mother's (6). He was given a high score for Neglect (7) and moderate score for Consistency (5). They rated his Role reversal tendencies as quite low (2) and his Dominance as (7). They noted that Carol rarely sought Proximity to her father (2-3). They felt Carol Idealized her father less than her mother (3).

The independent raters note slightly higher idealization than the main researcher did. They give Carol an overall rating of (4-5) for Coherency, somewhat lower than the main researcher would have given. Their rating was partially based on their count in the Family Interview of four instances of insistence on not remembering, no "I don't know's" and 31 instances of inappropriate laughter.

The raters thought that Carol showed high Separation Anxiety (8) and fairly low Self Confidence (2-3). They gave her a rating of (5-6) for Adolescent Rebellion, showing some lack of clarity about that. The raters saw Carol as

being low on Trust (2) and Expressivity (3). They gave her high ratings on Emotional Dependence (8), Jealousy (8), and Caregiving (8). They rated her as moderate on Warmth (5-6). All of these rating support the previous analysis.

The raters felt Carol's self model was Low, showing low self confidence and high emotional dependency. They felt her model of others was Moderate, citing both her distrustfulness and low proximity-seeking as a child and her actively maintaining a "close" relationship with her parents through idealization and enmeshment. They noted that she maintains contact with others through caregiving. The main researcher also saw Carol's self image as Low, but saw Carol as seeing others as unsupportive. The independent raters give more weight to Carol's continued compliant relationship with her parents.

The independent raters assigned Carol a score (scale, 1-9) on each of the four attachment categories (or relationship styles). They rated her a (1) on the Dismissing style. They rated her a (3) on the Secure style, citing her relationship with her husband, her various insights, and her attempt to change old patterns. They rated her a (5) on the Preoccupied style, citing her ongoing enmeshment with her family, idealization, role reversal, and guilt. They rated her highest (6-7) on the Fearful style, citing as evidence her distrust, her childhood and current compliance with her parents, and her alienation from peers. These ratings entirely support the previous analysis which, although noting Carol's Secure tendencies, assigned her a category of Preoccupied or Fearful.



## Questionnaires

### Children of Alcoholics Screening Test (CAST)

On the CAST, Carol answered "yes" to all but six of the thirty questions that screen for alcoholic parents. This confirms that without a doubt, her parents were alcoholics.

### Relationship Questionnaire

On the forced choice part of this questionnaire, Carol chose the description of the Preoccupied personality style as being the most like her. People with this style would like to be close to others, but fear that others will not value them as much as they would like. The second question asks the respondent to rate herself on each of the four styles on a seven point scale ranging from 1 (Not at all like me) to 7 (Very much like me). Carol rated herself as a seven on both the description of the Preoccupied style and the description of the Fearful style. She rated herself as a 4 (Somewhat like me) on the Dismissing style and rated herself as a 2 on the Secure style.

Both Carol's highly rated styles, the Fearful and the Preoccupied, reflect a negative image of the self. People who relate to others with these styles generally have low self-esteem and see themselves as unworthy of love from others. Carol sees herself in this way. She is not sure if she wants to be close to others or not since she expects them to not like her. Carol's self image as reflected by this questionnaire supports the previous analysis in which she showed elements of both the Preoccupied and Fearful style of relating to her children. It also parallels the analysis of the independent raters who rated her highest in the Preoccupied and Fearful styles.

### Adult-Adolescent Parenting Inventory

This inventory has four scales, Inappropriate Expectations, Empathy, Belief in Corporal Punishment, and Role Reversal. Scores are stated as Sten scores, ranging from 1 to 10. Compared to other Caucasian, non-abusive women, Carol got a standard score of 5 on the appropriate expectations scale. This is an average score for this population, showing neither a lack of understanding of children's developmental capabilities nor a very realistic, high understanding. Carol showed some confusion on this scale, marking the "uncertain" answer on questions about whether children under three should be expected to dress, feed and bathe themselves and also about how early children should be expected to talk. She was also not totally sure about whether children under three could be expected to take care of themselves. Her answers to these questions highlight the uncertainty demonstrated in the interviews concerning how much 2 1/2 year old Jessica should be expected to do for herself.

Compared to other Caucasian, non-abusive women, Carol got a standard score of 6 in the Empathy scale. People with this score are not highly sensitive to their children's needs, but neither do they completely ignore them. On many of the questions on this scale, Carol endorsed the Empathic response, but not highly (choosing agree rather than strongly agree.) Carol got a standard score of 7 on the scale measuring belief in corporal punishment. This reflects attitudes toward punishment that are non-abusive and suggests that she tries to utilize alternatives to physical punishment. The only items Carol marked low on this scale are those that insist that children respect parental authority and an

item saying that children should "pay the price" for misbehaving. Carol was uncertain about that. Carol got a score of 8 on the role reversal scale. This would suggest that her understanding of the needs of children and adults exceeds the average person's. On this scale, Carol marked "uncertain" for the item that said, "Children should not be the main source of comfort and care for their parents." This reflects that Carol sees her children as a source of comfort for her. In general, this scale shows a person with parenting attitudes that are average or above average for non-abusive, Caucasian women. If she had been compared to abusive women, her scores would have been slightly higher. This scale basically supports the information obtained from the interviews.

#### Mother-Father-Peer Scale

On the scale measuring Mother Acceptance, Carol ranked in the 8 percentile. This shows that she felt extremely rejected by her mother. On Father Acceptance, she ranked in the 39 percentile. As expected from the interviews, Carol felt more accepted by her mother than her father. On the scales measuring Encouraging Independence (high) versus Overprotection (low), Carol scored in the 8% percentile again for her mother and in the 40% percentile for her father. Carol sees her mother as extremely overprotective in that she did not encourage Carol to do things her own way or make her own decisions. Carol showed some idealization of her father, endorsing as "uncertain" the statements, "My father gave me the best upbringing anyone ever could" and "My father never disappointed me." She did not "strongly disagree" with any of the idealization statement about her father. She idealized her mother less, but did not totally reject all the idealization statements about her

either.

On the Peer Acceptance scale, Carol scored below the 1 percentile mark. The test is not as accurate for very low or high scores, but this score shows that Carol felt rejected by her peers as a child and has a long history of feeling like she cannot trust others.

These results are in agreement with the previous detailed analysis and the ratings by the independent raters.

### Hypotheses

Carol says that she is chameleon-like, behaving differently with different people, but the evidence herein suggests that her internal models of relationships are consistent across her relationships with her parents, her children, and peers. She sees herself as not lovable and unable to affect others. She sees others as unpredictable in their affections and difficult to trust. Others are either untrustworthy and so will hurt her or they are so much better than her that they would not like her. As long as her children behave well and appear to need her, she can accept them. If they fight or get angry at her, she feels threatened and angry. Carol feels loved by her husband, but not entirely secure in his love. Her relationship with him, while it has helped her feel more lovable, has not changed her feeling about herself very much.

There is little evidence that Carol's internal models are in transition at the moment. She is at a painful, but apparently stable point. Her struggles with Jessica could be a catalyst for change if they get too painful and violent or if Jessica can find some way of showing Carol who is really the mother in their relationship. So far, having children does not seem to have altered Carol's

internal models of relationships. She does not seem to have realized that all children are born lovable, including her. Carol lacked substantial experience of being nurtured as a child and never learned strategies to obtain nurturing. When people are kind and loving to her (as her husband may be) she does not seem to fully integrate that fact into her internal models. Instead of thinking, "Some people are loving and other people are not" or "I can affect how much care I receive," Carol sees the fact that someone cares for her as an exception to the rule or a happy, but unexplainable event. In this way her internal working models seem closed to significant change. Until she can change, her parenting will be inconsistent and based on her internal state rather than her children's needs.

Bobbi

## Content: Family (Childhood) Interview

Bobbi is 24 years old and has one child, Samantha, who is 3 1/2 years old. Bobbi is divorced from Samantha's father and now lives with her boyfriend and Samantha. She attends the local community college. Bobbi was born in Washington and her family moved to a rural area in Oregon when she was four years old. Bobbi's mother had two children before she married Bobbi's father, a girl five years older than Bobbi and a boy four years older than Bobbi. Bobbi also has a younger sister, five years her junior. Bobbi reports that her father, a truck driver, has many children, "It seems a new one pops up all the time." Bobbi's parents divorced when she was 12 years old. She does not know her father's whereabouts now. Her brother recently got out of jail and moved to the small city where Bobbi, her mother and younger sister live.

Bobbi reports that her father was a long haul truck driver and was only home two days a week. Her mother was a housewife and secretly worked as a waitress. When her father was home, her parents fought and her father regularly beat her mother severely. Both of Bobbi's parents were alcoholic.

Bobbi's earliest memory is of her third birthday party where she drank wine with everyone else. She says that as a child she was completely independent and that beginning at age four, she spent all of her time at the farm of an elderly couple down the street. She claims she was "close, but detached" to her mother. For most of her childhood, Bobbi's mother ignored and neglected her. Bobbi often comforted her mother after her father had beaten her. When Bobbi became an adolescent her mother became physically abusive toward her. Bobbi reports that her father physically and sexually

abused everyone in the family except her. She says she was "kinda like Daddy's little girl." After her parents' divorced, he fled to avoid paying child support; Bobbi felt and still feels abandoned by him.

Bobbi says everyone in her family and all of their friends drank, so "I had no concept that it wasn't completely normal." She thinks her father, who also used speed, was probably more violent when he was drunk. According to Bobbi, her mother drank beer all the time. Bobbi says she dealt with her mother being "that way again" by just not being around or by tuning her mother out. She says that her mother was withdrawn when she was drunk, which was most of the time.

Bobbi has a hard time describing her mother during her childhood, coming up with only "meek", "courageous", and "confused." She says, "there's a huge split in the way I see my mom," because her mother, in the past five years, has been "so strong and so motivated and so powerful," having graduated from college and earned an MSW degree.

Bobbi describes her father with the following adjectives: evil; overbearing; rude; defensive; and confused. She characterizes him as constantly causing pain and controlling people through violence and bribes.

Bobbi says she didn't get upset much as a child because she didn't think she had a right to. She says "You dealt, you, you learned to deal with what was given to you or, or what happened in your life and that was just it." Bobbi felt like she had to just completely ignore her emotions to survive. Bobbi reports that she was accident-prone and had urinary tract problems all through her childhood that eventually needed surgery. She also says that she had tonsillitis for about five years and missed a lot of school for it. She says no one really paid much attention to her when she was ill. In general, she says, her parents

treated her with "absolute indifference."

Bobbi says she was afraid of her parents, especially her father. She says she felt rejected by her father, but not her mother, who she felt saw her as "just another problem." She felt like she didn't live up to her parents' standards, but that they were disappointed with everything in life, not her in particular. She says she found her parents predictable. Bobbi says that her parents didn't discipline her. She didn't do anything to attract discipline when her father was home. Her mother basically neglected her until about age 11 when Bobbi went through puberty. Then, Bobbi reports, her mother tried to control her behavior and began to physically abuse her. Bobbi says she just defended herself, but never hit her mother back as her siblings had. Bobbi moved out of her mother's house when she was 14 years old. She lived with a friend and then with her boyfriend whom she married at age 18.

Between the ages of 4 and 12, Bobbi spent a lot of time at the farm of an older couple who lived near her. The man, Shorty, was very important to her. She says she felt very close to him and that he made her feel like she was important and "worth teaching to and worth spending time with." She says they were affectionate with her and she could go to them if she were upset. Shorty died when Bobbi was 12 years old. She says she felt angry and abandoned when he died. She still feels sad now.

Bobbi was raped by a friend's father when she was 12 years old. She pressed charges against him and eventually her assailant was convicted. Bobbi says her mother was very supportive of her during the rape episode. That year, Bobbi also became a speed addict and tried to commit suicide with Valium.

Bobbi did not see her father for about six years. He visited her once when



she was pregnant and once after she had her baby. She has not seen him now for about three years. She feels abandoned by him and has been angry, but says now she is "reconciled to the fact that he's an evil person (1 sec. pause) and I don't need to be around him any more." Bobbi says she is close to her mother now. She says her mother is more nurturing to her if Bobbi talks to her like a friend rather than a mother.

Bobbi reports that she doesn't drink alcohol because it makes her feel too emotional. Speed, however, allows her to just speed up and not think about things. Bobbi has used speed off and on for years, but says she hasn't used it for the last eight months. Bobbi admits to being defensive about acknowledging her drug problem, even though from her involvement with drugs she lost her boyfriend and friends and was homeless for three months last year.

Bobbi reports that her first husband took advantage of her and used her. Now she says she doesn't trust people and must be in control in her relationships to avoid being hurt. She feels she is just not ready to deal emotionally with her past.

#### Content: Parenting Interview

Bobbi has one child, Samantha, who is 3 1/2 years old. Bobbi was happy to be pregnant even though she and her husband were under stress at the time, losing their jobs and moving to a new city to find work. Bobbi had previously had several miscarriages. She was very happy to have a girl child. Samantha was diagnosed with a potentially fatal disease, pulmonary hemosiderosis, at six weeks old. She was hospitalized and survived. Bobbi stayed at the hospital with the baby the whole time and continued to breastfeed her. Bobbi says that her husband was not supportive during Samantha's illness.

Bobbi reports that Samantha cried all the time during the first few months. She says she did everything she could to comfort her, but that Samantha only got happier after she was mobile. Bobbi found it hard to not be able to "fix everything and control the situation."

Bobbi describes Samantha as very mature and intelligent for her age. She chooses the following adjectives to describe her: Independent; well-adjusted; strong; energetic; and witty. Bobbi says Samantha is large for her age and extremely independent and self-assured. Bobbi enjoys doing nature activities with Samantha and likes to read with her. She says she feels close to her all the time. Bobbi's main difficulties with Samantha center around power struggles. Bobbi feels that Samantha is very strong and powerful and has a lot of control in their relationship. Bobbi doesn't know how much to force Samantha to obey her. Samantha gets upset when she goes to visit her father on weekends. Bobbi tries to reassure her, but feels guilty about the divorce. When Samantha is afraid of train noises at night, Bobbi is very comforting. Samantha will not let Bobbi near her when she is physically hurt, a pattern that concerns Bobbi.

Bobbi and Samantha struggle whenever Bobbi takes her home from day care. Samantha screams and cries and does not want to leave. Bobbi says she often yells at Samantha when Samantha is yelling at her, but she rarely hits or spansks her and feels guilty when she does. She says they usually communicate well. When Bobbi is sad, she says Samantha tries to comfort her. Samantha also defends Bobbi when Bobbi is angry at someone else. Bobbi says that if she gets angry at Samantha, Samantha yells back at her, insisting on what she wants.

Bobbi believes that Samantha is aware of dangers and that she never

tries to do anything dangerous that Bobbi might have to protect her from. Bobbi says that Samantha often wants help with her shoes or other things and that she doesn't want to help her because she thinks Samantha just does it to have power over her. Bedtime is usually a struggle with Samantha resisting going to bed. She also wakes frequently at night. Bobbi says that Samantha has never had any trouble being separated from her.

Bobbi reports that both her boyfriend and ex-husband are more authoritarian with Samantha than she is. She says, comparing herself with her mother, that she spends much more time with Samantha and is closer to her than her mother was with her. She says they are similar in that she trusts Samantha's judgment and capabilities as her mother trusted her.

Bobbi says that her mother dotes on Samantha, which made Bobbi upset at first. Now, however she says she thinks part of the love her mother gives Samantha is because she cares about Bobbi. Having Samantha has made Bobbi and her mother closer. Bobbi imagines that Samantha will be independent and have good judgment as a teenager and that they will be close when Samantha is an adult.

Bobbi says she feels that using speed affected her performance as a mother. Although she tried to use drugs only when Samantha was with her father, she says she often was very tired during the week. Others tell her she was attentive to Samantha, but Bobbi suspects she was obsessively attentive to Samantha because of the drugs. She doesn't have clear memories of that part of her life.

