Healthy and Harmful Adolescent Attachment, Conflict, and Anger.

---------Ψ---------

Kaileen Leanne Pearson

A thesis submitted in partial fulfillment of the requirements for the award of the Professional Doctorate in Psychology (Counselling Psychology) by Swinburne University of Technology

November 2005
ABSTRACT

The major focus of this study was to investigate the association between adolescent attachment styles and types of parent-adolescent conflict and anger. The study used adolescent respondents (n=214, females=136, males=78), 95% of whom were aged 14 or 15. The methodology was a one-off survey design. An adapted adult attachment scale with two dimensions, anxiety and avoidance, measured attachment. This scale was used to form four adolescent attachment styles, secure, preoccupied, fearful and dismissive. Family conflict was assessed in a range of ways, including general measures of self-reported family conflict and abuse at home. Also measured were general anger-proneness and depression-proneness. As well, adolescents responded to four specific, hypothetical parent-adolescent conflict scenarios. The responses to these vignettes included their reported emotions, conflict resolution strategies, expected endings and post-conflict coping/risk behaviours.

Results indicated the presence of one major healthy and functional conflict-anger pattern associated with a secure attachment style, and two major types of harmful and dysfunctional conflict-anger patterns. Healthy conflict and anger involved secure adolescents reporting they would experience negative emotions in conflict but would still expect the conflict to be resolved well for everyone. Secure adolescents were also less anger-prone and depression-prone generally than other adolescents, possibly indicating their ability to regulate their negative emotions. The first harmful conflict pattern, associated with preoccupied and fearful attachment styles, included relatively higher levels of family conflict involving poor conflict endings, and even moderate levels of violence. Preoccupied and fearful adolescents may have poor emotional regulation, as indicated by their higher levels of general anger-proneness and depression-proneness. The second harmful conflict-anger pattern was associated with a dismissive attachment style and involved conflict with emotional distance and coolness in the family, as well as lower levels of reported problem solving strategies and good conflict endings. Results are discussed in terms of adolescent attachment style profiles and the need to distinguish and assess attachment styles in families in order to devise appropriate and effective interventions. Examples of primary, secondary and tertiary preventative interventions are described to assist mildly to severely conflicted, distressed or disengaged families.
ACNOWLEDGEMENTS

I would like to sincerely thank Dr Roslyn Galligan, my first supervisor, for her mammoth support over the years. I also thank Dr Glen Bates, my second supervisor, for his support. I would also like to acknowledge Professor Susan Moore, who read and helpfully commented on a draft of the thesis.

I dedicate this thesis to my wonderful late mother who always knew I would finish the Doctorate, to my loving husband who hoped I would, and to my children, Daniel and Amanda, who thought I never would!

I also acknowledge my workplace (Anglicare Victoria), my colleagues and all my lovely clients for helping me with support or ideas for the research.

Finally, I also thank the schools, staff, and especially the students who participated in the study.
DECLARATION

I declare that this thesis contains no material which has been accepted for the award to the candidate of any other degree or diploma, except where due reference is made in the text of the thesis. To the best of my knowledge, this thesis contains no material previously published or written by another person, except where due reference is made in the text. I further declare that the ethical principles of Swinburne University of Technology and the Australian Psychological Society, in relation to research, have been observed.

Signed:

Kaileen Leanne Pearson
19th November, 2005
TABLE OF CONTENTS

ABSTRACT ........................................................................................................................................... ii

ACKNOWLEDGMENTS ............................................................................................................................ iii

DECLARATION .......................................................................................................................................... iv

LIST OF TABLES ........................................................................................................................................ viii

LIST OF FIGURES ................................................................................................................................. ix

CHAPTER 1: PARENT-ADOLESCENT CONFLICT .................................................................................... 1
1.1 Study Rationale and Overview ........................................................................................................... 1
1.2 Parent-Adolescent Conflict Theory and Research ........................................................................... 5
1.2.1 Issues in Parent-Adolescent Conflict and ‘Harmful’ Conflict ....................................................... 5
1.2.2 Parent-Adolescent Conflict Theories ............................................................................................. 7
1.2.3 Behavioural-Family Systems Model of Parent-Adolescent Conflict ........................................... 9
1.2.4 Other Parent-Adolescent Conflict Models ....................................................................................... 11
1.3 Conflict Aspects Worthy of Investigation ......................................................................................... 12
1.3.1 Problem Solving and Communication in Parent-Adolescent Research .................................... 13
1.3.2 The Role of Beliefs in Parent-Adolescent Conflict ....................................................................... 15
1.3.3 Emotions in Parent-Adolescent Conflict ....................................................................................... 17
1.4 Parent-Adolescent Conflict Research Summary and Conclusions ............................................ 20

CHAPTER 2: ATTACHMENT THEORY AND RESEARCH ......................................................................... 22
2.1 Overview ......................................................................................................................................... 22
2.2 The Development of Attachment .................................................................................................... 22
2.3 Attachment Research Traditions ..................................................................................................... 25
2.4 Four Attachment Styles and Two Underlying Dimensions ............................................................ 26
2.4.1 Descriptions of and Implications for Four Attachment Styles .................................................... 28
2.5 Attachment and Conflict in All Interpersonal Relations ............................................................... 29

CHAPTER 3: ATTACHMENT AND CONFLICT ...................................................................................... 33
3.1 Introduction ...................................................................................................................................... 33
3.2 Attachment and Specific Conflict Styles ............................................................................................ 33
3.3 Attachment, Communication, Problem Solving and Resolution in Conflict .................................... 37
3.4 Attachment and Emotional Regulation in Conflict .......................................................................... 39
3.5 Attachment and Negative Emotions in Conflict .............................................................................. 41
3.6 Attachment and Violence in Conflict ............................................................................................... 43
3.7 Attachment Style Profiles and Conflict ............................................................................................ 45
3.7.1 Secure People ............................................................................................................................... 45
3.7.2 Anxious (Preoccupied) People .................................................................................................... 47
3.7.3 Avoidant (Dismissive and Fearful) People .................................................................................... 49
3.8 Conclusion ....................................................................................................................................... 52

CHAPTER 4: PARENT-ADOLESCENT CONFLICT AND ATTACHMENT .............................................. 53
4.1 Introduction ...................................................................................................................................... 53
4.2 Attachment and Parent-Adolescent Conflict - Problem Solving, Beliefs and Emotions ................ 53
4.3 Critique of Attachment Couple and Parent-Adolescent Conflict Research ..................................... 57
4.4 The Current Study - Measures and Hypotheses ............................................................................. 58
4.4.1 Secure Adolescents ...................................................................................................................... 59
4.4.2 Preoccupied Adolescents .......................................................................................................... 59
4.4.3 Fearful Adolescents .................................................................................................................... 59
4.4.4 Dismissive Adolescents .............................................................................................................. 60
4.4.5 Gender Differences .................................................................................................................... 60

CHAPTER 5: METHOD ............................................................................................................................ 61
5.1 Overview ......................................................................................................................................... 61
5.2 Participants ..................................................................................................................................... 61
LIST OF TABLES

Table 1 Factor Loadings of the Attachment Items with Two Higher-Order Factors……………………65
Table 2 Retained Attachment Items……………………………………………………………………67
Table 3 Conflict Sub-Scale Items……………………………………………………………………70
Table 4 Retained Items from the Novaco Anger Scale’s Three Sub-Scales…………………………73
Table 5 The CES-D – 9-item Short Version Revised Scale…………………………………………74
Table 6 Conflict Emotion Response Scales and Cronbach Alpha Coefficients for Anxiety Story Type and Avoidance Story Type……………………………………………………………………………...80
Table 7 Conflict Resolution Strategies Scales and Cronbach Alpha Coefficients for Anxiety Story Type and Avoidance Story Type………………………………………………………………………………81
Table 8 Conflict Expected Ending Response Scales and Cronbach Alpha Coefficients for Anxiety Story Type and Avoidance Story Type………………………………………………………………….….82
Table 9 Post Conflict Behaviour Response Scales and Cronbach Alpha Coefficients for Anxiety Story Type and Avoidance Story Type………………………………………………………………….….84
Table 10 Final Dimension Cluster Means and Standard Deviations for the Four Attachment Style Quick Cluster Groups……………………………………………………………………………….…..88
Table 11 Adolescent Pattern of Attachment by Group and Gender…………………………………89
Table 12 Mean Scores (and Standard Deviations) on Total Conflict, Total Anger and Depression for Attachment Style Groups and Gender………………………………………………………………….91
Table 13 Mean Scores (and Standard Deviations) on Conflict Sub-scales for Attachment Style Groups and Gender………………………………………………………………………………………….…..93
Table 14 Mean Scores (and Standard Deviations) on Anger Sub-scales for Attachment Style Groups and Gender………………………………………………………………………………………….…..94
Table 15 Story Type Influences on the Conflict Responses – Means (and Standard Deviations) of Emotions, Strategies, Expected Endings and Post-Conflict Behaviour…………………………….…..97
Table 16 Mean Scores (Standard Deviations) on Emotion Variables for Attachment Groups and Gender…………………………………………………………………………………………………100
Table 17 Mean Scores (and Standard Deviations) on the Conflict Resolution Strategies for Attachment Style Groups and Gender……………………………………………………………………………….…..103
Table 18 Mean Scores (and Standard Deviations) on the Expected Endings Variables for Attachment Style Groups and Gender……………………………………………………………………………….…..105
Table 19 Mean Scores (and Standard Deviations) on the Post-Conflict Behaviour Variables for Attachment Style Groups and Gender……………………………………………………………………………….…..107
Table 20 Summary of Findings for Attachment Style Groups with Respect to the Dependent Variables………………………………………………………………………………………………110
LIST OF FIGURES

**Figure 1.** Behavioural-family systems model of parent-adolescents conflict (Robin & Foster, 1989)……10

**Figure 2.** Bartholomew and Horowitz’ (1991) attachment categories with underlying model of self/other dimensions and corresponding anxiety and avoidance dimensions (Brennan et al., 1998)………………28

**Figure 3.** N1 anxiety invoking conflict vignette……………………………………………………………………………76

**Figure 4.** N2 anxiety invoking conflict vignette……………………………………………………………………………76

**Figure 5.** V1 avoidance invoking conflict vignette…………………………………………………………………………78

**Figure 6.** V2 avoidance invoking conflict vignette…………………………………………………………………………78
CHAPTER 1: PARENT-ADOLESCENT CONFLICT

1.1 Study Rationale and Overview

The major focus of this study was to investigate the association between adolescent attachment style and differences in the quantity and quality of parent-adolescent conflict. The aim was to identify healthy (functional) and harmful (dysfunctional) anger-conflict patterns. The study used adolescent respondents in a one-off survey design. Attachment was measured by adapting adult attachment dimension scales for use with adolescents, and categorising the participants into one of four attachment styles; secure, preoccupied, fearful or dismissive. Family conflict was assessed in a range of innovative ways, enabling a comparison between results obtained from general conflict and conflict-related measures, and when adolescents responded to specific hypothetical conflict scenarios. This section presents an overview and rationale for the study, and outlines the plan of the thesis.

Conflict can be defined as disagreement and mutual and behavioral opposition among members of the family (Laursen & Collins, 1994). Parent-adolescent conflict can appear to be either harmful or healthy. ‘Harmful conflict’ can involve dysfunctional processes leading to poor conflict resolution and more conflict (Robin & Foster, 1989; Reed & Dubow, 1997). Harmful parent-adolescent conflict, or a relatively high rate of conflict, is also associated with undue distress in individuals and poor adjustment for adolescents especially (Barrera & Stice, 1998; Fuller & Krupinski, 1994; Shek, 1998). Poor outcomes for adolescents include internalising problems such as depression, and externalising problems, such as drug use and delinquency (Caughlin & Malis, 2004; Hawkins, Catalano & Miller, 1992; Shek, 1998). Research has indicated that ‘family conflict’ is a major cause of youth homelessness, which is linked to very poor adolescent outcomes in the areas of mental and physical health (e.g., Fuller & Krupinski, 1994). A relatively high level of family conflict also seems harmful as it predicts poorer parental wellbeing (Dekovic, 1999).

However, some families seem to have ‘healthy conflict’ entailing relatively low levels of conflict, and/or effective communication processes and conflict resolution, without harmful consequences to adolescents, parents or family relationships (Montemayor, 1983, 1986; Smetana, 1989; Smetana, Metzger & Campione-Barr, 2004). Adolescent individuation and autonomy-seeking are seen as healthy and normative developments, with the resulting family conflict not viewed as being particularly
detrimental (Robin & Foster, 1989; Smetana, 1989; Smetana et al., 2004). Healthy conflict is also seen as assisting the transformation of family relationships, from high parental control and authority to more shared decision-making and adolescent control. The question raised by these observations is what differentiates healthy conflict from harmful conflict?

In order to investigate this question, adolescent differences and processes that are involved in family conflict were examined in this thesis. Parent-adolescent conflict research was scrutinised with the purpose of finding relevant areas to investigate that might facilitate a clearer understanding of healthy as opposed to harmful parent-adolescent conflict. A greater understanding of conflict will provide a basis for treatments to be devised to improve the ways adolescents and parents engage in conflict, with resultant increases in family and individual wellbeing. Thus, this thesis focussed on adolescent and family attributes and conflict processes.

Several themes were found in the research that seem relevant to conflict processes and adolescent outcomes. First, relatively low levels of family conflict appear to be healthier for adolescents’ wellbeing. Second, healthy conflict appears to be associated with effective communication, problem solving and particularly ‘good endings’ to conflict. Third, healthy conflict seems to involve positive belief patterns, with low levels of negative, irrational or extreme cognitions about self and others. Last, the ‘tone’ and emotional quality of the conflict processes and communication, not just the quantity of conflict, appears to be associated with adolescent outcomes. Relatively low intensity of negative affect in conflict appears to be better for family members. So the question then becomes, what leads to low levels of conflict, positive beliefs, low negative emotional intensity and good conflict resolution in families?