Bobbi feels that knowing Shorty and his wife affected her parenting, noting that she treats Samantha with respect as they treated her. Bobbi traces some of her difference from her parents to suddenly realizing a few years ago that she

needed to change her life in order for Samantha to grow up differently than she had. She describes having almost a mystical experience in which she made a conscious decision to change her patterns from her childhood, leave her husband, and start taking care of the environment. She can't explain it, but says "Something happened to empower me that day."

#### Interviewer's Comments

Bobbi appeared to be very open to talking about herself. She jumped right in to the interview, speaking very quickly and with few pauses. She had a brash quality, as if she would like to appear fearless. This bravado only thinly covered her vulnerability, which emerged as we spoke. Although she spoke quickly throughout, Bobbi became more thoughtful and emotional as the interview progressed, pausing more and letting her voice betray emotion. As the interviewer, I was occasionally taken aback by Bobbi's matter-of-fact presentation of traumatic events in her life. Her manner seemed to convey that she felt perfectly fine talking about these painful experiences. But often she would breathe heavily or catch her breath suddenly or her voice would become very soft as the emotion broke through. I felt drawn to acknowledge her pain even though it was not appropriate in the interview. Bobbi clearly enjoyed the second interview more than the first. Her pride and joy in her daughter was obvious. Bobbi was moderately warm and made some eye contact.

#### Child Abuse Literature

Spinetta and Rigler (1972) list four factors that they found in parents who were more likely to abuse their children. Bobbi fulfills some of these criteria, but

her case is not clear. First, she was raised by an abusive father who, by her own account, did not abuse her. She witnessed abuse, but was not personally abused by him that she can recall. Her mother was neglectful and then turned abusive at adolescence. So, Bobbi fits the profile of being abused, but she also felt like a special child because her father favored her. Second, abusing parents often have difficulty controlling their aggressive impulses, a problem Bobbi does not seem to have. Neither does she believe in physical punishment. The third criteria, having unreasonable expectations for young children, is unclear also. On the one hand, Bobbi believes that Samantha is extremely capable and mature for her age and expects her to have judgment beyond what is reasonable to expect from a 3-year-old. On the other hand, Bobbi accepts defiant and willful behavior from Samantha that many parents would find intolerable. Bobbi also has faced extreme socioeconomic difficulties.

People who abuse their children often have low self-esteem and an impaired capacity for empathy. Bobbi has moderate self-esteem. Despite her drug addiction and dysfunctional relationships with men, she sees herself as able to learn and change and as a good mother. She seems able to empathize with Samantha in most situations although she has difficulty seeing Samantha's sadness and neediness. Bobbi is not highly reactive to child-rearing stresses.

From the research about abused children who break the cycle of abuse with their own children, it would be hard to predict Bobbi's future behavior. She has only a few of the protective factors and many of the risk factors. Among the protective factors are the fact that she was very happy to be pregnant and wanted the baby. As a child she had a supportive long-term relationship with Shorty and his wife. She remembers her abuse from her father, is very angry about it, and has consciously vowed not to repeat it. Risk factors include the fact

that Samantha had a serious disease early in her life and that Bobbi has very shaky social supports. Neither her ex-husband nor her current boyfriend are particularly emotionally supportive of Bobbi. Bobbi has had many stressful life events including rape, early marriage, divorce, and homelessness. Bobbi has not participated in long-term therapy, although the short-term therapy she did made significant changes in her. Although Bobbi remembers her father's abuse, she has less clear memories about her mother's neglect and she has clearly not integrated her feelings about her mother. This makes it more likely that rather, than abusing her child, Bobbi is more at risk for neglecting her child.

#### ACOA Analysis

Both of Bobbi's parents were alcoholics. Her father was home only two days a week, but drank when he was there. Her mother drank beer all the time, according to Bobbi. Bobbi's earliest memories are about alcohol, being given wine at her third birthday party, and everyone she knew drinking and fighting at parties. Bobbi didn't know or understand the effects of alcohol on her mother. She just felt, "when she didn't seem to make sense any more I would just turn her off. She's that way again. That way because I didn't know that it, drunk, was an abnormality. So it was just that way." Bobbi also claims to have avoided crying for years because she thought it would make her throw up. This belief came from hearing her mother crying and throwing up in the bathroom every day. Bobbi didn't know she was throwing up from drinking.

The denial of her parents' drinking was so complete that Bobbi did not even know it was possible not to drink. Bobbi claims that she couldn't say what effect alcohol had on her life because she didn't even know what that drinking

was not normal. She says even now, "Well, it really, actually, it didn't have much effect on us because we never considered that it was abnormal. We never even considered it." Bobbi shows all of the cognitive-emotional defenses that are predicted for ACOA's. As a child she denied the effects of alcohol on her parents and now she has a very hard time admitting that she is/was a drug addict. She also felt she had to completely deny any feelings about herself as a child in order to survive. She shows the extreme emphasis on control typical of ACOA's, feeling that she if she is not in complete control of her relationships, she will be controlled. She often uses dichotomous, all or none thinking, for instance, saying her child is "always independent" or her mother was "always courageous. Every day." (See Coherency of Mind section for further discussion of this point.) Bobbi also took excessive responsibility in her home, both emotionally and in practical ways. Now she still casts herself in the caretaker role for her boyfriend and friends.

Bobbi herself has never been alcoholic, but has used speed extensively. She says she has not used the drug for eight months (except once). She still is attracted to using drugs and must consciously choose not to use. Bobbi is not in any recovery program and does not like what she sees as the cultlike aspects of them. She says speed helps her not to think about her pain.

### Role Reversal

#### As A Child

There was a great deal of role reversal between Bobbi and her mother and little to none between Bobbi and her father. Bobbi's mother apparently drank all through the day and was overwhelmed by her responsibilities of

raising four children, defending herself from a violent husband, and secretly earning money with which to eventually leave her marriage. According to Bobbi, her mother just allowed her to raise herself after about the age of four. Bobbi's mother often did not feed the children. They did that themselves. Bobbi now denies that that was a problem, saying it was good because she learned to eat when she was hungry.

Bobbi perceived her mother as incompetent, especially with her baby sister. Bobbi took on many tasks related to the baby, especially related to feeding the child. "I felt (1 sec. pause) like I had to take care of my little sister, always, 'cause there was nobody to do it." Bobbi reports that the only time she went to her mother with a problem was to complain about having to take care of the baby so much. She says her mother's reaction was to try make her feel guilty. "She's the master of guilt. It was like, you know, (exaggerated sigh) her life would have been so much easier if she hadn't had kids at all. They could at least help with the ones that she had."

Bobbi also said she could not go to her mother with a problem because her mother would just tell her to deal with it herself. Bobbi says this is because, "she had too much to deal with; she needed my help. And if I couldn't do that for her, what was I worth?" Bobbi's mother clearly communicated to Bobbi that children were a burden and that she deserved Bobbi's help in dealing with them. Bobbi felt guilty refusing to help, and asking for any care for herself was not even to be considered.

Bobbi also felt she had to take care of her mother emotionally. She says that after her mother had been beaten, "I was the one that after anything would go down, I'd always go out and hug mama and kiss mama again." She explains later,



I think I had this image that unless I was there to, there to patch things up that Mom (1 sec. pause) would stay sad. Not that she couldn't be happy, because I don't remember her really being happy, but that she would stay real emotional and sad.

Bobbi says she did this by "literally picking up the pieces of whatever was broken and by trying to fix things and, and (soft voice) telling her I loved her (3 sec. pause)." Bobbi says this didn't happen very often,

I mean we're talking about like 15-minute episodes once a week. You know, it wasn't something every day, but just usually be there to put up this real big effort to show that we can, we can fix this, you know (small laugh). We can put all the dirt away and, and hug each other and it's gonna be OK.

Bobbi comforted her mother and tried to make her feel better. Bobbi herself was undoubtedly very frightened and trying to comfort herself as well. She needed her mother's comfort, and not getting it, took over that role herself. Apparently the little contact Bobbi had with her mother was through her own caretaking of her.

### As A Parent

Bobbi shows a pervasive pattern of perceiving Samantha as precociously self-reliant and mature. Although in many ways, Bobbi fulfills her parenting role well, she also encourages some role reversed behavior. Bobbi is particularly unconcerned about Samantha's safety, trusting that she is aware of dangers and can protect herself. At the farm they visit, Bobbi allows Samantha to wander around by herself, even near water. At home, Bobbi says she doesn't need to check on Samantha in the back yard or riding her bike down the block. This transfers the job of protection on to Samantha herself.

Practically, Bobbi does not appear to ask Samantha to do jobs in the

house. She notes that Samantha enjoys making her own sandwiches and washing dishes, jobs that alone, done because Samantha enjoys them, do not suggest a role reversal situation. However, it must be noted that most 3-year-olds do not enjoy washing dishes.

More serious is Bobbi's allowing Samantha to comfort her emotionally. She says that when she is upset, Samantha comes up to her and rubs her head and tells her that everything will be OK. Often Samantha will apologize just in case she was responsible for Bobbi's upset. Bobbi also is amiss in not protecting Samantha from competition with Bobbi's boyfriend, Tom. Bobbi tells about an incident in which Tom and Samantha played a game they play in which they argue about whose mom Bobbi is. Bobbi reports that recently she got sick of it and said, "I don't want to be anybody's mom any more." At that, Samantha got upset and said "OK, I'll get a new one. Come on, Tom. We have to go to the store. I need a new mom." Samantha was crying while she said this and Bobbi was upset that Samantha had taken her so seriously. Then Samantha came over to comfort Bobbi.

And, a, *she finally came over* (italics added) and said (1 sec. pause) while rubbing my head, that, that, um (1 sec. pause) she didn't want a new mom and would I be her mom again, if, uh, she was good. And I told her that I'd be her mom forever whether she was good or not. And that I was, that I didn't mean it. (italics added)

Here, when both mother and daughter were upset and felt sad, Samantha was the one who came over to comfort Bobbi and apologize as if she had rejected her mother, when of course, it was the other way around. Bobbi does reassure Samantha, but only after Samantha has reassured her. Samantha uses caretaking as a way to maintain her tie to her mother just as Bobbi did with her mother. Bobbi's allowing her boyfriend, Tom, to openly compete with

Samantha for her attention (both here and in other examples in the interviews) implies that Tom and Samantha are on the same level. Either Tom is also a child or Samantha must be an adult.

Bobbi reports that if she is angry at someone, Samantha defends her to that person. When Bobbi was arguing with her boyfriend, she says that Samantha stayed very close to her and eventually began to yell at Tom not to treat her mommy like that. She says that Samantha also yells at other drivers out the car window if they do something discourteous to Bobbi, "You shouldn't do that to my mom." Symbolically, in the game they played while swimming, Samantha played at saving Bobbi from sharks.

Bobbi fulfills many of her parental functions well, especially compared to her own mother. She is aware of trying to have appropriate expectations for Samantha. In fact, she says a main reason she divorced her husband was because he had unreasonably high expectations for Samantha. But Bobbi must subtly convey to Samantha that she needs protection and comfort. Children feel frightened when their parents are sad and if they have no one to turn to for comfort, they will comfort their parents in an attempt to make the parents happy and responsive again. A further discussion of role reversal between Bobbi and Samantha appears in the sections about "Secure Base" and "Self and Others."

The following sections analyze Bobbi's relationship with her parents and her daughter using Attachment theory concepts.

### Bobbi and her Parents

Bobbi's home life as a child seemed to be sharply divided into times when

her father was home and times when he was gone working as a long-distance trucker. When he was home, Bobbi says, "the first day we all got into the dad mode and nobody said anything or did anything and then usually by the second day everybody started to feel like themselves again." When her father was home, Bobbi learned not to do anything at all. Her father was so explosive that doing anything could be cause for violent punishment. Bobbi says that he broke everything in the house and tried to control everyone. She says that all their friends and family were violent too: "The highlight of every memory for every year is the fights....And we'd get together and everybody would drink and it would turn into a fight." Bobbi reports that her father brutally beat her mother, often sending her mother to the hospital and also causing the premature birth of Bobbi's younger sister.

Bobbi was terrified of her father, but also had an unusual relationship with him. She was his favorite, and Bobbi reports that she has no memory of him actually abusing her physically or sexually, although he reportedly abused everyone else in the family. Bobbi remembers sitting with him on the couch, sitting on his lap, and going for rides with him in his truck. She says of those times, "I went on rides in his truck with him a lot. (3 sec. pause) He was different. (2 sec. pause) When it was just me and him he was different, kind of different." He was kind to her about her bedwetting problem, even when she lied to him about it. Still, she recalls that he insulted her, calling her "dumber than a hemlock stalk." Bobbi says she felt rejected by him, but perhaps because he was sometimes kind to her, Bobbi remembers that "I think I thought I was close to him." When he fled child support payments and didn't get in touch with her for six years, Bobbi felt angry and abandoned. She still feels that way. Despite his abuse and violence, Bobbi still hopes that her father will care for her

and still wants his love.

Bobbi's relationship with her mother is more problematic. Her mother was extremely withdrawn and, according to Bobbi, basically let her raise herself. Bobbi says, "I've always been close, but detached to my mom." Although they didn't have much contact, Bobbi says that her mother "saw me like herself or something. So we could relate when we had to." Bobbi is rather incoherent talking about her relationship with her mother as a young child and can give little information about it. She remembers she felt displaced by her younger sister's birth and was upset about having to take care of her sister. She remembers comforting her mother after her father's beatings and rages. Bobbi says in general her mother made her feel guilty for being born. "I mean it was like, we were led to believe that we were the cause of all evil (laugh) you know, and uh, that's just not true." The most positive thing Bobbi can say about her mother is, "I guess maybe my mother did understand me because she did let me go. And let me be somewhere else." Asked if she felt loved, Bobbi speaks almost too softly to be heard, saying, "I guess I knew my mom loved me. I knew down deep that (too soft to be heard) but it wasn't something ever communicated."

Bobbi says that when she was about 11 years old she went through puberty and it seemed to her that all of a sudden her mother tried to parent her. Bobbi was defiant toward her mother and her mother became abusive. "And at that point she would just lose it. She would just start swinging whatever happened to be in her hand." Although they had lots of physical conflicts, Bobbi says she never hit her mother back. She just tried to defend herself.

She says that she would sometimes yell hurtful things at her mother like that her mother never loved her. Bobbi continued to be angry when her mother

stopped drinking when Bobbi was 12 years old. Bobbi says,

I mean, all the old stuff was still there. She just stopped drinking. And for me that made it more inexcusable because at least she wasn't drunk any more. You know she was making these decisions sober. And I moved out when I was like 14.

Bobbi recalls that her mother was very supportive of her after she was raped, but that their relationship did not improve. In general, Bobbi feels like she

was treated with real indifference.... I think I was just really treated with absolute indifference. It was like, they would accept my behavior good or bad. When I did actually do things wrong it was like, "Oh well, it never happens." (1 sec. pause). And if I did anything really well, it was kind of like, "Well, that's the way you are." So they were just real accepting of whatever I did. I think it was probably easier because of the emotional strain on everybody from everything and my other siblings all acted out. I think it was just really easier just to act like I wasn't there.

It is difficult to categorize Bobbi's parents into attachment styles because of the extreme nature of their behavior toward her. Bobbi's father certainly was rarely responsive or available. He could possibly have been Dismissing with his need to control others. He more likely would fit into the Disorganized/Disoriented category. He is frightening to his children and has little or no sense of social responsibility. Bobbi's mother was also extremely unavailable and unresponsive, capable of both neglect and abuse. She too is most likely to fit into the Disorganized attachment category as well as showing elements of the Preoccupied behaviors. Bobbi's mother probably had a traumatic childhood, having an alcoholic, abusive father and extended family.

Neither of Bobbi's parents were capable of comforting her or protecting her in any way. Bobbi was fortunate to be close to Shorty and Dotty, an older couple down the street who took care of her for most of her childhood. Bobbi says with them she felt important, worth teaching to, and worth spending time

with. She says they were affectionate and cared for her. Bobbi thinks that she would not have survived her childhood without them. It is likely that Bobbi had a Secure relationship with Shorty and his wife and that this relationship figures significantly in her development.

#### Attitude Toward Attachment

Bobbi's attitude toward attachment is somewhat disorganized. In some cases she values closeness and comfort and in some cases she seems averse to them. Bobbi demonstrates her valuing of attachment relationships in the way she talks about her father. Bobbi talks frequently about her anger at her father for abandoning her. She is angry that he would avoid seeing her for years just to avoid paying child support, saying, "Like it was more important to save money than to see me....I was angry that money meant more." She was very happy when he visited her when she was pregnant and even tried to call her sister, assuming her sister would want to talk to him too. Bobbi still would like to have a relationship with him, although she is beginning to think he is not capable of sustaining such a relationship. Bobbi still wants his love and fears his abandonment.

Bobbi talks about Shorty with emotion and gratitude for his companionship and care during her childhood. She says he was "very significant" to her. When he died, she felt angry and abandoned. She still misses him. Bobbi is not ambivalent about her feelings for Shorty. She also talks about liking older people but being afraid to get close to them for fear they will die and leave her as Shorty did. In the above instances, Bobbi shows her desire for closeness and awareness of her attachment needs.

When Bobbi talks about her mother, however, she seems removed from her childhood needs. She cannot talk clearly about how she felt with her mother as a child and the negative feelings she had. When asked to describe herself as a child, she immediately says she was independent and makes it sound like a positive attribute. She doesn't call herself neglected or alone or frightened, all of which she undoubtedly was. She says she had no problem with separations from her parents and no need to be taken care of when she was sick. She says she felt she had no right to comfort. She says all of this with no emotion at all. The most she says about her mother's neglect of her is that her mother was "not too wise." When Bobbi talks about her father's lack of love for her, she speaks emotionally; when she talks of losing Shorty she is emotional. When she talks about her mother's neglect, she is intellectual and disorganized.

With Samantha, Bobbi sometimes has shown that she believes caring for children's attachment needs is important and others times she ignores attachment needs. On the positive side, Bobbi stayed with Samantha in the hospital when she was ill. She likes cuddling with her in bed, holding her and just being close. She comforts Samantha in the night when she is frightened. Bobbi is concerned that Samantha won't let her near her when she is hurt. But sometimes Bobbi ignores Samantha's attachment needs, for instance, believing that Samantha does not need to be supervised to prevent dangerous behavior or insisting that Samantha has never had any problem with separations even after telling how she cries when she leaves for her father's house and cries at bedtime every night. Bobbi believes that Samantha is very independent, a parallel to the belief she has about herself as a child. Bobbi values attachment and wants closeness in her life. But she does not trust that she will ever really



be able to depend on anyone. Her attitude toward attachment becomes confused when she thinks about her mother and the needs her mother did not meet. At that point, Bobbi becomes confused about attachment needs and clings to distorted beliefs in order to protect her painful memories.

### Coherency of Mind

#### Structure of Speech

Bobbi begins the interview speaking very quickly without taking time to think. She speaks about her father's brutality, the rampant alcoholism in her family, and her own independence very matter-of-factly as if these were the facts and there was no need to contemplate them at all. Her manner of speech is slightly defensive and almost aggressive, as if challenging the interviewer to ask a question that would trip her up. As the interview progresses Bobbi slows down a bit and begins to discuss her feelings about things. Bobbi occasionally laughs defensively, especially when she talks about everyone's drinking. When Bobbi talks about her father, her speech is pressured and somewhat angry. But she can describe him and remember incidents about him. In fact, when asked to describe her father, she says, "That's easy."

Her manner changes when she talks about her mother. Instead of quick, pressured speech, she begins to talk in long, convoluted sentences that begin and end without finishing. She pauses frequently and she insists that she cannot remember very much. For instance, here she is trying to give five adjectives that describe her mother:

My mom--I have, I've got like a split relationship with my mom, so, so it's really hard. I don't. I still today don't view my mom as any one thing. (3 sec. pause). Then, she was meek (6 sec. pause) and (8 sec. pause) I

don't think I can come up with any more. 'Cause there's a huge split in the way I see my mom. I don't, I, there's no way I can say what she was like then. She's always been courageous.

Bobbi cannot really remember very much about her mother when she was a child because of the "split relationship" she has with her, and she cannot explain the split. Is the split between how she wanted her to be and how she was? Later in the interview Bobbi expresses just a moment of anger about her mother and feels very guilty about even saying it. In any case, whatever defensive processes are operating inhibit Bobbi's memory of her mother. She cannot afford to remember too much. Bobbi has few specific memories of her mother. She remembers a conversation in which her mother was meek. Her descriptions of her mother's courage are very idealized and non-specific.

Another time the interviewer asks if her relationship with her mother was close and Bobbi answers "Yes. Yeah, when I was a teenager, I, we went, when she quit drinking when I was 12. And I couldn't stand her after that because it was, it, I don't, looking back it was really unfair." Bobbi contradicts herself concerning being close to her mother as well as speaking incoherently.

The interviewer later asks Bobbi what kind of things she and her mom talk about now. Bobbi answers again confusedly,

We talk like friends. We talk like friends. I learned a long--after she started, um, she wouldn't, after, when she was working on her bachelor of psychology degree, I realized that I no longer could, that I could, I realized that the quest for a mom was over, because I'd never had a mom, really had a mom, like June Cleaver mom.

This is very hard for Bobbi to say and it comes out fragmented.

Bobbi also lapses into incoherency once when she talks about her older brother and sister. She never really says at all what went on between them. However, from the incoherent way in which she talks about them, it is likely that the experience was traumatic and Bobbi hasn't integrated it. She says,

I think I had a feeling that I ruined my brother and sister's life. (catches breath) That, that was real, they were, they made that, they could write a book about that, that I ruined their lives. But, but I in that way I guess I did. But I didn't really do anything about it either. I was kind of, that was OK. There was a lot of anger there. (tiny laugh) So, it was OK if I could ruin their life.

After Bobbi talks about the many traumas in her twelfth year, including her rape and the subsequent trial, her drug addiction, and suicide attempt, the interviewer, feeling a little overwhelmed, says sympathetically, "You went through a tremendous amount at that time." Bobbi immediately launches into a rambling, barely coherent denial of her need for sympathy. The interviewer's inadvertent comment revealed how disorganizing it is for Bobbi to be comforted. She says,

Yeah. Yeah. Yeah, it's done a lot for my, I'm not a real, I don't have a lot of self-pity now because..didn't have it then either. I was too. I didn't have any concept that it was applicable then. And then I went through this real long period, um, around the time I was like 14 until I got divorced when I was 21 or 22, that I went through, that was all, the whole time, what I've been through, what I'm going through. I pretty much designed, I think, my marriage to be, to be a bomb, just so I could continue that. And when I got out of that, it was just, I'm alive after all of this! There's no reason for pity, self-pity at all. I'm just happy to be here. (small laugh) And at that point I had my daughter and realized that I wouldn't get her anywhere with pity either.

The above examples are given in order to illustrate how incoherence in speech is not random, but meaningful. In Bobbi's case, she is most incoherent talking about her relationship with mother and her feelings about not getting the comfort she needed as a child.

### Content Coherency

In general, Bobbi's content has few contradictions. As noted before, she contradicts herself about whether she and her mother were close. Another time,

asked if she was afraid of her parents as a child, Bobbi answers, "Yeah." Asked whether she was afraid of her mother, she answers, "Not really" with a small laugh. Then she says, "Not very." When she talks about Samantha and how she is not affected by separations from Bobbi, Bobbi tells about a day care provider whom she did not like because when Samantha was upset, the woman coddled her. Bobbi ends the story by saying that Samantha has never been upset about being in day care. She contradicts her story because it does not fit into her belief about Samantha.

Bobbi can think of general descriptions of her father easily and she can think of supportive specific descriptions for some, but not all of her adjectives. For her mother, Bobbi can think of only three general adjectives and only two supportive specific incidents. For Samantha, Bobbi easily thinks of five adjectives and many specific incidents for each. However, for "well-adjusted" she tells incidents in which Samantha acted independent or self-assured. For "strong," she tells incidents in which Samantha is controlling. This is not so much a distortion, but rather shows Bobbi's own misunderstanding of the concepts of strength and well-adjusted behavior.

### Idealization

Bobbi shows some tendency to idealization. Some of this can be attributed to her youth and the common tendency among young adults to romanticize or idealize. Some of the idealization can also be a conscious belief that serves to mask an unconscious truth that is difficult to acknowledge. Bobbi idealizes her mother when she tries to describe her courage. She goes on at length about the courage her mother showed by raising four children with an abusive

husband. She also idealizes her relationship with her mother now when she discusses how she and her mother think the same way,

Plus, we're, we see thing (1 sec. pause) on a level that probably most people on earth don't. We're, we're out there for social change, for making this world a better place. And most people just can't relate to that. It's not worth the effort, so we can talk about things like that.

Bobbi idealizes her daughter somewhat also. She says of Samantha, "I've always felt like she was my miracle baby." She also idealizes Samantha's strength and self-assurance. Bobbi idealizes Shorty and his wife, saying what wonderful and special people they were. It is probable that they truly were special to her since they provided the main nurturance for her in her childhood, but she idealizes them nonetheless, saying such things as, "They cared about everything, all living creatures." Bobbi even idealizes nature as she talks about how a gully is not just a place for dead and dying things, but a place where decomposition and new growth is happening. Bobbi's idealization has elements of romanticizing life in order to hide the bad parts. Like the gully, Bobbi wants to see herself not as a victim of pain and abuse, but as a growing, positive being.

### Openness and Flexibility

Bobbi tends to use dichotomous, all-or-nothing thinking. This kind of thinking makes psychic organization easier because it reduces ambiguity and doubt. Dichotomous thinking masks deficits in perception caused by perceptual distortion. One way Bobbi shows this pattern is her tendency to speak in absolutes. For instance, asked about the relationship between her parents, Bobbi says, "There was total conflict." Of herself as a child, Bobbi says she was, "Independent. Completely independent....I was always gone. Always." Bobbi

says about her mother, "She was always courageous. Always." She tells how her mother took them camping. "She took us away, um, camping and stuff. All the time, all summer, every year, we were out." Bobbi continues in this manner talking about Samantha as she says, "She is independent all the time" and "She's always strong." These statements are clearly untrue. They give Bobbi a sureness that permits her to not see what she cannot allow herself to see, that is, that she was not completely independent as a child, that her mother was not always courageous, and that Samantha is not always strong. As has been illustrated in other ways, Bobbi distorts reality when she speaks of experiences that she has not been able to resolve.

In some matters, Bobbi shows openness in her internal models. For instance, she remembers in the interview that she had some experiences with her father that were not terrible. She remembers sitting on his lap, for instance. She also realizes for the first time that Shorty and his wife have influenced her parenting style. She had never thought of that before and discovers the parallels as she speaks. However, there are no obvious instances of flexibility and discovery related to her mother or to Samantha in these interviews. Apparently Bobbi's internal models that are more organized are also more flexible and open to change. Her models which are defended and disorganized are less open to change.

### Attachment Behavior

Attachment behavior is behavior which is motivated by the need to elicit protection and comfort from a caretaker. As Bobbi remembers her childhood, she showed almost no attachment behavior when she was with her parents.

Bobbi says that she doesn't remember being upset very often as a child.

I don't think that, that we thought we had a right to be upset when I was real little. I don't think we thought that was even (1 sec. pause) in the realm of possibility. I, we, (1 sec. pause). Most of my family's still in the survival mode. So, I can see it happening. That, you know, that we just really don't rock the boat ever. You dealt, you, you learned to deal with what was given to you or, or, what happened in your life and that was just it.

Bobbi says she could not go to her father with a problem and her mom would "just lose it if we came to her." Her mother would tell her to deal with it and make her feel guilty for needing anything. So Bobbi claims she mostly took care of herself. She remembers having no reaction to separations from either of her parents. She says she didn't cry because she was afraid it would make her throw up. Bobbi says she thought that the key to being good was not to do anything. She says she was like her mother in that way.

Bobbi mentions only a few actions that could be interpreted as attachment behaviors. She remembers being punished (abused) by an aunt and uncle for whining too much when she was four years old. She remembers telling her mother when she didn't want to take care of her baby sister so much. Bobbi was accident-prone and had recurrent urinary tract problems and chronic tonsillitis. These could be interpreted as bids for comfort, although they were only marginally successful. She went to her mother when she was raped at 12 years old, a behavior that did get her some support. She tried to commit suicide at 12 also, an action which could be interpreted as a call for help. At the same time, Bobbi rejected her mother's attempt to parent her as an adolescent.

The clearest and most effective attachment behavior Bobbi showed was choosing to spend her time with Shorty and his wife. She sought out and found people who would care for her. The interview does not provide enough

information on how she behaved with them to analyze her attachment behavior there. Bobbi describes a close relationship which includes teaching, working, playing, eating, and physical affection.

As an adult, Bobbi rejected her mother's desire to help after Samantha's birth because she felt hurt that her mother had ignored her throughout the pregnancy. She has decided to accept her mother's doting on Samantha now, feeling like one of them might as well get her mother's love. Bobbi was reluctant to ask her mother for help when she was homeless, but eventually did live with her for a short time. Bobbi has tried to get "consoling" from her mother as adult and has found that she gets more of it if she goes to her mother like a friend rather than as a "needy child."

Some of Bobbi's childhood and adult attachment behaviors are:

1. Complete compliance with her father.
2. Whining with her aunt and uncle.
3. Having illnesses and being accident-prone.
4. Complaining to her mother about caring for her sister.
5. Attempting suicide.
6. Telling her mother about being raped.
7. Resisting her mother's control at adolescence.
8. Choosing to spend her time with Shorty and his wife.
9. Rejecting her mother at Samantha's birth.
10. Talking to her mother as a friend.

#### Attachment Figure Behavior

Bobbi feels like her parents treated her with indifference and were



generally not available for anything. In describing her parents, Bobbi uses no adjectives that suggest caring or nurturing. The only physical contact she mentions is sitting stiffly on her father's lap and hugging her mother to comfort her.

Since Bobbi has been an adult, her mother has helped with Samantha and let Bobbi and Samantha live with her when they were homeless. Bobbi has tried to get emotional support from her mother as an adult and found that her mother, who was training to be a counselor, analyzed her instead. Bobbi says,

I knew that I was not ever going to get the compassion from her that I wanted. That I was gonna get a counselor at this point. And so I stopped trying. And now I just talk to her like a friend. Instead of calling her like a needy child, I called her like a friend, and I got... And it's amazing, I get more consoling that way than (tiny laugh) than I would have otherwise.

Bobbi still cannot go to her mother as a child. She must approach her mother as an equal to get comfort. Her mother still cannot deal with having a child who needs her.

Some of Bobbi's parents' attachment behaviors are:

1. Father is understanding concerning bed-wetting.
2. Father lets her sit in his lap.
3. Father gives her gifts for baby.
4. Mother does not feed the children.
5. Mother gets children drunk to try to relate to them better.
6. Mother refuses to help with problems.
7. Mother asks for help with child care.
8. Mother leaves house without telling children where she is.
9. Mother tries to parent Bobbi at 11 years old.

10. Mother refuses to let Bobbi into the house late at night.
11. Mother reminds Bobbi to take her pills for urinary problem.
12. Mother threatens to kill Bobbi's assailant after rape.
13. Mother supports Bobbi's decision to press charges.
14. Mother ignores suicide attempt.
15. Mother offers to help with baby.
16. Mother takes care of baby, gives presents, etc.
17. Mother plans to help Bobbi keep custody of baby.
18. Mother talks with Bobbi as a friend.