Thus, the focus of the thesis was refined to include research on conflict antecedents, beliefs, emotions and resolution processes. There appear to be a myriad of possible antecedents to high conflict. These include adolescent differences, development and early puberty (Comstock, 1994; Dekovic, 1999; Holmbeck & Hill, 1991; Steinberg, 1988), negative communication patterns and beliefs (Reed & Dubow, 1997), poor anger management (Stern 1999) and problematic family structure and functioning (Prinz, Foster, Kent & O’Leary, 1979; Trish, 1991), to name just a few. One problem with these studies is that the theorising and research is often restricted to one, or only a few, of the possible antecedents in a piecemeal approach. No wide-ranging theoretical framework was found to help explain all of these factors involved in conflict
There appeared to be only one attempt at formulating an overall model of parent-adolescent conflict incorporating many factors. This comprehensive model of parent-adolescent conflict (Robin & Foster, 1989) involves many of the previously mentioned aspects, and so was examined in this thesis. Although later models have added to the picture of family conflict, they are more specific in their formulation and are confined to certain antecedents, such as family stress or family coercion (e.g., Crouter, Bumpus, Maguire & McHale, 1999; Dmitrieva, Chen, Greenberger & Gil-Rivas, 2004). The Robin and Foster model includes many of the theories that have dominated research and treatment in this area over the last decades. These include developmental theory, social learning principles, and behavioural and family systems perspectives to explain parent-adolescent conflict.

However, in explaining families’ interactions, both negative and positive, what was missing from Robin and Fosters’ (1989) account, and others, was an overriding theoretical framework that would allow an integration of the diverse aspects of the parent-adolescent relationship, and the way in which conflict was engaged. Family conflict resolution depends on more than just the ability to adjust to a changing adolescent and the capacity to communicate well and problem-solve. By 1990 researchers (e.g., Prinz, Rosenblum & O’Leary, 1978; Steinberg, 1990; Vincent Roehling & Robin, 1986) were also reporting that family beliefs, emotions and the quality of the family context, the warmth, closeness and trust in relationships, were extremely important to good conflict resolution. By 2005, family stress and family process models had emerged (e.g., Dmitrieva et al., 2004; Vandewater & Lansford, 2005), linking outside stressors to parental distress and poorer parenting or higher conflict. However, this does not explain why some people deal with stress better than others do. Conflict models generally do not include or explain all of these attributes and processes. Therefore, this thesis includes an attachment theory perspective, which can explain how parent-adolescent relationship aspects may impact on and affect conflict.

Attachment theory, in recent years, has emerged as a major paradigm allowing an understanding of interpersonal relations, individuals, friends, families, couples and conflict. Different attachment styles have been found to be powerful predictors of outcomes in other relationship-based research focusing on parents, infants and children (e.g., Ainsworth, Blehar, Waters & Wall, 1978; Main, Kaplan & Cassidy, 1985; Crittenden, 1992, 1993; van IJzendoorn, 1995). This research has been extended to also include adult couples, with similar achievements in prediction and understanding (e.g.,
Conflict resolution would seem to be dependent on more than just whether a family knows problem-solving skills or not. Beliefs about the other and emotions are also likely to be important. Hence, healthy conflict may be partly dependent on individuals’ attachment styles, their views of self and others, and their specific patterns of relating to others.

Use of attachment concepts may enable identification of adolescents and families who could be particularly prone to destructive, harmful conflict. These families can be compared to others who are not so dysfunctional and engage in healthy conflict with more positive results. Treatment with high conflict families could then focus on what is needed to have healthier relationships and become more constructive in conflict resolution processes. Thus, research using an attachment framework has potential advantages over a piecemeal approach to conflict antecedents. Attachment has the potential to explain the origin of many conflict antecedents, such as adolescent differences and poor or effective communication, as well important processes within conflict, such as the emotional tone and good or bad endings.

Thus, in this thesis parent-adolescent conflict was examined from the perspective of attachment theory, which provides an over-all framework for understanding such interactions. This first chapter includes a rationale for the thesis, and examines general parent-adolescent conflict research and theory to find factors relevant to healthy or harmful conflict. These include problem solving, beliefs, emotional expression, and outcomes. Adolescent beliefs, in particular, point to the relevance of attachment working models to conflict. In Chapter two, general attachment theory and research are described briefly to facilitate an understanding of how the theory can be used as a framework for examining conflict. Attachment research on conflict in interpersonal relationships generally is also outlined. Chapter three examines research on couples as this area has a wealth of research linking attachment to conflict. Chapter three also explores attachment research on the relevant conflict factors identified by the previous examination of parent-adolescent research as being involved in healthy or harmful conflict. A major focus is the way in which individual differences in attachment style provide models for distinct patterns of how conflict is engaged in. Chapter four examines the more limited research on parent-adolescent conflict and attachment. This chapter concludes with the study’s hypotheses with respect to parent-adolescent conflict and the different attachment styles.
The remaining chapters include Chapter five on the methodology of the study and Chapters six on the analyses of the results. Chapter seven is a discussion of the results with respect to other research, conflict aspects of interest, gender differences and it also outlines attachment style ‘profiles’ of conflict engagement. The final chapter, Chapter eight, discusses the implication of attachment research for intervention with families, and the strengths and limitation of the present study on parent-adolescent conflict.

1.2 Parent-Adolescent Conflict Theory and Research

Conflict between parents and adolescents is an area of interest for researchers and counsellors, as well of course, for families wanting less conflict. All families may fight occasionally, but for some families the quantity and quality of conflict becomes distressing, and is linked to adolescent internalising and externalising problems (Dmitrieva, Chen, Greenberger & Gil-Rivas, 2004; Montemayor, 1983, 1986). Family conflict and poor self-esteem have even been linked with suicidal ideation in adolescents (Shagle & Barber, 1993). Conflict has been defined as arguments, unpleasant interactions (Montemayor & Hanson, 1985), behavioural opposition (Laursen & Collins, 1994), disputes, disagreements (Smetana, 1989) and, in negotiation research, as opposing preferences, needs or wants (Carnevale & Pruitt, 1992).

1.2.1 Issues in Parent-Adolescent Conflict and ‘Harmful’ Conflict

Within families, parent-adolescent conflict is most often about chores, helping around the house, care of room, homework/school performance, television viewing, punctuality/curfews, lack of consideration, irritating behaviour, fighting with siblings and family relations (Allison & Schultz, 2004; Barber, 1994; Smetana & Asquith, 1994). Less frequently, conflict involves personal autonomy, lying/swearing, getting into trouble, dress/hygiene, meals, money, drug-use, sex and boy- and girlfriends. However, the ‘hot topics’, the most intense and angry parent-adolescent conflicts, are about their ‘irritating or disruptive behaviour’ (telephone use, book/movie choices, fighting with siblings and bothering parents) and their ‘negative personal characteristics’ (lying, swearing or getting into trouble) (Allison & Schultz, 2004). These were followed in intensity by conflicts about school issues, curfews, punctuality and their personal autonomy (going places alone, earning money, their allowance, free time, choosing friends, wanting to be left alone). However, Smetana and Asquith (1994) believe it is moral and conventional conflict issues, such as lying to parents, swearing and not doing assigned chores, that produce the most anger in conflicts. It appears that parents are most
annoyed about, and comment on or perhaps criticise, their adolescents’ negative behaviour and attributes, which in turn may hurt or anger the adolescents the most.

A meta-analysis of research on parent-adolescent research indicates that conflict frequency often peaks during early adolescence and then decreases towards middle and late adolescence, but intensity and negative affect seem to increase with adolescent age and peak in mid-adolescence (Laursen, Coy & Collins, 1998). Given that conflict with high negative affect has been found to be linked with poor adolescent outcomes, such as antisocial behaviours (e.g., Capaldi, Forgatch & Crosby, 1994), frequent, intense conflict may be most harmful. The conflict can involve personal criticism of the adolescent by the parents and centre on ‘hot topics’ for both adolescents and parents.

High levels of intense conflict in families can be caused by various factors, according to the research. From the perspective of adolescent ‘traits’, these factors can include adolescent personality differences, early puberty, behavioral problems (Barber, 1994; Comstock, 1994; Dekovic, 1999; Holmbeck & Hill, 1991; Sagrestano & McCormick, 1999; Steinberg, 1988), developmental needs for autonomy and independence (e.g., Hill, 1987; Pardeck & Pardeck, 1990), and poor anger management (Stern, 1999). From the parental ‘trait’ perspective, these factors can include ineffective, cold or harsh parenting, parental distress, and a lack of warmth (Dekovic, 1999; Barber, 1994; Rueter & Conger, 1995). From the perspective of the family as a ‘system’, factors leading to high conflict encompass negative communication patterns, angry reciprocation, extreme family beliefs (Patterson, 1982; Reed & Dubow, 1997; Robin & Foster, 1989), and problematic family structure and functioning (Prinz, Foster, Kent & O’Leary, 1979; Trish, 1991). From the perspective of outside influences impacting on families, these can include stresses such as poverty (Vandewater & Lansford, 2005) and other negative life events (Dmitrieva et al., 2004). This thesis focuses on family relationship attributes and adolescent attributes as being linked to either healthy or harmful conflict patterns.

Usually, poor adolescent outcomes, such as externalising (e.g., delinquency) or internalising (e.g., depression) behaviour, are thought to be caused by high (frequent and intense) conflict, rather than causing conflict (Dmitrieva et al., 2004; Patterson, 1982; Shagle & Barber, 1993; Shek, 1998). In contrast, Shek (1998) in his longitudinal study on Hong Kong families found some evidence that adolescent lack of wellbeing can predict high family conflict, and vice versa, indicating that cause and effect may be bidirectional. Whatever the direction or circularity of cause and effect, high conflict does
not appear to be healthy for individuals and families. Even with parents, high parent-adolescent conflict can lead to depressive symptoms and feelings of low competence and low self-esteem (Dekovic, 1999; Silverberg & Steinberg, 1987). Thus, high conflict, with poor outcomes for individuals, may equate to harmful conflict.

Unresolved conflict may also be harmful conflict. People experiencing any sort of unresolved interpersonal conflict, or conflict involving high rates of attacking and avoiding, can feel their relationships are distant and unsupportive, they can feel hurt, angry, isolated and rejected and they can become depressed (Marchard & Hock, 2003; Turner & Avison, 1992). Presumably, when conflict is repeatedly unresolved some important adolescent developmental needs can go unmet, such as becoming more independent and autonomous while still having some support from parents (Allen, Hauser, Eickholt, Bell & O’Connor, 1994; Grotevant & Cooper, 1986; Laursen, Richards, Moneta, Holmbeck & Duckett, 1996). In addition, learning to successfully communicate, negotiate and end conflict with others well would seem like useful life skills, which could be learnt in the family. Negotiation research also suggests that badly resolved conflict characterised by no agreement, win/lose or lose/lose outcomes is also unsatisfactory to at least one party of the conflict and can be deleterious to on-going relationships (Carnevale & Pruitt, 1992).

1.2.2 Parent-Adolescent Conflict Theories

High rates of unresolved conflict, combined with intense negative affect, may be particularly harmful for both adolescents and parents. Many antecedent factors have been linked to harmful or high conflict, as mentioned. Usually, adolescence and the inevitable autonomy seeking are proposed to be the catalysts for conflict with parents. Autonomy and individuation from parents are seen as necessary for healthy development of adolescents (Robin & Foster, 1989). Interestingly, there is some research indicating that it is more healthy for adolescents to have both an increase in autonomy and a good connection to parents for optimal development and well-being (Allen et al., 1994; Fuligni, 1998). This connection or “relatedness” to parents factor is often understudied and/or vaguely defined in parent-adolescent conflict research (e.g., Reed & Dubow, 1997; Robin & Foster, 1989; Shek, 1998; Stern, 1999). However, it would seem to correspond to having a secure attachment with one’s parents. Thus, the dominant paradigm and theories of this research area will be briefly reviewed with the aim of ascertaining how the inclusion of attachment theory may help overcome some of their limitations.
The established paradigm in this area often explains family conflict in terms of adolescent development, communication deficits and/or problematic family systems and structure. In particular, several major psychological theories have been drawn on to explain and treat families with high, unresolved and/or badly resolved conflict. Systems theory and social learning theory (with behavioural theory elements) often dominate textbooks, articles and research in the area of family conflict (e.g., Robin & Foster, 1989). For example, many researchers have proposed that communication difficulties, that is, socially learnt verbal patterns, non-verbal behaviours and problem-solving deficits, and negative reciprocal interactions in family systems are the major causes of family conflict (e.g., Patterson, 1982; Reed & Dubow, 1997; Robin & Foster, 1989).

The two main theoretical orientations of the dominant family conflict paradigm, as mentioned, are that of social learning theory, including behavioural aspects (see Nichols & Schwartz, 1995; Patterson, 1982; Skinner, 1971), and family systems theory (Minuchin, 1974; Robin & Foster, 1989). Social learning theory proposes that overall family functioning and conflict management is particularly dependent on how parents behave and have behaved, in everyday interactions and conflict. Any conflict is believed to occur because of linear cause and effect processes. For example, a parent may deny a teenager’s request, but if the teenager has learnt that the parent gives in if he/she ‘nags’ and shows anger, this means that the teenager is rewarded for angry nagging and such behaviour may increase in frequency. Learning theory ideas, such as behavioural exchange and contingency, and reinforcement principles, can all be used to explain how family practices and parents’ behaviour are thought to set up a learnt process and an environment which escalates or de-escalates conflict (Patterson, 1982).

Limitations of a learning theory approach include the lack of explanation as to why parents may differ in their behaviour and in their conflict responses in the first place. There is also an assumption to some degree that adolescents come to this process with a ‘clean slate’ and are just reacting to their parents’ actions. The gaps in this theorising are particularly evident in the failure to include past relationship quality, emotions and the personal aspects of adolescents, and possible interactions among these aspects and learnt behaviours. The circular interaction patterns often seen within families (Patterson, 1982) are not adequately explained in terms of simple linear cause and effect.