Bobbi's parents' caretaking behaviors when Bobbi was a child were so sparse as to be almost nonexistent. Even now, Bobbi's mother wants to treat Bobbi like a friend instead of a child.

#### Bobbi's Parental Caretaking Behaviors

Bobbi's parental caretaking behaviors sound positive and responsive in general with certain exceptions. Bobbi seems to enjoy closeness with Samantha and be available to help her when she is frightened or upset. However, Bobbi does dismiss the possibility of Samantha ever being in any danger and emphasizes her ability to take care of herself, therefore supervising her very little in ambiguous situations.

Some of Bobbi's caretaking behaviors are:

Nurturing behaviors:

1. Bobbi breastfeeds Samantha.
2. Bobbi stays with Samantha the whole time she is hospitalized.
3. Bobbi makes Samantha get out of the water when she is cold.

4. Bobbi likes to read books, hike, swim, etc. with Samantha.
5. Bobbi cuddles in bed with Samantha.
6. Bobbi shows concern about Samantha's injury when she is hurt.
7. Bobbi hugs Samantha and reassures her when she is upset about going to see her father.
8. Bobbi comforts Samantha when she is frightened of trains.
9. Bobbi eventually helps Samantha with her shoes.
10. Bobbi lets Samantha touch her when she wants to.
11. Bobbi holds Samantha when she is tired and lets her lay her head on her breast.
12. Bobbi defends Samantha to her neighbor.

Less nurturing behaviors:

1. Bobbi dismisses the possibility of incest by her ex-husband.
2. Bobbi removes Samantha from a day care where the people "coddle" her when she is upset.
3. Bobbi does not supervise Samantha when she plays outside the house.
4. Bobbi does not supervise Samantha at a large outdoor gathering.
5. Bobbi resists helping Samantha with her shoes.
6. Bobbi uses drugs, compromising her effectiveness as a parent.
7. Bobbi lets Samantha cry herself to sleep at night.

### Emotional Processing

#### Emotional Content

As a child, Bobbi's motto was "Don't feel." Her life was so intolerable, she

just tried to avoid it. She left the house, she "turned off" her mother when she was drunk, she just didn't have any feelings about most things. Bobbi says she never got upset as a child because she didn't think it was in the realm of possibility. She also didn't cry for fear that she would throw up. (She heard her mother cry and throw up from drinking in the bathroom every night and thought if she cried, she would throw up.) Asked what she did when she was upset, Bobbi says,

I don't know. I think I just swallowed it. I'm pretty sure I just swallowed it because I have a lot of stomach related problems now. Swallow it, I mean by, like I just stuffed it deeper. When I was like 15 I wrote a poem once about myself being like a locker bay, that I just had learned to file it away in a different locker and shut the door. Now it was breaking out the sides (tiny laugh). You know, I don't know what I did with it. I think I just (1 sec. pause) I know that, that the kind of horrors that we were dealing with, there was, to deal with it on any kind of emotional level would have been suicide, I know, for sure.

To survive, Bobbi just had to be numb. But her feelings would not stay unfelt forever.

Bobbi implies that she got involved with drugs to manage her emotional pain. She says she doesn't like alcohol because it "makes me throw up and it makes me, it makes me emotional, extremely emotional. For me it's not a numbing agent. It really, it just really brings it out. So I've never really been real involved with alcohol." Alcohol made her feel and she could not afford to feel. When she couldn't keep herself numb enough she began to use speed. She says, "And it's been like I can't, I can't numb it out. I have to speed up beyond it, you know. (small laugh). Right. If I stay busy enough I don't have to deal with anything." Bobbi says she began taking speed at 12 years old because, "it was a great way to get through the day. You don't have to think about anything 'cause you're so good at doing, you don't ever have to think about anything."

As an adult, Bobbi continued in her pattern of denying upsetting feelings. When her daughter was critically ill and hospitalized at six weeks old, Bobbi stayed with her in the hospital. Questioned about how she felt during this time she says that she

didn't feel much of anything at the time. I just did what needed to be done and stuff and then felt more when I took her home...The terror of it all. How scary, awful, and horrible it was....I was scared.

But Bobbi could not afford to feel while the crisis was happening.

Bobbi reports that she and her husband went to a marriage counselor before they divorced and Bobbi also saw the counselor on an individual basis. Working with the counselor, Bobbi says she acknowledged her feelings for the first time and that increased her pain. She says,

I'd actually learned that my feelings counted and (small laugh) really strange things like that. So then to go on and be homeless, I was really attuned to what I was feeling. And was real pulled to being, going back into survival, to not feeling, and it was real hard (1 sec. pause) pull there between "My feelings count and need to be felt" and "This would be so much easier if they weren't here. You know, I could just do this."

Although Bobbi can acknowledge some feelings now, she still must suppress them to a large degree. When talking about her feelings about her father in the interview she says, "So I mean, there's, there's a lot of pain from the things that happened years and years ago, but for the most part it's just a dream. (1 sec. pause) I'm just glad it's not there any more." She separates herself from her feelings by seeing them as a dream.

The easiest feeling for Bobbi to talk about is anger. She feels angry at a variety of people in her life, and often the anger is mixed with sadness or guilt. Bobbi says as a child, she was angry with her baby sister for displacing her. She also felt that it wasn't fair for her to have to care for the baby so much. Bobbi recalls telling her mother how she felt and that her mother implied that

Bobbi owed it to her mother to help with her sister. Bobbi's anger was short-circuited by guilt. Bobbi says she feels angry at her father for abandoning her. She also had felt angry with Shorty for years for dying and abandoning her. "I'm not so angry with him any more (small laugh). I was angry for years, but it's more sad..."

As an adult, anger has been easier for Bobbi as well. When her father visits her and buys her baby gifts she feels angry at him for trying to buy her affections. Her husband lets her down by minimizing the severity of their baby's illness and Bobbi feels angry at him. She also feels angry when her roommates use up her drugs and take advantage of her financially. In general, when she has been let down or disappointed, Bobbi feels angry. With Samantha, Bobbi sometimes gets angry, but does not talk much that part of their relationship. She gets angry when Samantha resists coming home from day care. She eventually resorts to yelling at her and just picking her up and taking her home. She also gets angry when Samantha does not obey her when Bobbi tries to be firm with her. Similarly, in the long incident concerning Bobbi's trying to discipline Samantha related in the interview, Bobbi says she got angry because, "I felt really powerless over the situation because I thought I had done everything I could do and it wasn't working."

When asked about sadness, Bobbi claims that she rarely feels sad. She says that her typical reaction to things is anger. Interestingly, she describes her daughter the same way. Bobbi admits to feeling sad about Shorty's death. "I miss them. It's real sad. I was real upset when he died." She also says that being homeless was "extremely traumatic." Bobbi's only other reference to being upset is her feeling toward the nurses at the hospital who gave Samantha a pacifier and bottle, which led to Bobbi's having to stop breastfeeding. The

only times Bobbi talks about fear is in reference to her fear of becoming close to elderly people who may die and leave her and her fears when Samantha was hospitalized.

Bobbi talks about feeling guilty several times. Usually she says someone else is trying to make her feel guilty. For instance, she felt guilty as a child when she couldn't fulfill her mother's needs. She feels very guilty about divorcing her husband and depriving Samantha of her father. When Samantha gets upset about having to visit him on weekends, Bobbi says, "If I really think about it, I can't deal with it. I feel too guilty, I guess, for making that part of her life." Bobbi also feels guilty when she spansks Samantha.

Bobbi does not like to deal with strong feelings. As she says about her fight with Samantha, "I just wanted it all to be over (tiny giggle). My dominant response is just wanting it all to be over." Bobbi says that the childhood interview made her feel tense. At the second interview she relates, "I was, I was pretty uptight the other night. I called my mom. (laugh) Wow! This is stuff that, this is a can of worms that I closed up a while ago, I guess."

Reviewing all the times Bobbi talks about feelings in these interviews, it becomes obvious that she rarely talks about feeling in relation to her mother. Bobbi talks about her feelings about her mother only once. In reply to the interviewer's question about how she would have liked her parents to be different, Bobbi tells a story about her mother going to hear John Bradshaw two years ago. Her mother comes home and tells Bobbi a beautiful story about how she has discovered her inner child. Bobbi says, "And I just got really quiet and stuff and she asked what was wrong. And I, I just didn't know. I just couldn't talk." Bobbi says a few days later she went to see her therapist and he observed that she seemed angry. Bobbi continues,

...when he finally needed it out of me, it was that my mom found her inner child, but she didn't find it in time enough for me to be a child. And I still, you know, I feel really g-, it's real split, real torn thing that, because I feel guilty saying it, because I'm glad she did everything she did. I shouldn't be angry that she didn't do it soon enough. But yet I am angry that she didn't do it soon enough.

The interviewer comments and Bobbi answers,

Well, I d-, I feel guilty being angry because I'm so glad that she's (1 sec. pause) done them and I don't want to, I don't want to belittle at all everything that she has done. But I just wish she'd done it sooner, you know (panting.)

Bobbi can barely deal with her feelings about her mother. Her hurt is so deep that she can't even speak when she first feels it. In this interview, she inhibits her anger and hurt with guilt. The guilt is so strong, she cannot voice her anger without softening it and declaring simultaneously how wonderful her mother is. The "split" she refers to about her mother in the beginning of the interview makes more sense as does her inability to speak coherently about her mother. Bobbi feels torn between her deep anger and her fear of voicing or acknowledging it. She seems to fear betraying her mother. Bobbi acts as if she has no right to feel or need anything. It is likely that these feelings began so early in Bobbi's life that they are not even encoded verbally. With unintegrated feelings such as these, it is not surprising that Bobbi is so incoherent whenever she talks about her mother.

Bobbi is more open to processing feelings than she was as a child. But she still is extremely controlled emotionally. She experiences herself as having achieved a delicate balance which she must carefully maintain. Once she lost that balance and allowed herself to feel some of her stored up emotion, with painful consequences. She relates that two years ago she was attending groups for ACOA's. She says,



at a group one day, I like divulged something that, in it, something that I had talked about before, but never, I kinda always had told it in the third person kind of, you know, like it's happening, but a narrative, like it was happening, but not to me. And that night I did it from a, in a first person kind of thing. And I stopped going to meetings after that. I had gone too far. I was not comfortable with that. And then I just stopped. It was like I (2 sec. pause) reopening any of that any more, 'til I was ready. Then I had to go, I guess, and do a lot of drugs after that (laugh) because that was when I really started doing drugs, doing crank.

Bobbi wants all of the pain she has experienced to just stay hidden. She would like to never feel it again. She admits, "...I don't think I'll ever be healed of any of it. But (2 sec. pause) it, I think I just, (1 sec. pause) it feels raw, real tense in my stomach." Bobbi must be very careful with her emotions, feeling enough to participate in relationships with her daughter, boyfriend, and family, but not so much as to cause her pain. Because of the great care she must take in controlling her feelings and avoiding certain emotional states, she must distort her relationships and experiences.

### Process in the Interview

In the beginning of the interview, Bobbi speaks very matter-of-factly with little affect. She gives the facts about her father's brutality and her own neglect as if she were talking about someone else. She speaks more emotionally as the interview progresses, her emotion sometimes coming out in an angry tone of voice or in a soft voice. Other times only her breathing betrays the emotion beneath her matter-of-fact manner. Bobbi becomes tearful only once in these two interviews and that is when she first talks about being homeless. She is clearly overcome and gets tearful as she talks about being homeless and not wanting to ask her mother for help.

The two main times Bobbi's voice becomes angry are when she talks about her father's violence in the middle of the interview and when she talks

about her mother's sudden desire to parent her when she was 11 years old. She seems more comfortable expressing anger about her mother's controlling behavior and abuse than about her neglectful behavior. When Bobbi attempts to talk about feeling unloved, she can barely talk. Three times in these interviews, Bobbi's voice drops almost to a whisper. In the childhood interview, this happens when Bobbi is asked if she felt loved by her mother and she answers, "No. No. I guess I knew my mom loved me. I knew deep down that (too soft to be heard) but it wasn't something ever communicated." It happens again in the Parenting Interview when Bobbi tells of comforting her mother after a beating and telling her she loves her. Again her voice gets very soft. The other time this happens is when Bobbi is asked to compare her relationship with Samantha to hers' with her own mother. Bobbi says, "There's lots of differences. Like, for one, I'm close to her and (too soft to hear clearly) I wasn't close to my mom. (3 sec. pause.)" Although Bobbi cannot say in words how she feels about her mother, her voice clearly communicates how painful those feelings are.

Bobbi's breathing changes in odd ways in some parts of the interview. Several times she catches her breath as in a gasp, and several times she pants heavily. She gasps at six different times. Once is when she talks about her brother and sister being angry at her for ruining their lives. This passage, discussed in the Coherency section, is quite disorganized. Bobbi doesn't mention any emotion, but draws in her breath sharply while she talks. A second time Bobbi gasps in this way is when she tells how her mother put money down on a house when she left Bobbi's father. Again, Bobbi does not say how she felt. Two other times Bobbi catches her breath this way happen when she talks about Samantha. Once is when she describes Samantha as "big and smart."

The other time is as she tells of her daughter being homeless and without a dad. The last two times Bobbi gasps as she talks are when she talks about Shorty. She catches her breath as she says, "I miss them. It's real sad. I was real upset when he died, but. They were just fabulous people" and again as she says, "And I really--I had this idea for a, a, not a real conscious idea, but this feeling for years, that Shorty just abandoned me, just (catches breath) just left." Some these times are obviously emotionally upsetting to her and other times the emotional significance is less clear. Many of these excerpts center around the theme of loss and abandonment.

Bobbi has episodes of panting about four times in these interviews. Once is when she talks about missing Shorty. The other three times are while talking about her mother. The first time she is talking about how her mother threatened to shoot the man who raped Bobbi. Then her mother realizes that if she went to jail, who would take care of her children? At this point Bobbi begins to breathe heavily. The second time is when Bobbi mentions that she does not talk to her mother as frequently now as in the past because her mother is busy with a new job and a boyfriend. The fourth time Bobbi has a panting episode is in telling about her mother finding her "inner child," an important incident which was discussed above. All of the above segments are about someone abandoning or being unavailable to Bobbi.

Bobbi tries to be matter-of-fact when discussing her life, trying to not be upset and just deal with it, just as she tried to do in her childhood. But her strong emotions cannot be completely suppressed and manifest in ways beyond her control. In these interviews, her feelings manifest in breathing abnormalities. Bobbi has also several times referred to tension in her stomach and digestive problems that she believes are emotionally based. She relates

crying to throwing up and says she swallows her feelings.

In summary, Bobbi has attempted to numb her feelings all her life. From a very young age, her feelings must have been too disorganizing to experience. When they get too hard to suppress, Bobbi uses drugs to help keep her from thinking or feeling. Bobbi is more openly emotional discussing people who have hurt her the least, primarily Shorty and Samantha. She can talk about her anger and feelings of abandonment by her father. Bobbi can barely talk at all about her emotional relationship with her mother. When she tries, she loses her voice, gasps, or immediately disowns any negative feelings. Bobbi's therapy experience seems to have been significant in allowing her to feel even to the minimal extent that she does. Bobbi now feels she must stay very tightly controlled emotionally to protect the fragile balance she has found.

### Secure Base and Separations

The concept of a secure base rests on the observed behavior of young children who alternately explore their environment and return to their caretaker for reassuring contact before venturing out again. This reassurance can be physical, verbal, or visual. The child can safely explore knowing that his/her caretaker is available. If the caretaker appears unavailable to the child, the child must find some way to reassure and protect him/herself, and secure base behavior will be distorted. The child develops adaptive (defensive) behaviors to protect against both perceived danger and anxiety about the caretaker's unavailability.

Some common patterns of distorted secure base behavior are described by Lieberman & Pawl (1990). The child may become reckless and accident

prone as a counterphobic defense against perceived danger. Bobbi describes herself as a child as accident prone. The child may become inhibited and afraid to explore at all. A third possibility is that the child may become excessively self-reliant. This child develops precocious competence in self-protection. Samantha shows some aspects of this pattern as did Bobbi as a child. In this pattern, the child appears exceptionally independent, showing little anxiety related to needing the mother's protection. Instead, the child shows a solicitous concern for the mother, often shown by an awareness of her moods and even play centering around nurturing the mother. These children perceive their mothers as both loving and in need of protection. According to the cited authors, the mothers in these situations are often caring and emotionally invested in their children, but frequently too self-absorbed to be consistently emotionally available. They are sometimes sensitive and responsive and other times unavailable emotionally, according to their own inner needs. Although the child's adaptive behavior may not manifest specifically in secure base behavior, the child clearly assumes a large part of the mother's role in protection from danger. The child's self-reliant behavior may appear to be healthy, but the child's real insecurity about the mother's availability manifests in a "whole repertoire of behaviors indicative of anxiety...such as night wakings, eating disturbances, frequent and prolonged temper tantrums, and a pervasive soberness of affect." (Lieberman & Pawl, 1990, p. 392).

Bobbi fits the profile described above of a mother who is sincerely caring and involved, but whose psychic pain limits her ability to consistently see her daughter clearly and respond to her appropriately. She is inconsistently available to protect her daughter and sees Samantha's self-reliance as evidence of her well-adjustedness. Sometimes Bobbi appears to supervise

Samantha. For instance, swimming at the river, Bobbi stays near Samantha and makes sure she comes out of the water when she is cold. She also reports that she has taught Samantha about the dangers of playing in the street and electric outlets. On the other hand, Bobbi emphatically denies several times that Samantha needs to be supervised when she plays outside in the yard or when she rides her bike. She says that Samantha just doesn't do anything dangerous. She seems to let Samantha go wherever she wants when they visit a gathering at a farm. She says that Samantha checks back with her to make sure that what she was doing was "OK with everybody...But it was clear that, that she'd made her decision and that that was OK with her and probably with everybody else. And if they didn't like it, well that was their problem." Bobbi perceives Samantha not as coming back for reassuring contact, but to check for permission to do what she intended to do anyway. The issue is not whether or not Samantha is indeed safe at the farm or in the yard, but that Bobbi does not perceive Samantha as needing protection from her. She assumes Samantha can take care of herself and will even ignore or fight her if she tries to set protective limits. Bobbi therefore sets very few limits on Samantha's behavior. Samantha must do that herself. Bobbi also appears totally unconcerned about her mother's revelation that Bobbi's ex-husband had sexually molested Bobbi's younger sister years before and that Samantha could be at risk for incestuous behavior by her father. Bobbi takes no steps to protect Samantha and denies the possibility that he would ever do anything like that.

On the emotional level, Bobbi can sometimes protect Samantha from harm. For instance, she defends Samantha's right to say "no" to her angry neighbor. She comforts and reassures Samantha when she goes to visit her father for a weekend. Bobbi also comforts Samantha when she is afraid of train

noises and holds her when she is tired.

Despite these times when Samantha shows she needs her mother, Bobbi continues to see Samantha as independent. She contends that Samantha has never had any anxiety about separations. Asked how Samantha feels when she is separated from her, Bobbi answers, "I don't, I don't think she minds at all. I don't think she ever has. Um. Maybe it's part of that well-adjustedness." Asked about Samantha's reactions to being left as a baby, Bobbi answers, "None. None. She had an excellent day care when she was little, so she never had any reaction at all." Bobbi then tells about one day care place in which the care providers

would play into it. I mean it was real clear that she'd get upset when Mom was leaving and they'd coddle her and say, "Oh Mom, stay another couple minutes," you know. We got out of that day care because I could tell from just dropping her off that they, that she was going to have a lot of control over these people and was probably not going to be getting a whole lot of educational care if they were constantly babying her like that. And she's never been a baby, you know, weak, helpless, but they were treating her that way. And I noticed that, you know, it wasn't going to work out, so we didn't stick with that. She's never had any problem with leaving.

It is clear from Bobbi's narrative that indeed Samantha did get upset when Bobbi left her. But Bobbi systematically ignores this fact. This is a case of the generality not matching the specific incident and it points out a distorted area in Bobbi's internal models. Bobbi denies Samantha's attachment behavior so completely that she actually denies that Samantha was ever a baby. She cannot admit that Samantha was weak and helpless and may even still have weak and helpless feelings. Bobbi says she did not want Samantha's distress noticed or responded to because that would give Samantha control over her caregivers. Bobbi sees babies as exerting control through their attachment needs. If she can see Samantha as having no attachment needs, that would

lessen Samantha's power over her. Bobbi wants Samantha to be powerful enough to take care of herself.

Bobbi sees Samantha as having no reaction to being apart from her when they are separated. Bobbi says she thinks Samantha "...feels just like she always does. I really do. 'Cause I think she's really confident that I'll be back." Bobbi imagines that when Samantha is a teenager, she will be out on her own, making her own decisions, just as she does now. She describes Samantha as strong and gives as an example the way in which Samantha interacted with a policeman who came to their house to arrest a friend of Bobbi's boyfriend. Most three-year-old children would be frightened if an armed policeman came into their house to arrest someone. According to Bobbi, Samantha reacted in a different way.

...she's there watching Bambi and the first thing she told him was that she couldn't see the TV and he would have to move. To this cop, you know... And she was just like, "You're gonna have to move. I can't see the TV." So he said, "Excuse me" and moved back. And then she got up and walked over to him and kind of checked him out and...said "You're going to have to get out of my house." And the cop said, "Well, why?" And she said, "Because you have a gun. You have to get out of my house." And he did....He went out and gave somebody his gun and got a teddy bear and brought it back in to her...And she had no problem telling this cop that he was just going to have to get out of the house because he had a gun.

In this episode in which a child would be expected to show strong secure base behavior, Samantha acted as if she were the adult in the household and took steps to protect her family. Samantha defends her mother to her mother's boyfriend in arguments and yells at other drivers who are discourteous to Bobbi. Even in play, Samantha takes on the protective role, playing at saving her mother from sharks while swimming and saying, "You're safe now, Mom."

Generally a young child seeks comfort and assistance from an adult when



physically hurt. Samantha, however, has a long-standing pattern of running away when she is injured and refusing to let Bobbi see her injury. When she has calmed down, then she wants kisses and bandaids. Bobbi is concerned about this and thinks it is due to how Samantha's father treats her when she is hurt. However Samantha developed this pattern, it is another way in which she hides her neediness from her mother.

Samantha acts overly self-reliant in many situations, but her anxiety over her mother's inconsistency emerges in other ways. She resists going to bed, often insisting upon sleeping in the living room and getting out of bed repeatedly before crying herself to sleep when she is forced to remain in bed. She wakes several times each night terrified from train whistles. When she goes to visit her father, she cries and hangs on to her mother, saying she does not want to go. She also shows an extremely controlling, punitive form of reunion behavior when her mother picks her up from her babysitter each day. Samantha refuses to leave and screams at her mother that she hates her.

Bobbi sees Samantha as being very strong and independent and systematically denies her neediness. Samantha shows clear over-independent, caretaking behavior. She also shows a good deal of anxiety about being separated from her mother. It seems likely that Bobbi has not been able to serve as a secure base on a consistent enough basis for Samantha to really have confidence in her availability. There may be several reasons for this. Bobbi was a drug addict for much of Samantha's second year of life. She admits that she could not have been a very good mother during that time. Her behavior toward Samantha was probably erratic and inconsistent. Following that, Bobbi and Samantha were homeless for three months and lived with various relatives as well as in a tent and in their car. Bobbi felt frightened and

helpless during this time and could not have been a reassuring, protective figure for her daughter. Added to this is Bobbi's traumatic childhood with her own forced early independence. She could not express her own needs for protection or her distress at being separated from her mother and so has a difficult time acknowledging those feelings in her daughter.

### Sensitivity and Insight

Bobbi is aware that she did not receive the kind of parenting she needed as a child. She loves her daughter and wants her daughter to grow up differently. To that end, Bobbi tries to treat her with the respect she herself lacked. Bobbi believes strongly that Samantha should be allowed to have feelings, express those feelings, and have other people attend to her feelings. Several times in the interview, Bobbi says things like, "She knows she has a right to feel any way she wants to feel." Bobbi tells a neighbor that Samantha "could tell anybody 'no' that she wants to." Bobbi tries to listen to Samantha's feelings, saying,

We communicate really well and she's not afraid to communicate what she feels about things...I've encouraged that, that if she feels a certain way, it's OK to tell me about it because it's easier for me to understand if I, I know.

Bobbi tries to respect and respond to Samantha's needs in various ways. She feels very strongly that Samantha should be allowed to eat when she is hungry rather than when Bobbi prepares dinner, despite criticism by her friends that she spoils Samantha by feeding her on demand.

Bobbi also has tried to be sensitive to Samantha's difficulty at bedtime. For a long time she let Samantha sleep in the living room where she felt most secure. When she forces Samantha to make the transition to a bedroom, she

does it gradually in small steps over a period of time, so that Samantha can adjust gradually to a more structured bedtime routine. When Samantha wakes at night Bobbi comforts her and feels sympathetic, saying, "She just, she's just scared. But in the morning she's just lonely I think." Bobbi can accept these feelings with empathy and respond to Samantha sensitively. Bobbi is very wary of authoritarian attitudes and tries to protect Samantha from people who will treat her in an authoritarian manner. She says a main reason she divorced her husband was because of his authoritarianism and unreasonable expectations of Samantha as a baby. She feels her boyfriend is also arbitrary and authoritarian and so she tries to protect Samantha from him.

Bobbi tries to be sensitive to Samantha's needs even if she doesn't understand them. For instance, when Samantha runs away to hide her injury, Bobbi respects Samantha's needs. She says,

I guess I feel like just grabbing her and looking. But I don't really want to invade her space. There's, something must have happened to make her so afraid of being touched and if she's hurt, that, that I don't want to (1 sec. pause) make her relate that to me...at first...I thought it was like a stage or that something had happened and it would pass when she realized I wasn't, I wasn't, um (1 sec.) the enemy when she was hurt. But it, it's been a couple years now and it hasn't gone away. I have a feeling that her dad probably told her she's not hurt.

Bobbi respects her daughter and has some insight into her feelings. She responds by staying close by, but giving Samantha time to eventually come to her with the injury. Bobbi respects Samantha's desire to master bikeriding on her own even though she would like to help her. She puts plates down low in the kitchen so Samantha can get her own food if she wants to. Bobbi is also responsive to Samantha's desire for physical affection. She lets Samantha "trace from freckle to freckle" or lay her head on Bobbi's breast when she is tired. She welcomes her into bed to snuggle in the morning. In all of these

ways, Bobbi is able to respond sensitively to Samantha's needs.

But Bobbi is not entirely responsive to Samantha and her understanding of Samantha's needs is sometimes confused. In the emotional realm, Bobbi professes to accept all of Samantha's feelings, but she cannot always do this. There is sometimes a contradiction between what Bobbi says and what she actually does. For instance, Bobbi reports that Samantha often cries herself to sleep because she doesn't want to go to bed. Bobbi says she feels awful hearing Samantha cry, but she doesn't respond to her sadness with any attempt at comfort. In another incident, Bobbi punishes Samantha for a transgression by making her stay in her room. When Samantha comes out and pleads that she has learned her lesson and won't do it again, Bobbi says she can see that Samantha has learned and that the punishment is no longer necessary. Bobbi also says she realizes that Samantha has only gotten into trouble because she (Bobbi) was in her room studying and ignoring Samantha. Still, even though she has insight into what is happening, Bobbi decides that she should stand firm and insists that Samantha stay in her room for the rest of the evening. Samantha cries, Bobbi yells at her and spansks her, and everyone feels awful by the end of it. If Bobbi had chosen to respond sensitively to Samantha, the episode would have ended differently.

Bobbi also does not always trust that Samantha's feelings are genuine. Bobbi accepts Samantha's feelings of anger easily, but is somewhat suspicious about her neediness. For instance, Bobbi insists that Samantha does not mind being separated from her. Yet, Bobbi tells a detailed story about how Samantha cries as she leaves for her father's house. She comforts Samantha but says also that she "doesn't want to make a big scene out of it." Asked how she thinks Samantha feels, Bobbi answers, "She apparently either doesn't want

to (go) or wants me to think she doesn't want to or something like that." Similarly, Bobbi responds sympathetically to Samantha's fear of train whistles in the night, but in discussing the fears, Bobbi says, "...it happens even when she's asleep, so this is a serious fear. I mean, it's not like something that she's even playing up to get more attention out of this." Bobbi is suspicious of Samantha's attachment needs because she sees them as possible manipulative bids for attention. When Samantha asks for help with her shoes, Bobbi gets angry because, "I feel like she's doing it just to make me do it sometimes. Or just because she doesn't want to try to do it." Bobbi's boyfriend encourages this point of view and Bobbi says, "It's become an even better issue for her since my boyfriend moved in with us." Bobbi seems completely unaware of her boyfriend's competition with Samantha for Bobbi's attention. Her boyfriend tells Bobbi that she helps other people too much and should think of herself more; he includes Samantha as one of the people Bobbi should stop catering to. Bobbi seems to have no insight into her boyfriend's competition with Samantha.

Asked how she thinks Samantha feels at these times, Bobbi says,

I'm imaging that she probably feels really powerful (short laugh) I mean, I, there's a lot of times when I think that she has this idea, yeah, it's mom house, mom's house, but she runs it. And those are some times when I really feel that really strongly, that she feels like she really runs everything.

Bobbi is suspicious of Samantha's attachment behavior because she is afraid of being controlled by her. Bobbi often sees her relationships with others as power struggles. One person or the other must be "running" things. With Samantha, sometimes Bobbi tries to take control, but more often she accedes to Samantha's wishes in an attempt to be respectful of her. In her desire to be

responsive, Bobbi sometimes fails to set limits and provide a structure that would help Samantha feel more secure. One example of this is Bobbi's permitting Samantha to expose her (Bobbi's) breasts in public. Another example of lack of limits masquerading as sensitivity is Bobbi's allowing Samantha to eat junky food even though Bobbi doesn't want her to. Bobbi mistakes surrender to Samantha's demands for sensitivity to her real needs. A complete discussion of Bobbi's tendency to see relationships as power struggles appears in the "Self and Others" section of this analysis. For now, it is sufficient to observe that Bobbi's fears of being controlled by others' needs or of abusively controlling others sometimes prevents her from responding sensitively to Samantha.

In summary, Bobbi is not consistently insightful and sensitive toward Samantha. Sometimes she responds appropriately and nurturingly. Other times, she sees what should be done and doesn't do it. Still other times, Bobbi is suspicious of Samantha's expressed feelings and afraid of being controlled by them. In an attempt to avoid power struggles, she frequently fails to respond with sensitive structuring.

## Self and Others

### Childhood

Bobbi's attachment figures in her childhood were her mother, her father, and Shorty and his wife. They were all quite different. She behaved differently with each of them.

With father:

Bobbi saw her father as a violent, domineering man who hurt others. Bobbi saw him abuse everyone. He abused her as part of the group, but singled her out to treat somewhat more kindly. Bobbi does not remember being personally abused by her father (although this doesn't necessarily mean it didn't happen.) He verbally mistreated Bobbi and abandoned her after being divorced by her mother. Bobbi felt like she had to be completely passive when her father was around to protect herself from his violence. She felt rejected by him and not good enough to please him. She sometimes felt close to him. She wanted his love. Bobbi's internal models of her father and her self with him appear to have been:

Other: My father frightens me and hurts me. He is arbitrarily kind to me. He is completely out my control.