The second main theory explains the family environment in terms of systems theory. In this model the family is regarded as a somewhat homeostatic group, in which the actions of the members affect each other’s mental state and actions in circular
patterns, back and forth (Minuchin, 1974). The family system needs to be viewed in this inter-dependent way in order to understand how to change anything within the system. Family ‘solutions’ to adolescent problem behaviours can cause further problems and an escalation of conflict, with a ‘vicious cycle’ forming (Nichols & Schwartz, 1995, Patterson, 1982). For example, an adolescent acting in a highly emotional, negative and jealous manner towards his sister is criticised and, as a solution, is punished. He then feels more unloved, jealous and rejected, and in any interaction with his sister (she may provoke him as she knows he will be punished), he reacts with worse behaviour and is punished again. The better systemic ‘solution’ is to recognise and understand the underlying web of needs and concerns involved, such as feeling unloved, and the pattern of interactions, and take different steps to change it (Nichols & Schwartz, 1995).

However, there is still no explanation of why some adolescents may feel overly jealous, emotional and unloved in the first place. The systemic ideas differ from social learning theory by including circular patterns and the role of both adolescents and other family members’ feelings and actions. Nevertheless, the two theories are not mutually exclusive and were combined by Robin and Foster (1989) to produce a comprehensive model of parent-adolescent conflict.

**1.2.3 Behavioural-Family Systems Model of Parent-Adolescent Conflict**

Robin and Foster’s (1989) behavioural-family systems model is a rapprochement of both social learning theory and family systems theory. The model gives some understanding about family conflict and can guide interventions with conflict distressed families. It stresses the need for families to respond to inevitable adolescent autonomy seeking and conflict with positive communication and problem solving. This enables good conflict resolution to occur and avoids harmful on-going conflict. Treatment of distressed families based on this model has particularly involved behaviour modification and the teaching of better communication skills to families (e.g., Foster & Robin, 1998; Foster, 1994; Robin et al., 1999).

The model is relatively comprehensive and typical of the dominant paradigm in this area for the last fifteen years or more. It is therefore useful to examine for the present study so as to identify major factors associated with healthy and harmful conflict. In addition, gaps in the model indicate how attachment theory may add to the understanding of parent-adolescent conflict. The model postulates that family conflict is a result of normal adolescent autonomy seeking, which occurs around puberty. Parent-child relational factors, especially issues about power and control, are altered by changes
in the biology and behaviour of young adolescents. The parents may react to such changes and seek to renew former control over their adolescent, thus leading to conflict. Alternatively, they may form a new balance between control and autonomy in the parent-adolescent relationship in a relatively harmonious way with healthy conflict. The family’s dimensions of problem-solving abilities, communication patterns, belief systems and structure all interact in a systemic way to contribute to the degree, severity and maintenance of conflict. Significant deficits in any of the family’s dimensions will lead to normal conflict becoming harmful conflict. Thus, Robin and Foster’s model, shown in Figure 1, incorporates developmental aspects, social learning theory, behavioural conditioning, communication skills and cognitive beliefs.

Figure 1. Behavioural-family systems model of parent-adolescents conflict (Robin & Foster, 1989).

Many aspects of this model have been supported by research conducted by the authors and others (see Robin & Foster, 1989; Foster & Robin, 1998). The model has also been used to guide treatment for families and adolescents with high conflict (Foster, 1994), and with specific problems, such as anorexia nervosa (Robin et al., 1999) and ADHD (Robin, 1998). Much of the early research was centred on communication patterns and skills. The core of the treatment proposed by these authors is fairly typical of short-term interventions often used for families with adolescents. There is an
emphasis on improving communication, problem solving of conflict issues, and having a practical, solution focus to family therapy. Often intervention is relatively brief (one to eight sessions), such as in solution-focused counselling (Nichols & Schwartz, 1995) and/or parent-adolescent mediations (Fisher & Brandon, 2002).

The process of problem solving is emphasized in the model. Along with problem solving, communication skills and family structure, Robin and Foster consider family belief systems as influencing the severity and emotional nature of family conflict (see Figure 1). Interestingly, in this version of parent-adolescent conflict (Robin & Foster, 1989), “affective intensity” (emotion) is seen as an outcome of other factors rather than perhaps directly influencing the nature and outcome of the conflict, as has been suggested by other research (Barber, 1994; Steinberg, 1990). Therefore, in particular, problem solving, beliefs systems and emotions in relation to parent-adolescent conflict all warrant closer examination in research.

1.2.4 Other Parent-Adolescent Conflict Models

Other models, apart from the behavioural-family systems model, have been formulated to explain parent-adolescent conflict. They are not as comprehensive as the Robin and Foster (1989) model as they either emphasise only certain aspects of that model, or concentrate on only one or two alternative aspects of family conflict. These other models include the ‘family coercion model’ (Patterson, 1982; Patterson et al., 1992), which proposes that stressful life experiences can lead to parents being distressed and relatively ineffective in their discipline. They can act in negative, inconsistent or harsh ways towards their children, who reciprocate with their own negative, angry behaviour. If parents use coercive, aversive demands with their children, such as ‘You do this, or else’, the children may comply but have a negative emotional reaction. They may also disobey their parents and react with oppositional, defiant and angry behaviour leading to further coercion, aggression and conflict. Patterson (1982) uses behavioural principles such as positive and negative reinforcement to explain the formation and maintenance of coercive family patterns.

The ‘family stress model’ is similar in proposing that parental or family stressors, such as perceived work overload (Crouter et al., 1999), alcoholism (Barrera & Stice, 1998) or negative life events (Dmitrieva et al., 2004) can lead to poor parenting, high family conflict and adolescent problems. The ‘family process model’ (Vandewater & Lansford, 2005) found evidence to support the idea that factors within and outside the family, such as economic stress, poor maternal social networks, adolescent school stress,
and maternal distress all lead directly or indirectly to mother-adolescent conflict, a lack of family warmth and adolescent problems.

In addition, Laursen and Collins, in their review of adolescent conflict literature (1994), outlined psychoanalytical, socio-biological, and cognitive-development accounts of conflict behaviour. In this review these theories all emphasise that changes in family conflict occur as a result of adolescent maturation stages, with a final aim of conflict being the transformation and realignment of the parent-adolescent relationship.

It is also discernable that studies that focus on poor communication patterns or lack of problem solving (e.g., Foster, Prinz & O’Leary, 1983; Robin & Weiss, 1980) as causing parent-adolescent conflict are drawing on an implicit ‘social skills deficit’ model. This model has been made explicit in couple research, particularly with violent couples, but has been found to be only part of the story with respect to conflict and violence (Anglin & Holtworth-Munroe, 1997; Holtzworth-Munroe, Smutzler & Stuart, 1998). This again emphasises the point that problem solving has been intensely studied with respect to conflict, however its’ effective use may depend on other factors.

Thus, many of these models and studies implicate developmental, individual and family aspects in the causes of family conflict, as in the Robyn and Foster (1989) model. However, they tend to leave out emotional or relational aspects. Attachment theory can address these gaps and limitations. Several of these models also emphasise the role of outside family stresses on family members, and in parent-adolescent conflict. How well different individuals deal with stresses and how this may affect interactions with close others becomes a question worth investigating. Again, attachment research has already examined this issue and found that attachment plays a major role in how stress is handled (Mikulincer, Florian & Weller, 1993; Mikulincer & Florian, 1998; Mikulincer, Birnbaum, Woddis & Nachmias, 2000).

1.3 Conflict Aspects Worthy of Investigation

All the above models are basically still similar to Robin and Fosters’ (1989) model in that they also draw on social learning and behavioural theory and/or family systems theory and simply focus on one, or several, proposed causal factors. Attachment theory has not been incorporated into these models. Nevertheless, aspects of these models point to conflict areas or themes worth investigating with respect to parent-adolescent conflict from an attachment perspective.

The somewhat newer family process or family stress models (e.g., Dmitrieva et al., 2004; Vandewater & Lansford, 2005) examine the impact of outside family factors
and stresses affecting individuals and processes within the family. However, because attachment can influence how one copes with stresses and influences stress responses, such as emotions, distress, behaviours and conflict patterns (see Mikulincer & Florian, 1998), external family stressors will not be the focus of the present study, but they are acknowledged as important to family functioning. The focus of the present study is on examining factors within conflict, the family and within adolescents.

Present parent-adolescent conflict research, does however, point to areas that are important to the idea that there is harmful and healthy conflict. The areas are worth reexamining because they have either been studied widely but in a too limited way (e.g., problem solving) or understudied (beliefs and emotions). Thus, the themes of interest from parent-adolescent research are conflict-related problem solving and communication patterns, beliefs, and emotions.

1.3.1 Problem Solving and Communication in Parent-Adolescent Research

Problem solving can be seen as a part of good communication practices. It encompasses strategies that facilitate a collaborative process of solving interpersonal problems. The steps involved usually include defining the problem, understanding each person’s perspective (needs and concerns), generating many solutions, deciding which solutions are best and planning implementation (Deutsch, 1973; D’Zurilla, Chang & Sanna, 2003; Robin & Foster, 1989). In contrast to younger children, adolescents can be more directly involved in this conflict resolution process because of their increased cognitive abilities, and/or because of their parents’ increased willingness to negotiate with their teenagers (Fisher & Brandon, 2002). Problem solving is seen as particularly appropriate for adolescents in families as they have a growing need for change, and they have new abilities to verbalize their needs, perspective-take and to think abstractly. In addition, the former parenting practices of contingency management (reinforcers, rewards and consequences) may no longer work for the more independent adolescents (Robin & Foster, 1989). As well, parent-adolescent conflicts are seen as mostly being about day to day interactions and disagreements (Allison & Schultz, 2004; Barber, 1994; Smetana & Asquith, 1994), which should be amenable to problem solving. Problem solving is seen as a process that resolves such interpersonal conflict better than contending, conceding and avoiding (Deutsch, 1985; Carnevale & Pruitt, 1992), and which is more effective than the use of the ‘demand/withdraw’ pattern in parent-adolescent conflict (Caughlin & Malis, 2004).
Higher use of problem solving skills are reported in non-distressed, low conflict families than in families with high conflict or poor relationships (Robin & Weiss, 1980; Pearson & Love, 1999; Capaldi, Forgatch & Crosby, 1994; Kobak, Cole, Ferenz-Gillies, Fleming & Gamble, 1993). This implies that problem solving is a part of healthy conflict. There is a tendency to assume that in such families the knowledge and use of problem solving has resolved conflict well and thus there is less conflict and less distress. However, the evidence for this link is usually correlational only and does not necessarily provide a causal explanation for the link between problem solving and lower distress. The causal direction could go the other way – high conflict and distress could cause a low use of problem solving – or the process could be circular. On the other hand, part of the argument in this thesis is that an additional factor, attachment, could be to a certain extent responsible for both the use of problem solving and lower distress and conflict in families.

The evidence for this latter idea is that researchers (summarized in Robin and Foster, 1989) admit that there are disappointing results when trying to generalise new communication patterns, learnt in the laboratory, to the home situation. For example, problem-solving skills were taught to parents and adolescents, resulting in more use of such skills in family discussions held in the clinic after training, but families reported the perception of little change in conflict at home (Foster, Prinz & O’Leary, 1983; Robin & Foster, 1989). Apparently old ways of relating reasserted their influence once the family was back at home. Relationships remained strained and conflict continued. As Montemayor and Hanson (1985) write, "Measures of behavioral competence should not be confused with measures of performance" (p.24). In other words, it is not as simple as teaching new skills. What can be learnt and measured in the laboratory may not be what is actually done at home in the ‘heat of battle’.

The puzzling finding, that some behaviour remains unchanged, may be partly explained by examination of one assumption common to both theories underlying the model. This is the assumption that current family practices produce or maintain certain conflictual behaviours and that new learning and behavioural input into that family environment and system, such as the teaching of different communication patterns, is enough to produce new behaviour (the skills deficit model). This assumption may be questioned as it is not entirely supported empirically – new learning gained in a clinic environment apparently did not change behaviours at home, as mentioned (Foster et al., 1983; Robin & Foster, 1989). Also unexplained is where do the problematic family
practices come from originally or how do entrenched beliefs and cognitions influence current behaviour. The skills deficit model also does not explain the anger and emotional intensity felt in the heat of battle that some families seem to experience while engaging in conflict. Thus, the assumption does not seem to take into account the full history of the family, or the power of emotions, and what may underlie and drive present interactions of problem solving and conflict. The power of beliefs, emotions and the history of family relationships and interactions are perhaps underestimated.

### 1.3.2 The Role of Beliefs in Parent-Adolescent Conflict

Few studies have examined the role of beliefs in parent-adolescent conflict. Limited research (e.g. Fuligni, 1998; Grace, Kelley & McCain, 1993; Pearson & Love, 1999) and some conflict models (e.g., Robin & Foster, 1989) have looked at cognitive aspects, such as expectations, beliefs and attributions about parents, relationships and family life. Such relationship beliefs come close to the concept of attachment and working models, but none of the authors mention this theory. However, Robin and Foster’s research and observations, if not their theorising, point to the importance of attachment-like beliefs to parent-adolescent conflict. These authors state that these personal and family belief systems “are habitual responses learned from life experiences and are subject to control by environmental and internal antecedents and consequences” (p. 14, 1989). There is an emphasis on correcting “faulty information processing” (p. 19), on new learning for changing phobia-like family avoidance patterns, and on instigating new reinforcement patterns - all cognitive and behavioural modification techniques. However, the beliefs were seen to be not fundamental to, nor to underlie, major processes in family conflict.

In a more limited way, the model acknowledges beliefs as either rational or irrational and distorted and thus leading to some conflict. Robin and Foster (1989) acknowledge that, like Beck (1976) and Ellis (1962) proposed for anxiety and depression, there might be specific and consistent patterns of irrational ideas that lead to high conflict in families. Such beliefs would be irrational because they were extreme, inaccurate or non-useful in that they encourage conflict and negative emotion, or a lack of conflict resolution. Robin and Foster advocate the need for research to find out what these are, and offered suggestions as to what these dysfunctional beliefs may be based on their clinical experience. These include beliefs about rejection, love, care, independence and autonomy. Again, they come close to the specific belief patterns already identified for the different insecure attachment styles (Bartholomew & Horowitz, 1991). Robin and
Foster speculate that irrational beliefs can lead to rigid positions making problem solving difficult, or such beliefs lead to anger and hostility, which interfere with positive communication. In other words, a question is raised about whether beliefs, such as those related to insecure attachment, are linked to more anger and contention, and/or less problem solving in conflict.