Self: I am completely overpowered and helpless. I am frightened. I am not as bad as my brothers and sisters.

With mother:

Bobbi saw her mother as detached from her. She was not a dependable source of care. She also saw her as overwhelmed and needy of care and assistance for herself. Bobbi has few memories of her mother from her childhood. Bobbi says she thinks her parents were indifferent to her. She got no attention for being bad or good. She feels like she was just another problem to her mother. Bobbi felt that she was similar to her mother and took care of her. Bobbi's internal models of her mother and her self with her appears to have been:

Other: My mother is not here. She is not available to me for anything. My mother is powerless and needs protection, comfort, and help.

Self: I am alone and unimportant. I do not deserve care. I cannot elicit care. I can make contact with my mother through taking care of her.

With Shorty (and his wife):

Bobbi saw Shorty as kind, attentive, and dependable. She chose to spend as much time with him as possible. Bobbi says that Shorty treated her as a person, worthy of respect and worth spending time with. She says he treated her as a little adult. She felt better with him than at home. Bobbi's internal models of Shorty and her self appear to have been:

Other: Shorty is available and responsive. He will take care of me.

Self: I deserve to exist. I am good and deserve care. I am competent. I can elicit care from Shorty.

In general:

Bobbi's resulting models of herself and others were:

Others: Others are powerful, frightening, unavailable and unresponsive.

Others are completely preoccupied with themselves. Shorty is an unexplainable exception.

Self: I don't exist to others. I am powerless and cannot control the actions of others toward me. I have no needs of my own, but I can take care of others. I am abandoned.



### As an Adult with Mother

Bobbi sees her mother now as competent, hard-working, and courageous, and is proud of her. Her mother dotes on Samantha, but is available to Bobbi only on her own terms. Bobbi says that she and her mother are very close now. Bobbi feels that she is acceptable to her mother in some ways and not in others. She cannot elicit care from her mother when she acts like a needy child, only when she acts like an equal. Bobbi's internal models of her mother and her self with her now appears to be:

Other: My mother cares about me but is only sometimes available or responsive. My mother is like me.

Self: I am acceptable because I am like my mother. I can manipulate mother into giving me care.

### As an Adult with Children

Bobbi sees Samantha in entirely powerful terms. She says that Samantha was never a weak, helpless baby and describes her with words such as mature, capable, strong, powerful, adept, angry, manipulative, and independent. Although Bobbi relates many incidents in which Samantha is insecure, scared, or upset, Bobbi does not incorporate these qualities into her internal model of Samantha. Bobbi sees herself in relation to Samantha as alternately surrendering to Samantha's powerful demands and resisting those demands. She sees herself and Samantha as equals. Bobbi's internal model of Samantha and her self with Samantha appears to be:

Other: Samantha is a powerful person. She deserves respect and love.

She can manipulate me and others to get what she wants.

Self: I am competent to take care of Samantha. I cannot control her, but she can control me.

### As an Adult with Peers

Bobbi feels that she is at the power of other people in relationships. In the past she feels that her husband "walked on" her and that others have used her. She says she always gets involved with the underdog, people she can help who then "can later go away and not say thank you." Bobbi says that now she wants to be totally in control in her relationships so that she will not be hurt.

Bobbi's internal models of her self and others as peers seems to be:

Others: Others want my help, but are unresponsive to my needs. Others usually hurt me or leave me.

Self: I am not in control. I can take care of others, but I cannot elicit care from them. I need to protect myself.

### Continuity and Change in Internal Models

Bobbi's childhood relationships were so frightening to her that she coped with them by disconnecting herself from them as much as possible. She says that as a child she was "completely independent." If she could feel like she was not really in relationship with her mother and her father, she would feel safer. Bobbi removed herself from her family physically by spending as much time away as possible. She removed herself emotionally and mentally by refusing to completely integrate her experiences psychically. Bobbi's fear of her father is somewhat conscious and integrated as has been demonstrated by the previous analysis. She was terrified of him and dealt with her fear by becoming

completely passive around him as she saw her mother do. She formed an internal model of her father as powerful, dangerous, arbitrary, and uncontrollable. Her complementary internal model of herself was as someone powerless, controlled, and in danger. Bobbi's relationship with her mother seems to have been more frightening to her as demonstrated by her incoherence in discussing it and her lack of memory concerning it as well as her disorganized emotional responses. Bobbi's mother's passivity and refusal to care for her must have been more terrifying even than her father's violence. At least when he was angry, there was proof that she existed. When her mother refused to care for her and treated her with indifference, Bobbi must have felt completely at sea, unable to get a response that validated her being. With both parents, Bobbi formed internal representational models of others as unresponsive and unavailable and herself as having no power to influence others to obtain care. Bobbi could only feel connected to her mother in two ways, through identification and caretaking. Bobbi several times refers to a global feeling that her mother "saw me like herself or something." Another time Bobbi refers to her own passivity saying, "...it just (1 sec. pause) fit in well with my mom 'cause you could see that related to herself, just like she was." Bobbi still identifies with her mother as an adult. By being the same, even in a vague way, Bobbi could feel connected to her mother. The only real communication Bobbi mentions having with her mother as a child involves caretaking. Bobbi took care of her mother, hugging, supporting, and reassuring her on a regular basis. She also took care of her sister for her mother. If Bobbi did not take care of her mother, her mother implied that she had no right to be alive. It comes as no surprise that caretaking becomes a major way Bobbi relates to others as an adult.

Bobbi claims that she takes care of friends who are later ungrateful and leave her. Her boyfriend is much younger than she and appears to compete with Samantha for Bobbi's attention. She seems to play a caretaking role with him, insisting upon taking care of all financial matters and living arrangements in order to remain in control of the relationship. When she was homeless he left her and then came back when she was financially stable again.

Bobbi conceptualizes relationships in terms of who is in control. As a child, power and powerlessness were major components of her relationships. Her father was powerful; she was helpless. Her mother was nearly absent; Bobbi was powerless to get nurturing from her. Bobbi says in the interview that she grew up feeling "that people made me feel a certain way....I really thought that...external experiences, and I still do to a degree, feel that external experiences have a lot of control over what I feel." Bobbi sees Samantha as she saw her parents as a child, as a very powerful person. To Bobbi, Samantha is strong, overbearing, yells loud, and (Bobbi imagines) as a teenager will be able to physically overpower Bobbi. Bobbi says, of Samantha,

And power is her demon. She has a lot of power over both her dad and my boyfriend who lives with us. A lot of power, a lot of manipulative power, a lot of, I mean, just getting into fights with them is a way that she just achieves this immense power. It's so funny that they can't grasp that. But uh, she, she does it to me too. For the power. She does it to me. But anyway, um, (1 sec. pause) there are times when I'm just not into it, usually I will just, disengage and say, "Well, you can feel that way if you want to" or "You can say that if you want to, but I don't want to be a part of it." But a lot of, there are times when I can't do that.

As this excerpt shows, Bobbi seems to see Samantha as she saw her father, as possessing almost demonic power over people by fighting with them.

Bobbi also sees Samantha as controlling people through her neediness as illustrated in the story about Bobbi removing Samantha from a particular day

care situation. Bobbi removed her because she could see that Samantha was going to have "a lot of control over these people" who responded to her upset with indulgence. Bobbi resists helping Samantha with things because she feels controlled by her. She says when Samantha wants her help, she thinks Samantha "probably feels really powerful." When Bobbi is forced into the caregiving role against her will, she feels manipulated and powerless. She sees the person with the needs as very powerful. Possibly Bobbi felt this way when her mother forced her into the caregiving role with her or her sister.

So, to Bobbi, Samantha is powerful no matter what she does. If she is strong and independent, Bobbi sees her as controlling; if she is weak and needy, Bobbi sees her as controlling. Samantha can be powerful and punishing like Bobbi's father or powerful and needy like Bobbi's mother. In either case, Bobbi does not feel like she herself is in control. She seems to feel more comfortable having Samantha control through strength than through weakness. At least then, less is demanded of Bobbi.

Bobbi does not want to control her daughter (even if she thought she could) because to her, that would be a sign of disrespect. Bobbi wants to respect her daughter's feelings. She talks about this in an odd way, however. She says, concerning something Samantha wanted to do, "She'd made her decision and...if they didn't like it that was their problem." Another time she says, concerning Samantha's feelings, that Samantha knew what she wanted and, "If you don't like it, you can lump it." Bobbi sees having a feeling and stating it as almost an aggressive act. Perhaps for Bobbi as a child, having feelings would have been an act of self-assertion or aggression. If Samantha has a feeling, Bobbi thinks she must like it or lump it. There is no sense that Bobbi sees the two of them as working together cooperatively to find the best

solution for both of them.

Bobbi's only childhood model of a non-power based relationship was with Shorty and Dotty. As Bobbi talked about them, she realized that she tries to treat Samantha the way they treated her.

I know that they treated me as a child like a person. And I'm sure that has something to do with the fact that I think that Samantha is a respectable person and it's OK to (1 sec. pause) you know, for her to speak her mind. 'Cause they treated me like a little adult. (laugh)...I try to treat her like a little adult. (2 sec. pause) They didn't completely treat me like a little adult, but a whole lot more than most parents would....I drank coffee and tea with them...and uh, I started smoking at a real young age, and Shorty was just like, well, if that's what you're gonna do, you're gonna do it. Just be very careful. (3 sec. pause) They treated me with respect to let me make my own decisions. (3 sec. pause) And that's what I try to do with Samantha.

It is natural that Bobbi, in trying to avoid abusing or neglecting Samantha, would choose to reenact the most nurturing relationship she had ever experienced. This model is more nurturing than those Bobbi has from her parents because it is a model of equal power and mutual affection. In treating Samantha as a little adult, however, she neglects to set limits and guide Samantha as she makes decisions, giving Samantha more control over her life than she is able to handle.

Bobbi ideally tries to treat Samantha as an equal. However, the relationship between parent and young child is not a relationship of equals. The child must be permitted to be helpless and needy and be taken care of while the adult takes on the complementary role of nurturer and protector. In trying to maintain a relationship of equals and avoid power struggles, Bobbie inadvertently creates a power vacuum. Samantha's insecurity at not being protected well enough causes her to be precociously self-reliant, caretaking toward Bobbi, and anxious about separations from her. Samantha ends up

acting controlling toward her mother to compensate for her mother's lack of control in the relationship. Her self reliance and her anxiety both make her seem powerful to Bobbi, confirming Bobbi's fears that other people will always control her.

At this point, Bobbi seems to usually play the non-powerful role in power struggles with Samantha. Bobbi fears being authoritative and in control because she thinks that position is necessarily abusive and nonrespectful. But there will be times, as in the "discipline" incident in the interview, when Bobbi will decide to take the powerful role and could abuse Samantha. Bobbi does not have an internal model of a parent who is both authoritative and respectful. The closest she comes to this position is being able to disengage from a struggle, a skill which is useful, but results in more of a "draw" than a mutually negotiated solution.

Sroufe and Fleeson (1986) suggest that children learn both sides of the parent-child internal model, and then they act out the caregiver side when they are parents. Bobbi's parenting style seems to combine elements of her mother's style and Shorty's style. Like her mother, she expects her daughter to be independent and not be weak or helpless. Like Shorty, she respects Samantha's feelings and is affectionate and involved. In both models, Bobbi abdicates responsibility for providing structure and setting protective limits. Bobbi seems to not act out her father's parenting style. Instead, she clings to her own role in that relationship and casts Samantha in the power role. Bobbi seems to combine all of her internal models from her childhood and end up in a continual potential power struggle with a child whom she sees simultaneously as an equal, a power-hungry controller, and a needy, controlling child.

### Independent Analysis

Two independent raters analyzed the Family (Childhood) Interview. Their ratings were reviewed after the entire previous analysis was completed. All of the scores are evaluated on a scale of 1-9 in which 1 indicates a low amount of that quality and 9 a high amount of that quality. Ratings which are hyphenated signify that the most accurate rating would fall between those two scores.

The raters assigned Bobbi a score of (3) for Acceptance by her mother and a score of (6-7) for Rejection by her mother. They rated her mother a (6) on the Neglect scale. They gave her a score of (6-7) on Emotional Expressiveness and (5) for Consistency. These scores are consistent with the previous analysis, although they are somewhat less extreme than the main researcher would have rated. The main researcher would have rated Bobbi's mother higher on the Neglect score and lower on Emotional Expressiveness.

The raters gave Bobbi a fairly high score of (7) on Role Reversal with her mother. They gave Bobbi a score of (6) for Expressed Anger at her mother now and a (4) on the Idealization scale. The main researcher in this study would have given a slightly higher score for Role Reversal and a lower score for Expressed Anger now. The raters gave Bobbi a score of (3-2) for Proximity-Seeking with her mother as a child, implying that she rarely used her mother as a secure base. They gave her a high score of (7) for current closeness. They assigned a Dominance rating of (4-3) on a scale in which 1 implies high child dominance and 9, high parental dominance in the relationship.

The raters assigned Bobbi's father an Acceptance score of (3-2) and a high Rejection score of (8). They rated him as (7) on the Neglect scale and (8) on the Emotional Expressivity scale. They gave him a score of (4) on the Consistency scale. The raters assigned Bobbi's father the lowest score of (1)



for Role Reversal tendencies. They gave Bobbi a (7) for Expressed Anger now toward her father and (2-3) for Idealization of him. Bobbi was given a (2) for Proximity-Seeking with her father as a child and a (2) for current closeness with him. Bobbi's father was given the highest score of (9) for Dominance in the relationship. All of these father scores are consistent with the opinion of the main researcher.

The independent raters assigned Bobbi a score of (4-3) on the Coherence scale, citing her unintegrated image of her mother and her lack of insight into her current situation with her boyfriend and mother. This low Coherence rating is consistent with the previous main analysis. They noted that Bobbi had 15 instances of inappropriate laughter, insisted on not remembering once, and answered questions with "I don't know" five times.

The independent raters scored Bobbi as quite high (8) on the Separation Anxiety scale. They noted some Adolescent Rebellion with a score of (5). Bobbi was given a low score (3) for Self-Confidence. Bobbi was assigned the highest possible score (9) on tendency to be a Caregiver to others. She also was rated high on Emotional Dependence (8) and Jealousy (7). She was given the lowest possible score for Trust (1) and low average ratings for Expressivity (4) and Warmth (4). These ratings are quite consistent with the main analysis.

The raters felt that Bobbi's self image was Low. They cited her low self-confidence and high separation anxiety and noted that she still feels abandoned by her father and rejected by others. They felt she showed high dependence, allowing others to take advantage of her and feeling like she is not in control of her life. They also rated Bobbi as having a Low image of others and being avoidant of closeness as demonstrated by her lack of trust in others. They cited as well her low proximity seeking as a child, her disengagement from

her family, her coping style of rigidly controlling her feelings, and her use of drugs as an escape. The main researcher is in agreement on these points. However, the researcher sees Bobbi's flight from her family and toward a supportive relationship with a neighbor as indicating some trust in others and a tendency to seek proximity to an attachment figure who would be responsive.

The independent raters assigned Bobbi a score on each of the four attachment categories (or relationship styles.) They rated her very low (2-1) on the Secure style. They noted that she has at least thought about her past and its effects, but there is no indication that she has come to terms with her past experience emotionally or intellectually. Nor is she able to develop new Secure style relationships. They do note some improvement in her relationship with her mother. They assigned Bobbi a (2-3) on the Dismissing style because she is trying hard to be, but with little success. Elements of her Dismissing tendencies are her childhood disengagement from her family and her controlling relationship with her current boyfriend. They assigned Bobbi a rating of (3) on the Preoccupied scale, citing her continuing efforts to reach out to her father. They also noted her enmeshment with her mother, including her continued identification with her, conflict as a teenager, and the idealization in their current relationship. The raters scored Bobbi highest on the Fearful Style with a score of (7). They cited her extreme self-protectiveness and lack of trust. She was compulsively compliant as a child. They noted that she is afraid of getting close to people and that although her coping style is avoidant, she is still vulnerable. These rating are consistent with the evaluation of the main researcher.

## Questionnaires

### Children of Alcoholics Screening Test

On the CAST, Bobbi answered "yes" to 21 of the questions and "no" to 9 of the questions. This clearly indicates that Bobbi's parents had a drinking problem.

### Relationship Questionnaire

On the forced choice question, Bobbi chose the description of the Preoccupied relationship style as the style that best described her feeling in relationships. The person with this style wants to be completely emotionally intimate with others, but finds that others may not want to be as close and may not value the relationship as much as she does. The second question asks the respondent to rate herself on each of the relationship styles on a scale from 1 (Not at all like me) to 7 (Very much like me.) Bobbi rated herself as a 6 on the Preoccupied style. She rated herself next highest with a score of 4 on the Dismissing style which describes a person who feels independent and comfortable without close relationships. She gave herself a 3 on the Secure style which describes a person who is comfortable in close relationships, but does not worry about being alone. Bobbi rated herself lowest with a score of 2 on the Fearful style. This style describes someone who wants close relationships, but is afraid to trust others for fear of being hurt.

Bobbi scored herself differently than the independent raters who rated her interviews. They rated her highest on the Fearful style which reflects a low self image and a fear of trusting others. She rated herself lowest on that style. She rated herself highest on the Preoccupied style which also has a low self-image,

but expects relationships with others to be gratifying. The rater scored her as second highest on this scale, but with a fairly low score. The description of the Fearful style describes precisely the way Bobbi presented herself in the interviews. She apparently feels more positive about relationships with others than she expressed in the interviews.

#### Adult-Adolescent Parenting Inventory

This inventory has four scales, Inappropriate Expectations, Empathy, Belief in Corporal Punishment, and Role Reversal. Scores are stated as Sten (Standard) scores ranging from 1-10. Compared to other Caucasian non-abusive women, Bobbi got a standard score of 2 on the Inappropriate Expectations scale. This is an extremely low score and indicates a general lack of understanding of children's developmental capabilities. Bobbi seems to be confused about what young children should be capable of. She endorsed the "Uncertain" answer on four out of the six statements on this scale. She was unsure whether or not children should be expected to talk before the age of one year, whether or not children under three years of age should be expected to take care of themselves, whether or not children under the age of one year should be expected to feed themselves, and whether or not children under three should be expected to feed, bathe, and clothe themselves. She understood that children should not be expected to physically grow at the same rate. However, she strongly disagreed with the statement that "Children five months of age are seldom capable of sensing what their parents expect." Bobbi's uncertainty about the items on this scale confirms what the interviews showed, that she expects her daughter to behave with more maturity than is

normal for her age.

Bobbi got a standard score of 7 on the Empathy scale as compared with Caucasian, non-abusive women. This score exceeds that of the average parent and shows that Bobbi places the needs of her child in high regard. Bobbi endorsed all of the items demonstrating empathy that were about communication, physical affection, and sensitivity to children's moods. However, she marked "Agree" for the statement that read, "Children will quit crying faster if they are ignored." Bobbi seems to feel that crying is not in the same category as other feelings or communications and that it should be stopped rather than attended to.

Bobbi got a standard score of 8 on the scale about Physical Punishment, indicating that she utilizes alternatives to abusive punishment and discipline. Bobbi endorsed some items on this scale at the highest level and others at the next highest level. She was reluctant to strongly endorse items that said that parents should "never" use physical punishment. Bobbi's score on this scale is consistent with her strong desire not to abuse her daughter.

Bobbi got a standard score of 8 on the scale measuring Role Reversal in families. This indicates that she has an understanding of appropriate roles and doesn't expect her daughter to meet her needs for self esteem and affection. In general, Bobbi's scores on this inventory are consistent with the information obtained from the interviews.

#### Mother-Father-Peer Scale

On the scale measuring Acceptance and Rejection by her mother, Bobbi scored at the 1 percentile rank. This confirms the information gathered from the

interviews indicating that Bobbi's mother was exceptionally rejecting. Bobbi also scored below the 1 percentile point for Acceptance from her father. Again, this is not a surprise. These scores are far lower than the scores of the other subjects. On the scale measuring her mother's support for Independence versus Overprotection, Bobbi scored at the 73 percentile point, indicating her mother stressed independence more than protection. This is consistent with the previous analysis. On the same scale, Bobbi scored at the 3 percentile point for her father, indicating that he did not encourage independence. However, he was not overprotective, but controlling in his discouraging independence. Bobbi got the lowest possible score for idealization of her mother. Although she idealizes her mother now, she did not idealize her as a child. Bobbi also got a low score for idealization of her father. She endorsed one idealization item, "My father and I never disagreed." However, her endorsement of this item meant not that they always agreed, but that she was terrified to disagree with him. On the Peer Interaction Scale, Bobbi scored below the 1 percentile mark, indicating that she felt very rejected by peers as a child. The results of the M-F-P scale are consistent with the information provided by the interviews, especially confirming the extreme degree of rejection Bobbi experienced.

### Hypotheses

Bobbi was neglected and abused as a child and developed coping mechanisms that helped her survive. She also developed insecure models of relationships in which she saw as others as unavailable for comfort and her self as unable to elicit care. She took care of herself most of the time and also played a protective role toward her mother. As an adult she knows that her

childhood was difficult, but tries to not think about it. In the third meeting with the interviewer, Bobbi examined her interview transcripts and commented that she was surprised at how much she is able to block out most of the time.

As an adult, Bobbi still has mostly insecure style relationships. She plays a caretaking role with her boyfriend and her friends. She feels controlled by others and so tries to be in control of relationships to protect herself. Bobbi seems to trust Samantha more than anyone else in her life. But Bobbi frequently sees her relationship with Samantha in terms of control and power also, feeling that her daughter is really trying to control her. Bobbi must try hard to disengage or stand firm in order not to be controlled by Samantha.

Bobbi shows behavior indicative of several attachment styles as she tries different strategies to deal with relationships. With Samantha, she is sometimes available and responsive, infrequently controlling, often helpless, and probably sometimes frightening, especially when she is using drugs. The small amount of therapy Bobbi did was significant in changing her attitude toward her own feelings. She showed that she was able to modify her internal model of herself and see her feelings and needs as important. The unexamined and unintegrated portions of her internal models have shown little change, however. Her frequent suspiciousness toward Samantha's attachment needs shows that Bobbi has not entirely accepted that these needs are important.

Bobbi currently feels more accepted by her mother than she used to; she protects that current relationship by not integrating the truth about her feelings about her mother in childhood. Bobbi's current models of relationships keep her from being able to form secure relationships which could help change her beliefs about others. Her fear of being controlled or controlling seems to keep her from forming mutually trusting relationships, but she feels like she is now

being attracted to friendships with more healthy people. Bobbi's love for Samantha and desire for her daughter to have a better life than she did could be powerful motivations for change.



## CHAPTER V

### CONCLUSIONS

#### Review of Hypotheses

The researcher is aware of the phenomenon of illusory correlation in which one tends to see what one is looking for and not see what one is not looking for. Several safeguards against this possibility were employed in this study, including using several self-report measures about remembered childhood experience, parenting attitudes, and relationship style. As well, the Family Interview was analyzed by two independent raters whose ratings were not revealed to the main researcher until after the main analysis was completed.

The subjective nature of the analyses and the small sample can be seen as a limitation of the present study. This study, however, was not meant to produce reproducible statistical results, but rather to be exploratory and to generate hypotheses about parenting tendencies among women who had alcoholic mothers. The limited sample used allowed the researcher to conduct a more detailed analysis than is usually possible, but the generalizability of the results may be limited. In this section each of the hypotheses proposed for this study are reviewed in light of the evidence supplied by the three cases.

## Hypotheses Concerning Content

Hypothesis 1. Daughters of alcoholic mothers will have insecure models of relationships and will fit into Bartholomew's Preoccupied or Fearful categories.

This hypothesis was confirmed. Attachment category was assigned in three ways in this study: by each subject herself, by the present researcher, and by two independent raters who rated the Family Interview. A summary of the ratings follows:

Anne: Self rating of Secure with some Dismissing and Preoccupied tendencies.

Researcher: Rated as marginally Secure with significant Dismissing and Preoccupied tendencies.

Raters: Rated as Preoccupied with some Dismissing, Secure, and Fearful tendencies.

Carol: Self rating of Preoccupied with equally high Fearful tendencies.

Researcher: Rated as high on Preoccupied and Fearful styles.

Raters: Rated as highest on the Fearful style and moderately high on the Preoccupied style.

Bobbi: Self rating as Preoccupied with some Dismissing tendencies.

Researcher: Rated as Fearful style.

Raters: Rated as Fearful style.

It is clear that the Preoccupied and Fearful attachment styles predominate. Both of these attachment styles describe a pattern in which the person has low self-esteem and difficulty forming close relationships. In the Preoccupied

pattern, the person still continues to try to reach out to others; in the Fearful pattern, the person avoids others from lack of trust.

Hypothesis 2. These subjects will report incidents of role reversal with both their parent and their children. Their levels of denial will vary depending upon their attachment behavior. Subjects with a balanced view of attachment relationships will show less denial. Denial is demonstrated by memory loss, perceptual distortion, emotional rigidity, and behavioral incongruity.

This first part of this hypothesis was confirmed. All subjects reported incidents from their childhood in which the child took on the parent's role. In all three cases, there was little role reversal with the father and moderate to high role reversal with the mother. All three subjects also reported incidents demonstrating role reversal with their children. Role reversal tendencies were similar in the two generations. For instance, Bobbi's role reversal as a child and as a parent revolve around self-protection whereas Anne's role reversal in both generations concerns emotional support.

This second part of this hypothesis is poorly worded. Denial is an unscientific term used by the ACOA community to refer to the inability to remember or acknowledge unpleasant facts. The attachment literature uses more precise terms for these concepts, such as memory loss or perceptual distortion. All three subjects admit to having been mistreated as children. Of the three subjects, Bobbi shows the most memory loss concerning her childhood. She also shows the most incoherence in her presentation of attachment relationships and had the lowest Secure rating of the three subjects (from the Raters). Since none of the subjects in this small sample were highly Secure, it is difficult to conclusively relate denial to attachment style.

### Hypotheses Concerning Internal Representational Models

Hypothesis 1. A subject's internal representational models will be consistent across relationships--the models will differ only slightly according to with whom the person is in relationship (parent, child, peer).

The consistency found in these subjects is consistency of degree of integration and habits of handling the flow of information about attachment. Anne, for instance, can talk about her difficult childhood, but tends to use defenses such as laughter and joking to distance herself from it. She deals with her children similarly, discussing their upsets, and then making fun of them. In both relationships she can integrate a certain amount of negative emotion, then must stop. In both relationships she is oriented toward obtaining emotional support that is in short supply. Bobbi integrates just certain information about her daughter, that which emphasizes competence. She excludes information that would indicate helplessness. In the same way, Bobbi excludes a great deal of information about her childhood relationship with her mother who was also helpless. Carol processes information about relationships emotionally and with both her parents and her children, tends to feel inadequate. She emphasizes identification as a basis for acceptance with both.

Hypothesis 2. Subjects may have experienced changes in their attachment behavior and internal representational models over time. The direction of these changes may be either from insecure to secure or from secure to insecure attachment.

All three women had insecure relationships with their parents as children.

They have all become somewhat more secure, but not made large changes. Anne has changed a moderate amount in the direction of becoming more secure, a change she attributes to doing counseling. She says she can now admit that her childhood was painful. She no longer dismisses her panic attacks and emotional pain as trivial, but sees the reasons for them and accepts them. She acknowledges that this process of change is not complete, however. Carol has more self-confidence than she did as a child and admits that her childhood was difficult. She has some insight into her past and feelings. She has changed only a small amount in the direction of being more secure than she was as a child. Bobbi has changed somewhat in the direction of being more secure. She has higher self-esteem than she did as a child. She can sometimes respond to Samantha's feelings even if she cannot always cognitively acknowledge them. She can go to her mother for help sometimes. Anne has changed more than the other two subjects, but none have made sweeping changes in their ability to deal with attachment-related information.

Hypothesis 3. Subjects may display behavior indicative of all the four attachment styles either because they have more than one internal model or are in transition from one style to another.

All subjects display behavior indicative of the different attachment styles. It is not clear why, but all have several different strategies for dealing with attachment related information. Anne displays more different strategies in equal strengths. Bobbi and Carol seem more limited, having one predominant style and smaller amounts of the behavior indicative of other styles. All have moved in the direction of more security since childhood (even if only a small amount), so perhaps they are in transition, slowly integrating more secure type behavior

into their insecure structures. It is more likely that these women have more than one set of internal models. This may be due to having had someone who treated them with kindness as a child (such as Shorty for Bobbi) or a husband who is emotionally supportive (such as Anne and Carol.) Under stress, the subjects tend to revert to a style of processing in which information is more distorted.

Hypothesis 4. A change in one relationship will affect other relationships in which the subject is involved. Not all relationships will change at the same speed. All internal models may be in the process of changing.

There is not enough information in this study to confirm or disconfirm this hypothesis. If it were true, the function would be as follows. A major change in one relationship would affect the person's internal models of relationships. For instance, a person's structure could change from, "Intimacy will result in rejection" to "Intimacy can result in acceptance" as a result of having a positive experience of intimacy. If the person can integrate this new possibility, s/he might be willing to take a chance on allowing intimacy in another relationship. In this way, many of a person's relationships could conceivably change in the same direction. This process sometimes happens in a therapy relationship in which the person experiences feeling accepted and understood and enters into a mutually trusting relationship. As a result, the person is willing to experiment with trusting others besides the therapist.

In this study, however, there was not enough information about significant change to illustrate this process. The evidence presented is inconclusive. For instance, Bobbi is closer to her mother now than she used to be. But there is no evidence that feeling accepted by her mother has affected Bobbi's other

relationships. Similarly, having a stable, accepting relationship with her husband does not seem to have made Carol feel that other people will accept her. Possibly Bobbi and Carol have encoded these improved or different relationships as exceptions or as events over which they had no control, so they cannot extend the qualities of these relationships into other relationships.

Hypothesis 5. As internal representational models of relationships change, emotional sensitivity and emotional openness both to the self and others will change.

The subjects in this study do not seem to have experienced significant enough change to definitely confirm or disconfirm this hypothesis. To test this hypothesis, it would be necessary to study people who felt they had changed significantly in their attachment behavior. Both Anne and Bobbi, however, report that they are more aware of their own feelings than they used to be. Anne says that she has changed in her attitude toward herself. In the short third meeting with the researcher, Anne claimed that had the interviews taken place a year ago she would have spoken very differently. She says that she takes her emotional problems more seriously now and is able to have some sympathy for her inner child who was hurt. Bobbi credited therapy with teaching that her feelings mattered and should be felt. Both of these women seemed to become more aware of their own feelings, but there is not very much information about whether they changed in their sensitivity to others' feelings. Since emotional flexibility is one way internal models are measured, however, this hypothesis is teleological.

Hypothesis 6. As her internal representational models change, the

subject's ability to perceive her child's attachment needs accurately and respond to them appropriately will change.

None of the subjects told of going through a major change in the way they perceived or responded to their children. Anne and Carol both talked about learning to separate their self-esteem from how their children behave, in particular, their tendency to feel like a bad mother when their children fight with each other. Bobbi said she is learning to disengage from power struggles with her daughter. None of the women indicated that they had learned to understand or respond to their children more sensitively however.