There was little discussion by Robin and Foster (1989) about the origin of these distorted beliefs, except for the idea that one extreme belief may be a response to a single major event within the family of origin. As an example they cited the case of a mother who had become pregnant when she was a teenager, she consequently believed it would be catastrophic to allow her own daughter too much freedom. The role of beliefs in parent-adolescent conflict appears to be an understudied but important area. In other well-researched areas (e.g., depression), it has been demonstrated that certain clusters of beliefs, cognitions and emotions are often linked to influence behaviour, and vice versa (see Goleman, 1995). Again, attachment theory improves on this ‘one event leading to one belief’ theory of influence that Robyn and Foster propose because it encompasses the idea that people develop sets of interrelated beliefs from many infant and childhood experiences (Bartholomew & Horowitz, 1991).

Significantly perhaps, treatment outcome research has shown that the addition of cognitive restructuring to problem-solving communication training is the one treatment component that seems to improve the generalisability of change to the home situation (Robin, 1981). Belief modification decreased conflict and increased problem solving at home. Without this, other factors in the parent-adolescent relationship may be overriding new communication skills. Obvious candidates for influencing conflict and resolution would seem to be attachment, cognitive and emotional factors.

Fuligni’s (1998) study on parents and adolescents from different cultures also showed that adolescents’ beliefs and expectations were linked to conflict with their mothers. The more the adolescents believed in their right to be autonomous, and did not believe in their parents’ authority, or that their parents should make rules for them, the more intense and frequent the conflict they had, and the less close they felt to both their parents. Pearson and Love (1999) also found that the more adolescents believed in the importance of justice values, such as freedom, free choice, and independence, in the relationship with their parents, the more contentious they were in conflict. This evidence supports the idea that some beliefs may be implicated in potentially harmful conflict.
Other research (Grace et al., 1993) in this conflict area has also found that mothers and adolescents’ negative attributions about each other were associated with more frequent and intense conflict. For example, adolescents who believed their mothers’ negative behaviour was globally determined, pervasive, selfish and intentional, and thus part of their mothers’ negative character, were more likely to have intense conflict with their mothers. The adolescents’ negative views of their mothers were linked to more conflict. Although this finding was only correlational, it does suggest that beliefs may be a very important part of conflict. The authors speculated that such views are associated with heightened anger in conflict. This research suggests the relevance of measuring attachment styles in families, as these can involve pervasive negative beliefs and views of others, which may be linked to harmful conflict and intense negative emotions.

Adolescents’ negative views about themselves (also a part of some insecure attachment styles), as indicated by self-blame, have also been linked to higher family conflict (Barber, 1990). Subsequently, Shagle and Barber (1993) found that adolescents’ negative self-views were a key mediating factor between family conflict and suicidal ideation in adolescents. The authors argued that adolescents who experience high levels of conflict with parents and an environment involving violent conflict, have higher levels of self-rejecting attitudes, which in turn encourage self-destructive thinking. However, negative views of self may also lead to more conflict, as well as being a consequence of conflict. Elsewhere it has been found, in older adolescents, that low self-esteem was linked to a poor social problem solving orientation and heightened anger, aggression and conflict (D’Zurilla et al., 2003). Overall, these studies indicate that negative beliefs about both the self or others, which are a part of insecure attachments, may be linked to harmful conflict.

1.3.3 Emotions in Parent-Adolescent Conflict

Examination of early family conflict research highlights the low emphasis on conflict and relationship emotions (e.g., Robin & Foster, 1989). The emotions likely to be associated with harmful conflict would seem to be intense anger, distress and sadness. Robin and Foster (1989) are typical of this research tradition in their acknowledgement of the importance of some emotions to conflict; however they have not researched emotions. For example, they speculated that individuals’ feelings of anger in conflict might arise from certain distorted cognitions, or alternatively, are a consequence of poor communication, as previously mentioned. Robyn and Foster also
postulated that anger interferes with effective problem solving and good conflict resolution. This would suggest that anger is both a cause and a consequence of poor communication. In parent-adolescent conflict the origin, mechanisms and consequences of anger are not well researched or understood. However, a growing body of research and theory has linked anger to shame, self-concept, hostility, attributions and/or attachment styles (e.g., Tangney, Wagner, Hill-Barlow, Marschall & Gramzow, 1996; Leith & Baumeister, 1998; Creasey & Ladd, 2004; Mikulincer, 1998).

Undoubtedly, anger is a frequently experienced element of intense conflict. It is often the reason that families seek help, such as counselling. In mediation sessions, extreme anger also indicates to mediators that the family may not yet be able to follow the problem solving process (Fisher & Brandon, 2002). In the angry heat of battle some families do not use problem-solving skills, even if they know them. These families then often fail to resolve their disputes (Robin & Foster, 1989). They may be more likely to use a contentious or even avoidant style of conflict resolution, associated with more conflict (Pearson & Love, 1999) and/or unmet needs. Patterson’s (1982) idea of reciprocity also suggests that family members respond to angry negative interactions and communication with more anger and hostility.

Longitudinal research on families has also linked emotions to problem solving (Capaldi, Forgatch & Crosby, 1994). In this research, families with adolescent boys were rated on their affective expression and problem solving during conflict discussions. The impact of these family process variables was then examined in relation to the quality of the boys’ self-esteem and the parent-adolescent relationship. Hostility (anger and contempt) in mothers, fathers and sons was found to be correlated with poor problem-solving and poorer parent-adolescent relationships. Neutral affect or affiliative affect, humor and affection were generally associated with good problem solving, better parent-adolescent relationships and higher self-esteem in the boys. Thus, a link was established empirically between anger and poor problem solving, which in turn is often associated with heightened conflict (Robin & Weiss, 1980; Pearson & Love, 1999). Positive emotions appear to be linked with more healthy conflict and better relationships in families.

Other studies have demonstrated links between emotions and conflict processes. Kobak, Cole, Ferenz-Gillies and Fleming (1993) found evidence of an association between adolescents’ disruptive and dysfunctional anger and avoidance of
problem solving during mother-teen problem discussions. The authors suggested that this indicates that some adolescents express their anger in functional ways, which restore relationships, and others express their anger in such ways as to disrupt relationships. Significantly, when an anger management component was added to a group treatment for conflict resolution, parent-adolescent conflict improved considerably when measured post-treatment in the home situation (Stern, 1999).

Anger in particular, seems to be implicated in both higher levels of conflict and adolescents’ lack of well being. Cooper, Shaver and Collins (1998), using a large sample of black and white adolescents, found that hostility in particular was an important element in conflict, and in adolescent distress and acting out. The authors argued that those adolescents who had an inability to regulate anger or adaptively cope with it, may attempt to regulate it by engaging in problematic behaviours such as drinking, drug use (e.g., marijuana) or acting out. Thus, they may involve themselves in the ‘vicious cycle’ of negative behaviours that youth counsellors see so often. In addition, Cooper et al.’s (1998) study raises the possibility that engagement in problematic behaviours (as a form of regulation of negative affect) can also lead to more parent-adolescent conflict (also a stressful event) as families simply have more issues to fight about.

In addition and not surprisingly, anger and violence seem to be linked in some families. Although not always measured in family conflict research, violence can be a part of conflict. One older study (Martin, Schumm, Bugaighis, Jurich & Bollman, 1987) found that for families in which verbal and physical violence occurred, the adolescents had higher levels of anger towards their parents and the families were less successful in resolving conflict.

Furthermore, there appears to be links among conflict, depression, distress and adjustment in adolescents. As mentioned, Shagle and Barber (1993) found associations among family conflict, poor self-esteem and suicidal ideation. As well, higher conflict has been linked to adolescent negative emotional attributes (e.g., depressed, sad, angry, anxious affect), adolescent problems at school and with police (e.g., bullying, delinquency), and negative parenting and violence (e.g., hitting and/or yelling at the adolescent) (Barber, 1994). In this latter research, the causal directions were unclear. Some researchers (Dmitrieva et al., 2004; Sheeber & Sorensen, 1998) believe that parent-adolescent conflict leads to depressed mood in adolescents. However, the reverse may also be true. In the Sheeber and Sorensen study it was
observed that in conflict discussions with their mothers the more depressed adolescents were less facilitative, problem solved less and displayed more depressive indicators, such as anxiety, whining, pain affect and self put-downs. These findings suggest that depression can affect the nature of conflict discussions. With respect to emotions and conflict, both anger and depression seem to be associated with parent-adolescent conflict.

1.4 Parent-Adolescent Conflict Research Summary and Conclusions

This review has shown that parent-adolescent conflict can be either healthy or harmful, according to how it is engaged in, its’ outcomes, and the quantity and quality of the conflict. The role of family practices such as problem solving and communication patterns in family conflict have been well documented by researchers (e.g., Capaldi et al., 1994; Robin & Foster, 1989; Patterson, 1982). But it is simplistic to propose that just a lack of problem solving skills leads to high conflict. Individual irrational or extreme beliefs and negative self and other views have also been investigated and linked to conflict (e.g., Fuligni 1998; Grace et al., 1993; Shagle & Barber, 1993; Vincent-Roehling & Robin, 1986). Cognitive restructuring (Robin, 1981) has also had some investigation and seems to improve family conflict at home. Other research has linked anger with poor conflict resolution and poor adolescent outcomes (Capaldi et al., 1994; Kobak et al., 1993; Martin et al., 1987). Depression also appears to have a role in family conflict (Dmitrieva et al., 2004; Sheeber & Sorensen, 1998). These studies point to the importance of going beyond the study of problem solving to also examine cognitive belief systems and emotions in conflict.

Attachment, incorporating belief systems, emotional regulation and working models of relationships (Bowlby, 1969), is a strong candidate for inclusion in further research in the area of parent-adolescent conflict. Different attachment styles gained in childhood have been linked to different outcomes in children and adults. Therefore, in this thesis it is proposed that the nature of the attachment relationship between parents and adolescents, and the adolescents’ associated belief systems and emotions, contribute to the nature of family conflict. Moreover, an attachment framework allows the identification of patterned sets of responses that integrate belief systems about the self, others and how to relate, as well as how to regulate emotions and behaviour when engaged in conflict. From this perspective it may be possible to identify distinctive types of adolescents and families who vary on a constellation of factors that makes them prone to engage in particularly harmful types of conflict. In addition,
other types of adolescents and families engage in healthy conflict and can provide a blueprint of the constellation of factors involved in this better outcome. The following chapter outlines attachment theory and research, and how these relate to conflict.
CHAPTER 2: ATTACHMENT THEORY AND RESEARCH

2.1 Overview

This chapter outlines the theory of attachment and briefly reviews relevant research with respect to relationship issues, including conflict. The concept of attachment was first outlined by John Bowlby (1969) to explain carer/infant bonding and infant survival. Other researchers (e.g., Ainsworth, Blehar, Waters & Wall, 1978) went on to measure and categorise different types of attachment states in infants. Later, this was also achieved for adults and adolescents (e.g., Hazan & Shaver, 1987; Main, Kaplan & Cassidy, 1985). Much research links attachment with different ways of thinking, feeling and behaving, especially in relationships. In this thesis it is proposed that the nature of adolescents’ attachments can be used to better understand parent-adolescent conflict.

2.2 The Development of Attachment

The concept of attachment refers to the crucial survival bond developed between an infant and a caregiver as a result of their interactions (Bowlby, 1969, 1991). Within an individual child, attachment develops into a set of beliefs, emotions and behaviours with respect to the self, close others and relationships. Different types of attachment gained in childhood seem to influence many outcomes in children and adults.

Attachment theory began as an alternative to psychoanalytical theories to explain caregiver-infant interactions and bonding. Attachment, as first conceptualised by John Bowlby (1969), was not viewed simply as an affectual bond between caregiver and child. Rather it was thought of as a biologically driven behavioural system, which orientated the infant to attach appropriately to a caring person to aid their survival, development and well being. The child gives indications or cues as to her needs for such things as food, comfort, protection and stimulation, and a sensitive caregiver responds in appropriate and timely ways. Attachment is also believed to have evolved to be a control system which regulates a child’s proximity to the attachment figure to ensure optimal chances for survival (Bretherton, 1985). With the child’s continuing development the caregiver becomes a secure base from which an infant can explore their environment and develop optimally.
Based on many specific experiences of care-seeking and care-receiving, the child formulates internal schemata and working models of attachment. These working models generalise to become representations of reality, beliefs and expectations about themselves and others that incorporate and guide emotions and behaviours throughout the life span. Attachment working models direct attention, filter and organise perceptions of internal and external stimuli, and emotional and behavioural responses into meaningful patterns (Bartholomew & Horowitz, 1991). Thus, attachment theory includes, but goes beyond, simple linear cause and effect ideas. It also incorporates or extends the major theories of psychoanalytical, behavioural, cognition, trait, social learning and systems (Sroufe & Waters, 1977; Waters, Merrick, Treboux, Crowell & Albersheim, 2000).

A person’s particular attachment style is postulated to guide how they think, feel and act towards close others in relationships, how they view themselves and relationships in general (Bowlby, 1969). Attachment theory argues that the type of attachment that develops in an infant and child is largely dependent on the quality of their caregiver’s actions and responsiveness. Different working models develop, which influence individuals’ behaviour, wellbeing and outcomes, and guide patterns of interacting with others in relationships (Bartholomew & Horowitz, 1991), and in situations such as conflict.

Successful attachment, known as secure attachment, extends beyond just survival. The development of secure attachment styles in children gives them the best chance to thrive, learn and develop. They can then grow into competent adults who are capable of reproducing and being caregivers able to facilitate secure attachments in their offspring (Crittenden, 1992, 1993). There is a large body of research indicating that caregivers’ appropriate responsiveness is more likely if their own attachment to their caregiver was optimal, and that attachment can be transmitted across generations (e.g., Crittenden, 1990, 1993; van IJzendoorn, 1995a; Main, Kaplan & Cassidy, 1985; Benoit & Parker, 1994; Mikulincer & Florian, 1999). In other words, secure adults tend to produce secure children (van IJzendoorn, 1995a), and secure attachment can be thought of as a product of both the needs/cues of the infant and the sensitive responsiveness of the caregiver.

However, the attachment process is not always achieved to the optimum state of secure attachment. When it has not been fully successful it is known as insecure attachment. Imagine a crying baby and a caregiver who may fail to recognise the child’s
signals or needs, may ignore the child, and/or may respond with coldness, anger or abuse. The caregiver may be under stress, or has experienced negative life events such as illness or divorce (Waters et al., 2000), or has an insecure attachment style themselves (Crittenden, 1993) affecting their responsiveness. Caregivers may also become ‘absent’ to their child through death, depression or divorce. In addition, they may not have successfully adapted to their child’s irritable or reactive temperament (Calkins & Fox, 1992), or their child’s shyness. Children may then develop very different working models – different, more insecure, patterns of attachment beliefs, emotional regulation and behaviour.

Of particular importance with respect to insecure attachment and close relationships is the management of emotions, which leads to associated behaviour in interactions such as conflict (Magai, Hunziker, Mesias & Culver, 2000; Mikulincer, 1998a, 1998b; Creasey & Ladd, 2004). Within their family of origin, children develop their attachment working models, which include the learnt, specific and stable patterns of regulating and expressing emotions (Roisman, Madsen, Hennighausen, Sroufe & Collins, 2001). Sroufe (2000) argues that a young infant cannot regulate his or her own emotions. But their emotions are regulated within the context of a responsive, containing relationship with the mother. For example, distress in an infant can be regulated through being held, rocked, talked to, comforted and/or given a distraction (e.g., a toy or activity) by the mother. Through on-going emotional interactions, with demonstrated and organised ways of behaving, the child learns to regulate her own emotions. An example of this phenomenon is that of a distressed, but secure, child who chooses to approach an attachment figure, such as a parent or preschool teacher. Even though upset, she is able to quickly calm herself down with proximity to the attachment figure, and then goes off again to play. A secure child may also sooth herself when alone, through play, activity or self-talk.

However, not all children and adults have secure attachments and/or learn to regulate their emotions well. They have insecure attachments and, in addition, there appear to be several different types and/or dimensions of insecure attachment, which have been documented and described in infants, adolescents and adults (e.g., Ainsworth, Blehar, Waters & Wall, 1978; Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987). Later researchers (e.g., Roisman et al., 2001) recommend research to not only describe different attachment styles but to focus on the distinct patterns of emotional regulation and poor behaviour associated with different types of attachment working models, in
order to bring about change and improvement. This work could build on the rich history and traditions of attachment research, which dates back several decades.

2.3 Attachment Research Traditions

At least three main traditions of research have developed within the attachment field. The first tradition examined mother/infant dyads (Ainsworth et al., 1978) via the “Strange Situation” procedure, which involved planned mother separations, reunions and access to play equipment. This procedure demonstrated infants’ use of mothers as secure bases and sources of comfort, and infants’ exploratory behaviour. An infant’s behaviour and the interactions of the dyad could then be used to classify the infant into an attachment pattern or category. The main categories were secure (balance of closeness with mother and exploratory play, able to be soothed by mother), insecure-avoidant (avoidant and not close to mother after reunions, apparent lack of distress), and insecure-anxious/resistant (greater crying and angry resistance to mother, failure to explore). A later insecure-disorganised/disorientated category (no consistent strategy to handle stress, may have strange movements and a dazed appearance) for infants in the Strange Situation procedure was added by Main and Solomon (1990).

The second attachment tradition sought to measure attachment in adults, with one aim being to ascertain if intergeneration transmission of attachment and associated interactions occurred - if parent attachment could predict infant attachment (Main, Kaplan & Cassidy, 1985). The Berkeley Adult Attachment Interview (AAI) was developed and validated. Trained coders made inferences about adults’ attachment ‘states of mind’ based of the coherency, quantity and quality of their answers with respect to memories of early experiences and their parents. Three main categories or styles were found that corresponded to the original three infant ones. The adult categories were secure/autonomous (coherent and autonomous thinking and memories), preoccupied (incoherent and anxious about attachment issues) and dismissing-avoidant (dismissive about attachment issues and feelings, low distress). A fourth sub-category of unresolved/disorganised (incoherent and unresolved loss and trauma in past) was also outlined for adults. These AAI attachment styles were subsequently found to be related to many outcomes, including how adults parent their own children (van IJzendoorn, 1995) and behave in adult relationships (Roisman et al., 2001). Although not a perfect correspondence, in general, secure parents have secure infants (measured by the Strange Situation), preoccupied parents have anxious-resistant infants, dismissing-avoidant
parents have avoidant infants and unresolved/disorganised parents have disorganised/disorientated infants (van IJzendoorn, 1995).

The third tradition extended attachment theory to consider how working models are involved in adult intimate relationships with romantic partners (Hazan & Shaver, 1987). Adults were categorised with a self-report instrument based on their ideas about themselves, relationships and other people with respect to issues of closeness, trust, worthiness, dependency and abandonment. The instrument was based on three categories of attachment roughly corresponding to Ainsworth et al.’s (1978) original three infant styles. The adult categories were secure (comfortable with closeness, does not worry about being abandoned), anxious-ambivalent (wants to be closer, worried about being abandoned) and avoidant (some distress, uncomfortable being close, will not trust or depend on others). These adult attachment styles were then linked to positive and negative interactions with romantic partners, and many personality and behavioural variables (see Shaver & Hazan, 1993).

2.4 Four Attachment Styles and Two Underlying Dimensions

Once again three attachment categories became four as further theorising by Bartholomew and Horowitz (1991), based on Bowlby’s (1969) original ideas, led to the concept of two underlying dimensions inherent in working models. One dimension involves a model of the self and the other involves a model of other(s). Different combinations of these dimensions theoretically imply four attachment styles. There is debate as to whether individuals should be perceived as being in discrete attachment categories, or is it better to conceptualize that individuals differ in the degree to which they adhere to each attachment style or attachment dimension (see Fraley & Waller, 1998). However, other researchers argue that attachment styles, viewed as coherent dynamic systems, aid research and understanding in the area of attachment (Brennan & Shaver, 1995).

It has also been demonstrated empirically that attachment questionnaire items can be factor analysed into two independent dimensions involving either anxiety or avoidance (Brennan, Clark & Shaver, 1998). Bartholomew and Horowitz’ (1991) dimensions and Brennan’s dimensions are conceptually almost equivalent in that the questionnaire or descriptive items for each dimension are very similar. The first dimension involves beliefs about self (positive or negative) (Bartholomew & Horowitz, 1991), and has a low or high degree of attachment relationship anxiety (Brennan et al., 1998). The second dimension involves beliefs about others (positive
or negative), and has a low or high degree of relationship avoidance. More specifically, one dimension includes beliefs about the self - that the self is the sort of person who is likely to be helped by close others, or not (with associated anxiety). The other dimension is about other(s) - that of the likelihood that close others will give support and protection, or not (with associated avoidance).

Bartholomew and Horowitz (1991) developed the new four-group model of attachment styles based on their two dimensions (self-image and image of others). A person could be predominately negative or positive on each of these two dimensions. This produces four combinations or styles: secure (positive view of self/positive view of others), preoccupied (negative view of self/positive view of others), fearful (negative view of self/negative view of others), and dismissing (positive view of self/negative view of others). The latter two categories appear to separate a general avoidant category used by other researchers (e.g., Main et al., 1985; Hazan and Shaver, 1987) into two categories (see Figure 2). Bartholomew and Horowitz found evidence suggesting that the two new groups differed on many measures. For example, dismissing people were rated as cold and hostile, whereas fearful people were rated as passive but distressed.

As mentioned, Bartholomew’s self/other dimensions are conceptually similar to Brennan et al.’s (1998) anxiety and avoidance dimensions (see Figure 2). Specifically, Brennan and colleagues’ (1998) two dimensions involve beliefs and emotions with respect to either attachment relationship anxiety (fears of abandonment, rejection, worry and jealousy) or relationship avoidance (discomfort with closeness, self-reliance and avoidance of intimacy). Feeling negative about the self seems to equate to relationship anxiety and feeling negative about others equates to avoidance tendencies (Bartholomew & Horowitz, 1991). Brennan and colleagues have used the dimensions in research, but also used cluster analysis to group people into four attachment styles, which corresponded to Bartholomew’s groups. Thus, secure individuals have low anxiety and less avoidance. Preoccupied individuals have high anxiety and low avoidance and dismissive people have low anxiety and high avoidance. Fearful individuals are high on both anxiety and avoidance.
**2.3.1. Descriptions of and Implications for Four Attachment Styles**

Each attachment style has been linked to an emotion regulation style, certain personal traits, beliefs about self and others and behavioural tendencies in relationships, especially when under stress (Bartholomew & Horowitz, 1991; Brennan et al., 1998; Creasey & Hesson-McInnis, 2001; Creasey & Ladd, 2004). The following is a summary of this research.

Secure individuals tend to feel good about themselves, trust close others, are most likely to have emotional autonomy and can usually stay calm and in control of themselves. Thus, they are usually warm, open, and comfortable being close and intimate with others. They can express their emotions easily and have fewer interpersonal problems, such as being overly volatile and dependent, or cold and introverted, compared with others.

Preoccupied people can feel unable to control their negative emotions and can be ‘flooded’ with anxiety or anger. They can feel negative about themselves, but positive towards others, so they can be overly dependent, self-disclose too much, cry...

---

**Figure 2.** Bartholomew and Horowitz’ (1991) attachment categories with underlying model of self/other dimensions and corresponding anxiety and avoidance dimensions (Brennan et al., 1998).
frequently and/or be dominating in relationships. Preoccupied individuals can also be overly sensitive and worry a great deal about relationships and being rejected.

Dismissive individuals may not trust others but do seem to trust themselves, so they feel they need to be very self-reliant and are uncomfortable with intimacy in relationships and emotional displays. They do not always appear to recognise their own negative emotions and behaviour. They also think they can regulate any negative emotions they have but they may still act coldly and aggressively to close others. Dismissive individuals can lack warmth and care-giving attributes, and can be overly competitive, hostile and introverted.

Fearful individuals, with both avoidant and anxiety tendencies, appear to be quite deficient in their ability to regulate their emotions under stress. Thus, they can be very upset and behave very angrily when in conflict. They also lack self-confidence and trust in others, and are unlikely to use others as a secure base when distressed. Their interpersonal problems can include a lack of assertiveness and social inhibition. They may wish to be close to others but can also pull back from intimacy or be unable to achieve it. This fourth attachment category, fearful adults, corresponds to both Main and Solomons’ (1986) fourth category of insecure-disorganised infants and insecure unresolved adults (see Main, 1996). These groups appear to have the most problems.

Overall, it appears that working models of attachment, including beliefs about self and others and anxiety or avoidance tendencies, contribute to the regulation of emotions and behaviour. This suggests that the four attachment styles have distinct ‘profiles’ of tendencies, problems, functioning, processes and/or outcomes with respect to adolescents and families and how they manage conflict. Understanding how secure attachment influences conflict through beliefs, emotional regulation and behaviour may be used to target interventions with insecure individuals in order to bring about improvement to their specific problematic processes.

2.5 Attachment and Conflict in All Interpersonal Relations

A strong case can be made for examining conflict from an attachment perspective. There is evidence (Reese-Weber & Bartle-Haring, 1998; Sternberg & Dobson, 1987) that conflict resolution skills for individuals are similar whether the conflict is with their parents, others, or with a partner, at least for older adolescents. This indicates the relevance of research on couple, social, negotiation and organisational conflict for parent-adolescent conflict research. From negotiation research it is theorised that social conflicts between any parties are disputes about
resources, opinions, behaviours or preferences and there are various strategic choices that can be made to resolve conflict (Carnevale & Pruitt, 1992).

Organisational conflict research also indicates that there appears to be two aspects of conflict which need to be acknowledged for the appropriate choice of conflict management behaviours and good resolution to occur (see Rahim, 2002). These are ‘task aspect issues’ and ‘emotional/relationship aspect issues’. This means that while the task aspects may be resolved well with such conflict management behaviours as communication skills and problem solving processes, there are the other aspects involving emotions and the relationship, that need attention for conflict to resolved satisfactorily. These other aspects might be called the ‘tone’ and ‘processes’ of the argument, or the quality of relationships. These processes reflect underlying attitudes, beliefs, trust, goodwill, supportiveness, openness, emotional regulation and negative or positive emotions. Mediators, group facilitators and therapists are taught that both task issues and process issues need to be attended to for good outcomes to occur (e.g., Fisher & Brandon, 2002).

When conflict occurs within families or close relationships it might be anticipated that often the ‘emotional/relationship aspect issues’ could be more important than the ‘task aspects’. The emotional/relationship issues are the realm of attachment. It is reasonable to assume that conflict triggers attachment working models. Conflictual arguing may pose a threat to people’s felt security, intimacy or control (Mikulincer & Nachshon, 1991). It may either arise from distressed states (e.g., unmet needs for support, intimacy or control, or hurt and anger etc.), and/or by its very interpersonal nature and polarising intensity (e.g., apparent rejection of self and/or views, lack of control) may induce distressed states. Distressing and anxiety-provoking situations in children (Ainsworth, Blehar, Waters & Wall, 1978) and adults (Mikulincer, Birnbaum, Woddis & Nachmias, 2000; Mikulincer, 1998; Mikulincer & Florian, 1995), are thought to involve cues that particularly activate attachment working models and heighten attachment processes involving specific cognitions and emotions. Interpersonal conflict, especially between family members or within couples, is highly likely to evoke their attachment schemata (Fraley & Shaver, 1998; Feeney, 1999; Creasey & Hesson-McInnis, 2001).

Conflict is also a type of event that involves intrapersonal emotions, cognitions and information processing (e.g., What did that person just say, and how do I interpret it, how do I feel/think about that and how do I respond?). Even beliefs about conflict, for
example, how it should be dealt with and whether it is a threat to the relationship, are associated with the process and outcome of conflict (Pistole & Arricale, 2003). Again, all these responses, definitions and descriptions of conflict in families can be attachment guided and seem to reflect the organisation of different internal working models of attachment.