Hypothesis 7. Transition and change in internal representational models will have come about through the subjects' engaging in substantially different kinds of relationships than they had experienced in the past.

Both Anne and Carol claim to have married emotionally healthy, supportive men. There is insufficient information, however, to evaluate the marital relationships of these women and how that relationship has affected them. Carol does attribute her stopping drinking to her relationship with her husband. Besides that significant change, neither woman spontaneously mentions that her relationship with her husband changed her. Bobbi's relationship with Shorty and his wife affected her representational models, especially in her parenting style.

Hypothesis 8. Having and caring for a child will be a catalyst for change in internal representational models.

Neither Anne nor Carol said or implied that having children changed their relationship styles significantly. Both mentioned being able to understand their



mothers better as a result of having children, so they may have shifted to a more forgiving attitude toward their mothers. Bobbi reports having a series of realizations when her daughter was about nine months old. These realizations began suddenly one day as Bobbi sat by the ocean and thought about how her daughter would be as an adult if her life continued as it was. Bobbi felt that she suddenly woke up and saw her past and made a decision that she would no longer be a victim of her past. She vowed to change her life and her daughter's. Bobbi felt that these realizations were of major significance in her life and that she has not been the same since. In this way, having a child indirectly caused Bobbi to confront issues in her past and her love for her child motivated her to make changes.

Hypothesis 9. Attachment theory will offer a more complete explanation for the relationship between being cared for and caring for others than the current theories about ACOA's and intergenerational child abuse.

The literature on intergenerational child abuse offers a set of research-based findings that can help one analyze how many buffering and how many risk factors a person has and hazard a guess about the probability of abuse in the next generation. It offers no coherent explanation that integrates the research findings. For the cases presented here, the predictive ability of the research was questionable and so general as to not offer any real insights into the process of intergenerational abuse.

The ACOA literature is again, phenomenological and descriptive rather than theoretically useful. Brown's theories (1988) about ACOA's are based upon attachment theory and family systems theories.

Attachment theory, on the other hand, offers not only phenomenological

descriptions, but a coherent theory of change that is consistent with those descriptions. It is developmentally based and process-oriented rather than static. It emphasizes the ongoing psychic processes by which change and continuity happen. The concept of internal working models, which dynamically control access to attachment information, simply and accurately describes the behavior of the subjects in this study. Their behavior is best described not with static models, but with this theory that explains the continuing process of information processing, including the processes of attention, perception, memory, conscious thought, emotion, and directed action. Distortion in any of these processes comes from a person's need to preserve a particular organization or state of mind in relation to attachment. The different kinds of internal working models do not differ just in content, but also in process. A person with a balanced view of attachment can permit a free flow of thoughts and ideas and feelings, both positive and negative. This person can perceive more of the environment without distortion and respond to others with a fuller range of responses. A person who has an insecure attachment organization must restrict the flow of information in order to avoid disorganizing stimuli. This person cannot perceive all of what is in the environment or respond to others appropriately. The process of distorted perception acts to perpetuate the organization of the internal model as information that might dispute the persons' beliefs simply is not perceived or acknowledged.

#### Review of Additional Findings

Since this was an exploratory study using three subjects, the sample size does not permit us to draw any conclusions about a larger population. The

following are simply observations about similarities and differences between the subjects along with some possible explanation of these observations. These observations can serve as stimulus for further research about this population.

1. The three women in this study are all trying to be less abusive to their children than their parents were to them. They have all been able to eliminate the most abusive behaviors that their parents inflicted upon them. They feel that they are better parents than their parents were. But they have been less successful in developing positive behavior to replace the abusive behavior. Focussing on eliminating abuse does not necessarily help a person develop nurturing behavior. In most of the child abuse literature, only the presence or absence of abuse is studied. Presence of nurturing behavior seems to be assumed when abuse is absent. This study shows that that is clearly not the case. Insecure attachment patterns continue even in the absence of obvious abuse.

2. All three mothers showed lack of sympathy toward their children's distress. Sometimes they did not perceive their children's signals at all. When they did, they often chose to ignore the signals of distress, rationalizing their behavior by saying that the crying was about trivial matters, that the child was a crybaby, that responding to the child would just encourage the crying, or that responding would be rescuing the child from their feelings. Bobbi, on the other hand, could sometimes respond to her child's distress, but could not cognitively acknowledge that her child was sad.

All three mothers in this study denied that their children got upset about

being separated from them. Anne and Carol both subsequently remembered that their husbands had commented that the child in question did indeed feel sad when separated from mother. But the all three women's first impulse was to say that their children had no reaction to separations.

Both Bobbi and Carol wanted their young children to be more self-sufficient and resented their children asking for help with getting dressed, especially help with putting on shoes. They saw these tasks as purely about competency and resented helping when the child didn't "need" it.

3. None of the three subjects focussed on their mother's drinking as the major problem in their childhood families. They were hurt by their mothers' withdrawal, rejection, and abuse. They all seemed to feel that these behaviors were affected by their mothers' drinking. Carol's mother's temper was worse when she drank; Anne's mothers was more withdrawn when she drank, except for a short period when they the alcohol made her more communicative. Bobbi's mother was drunk and withdrawn all the time. But the subjects felt that even without the drinking, their mothers would not have been nurturing. This researcher believes that the mothers were overwhelmed and unhappy to begin with and that their drinking was an expression of their unhappiness. They would probably have still been rejecting and withdrawn without their alcoholism. But the drinking made their behavior more unpredictable and more extreme, and made them less able to cope effectively with their problems.

4. All three subjects in this study have seriously abused alcohol or drugs at some point in their lives. Two stopped before they had children. The third has used drugs since becoming a parent, but says she is not using drugs now.

Even though they are not alcoholics like their mothers, the subjects continue to parent in dysfunctional ways. That their parenting behavior is less extremely abusive than their mothers' may be due to their not using alcohol or drugs. However, the basic pattern of insecure relationships remains.

5. All three mothers emphasized identification as a basis for acceptance or as a way to feel close to a parent or a child. This may be due to the pattern of childhood compliance they all had in which they tried to be loved by being just what their parents wanted rather than by being themselves. As adults, they are still doubtful that they are acceptable and use identification with their children as a way to validate who they are now as parents. All three subjects very strongly wanted girl children rather than boy children. This is another indication of identification. One subject said she wanted to "do it again," but better this time. She wanted to essentially reparent herself through having a child.

6. All three subjects mentioned spontaneously that in childhood they felt that their mother wished she hadn't had children.

7. Two of the subjects mentioned spontaneously their belief that their physical illnesses as children and adults were related to neglected attachment needs.

8. All three subjects had difficulty with peer relationships in childhood. On the Mother-Father-Peer test, Anne scored at the 10 percentile mark and Carol and Bobbi both scored below the 1 percentile mark on the Peer Acceptance-Rejection scale, showing that they often felt rejected by other children. The

insecure patterns of relationship in the family apparently affected these women's childhood peer relationships.

9. Adolescence was a stormy time for all three subjects. All of them had been compulsively compliant as children and became rebellious as adolescents. They all became more aware of their parents' alcoholism and abuse and became angry instead of compliant at this time. This may be because of how developmental changes affect the attachment system at adolescence. Adolescents no longer need their parents to perform all attachment functions. They become more interested in peers as attachment partners and also become more able to protect themselves in the world. Some of the compliance that bound them to their parents is no longer needed. As the compliance falls away, the child's original early rage is revealed and compounds their present anger at being abused or neglected.

10. Remembering childhood abuse and being angry about it and/or forgiving one's parents has been found to be a characteristic of abused children who do not abuse their own children. The subjects in this study remember their abuse for the most part and know that their abuse was harmful to them. This fact keeps them from treating their children as abusively as they were treated. However, simply remembering abuse and being angry about it does not seem to have been enough to change their long-standing internal models of relationships. Not remembering the abuse does makes it less likely that the person can move past the effects of it. Bobbi, for instance, cannot remember her childhood mother very well. She is also unwilling to deal with the effects of her childhood. She is quite clear that she is not ready to do that. When she

tried to, she became so frightened and disorganized she began to use drugs heavily again. She is also the least insightful of these women concerning her own childrearing patterns. Carol remembers her past, but is repeating it to a greater extent than she would like. She, too, resists doing any therapeutic work out of inability to trust anyone with her vulnerability. Although she remembers and is angry, she has not been able to significantly change her patterns. Anne remembers, is angry, and has partially accepted her parents. She is more sensitive to her children than the other two women. She, however, still frequently acts out insecure patterns of relating. Anne has done therapy (perhaps six months) and credits that therapy with changing her view of her self and her past. It is clear that remembering helps. Therapy also seems to have helped Anne to reorganize her thinking about her own feelings and cognitively believe in empathizing with her children's feelings. She still has not achieved an emotional ability to be open to their distress. It is apparent that significant reorganization of internal representational models does not happen easily. It is a difficult process and demands a commitment from the person. People do not change merely because they want to.

11. The evidence from these cases suggests that cognitive aspects of internal representational models change at a different rate than emotional and behavioral aspects. Cognitive level changes can (but do not always) come about through cognitive stimuli such as reading or taking a class. Emotional level change must come about through emotional level intervention. For people to change on the emotional level in their internal models of relationships, they must have an opportunity to actually feel trust in an attachment figure. They must be able to reexperience the denied emotions and be able to accept them

and have them accepted by an attachment figure (therapist, spouse, friend, etc.) The emotional level intervention must be accompanied by cognitive and behavioral level integration in order for the internal models to change as a whole. Change of internal models is therefore, not a simple process of cognitive realization or emotional catharsis. Change in internal working models demands an entire reorganization of mental, emotional, and behavioral processing. Some authors have suggested that the physiological, sensorimotor components of internal models may be the most resistant to change since they are the least conscious (Pipp & Harmon, 1987). Anne's panic attacks, Carol's uncontrollable anger, and Bobbi's "swallowing feelings" are examples of physiological behavior that is intimately connected to emotional and mental structures about relationships.

#### Implications for Future Research

This study provided detailed information about how women who have had inadequate mothering take care of their own children. It has indicated that it is possible for women to eliminate extreme abusive behavior if they are conscious and committed, but that changing more subtle aspects of insecure patterns is very difficult. The three subjects studied want to be good parents; indeed they were recruited from a class about parent-child relationships. But at times they actively avoid experiences that could cause them to change. Internal working models of relationships formed as children guide their parental behavior in the present. Future research in this area should focus on exploring more completely the relationship between parental alcoholism and patterns of relationships in the offspring. Clinically-oriented research should focus on



finding ways to help parents change their parenting patterns by processing their own personal histories.

In this study information was obtained about the subjects' internal working models. The subjects' actual behavior with their children was not studied. An obvious extension of this study would be to include an assessment of the subjects' children and an assessment of the dyadic behavior between the mother and child. This would serve to establish the relationship between the parenting interview and actual behavior, that is, between how parents talk about their children's attachment behavior and how they actually deal with it. The children's attachment behavior could be examined to see whether or not the patterns were again being repeated.

This study could be repeated with more subjects to investigate whether the patterns seen in these subjects are widespread. A quantitative approach could be used as well, to compare ACOA mothers with non-ACOA mothers in areas which have been highlighted in this study, such as role reversal, sensitivity to children's feelings and attachment needs, emotional dependency, and identification with family members. Similar small scale and large scale studies could be done with fathers as subjects to see how boys are affected differentially by alcoholic mothers and fathers and how those childhood experiences influence their parenting patterns. This study could also be repeated on a small or large scale studying women who had alcoholic fathers rather than alcoholic mothers. Future parenting behavior may not be as affected when the mother is not alcoholic.

The Relationship Questionnaire could be validated against interviews with a larger group of subjects. This study presents mixed evidence as to its reliability in assessing attachment except insofar as it assesses how people see

themselves.

This study offers possibilities for clinical research as well. As an initial interview, the Parent Attachment Interview could help a clinician focus on areas of distortion and difficulty in parenting. It could also be a valuable tool for assessing the effectiveness of programs designed to help parents at risk for abuse. Certainly, programs which would help parents focus on reorganizing internal working models of caregiving are needed. Detailed information about continuity and change such as has been examined in this study can provide the basis for creating such a program.

### Epilogue

Before I began this research, the committee suggested that I clarify my own assumptions and biases before I began. To that end, I wrote down a list of my assumptions. I examine them now to see if they have changed and how they affected how I did this research.

1. Daughters of alcoholic mothers are a group at risk for insecure attachment with their parents and with their children.

I believe that this study has shown that maternal alcoholism has effects on children and that as adults, those children have some difficulty being nurturing parents themselves. The fact that all three of these subjects felt they had unsatisfactory relationships with their mothers and that they have difficulty parenting does not mean that all such daughters would. This assumption affected me to the extent that I would not have done the study with this population if I had not suspected that they were at risk. I think that I kept an

open mind and did not see relationship problems where none existed. The analysis by the independent raters supports my findings of relationship dysfunction. I would very much have liked to have independent analyses of the parenting interviews as well to obtain a validity check.

2. Attachment behavior is mediated by internal representational models, presumed internal constructs which have cognitive, affective, physiological, and behavioral aspects, with which we can describe the consistency and change in attachment behavior.

This is a theoretical basis for the analysis I did. I found the concept of internal representational models to be useful and to adequately (and even elegantly) describe my findings. None of my findings indicated that this theory should be discarded. The only finding that was not explained by this theory was Bobbi's mystical experience. She believes that she had a genuine mystical experience. Her experience affected her sense of will and her perception of life's meaning and caused her to see her relationship with her husband differently. Bobbi does not say if or how her experience affected her relationship with her daughter.

3. A person's internal representational models of relationships are affected by early childhood relationships. These internal models affect how a person forms subsequent relationships.

This assumption still seems true to me. All three subjects also felt that their present relationships had been affected by their earlier ones with their parents. The very direct parallels between the subjects' childhood relationships and current relationships suggests that this is true. I think I was open to information

that would have disproved a link between childhood and adult relationships. But the evidence I found suggests otherwise.

4. These models tend to remain stable, but can change.

Before I started this research I believed more strongly in the possibility of significant change in internal models. The information I gathered, however, leads me to be more pessimistic about the possibility of significant change.

5. Changes in internal representational models will be reflected in changes in memory loss about the past, perceptual distortion in the present, cognitive coherency in discussing relationships, and sensitivity to emotions in self and others.

This assumption is statement of a theoretical definition of internal representational models. It also states how internal models can be observed and evaluated. I was not able to directly observe the process of change in my subjects because the interviews were conducted at only one point in time. However, if internal models of relationships are measured in the stated ways, then changes in them would have to be measured through changes in those indicators. I found no evidence to disprove this assumption.

6. A mother's ability to respond sensitively to her child is related to her internal representational models of relationships.

In some cases, the mothers in my study talked about their children one way and reported behaving differently. For instance, Anne talked about being empathetic with her children, but analysis of the specific incidents she described showed that her empathy had definite limits. Her internal model of

herself was that she was very sensitive, but her behavior says otherwise. But internal models are not evaluated just by what the person says about themselves. This assumption, again, is a definitional statement about internal models. I found nothing that disproved its validity.

If I were to do this study again, I would make only a few changes. First, I would add to the design an independent evaluation of the Parenting Interview. That would increase the validity of the study. Additionally, if I had the time and the facilities, I would assess the subjects in interaction with their children. This would add a new dimension of actual parenting behavior and how that behavior corresponds to mothers' verbal presentations of their caregiving relationships. I also would have liked to have found or created a paper-and-pencil instrument that would be more sensitive to the parenting concepts examined in this study. Perhaps an attachment style questionnaire about parenting that was similar to the Relationship Questionnaire would also have been useful.

Note to readers: Complete transcripts of the interviews used in this study are available by contacting the author at the following address: 1902 Jefferson St., Eugene, Or. 97405.

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