Attachment working models (Bowlby, 1973, 1988), as mentioned, have been molded and ingrained by numerous parent-child interactions. They may be a ‘work in progress’ and ever evolving (Ammaniti, Van IJzendoorn, Speranza & Tambelli, 2000), but they also display stability and continuity (Belsky & Pasco Fearon, 2002). The attachment working models become habitual patterns of organising individuals’ perceptions, cognitions and emotions, and habitual patterns of interacting and responding to others. In other words, adults have learnt from their family of origin, both consciously and unconsciously, how to feel, think and act towards others under many different circumstances. If working models include individuals’ cognitive biases, particular belief systems and their habitual ways of experiencing, regulating and expressing their emotions, this will influence their conflict style and impact on the outcome or resolution of conflict. For example, expressed and unregulated anger and hostility in anxious individuals are thought to interfere with good conflict resolution and lead to negative behaviour (e.g., yelling, aggression, escalating strategies) in conflict and in interactions with others (Mikulincer, 1998; Creasey & Ladd, 2004).

The findings of attachment research and conflict converge to support the view that different attachment working models are related to different ways of interacting with others, including conflict between people. Research is consistent in finding that people with secure attachments generally behave in conflict more positively and resolve conflict better than do insecure people. Insecure individuals have various ways of not resolving conflict well. This is despite differences in how attachment is assessed (e.g., interview, self-report or friend report) (Bartholomew & Horowitz, 1991), or differentiated (three or four categories or two dimensions) (Brennan, et al., 1998).

Although the focus of the present research is on parent-adolescent conflict and attachment there are relatively few studies to be found specifically on this topic. This is especially so with respect to the areas identified in the previous chapter as being particularly salient to conflict resolution, that is problem solving, emotions and attachment-beliefs relevant to conflict. However, the research on attachment and conflict in other interpersonal domains, such as with couples, is extensive.
Organisational and negotiation research is also well documented. This literature allows analysis of possible conflict processes associated with each attachment style. Since a major goal in the present study is to identify typical attachment-conflict patterns, both healthy and harmful for parent-adolescent conflict, this more extensive literature on attachment and interpersonal conflict is reviewed in the next chapter. The important thematic areas of conflict, which emerged from the general review of parent-adolescent conflict research, have been extended and refined by inclusion and examination of the couple research.

The conflict areas, to be reviewed in Chapter three, include conflict styles, communication skills, emotional regulation, negative emotions and violence. Following these themes is a discussion of how specific attachment styles may express these conflict processes. A review of the limited studies on parent-adolescent conflict and attachment is included in chapter four.
CHAPTER 3: ATTACHMENT AND CONFLICT

3.1 Introduction

The focal aspects identified by the previous examination the general parent-adolescent conflict research were problem solving, beliefs and emotions in conflict. These themes have been extended and refined by organisational, negotiation and couples research on attachment and conflict to include (a) specific conflict styles, (b) communication skills, problem solving and conflict resolution. In addition, in couple research recent emphasis has been given to (c) emotional regulation (d) the expression of negative emotion and (e) violence. In reviewing these aspects of conflict in organisational and couples the focus is on how individuals with specific attachment styles may manifest and express these conflict factors.

3.2 Attachment and Specific Conflict Styles

Both organisational conflict research (e.g., Rahim, 2002) and social negotiation research (e.g., Carnevale & Pruitt, 1992) have well-researched typologies of four or five conflict ‘styles’ (see Rahim, 2002 for a review). One well used two-dimensional conflict management model, involving ‘concern for self’ and ‘concern for other’, suggests that there are four main conflict strategies (Blake & Mouton, cited in Bippus & Rollin, 2003; Carnevale & Pruitt, 1992; Pruitt, 1983). The negotiation research refers to these conflict strategies as contending (arguing to meet own needs only, high concern self, low concern other), yielding or conceding (giving in, low concern self, high concern other), problem solving (looking for solutions to meet everyone’s needs, high concern both self and other) and inaction or avoiding (doing nothing, low concern both self and other) (Pruitt, 1983; Ben-Yoav & Pruitt, 1984a; Carnevale & Isen, 1986).

In organisational conflict research, Rahim (2002) named these conflict strategies as the conflict behaviours of dominating, obliging, integrating and avoiding respectively, and added compromising (looking for solutions that partly meet people’s needs, middle level of concern for both self and other). These conflict styles are now being used in interpersonal relationship research. Inevitably, researchers speculated that different attachment styles could predict unique and pervasive conflict styles in romantic couples (Corcoran & Mallinckrodt, 2000; Pistole, 1989; Rholes, Simpson & Stevens, 1998; Shi, 2003).
The earliest studies (Levy & Davis, 1988; Pistole, 1989) used Hazan and Shaver’s (1987) three attachment styles; secure, avoidant and anxious/ambivalent. These studies established that the three attachment groups were linked to Rahim’s (2002) five conflict behaviours. They generally found that secure people, more than the other attachment groups, reported using more ‘integrating’ (akin to problem solving) and ‘compromising’ behaviours in conflict, which try to partly or fully meet people’s needs. Anxious/ambivalent (preoccupied) people used more dominating behaviours in conflict than other groups. When compared with anxious/ambivalent people, avoidant people used less obliging behaviours (Pistole, 1989). These studies established that people with secure attachment behaved more constructively in conflict than other groups.

More complex studies followed with both similar and slightly different results. For example, Corcoran and Mallinckrodt (2000) equated Bartholomew and Horowitz’ (1991) attachment orthogonal dimensions of ‘self-image’ and ‘other-image’ with the conflict dimensions of ‘concern for self’, and ‘concern for other’ respectively (Pruitt, 1983). When the underlying attachment and conflict dimensions were equated then the four attachment styles (refer back to Figure 2) could be used to predict the four main conflict styles in the corresponding cells formed by the two sets of dimensions.

Thus, Corcoran and Mallinckrodt (2000) proposed that secure attachment, with a positive view of both self and others, predicted integrating, with its high concern for self and others. Preoccupied attachment, with a positive view of others and a negative view of self, predicted obliging, with its high concern for others and low concern for self. Dismissive attachment, with a negative view of others and a positive view of self, predicted dominating, with its low concern for others and high concern for self. Fearful attachment, with a negative view of self and others, predicted avoiding, with its low concern for both self and others. Corcoran and Mallinckrodt attempted to map Rahim’s (2002) fifth category, compromising (with middling concern for self and other) onto a fifth attachment conceptual region in the model, which involved middling levels of both the positive/negative views of self, and the positive/negative views of others. However, this fifth attachment area is not usually defined, recognised or used by other researchers.

This dual attachment-conflict model seemed elegant and insightful but was possibly problematic with five conflict styles, four known attachment styles (and one unknown style) and an overemphasis on ‘neat’ or simplistic theoretical patterns. ‘Compromising’ was defined as a ‘middling’ conflict strategy and thus difficult to relate to any known attachment style. A case could be made that it would seem to fit most with
a secure attachment style. Corcoran and Mallinckrodt (2000) cite research (Hammock, Richardson, & Pilkington, 1990) that showed that a four-factor conflict model, which collapses the categories of compromising and integrating into one category, better fits the data and thus suggests that these conflict styles are not distinct categories. In addition, previous research (Levy & Davis, 1988; Pistole, 1989) showed that secure attachment was linked to both ‘integrating’ and ‘compromising’, also indicating that these two conflict styles could be collapsed into one. This conflict style is labeled ‘problem solving’ by the negotiation researchers (e.g., Pruitt, 1983), who usually use only four types of conflict resolution behaviour. Thus, four conflict styles, rather than five, seem most appropriate and parsimonious for use in interpersonal conflict research, as well.

Surprisingly, despite Corcoran and Mallinckrodt’s (2000) innovative use of Bartholomew and Horowitz’ (1991) four-category model of attachment in theorising links to conflict styles, these researchers did not adhere to their new integrated model. They used the five conflict styles but then chose five continuous dimensions of attachment. These attachment measures were: Confidence in Attachments, Discomfort with Closeness, Relationships as Secondary (to achievement), Need for Approval, and Preoccupation with Relationships (especially abandonment and rejection). The measures were gained from the Attachment Style Questionnaire (Feeney, Noller & Hanrahan, 1994). Corcoran and Mallinckrodt (2000) then did an extremely complicated analysis of how these various attachment dimensions were linked to the five conflict styles. They found that Confidence in Attachments (i.e., security), as expected, was negatively linked with conflict ‘avoiding’ and positively linked with the positive conflict styles of ‘integrating’ and ‘compromising’. These latter positive conflict styles were negatively correlated to all four other insecure attachment dimensions. Attachment Need for Approval (part of a preoccupied style) was linked to the conflict styles of ‘obliging’ as expected, and to ‘avoiding’. The attachment Relationships as Secondary dimension (part of a dismissive style) was linked with a ‘dominating’ conflict style, as predicted. Preoccupied with Relationships (also part of preoccupied) was, unexpectedly, not associated with ‘obliging’ Thus, their theorising about attachment styles, or at least dimensions, predicting certain corresponding conflict styles was partly supported. However, use of five attachment dimensions made the research difficult to compare with other research using either three or four attachment styles (e.g., Bartholomew & Horowitz, 1991, Hazan & Shaver, 1987; Levy & Davis, 1988; Pistole, 1989).
Corcoran and Mallinckrodt (2000) also tried to look at other psychological aspects and social competencies (i.e., perspective taking and social self-efficacy), and examine how these were linked with just two main avoidance and anxiety attachment dimensions and conflict processes. They found that people with avoidant attachment were less likely to engage in the mutual-conflict styles of ‘integrating’ and ‘compromising’ and that this was related to their lack of social competency skills. Social competency, however, did not play a mediating role between attachment anxiety and ‘dominating’ in conflict. This indicates that it is probably only avoidant individuals, with their negative view of others, who lack social skills or the motivation to use them. They may do better in conflict if they are persuaded and/or taught to use social skills, such as perspective taking, effectively (Corcoran & Mallinckrodt, 2000). Yet, as their behaviour in conflict may be driven by their negative view of others, it is these more ingrained schemata which may need challenging and changing for them to engage in conflict in positive ways.

Although Corcoran and Mallinckrodt’s (2000) study highlights that different types of conflict processes are associated with different attachment dimensions it does not capitalise on the theoretical links they made between Rahim’s (2002) conflict styles and Bartholomew and Horowitz’ (1991) four attachment styles. A salient and more economical model would involve four attachment styles and four conflict styles. Findings may then be clearer, more readily compared to other studies, and the avoidant attachment style may be understood better if separated into fearful and dismissing (also known as dismissive) styles.

One recent study attempted to improve the clarity and discrimination in this area. Shi (2003) began by using the Brennan et al. (1998) two-dimensional attachment measure of anxiety and avoidance, which has shown good reliability and validity, and then cluster analysed participants into the well-known four attachment styles (Bartholomew & Horowitz, 1991). Shi (2003) also used Rahim’s (2002) measure of five conflict behaviours. This research reported a significant overall effect of attachment style with differences for all five conflict styles, but unfortunately the researcher did not report details of exactly how each attachment style differed. Rather, she reported only how the attachment dimensions of anxiety and avoidance were related to the strategies.

This method gave a mixed and confusing set of findings. Shi’s (2003) results initially appear to be similar to those of Corcoran and Mallinckrodt (2000) in showing low avoidance (part of secure attachment) was linked with the positive conflict strategies.
of ‘integrating’ and ‘compromising’. However, Shi’s results differed by linking both high attachment anxiety and high attachment avoidance with ‘dominating’ in conflict. Whereas Corcoran and Mallinckrodt linked this only with Relationships as Secondary (part of avoidance). Shi also linked low avoidance and, to a lesser extent, high anxiety to ‘obliging’, whereas Corcoran and Mallinckrodt found a link between Need for Approval and ‘obliging’, but not the expected link between Preoccupied with Relationship and ‘obliging’. ‘Avoiding’ in conflict was predicted by avoidance attachment by Shi but predicted only by Need for Approval by Corcoran and Mallinckrodt. Use of the four category model of attachment, rather than continuous variables measurable within each individual, may shed some light on these discrepancies. This may also lead to better characterization of typical patterns of conflict, particularly for the insecure attachment styles.

One study (Bippus & Rollin, 2003) used four attachment styles (Bartholomew & Horowitz, 1991) and examined participants’ attachment and their friends’ perceptions of their conflict style (Rahim, 2002). As with previous studies, secure people were found to use ‘integrating’ conflict behaviour more than the other groups. However, no attachment style differences were found for the other conflict behaviours. The authors speculated that this occurred because the sample sizes for the insecure groups may have been too small, and that the relational contexts of friends may mean that people respond differently to conflict than when in a romantic couple. As well, they suggested that measuring the four attachment styles by self-selection of attachment paragraphs may not be appropriate and that a better measure, such as continuous dimensions, may be needed.

In summary, research supports the idea that attachment is associated with pervasive patterns of conflict behaviour, but there are discrepancies about these associations (e.g., Are preoccupied, dismissive or fearful people most prone to dominate in conflict?), and methodological problems with measurement of the variables. Future research needs to effectively use four main conflict strategies, and distinguish the four attachment groups with more efficient measurement, as well as carefully measuring the variation in conflict style between the attachment groups. As well, other processes in conflict, such as resolution and emotions, need to be examined.

3.3 Attachment, Communication, Problem Solving and Resolution in Conflict

Clearly more happens in interpersonal conflict than just ‘conflict management behaviours’ which fall into different categories (Rahim, 2002). Besides research on emotions and emotional regulation in conflict, to be reviewed subsequently, there is
research covering communication skills and problem solving in conflict (e.g., Kobak & Hazan, 1991; Simpson et al., 1996). These skills involve talking and communicating clearly and constructively. As well, problem solving is seen as an important process fundamental to good conflict resolution. It is the process of identifying there is a problem, defining and exploring the problem and everyone’s concerns, generating solutions, and agreeing on the best ones to meet everyone’s needs (Carnevale & Pruitt, 1992; Deutsch, 1973). Problem solving may be seen as one type of conflict style or behaviour, forming a major part of finding good solutions (Rahim, 2002) and, as mentioned, probably involves both ‘integrating’ and ‘compromising’ conflict behaviours. In interpersonal conflict, problem solving is often seen as the most suitable behaviour and skill-set to resolve conflict well (e.g., Carnevale & Pruitt, 1992; D’Zurilla, Chang & Sanna, 2003; Pruitt, 1983). For this reason, some researchers (e.g., Robin & Foster, 1989) focus on it specifically.

Even more important than the actual use of problem solving skills seems to be the attitudes, quality and the ‘tone’ of conflict discussions. This positive or negative tone seems to set the scene for actually resolving and ending the conflict well or not. There is evidence that attachment and emotional traits are correlated and mediated by perceived coping, as measured by good problem solving skills and attitudes. Wei, Heppner and Mallinckrodt (2003) found associations between both anxious and avoidant attachment, and perceived poor problem solving, and elevated psychological distress (general anger, depression, anxiety, hopelessness and interpersonal problems). The more anxious or avoidant people were, the poorer were their problem solving attitudes and behaviours, and the more distress they reported.

In this study (Wei et al., 2003), poor problem solving involved a tendency not to have confidence in one’s ability to solve problems or control emotions and behaviours, to deny problems and avoid problem solving, to have strong emotional reactions and to generally have ineffective problem solving attitudes and behaviours. The study highlighted that effective problem solving needs the communication skills and attitudes to ‘face up to the problem’, self-disclose, talk openly, control emotions and use empathy and understanding. As well as effective behaviours, the problem solving process appears to need positive attitudes and emotions rather than negative ones, and adequate emotional regulation.

A more recent study by Creasey and Ladd (2004) investigated differences among attachment style groups defined by Adult Attachment Interviews (Main et al.,
1985). They found that preoccupied people did not necessarily behave as badly in conflict as other insecure groups, but the conflict still escalated to a higher degree than for secure people. Even though their communication skills may be adequate, the telling element of preoccupied people’s conflict may be how it ends, whether it is resolved well or resolved badly. Actually coming to resolution of conflict is also an important aspect and expectation. However, conflict endings and resolution were not measured in this study. Overall, research shows that while communication and problem solving are important in conflict other factors, such as the emotional tone or conflict endings, may also be crucial in distinguishing healthy conflict from harmful conflict.

3.4 Attachment and Emotional Regulation in Conflict

Another intervening link between attachment styles and conflict resolution, apart from communication patterns and problem solving, appears to involve the ability to regulate emotions or not. Emotional regulation is the ability to control, alter or decrease negative emotions and moods, such as anger, sadness and distress, and thus decrease associated behaviours (Creasey & Ladd, 2004; Creasey & Hesson-McInnis, 2001). This self-efficacy, being able to control emotions or behaviour, is associated with better coping and better outcomes generally in people under stress (Bandura, Caprara, Barbaranelli, Gerbinio & Pastorelli, 2003). This stress could include being in conflict with an attachment figure. Good emotional regulation abilities appear to be associated with a secure attachment style and low levels of both conflict escalation and poor behaviour (Creasey & Ladd, 2004; Creasey & Hesson-McInnis, 2001).

On the other hand, not being able to control arousal generated by emotional distress affects individuals in many ways relevant to interpersonal conflict. For example, negative affect, and the way it is managed or regulated in insecure people, exacerbates cognitive distortions about self and others (Mikulincer, Orbach & Iavnieli, 1998). Anxiously attached people over-identify themselves with others, probably in an attempt to increase closeness to others, especially when in distress. These tendencies mean that anxious people may be particularly hurt and angered by close others expressing differences from them. They also tend to be very focussed on close others, a type of empathy, and are highly expressive, but they appear to try to gain connections with others in dominating and demanding ways (Bartholomew & Horowitz, 1991), which probably ‘backfire’ on them. Thus, with poor emotional regulation a cycle of hurt, anger and distorted cognitions may occur for anxious people.
In contrast, according to Mikulincer and colleagues (1998), avoidant people believe they are more differentiated from others and they ignore any commonalities. For avoidant people, any expressed differences from the other person confirm that they have little in common with them. Empathy, understanding and finding common ground in conflict are thus lessened for avoidant individuals. Lack of empathy and little need to be close to others would make it easier for avoidant dismissive people to have lower distress and to be cold and unexpressive to others, as was found by Bartholomew and Horowitz (1991).

Mikulincer and Orbach’s (1995) studies further explain poor emotional regulation processes. They found that anxious-ambivalent people report high levels of general anxiety and low levels of the emotional control process of defensiveness. That is, anxious individuals have quick access to their negative memories, which are highly emotionally intense and diffused with many interrelated negative emotions. In other words, memories of negative events are close to the surface and are felt intensely with a spreading to include many different types of negative emotion (e.g., anger becomes sadness and anxiety also). Anxious people cannot control this spread of negative emotions. Fraley and Shaver (1997) also showed that preoccupied people, who tried to suppress thoughts of abandonment, actually increased their accessibility to attachment-related thoughts and emotions. This probably heightens their anxiety rather than relieving it. Thought suppression, as an emotional regulation tool for anxious people, seems to work in reverse.

In addition, although anger and its lack of regulation is commonly associated with poor problem solving and insecure attachment (Creasey & Ladd, 2004), so too is depression. Haaga et al. (2002) found that both preoccupied and fearful attachments were stable vulnerability factors for depression. Wei and colleagues (2003) also found an association between both anxious and avoidant attachment, and elevated depressive symptoms and poor problem solving. In particular, both anxious and avoidant individuals believed they could not control their emotions and behaviour in conflict. This is in contrast to Creasey and Ladd, whose dismissive individuals believed they could control their emotions and behaviour. In the Wei et al. study both anxious and avoidant individuals had tendencies for strong emotions, distortions, impulsivity and cognitive confusion during problem solving. It has long been proposed that helplessness, indecisiveness, cognitive distortions and pessimism can all be part of depression (e.g., Beck, 1967). It is unclear if poor problem solving and lack of coping skills cause
depression, as Wei and colleagues (2003) argued for anxious individuals in particular, or whether the reverse is true and depression can cause poor problem solving.

In summary, poor emotional regulation in conflict appears to be associated with anxious attachments at least, and interferes with good conflict resolution possibly because of the effects of anger, distress and distorted cognitions. There may also be links among insecure attachment styles, depression and poor problem solving.

3.5 Attachment and Negative Emotions in Conflict

Apart from the ability to regulate emotions, the special potency of anger, hostility and shame needs to be examined in relation to attachment styles. These negative emotions can all be part of interpersonal conflict, and are especially likely to lead to aggression, physical and verbal violence or abuse. Anger, in particular, has been implicated in poor conflict styles (Rahim, 2002), poor communication and poor problem solving (Creasey & Ladd, 2004; Robin & Foster, 1989; Simpson et al., 1996). Anger is also seen as both a cause and a product of poor emotion regulation (Creasey & Hesson-McInnis, 2001; Creasey & Ladd, 2004). Anger can apparently be both healthy and/or harmful, depending on its intensity, people’s intentions and responses, and the outcomes of the anger, especially with respect to relationships (Mikulincer, 1998). Extreme or destructive anger seems to involve a lack of emotional regulation and acting out in hostile ways.

Additional evidence for this theorising comes from anger research, which did not at first connect anger to attachment. Recent work on anger built on Averill’s (cited in Tangney, Wagner et al., 1996) studies of adults’ daily episodes of anger. Tangney and colleagues (1996) found that people’s levels of anger arousal and their malicious intentions were correlated to a range of aggressive responses, which in turn were negatively related to good outcomes for the self, the other and the relationship. Adolescents and adults’ constructive responses to their anger, such as corrective actions and discussing the matter with the target of the anger, were linked to beneficial long-term outcomes. The question raised by such findings is why do some people tend to feel and act maliciously, while others do not.

In order to address this question, researchers (Leith & Baumeister, 1998; Tangney, Wagner et al., 1996; Tangney, Wagner, Fletcher & Gramzow, 1992) examined anger and its relationship to other specific emotions: shame, guilt, aggression and hostility. Shame and guilt are seen as the moral emotions involved in a person’s conscience, indicating that they may have transgressed in some way. They
may impact on, or regulate, interpersonal aggression (Tangney, Wagner et al., 1996). Thus, they may be relevant to conflict. The research indicates that people who are *shame prone* are more likely to have personal distress (Leith & Baumeister, 1998), higher anger arousal, maladaptive and non-constructive responses to anger, including suspiciousness, blaming others, maliciousness and direct, indirect and displaced physical and verbal aggression (Tangney, Wagner et al., 1996). These behaviours would tend to escalate conflict. In addition, shame-prone people expect negative, long-term consequences to their everyday anger.

*Guilt* (without shame) on the other hand, relates to having behaved badly but wanting to make things ‘right’ - it was negatively related to many indices of anger and hostility (Tangney, Wagner et al., 1992). Guilt proneness was positively related to empathy, perspective-taking and constructive anger responses, such as non-hostile discussion with the target of the anger, and the expectations of positive long-term consequences for the relationship (Leith & Baumeister, 1998; Tangney, Wagner et al., 1996). These responses would seem likely to be conducive to resolving conflict well and/or decrease conflict.

The obvious question, again, is where does shame-proneness or guilt proneness come from. Attachment research may answer this puzzle. Of particular note is that shame-proneness is linked with self-directed hostility, self-aggression, anger held in, so that shame-prone people can be intensely angry, disgusted at themselves and feel inferior to others after events perceived as negative (Tangney, Wagner et al., 1996). They seem to have a pervasive tendency to blame themselves for events, to see their global self as ‘bad’, feel angry and distressed, and may withdraw, or turn anger outwards, perhaps to protect their vulnerable self. This description is very similar to preoccupied and fearful people with their negative self-views (Bartholomew & Horowitz, 1991) and who are under stress. It seems likely that anxiously attached people may be shame-prone, with its negative consequences. This idea also helps explain one of the mechanisms or pathways from anxious attachment, to shame, to extreme, destructive anger during conflict.

Guilt on the other hand, appears to arise from specific wrong behaviours, however, the global self is viewed as ‘okay’ and is not as defective as is the case with shame (Tangney, Wagner et al., 1992). With guilt there is less anger, and constructive responses follow, such as good perspective-taking, discussion and corrective actions. This description corresponds to secure attachment and a positive self-view. Thus, one
pathway to constructive processes in conflict may be through guilt proneness. Both guilt and shame appear, at least theoretically, to be linked to attachment styles.

Mikulincer (1995, 1998) has empirically demonstrated another pathway to destructive anger. This researcher investigated whether the content and functioning of certain attachment working models predispose some people to experience anger and/or to express it in dysfunctional ways, such as with hostility. This type of anger would seem to be of central importance to conflict and its resolution, as hostility would seem counter-productive to resolving conflict well or to maintaining a good relationship. Mikulincer (1998), building on Bowlby’s (1973) theories and terminology, delineated two different types of anger, the functional anger of secure people and the dysfunctional anger of insecure people. He found that attachment groups differ on several dimensions of anger, including anger proneness, the experience of anger, attributions of hostile intent and anger-related expectations.

In contrast to secure individuals, anxious people in particular seem to be anger-prone (Mikulincer, 1998). The anger is dysfunctional in that it may be harmful to the self, others or relationships. Mikulincer’s research indicated that anxiously attached people tend to have more anger, experience greater anger intensity, do not regulate anger and have negative attributions and thoughts about others. They then have urges to punish and harm others and have negative expectations about others’ responses. Avoidant people often deny being angry but have physiological signs of anger. They appear to have a ‘colder’ type of anger and hostility, still not conducive to maintaining or repairing relationships.

Overall, these studies indicate that dysfunctional anger, shame and hostility, in particular, are associated with insecure attachment. These negative emotions also seem to be linked to harmful conflict.

3.6 Attachment and Violence in Conflict

The negative emotions, especially poorly regulated or dysfunctional anger, may lead to violence. There appears to be a clear links among the fearful attachment style, anger and violent abuse. Dutton and colleagues’ (1994) research with abusive men found that fearful attachment, and preoccupied attachment to a lesser degree, was linked to high anger and anxiety, and verbal and psychological abuse of female partners. Fearful men were found to have a constellation of attributes often associated with perpetrators of domestic violence. These are borderline personality organisation, anger (including high frequency, intensity, duration and hostility), jealousy and
trauma symptoms (dissociation, anxiety, depression, past sexual abuse trauma and/or sleep disturbance). Dutton and colleagues speculated that ‘attachment rage’ (anger towards an attachment figure), and anxiety about intimacy, lead to some men perpetrating emotional abuse on their partners.

Fearful individuals are particularly prone to having problems in relationships with close others (Bartholomew & Horowitz, 1991). Presumably, they have inner turmoil, which is difficult to regulate, because they have both high anxiety and high avoidance and are driven by opposite forces to need closeness and distance. Their use of violence with a partner may reflect both their negative view of self and their negative view of others, and revolve around their attempts for both intimacy and control in the relationship (Mikulincer & Nachshon, 1991). Dismissive-avoidant attachment was not directly associated with couple violence (Dutton et al., 1994), presumably they have better emotional regulation and/or are in less turmoil.

Further information on attachment and couple violence, in a mainly student and community sample (some individuals were in relationship counselling), was gained by Roberts and Noller (1998). These researchers measured both partners’ attachment styles and analysed possible interactions. They used only two dimensions of attachment, Anxiety over abandonment (anxious) and Discomfort with closeness (avoidant), but measured physical abuse, and found similar results to those of Dutton and colleagues (1994). Only anxious attachment (preoccupied and fearful people) in both men and women was associated with the use of violence, particularly if their partners were avoidant. This match, of an anxious person with an avoidant person, seems similar to the ‘pursuer-distancer’ couple pattern described by Fogarty in family therapy (cited in Nichols & Schwartz, 1995). It is also interesting to note that in other circumstances it has been found that as partners become more stressed and upset, avoidant individuals actually offer less support (Simpson, Rholes & Nelligan, 1992). This situation may create an environment where violence is more likely to occur from the anxious individual. If they perceive their partner as withdrawing, their attachment fear of abandonment may be particularly triggered. Roberts and Noller also found that anxious attachment was related to a dysfunctional communication style in the couple, involving criticism, making demands and applying pressure to a partner, whom then may resist or withdraw. In turn, the couple’s communication style was related to the occurrence of violence.
Thus, both anxious and avoidant attachment may play a part in the processes leading up to violence, although Roberts and Noller (1998) were careful to point out that attachment is only one factor contributing to couple violence. The research (Dutton et al., 1994; Roberts & Noller, 1998) found that dismissive or avoidant attachment was not directly correlated to anger and violence, but it did play a role indirectly. However, future research with different measures may show that dismissive people can also be angry, but hide it and still sometimes act on it, as was found in Mikulincer’s (1998) studies.

### 3.7 Attachment Style Profiles and Conflict

All of the above conflict aspects have been investigated in relation to attachment styles, although often only three major styles have been measured in the research. These attachment styles are; secure, anxious (preoccupied) and avoidant (dismissive and fearful). The following is an outline of the different attachment profiles with respect to how they manifest and express the conflict factors.

#### 3.7.1 Secure People

Secure people usually problem solve well, to good resolutions (Kobak & Hazan, 1991; Simpson et al., 1996), compared with insecure people. They generally talk openly (Collins & Read, 1990), have high quality conflict discussions, with relatively low stress levels, talk in synchrony with their partner, and constructively resolve or approach resolution of their conflict (Simpson et al., 1996). During the problem solving process they are usually engaged, often warm and supportive, and report they feel even closer to their partner after they have ‘cleared the air’ (Simpson et al., 1996). When secure people display more warmth this invites affiliative responses from others (Bartholomew & Horowitz, 1991), and this is particularly useful in resolving conflict (Capaldi, Forgatch & Crosby, 1994).

Secure people are also more confiding and understanding of their partner than insecure individuals (Feeney, Noller & Callan, 1994). They self-disclose with partners appropriately, while in comparison, anxious people can often inappropriately self-disclose and avoidant people often do not self-disclose (Mikulincer & Nachshon, 1991). Secure individuals trust partners more. Even when there is a violation of trust, which could lead to conflict, they talk to their partners openly and constructively (Mikulincer, 1998). Secure people, and people primed to be more secure, were also found to be less distressed and more empathic (Mikulincer et al., 2001). Empathy would seem to be a necessary element of good problem solving in conflict (e.g.,
acknowledging and looking at everyone’s needs, perspective-taking). These positive conflict attitudes, beliefs, emotions and behaviours appear to reflect secure people’s positive working models of self and others (Bartholomew & Horowitz, 1991).

In addition, the ability to regulate negative emotions means that for secure people such emotions do not become overwhelming, distressing and/or lead to negative behaviour (Mikulincer & Orbach, 1995). These researchers found that secure people report relatively low levels of general anxiety, and only moderate levels of defensiveness. The process of defensiveness is a way of repressing negative affect and memories, but secure individuals do not need it to a high degree. This is because negative memories and experiences do not usually become the source of overwhelming, spreading negative affect, so that for example, anger does not become overt hostility, sadness and/or depression (Mikulincer & Orbach, 1995). Secure individuals apparently do not readily fall into catastrophising and global negativity about themselves, the world, the future or others (Beck, 1967b). This ability may also help explain why they are less prone to becoming chronically negative, anxious and depressed, and why they display less negative emotion and behaviour in conflict (Creasey & Hesson-McInnis, 2001).

Cassidy (1994) also reports that secure individuals are thought to experience and express many emotions without exacerbating problems in conflict for themselves or those around them. Secure people also report less anger, sadness and fear in past and present conflicts with partners. This appears to be linked to their high levels of confidence in themselves that they can control and regulate both their negative emotions and negative behaviour (Creasey & Hesson-McInnis, 2001; Creasey & Ladd, 2004). Their confidence appears justified, as they did seem to control themselves in conflict discussions; they displayed good behaviours and did not show much negativity, such as verbal abuse or anger.

Mikulincer (1998) also found that secure people experienced anger in a functional way, they were able to regulate it and were able to rationally analyze situations. Even when angry they had constructive goals, such as to maintain the relationship, and had an adaptive style expressing their anger in non-hostile ways and problem solving. They even experienced some positive affect as well as anger and expected beneficial outcomes (Mikulincer, 1998). In Mikulincer’s studies secure people were not anger-prone generally and only became angry if another person was clearly being hostile towards them. Mikulincer also asserts that secure people see their own anger as a signal that something is wrong in the relationship that needs
correcting. Their positive self, other and world views (Bartholomew & Horowitz, 1991) appear to lead them to think that the other person is usually not hostile, that they can confront them and the other person will react well to this. In other words, secure people generally experience a healthy, functional pattern of anger and conflict.

3.7.2 Anxious (Preoccupied) People

Anxiously attached people, compared with secure individuals, seem to have a tendency to be more emotional, worried and self-centred, and less skillful and in tune with their partner when in conflict (Simpson et al., 1996). These researchers generally found that ambivalent (preoccupied) partners had low quality conflict discussions, with more stress, anxiety, hurt and upset. Anxious individuals were less in synchrony as they talked with partners, they often did not resolve the conflict, they talked at each other rather than with each other and discussions were not as constructive.

Anxious individuals also engage in ruminative worry after trust violations by their partners, and have a decrease in instrumental actions (Mikulincer & Nachshon, 1991). Thus, they may not enter a constructive problem solving process with their partners even if they know how to do so. In a similar way, Mikulincer and colleagues (1993) found that anxious people exposed to a stressful situation often become quite emotional. They were very aware, and perhaps preoccupied with their own feelings, and then did not instrumentally try to solve their problems. Anxious people can also be less empathic, but more personally distressed, about a friend’s plight (Mikulincer et al., 2001). This distress would seem to put a focus on themselves rather than the other. Low empathy and personal distress do not seem conducive to problem solving and mutual-gain outcomes in conflict.

In addition, anxious people tend to engage in negative communication patterns (e.g., abuse, emotional escalating of conflict), which would seem to work against the possibility of resolving the dispute (Creasey & Hesson-McInnis, 2001). Presumably, reciprocity may then occur, again escalating the conflict (Patterson, 1982). A more recent study by Creasey and Ladd (2004), using attachment groups, found that preoccupied people did problem-solve somewhat. However, they still escalated conflict by ‘losing their temper’, or through the argument becoming ‘heated’. Their communication skills may either be used only briefly or forgotten as negative emotion takes over. As anxious individuals become personally distressed, hurt and worried they appear to become more concerned with themselves. They then became more negative in their actions and communication, and less able to calmly discuss conflict.
to resolution. With their concern for their own attachment security heightened they are less likely to problem-solve successfully, to freely explore their partners’ views, needs and concerns and creatively look for solutions. Like anxious infants, their anxiety seems to prevent them from effectively exploring, but in this case it is their exploration of ways of resolving conflict that is blocked.

In attachment and emotional regulation terms, anxious children may have not had their emotional needs met and have not learnt to soothe themselves. They have also acquired a high accessibility to anger in their working models, probably through repeated early experience of poor caregiving and love-withdrawal (parenting displays of disappointment, rejection, ridicule or coldness) (Magai et al., 2000). Their anxious attachment, characterised by hypervigilance, fears and frustrations, predisposes them to anger when triggered by situational cues, even ambiguous ones (Mikulincer, 1998), such as might occur during normal interactions and during conflict. Thus, anxious people may misread situations or overreact, easily become angry, not be able to control it, and some of their solutions – trying to gain reassurance from partners – actually add to their problems.

As adults, preoccupied people may have a history of pursuing closeness and intimacy, only to be disappointed again and again, partly because of their own emotional problems and partly because of unrealistic expectations that others will make them feel better. Their reports of angry feelings, anxiety and depressed affect (Magai et al., 2000; Mikulincer, 1998) may indicate their chronic disappointment and frustration. Thus, preoccupied people may have more negative emotions than others, and then may have problems regulating them.

Mikulincer and Orbach (1995) found that anxious-ambivalent people have high levels of general anxiety, their negative memories are very accessible and they have low levels of the control process of defensiveness. Thus, their negative emotions spread and proliferate. Fraley and Shaver (1997) also showed that preoccupied people, who tried to suppress thoughts of abandonment, actually increased their accessibility to attachment-related thoughts, worries and emotions.

As well, anger directed both inward and outward to others, as found by Mikulincer (1998), may indicate that these anxious people have experienced shame, an unbearable feeling which tends to lead to aggression and bad behaviour (Tangney, Wagner, et al., 1996). Shame and self-loathing probably also make anxious people vulnerable to being depression-prone.
With high emotions, distress arousal and threats to attachment, as can happen in conflict, anxious people actually seem to have a more negative view of themselves than at other times (Mikulincer, 1994). Under stress, their habitual emotion regulation pattern seems to be to unfetter their emotions, and increase their distress-related cues as they attempt to gain support from their ‘secure-base’, their attachment figure. In other words, when upset they can try to gain reassurance from their partner by ‘upping the ante’, becoming more distressed and trying to provoke responses from their partner. It is almost as if they are saying, “Will you still love me no matter how bad I am?” Ironically, their demanding or angry ways may drive the other person away and then they can become more frustrated and despairingly angry. Anxious people have been found to be very emotionally reactive and verbally abusive when they feel threatened (Dutton et al., 1994). If their partner is avoidant or dismissive, he or she is likely to give very little comfort to their upset partner during conflict, who then feels unsupported and sadder (Dozier, Lomax, Tyrrell & Lee, 2001). Other research by Roberts and Noller (1998) also suggests that if anxious people have avoidant partners who withdraw in conflict, this may cause even more anxiety, fear of abandonment and anger in the anxious partners, who then may use violence in conflict. These findings taken together support the view that preoccupied peoples’ anger proneness and reactivity in conflict are linked to their working models and negative self-views.

3.7.3 Avoidant (Dismissive and Fearful) People

Most studies simply measure people on ‘avoidance’ attachment dimension or use a general ‘avoidant’ group. However, evidence suggests that this avoidant group may include both fearful and dismissing people (Bartholomew & Horowitz, 1991). Thus, this section covers avoidant people but includes studies that have looked at fearful and dismissive attachment. To make matters more complicated, fearful people can be similar to preoccupied people in having anxiety in their attachment, and may be as volatile, or even more so in conflict (Dutton et al., 1994). But fearful people can also be similar to dismissive people as they are also high in avoidance and thus may be disengaged and apparently ‘cool’ towards their partner on other occasions or when under stress.

Simpson and colleagues (1996) found that avoidant people seemed both reactive and detached. Both avoidant men and women reported and appeared less distressed than other groups. However, avoidant men were observed and described as more hostile, sarcastic, arrogant, rejecting and emotionally detached in conflict than more secure
individuals. These avoidant men were also less warm, supportive and understanding towards their partner. Their communication pattern and emotional reactivity appeared to involve not sadness or distress, but rather cool anger and hostility. Whether fearful or dismissive, or ‘hot’ or ‘cold’, however, this group of avoidant men would probably not resolve conflict well. Again, the lack of positive elements, such as engagement and warmth, probably means good communication, problem solving and resolution do not occur, and the negative elements, such as apparent ridicule and rejection, would also impede conflict resolution. Thus, avoidant men were found to have poor quality discussions and did not approach resolution, similar to anxious/ambivalent people. As Simpson and colleagues (1996) point out, the lack of the latter finding for avoidant women may be due to the influence of traditional female sex roles, which encourage expressing warmth and supportiveness (Gilligan, 1982).

Avoidant women may act supportive in conflict, but they may also not trust their partners. Both avoidant women and men, with their negative views of others, have a low sense of trust in others and, because of this, seem to have the goal of attaining control in relationships (Mikulincer, 1998), rather than sharing control. They distance themselves from partners after trust violations and this disengagement is not conducive to resolving conflict well. They also show low empathy and low personal distress at another’s plight (Mikulincer et al., 2001), factors also not conducive to good problem solving.

Avoidant people (fearful and dismissive individuals) in the Creasey and Hesson-McInnis (2001) study, used fewer positive tactics and also used some escalating, negative and withdrawal tactics. Later research (Creasey & Ladd, 2004), which separated out people into five categories of attachment, showed that dismissive individuals self-reported low levels of conflict escalation, but actually displayed negative conflict behaviours. They had poor conflict management; they were not highly emotional and did not ‘explode’ with anger or sadness, but rather displayed contempt, belligerence, stonewalling, and defensiveness. These behaviours are very similar to that of the avoidant men in the Simpson et al. (1996) study who were arrogant, hostile and sarcastic.

As Creasey and Ladd (2004) point out, these negative behaviours communicate disregard for their partners, reflecting their negative view of others, and deflection of any responsibility, which might explain their lack of problem solving. These authors also state that avoidant people’s confidence in managing themselves wanes when asked to think about how to end arguments or prevent escalation. This
again indicates only superficial emotional regulation is present, which may falter under pressure. The authors believe that dismissive people do not connect their negative behaviour with their negative emotions, which are suppressed or unacknowledged. In other words, in conflict they can say, “I’m not angry!” but still speak and act aggressively. They may also withdraw and do not recognise the negativity of this behaviour. Dismissive people appear to have a lack of authenticity and congruence with respect to experiencing, regulating and expressing their emotions.

Dismissive people may also be vulnerable with their incorrect beliefs of self-control and their cold manner. They can alienate others, escalate conflict and probably lose the support of others. Presumably they do not use coping methods or problem solving to resolve situations or distress partly because they do not believe there is a problem. But avoidant and dismissive individuals’ physiology, facial expressions and worry patterns (Magai et al., 2000; Mikulincer, 1998) indicate they do feel negativity, which is not dealt with adequately.

Unresolved/insecure people in the Creasey and Ladd (2004) study, who are likely to have a fearful attachment style, behaved even more badly in conflict than those with a dismissive style, and they were also highly emotional. Fearful people may initially be detached and ‘merely’ sarcastic or stonewalling in conflict, but when discussing major problems, or as the conflict and stress continues, their negative emotions appear to rise. They then may begin to act more like anxious/preoccupied people, as Mikulincer (1998) noticed with his avoidant group under increasing stress. These fearful people, if they cannot continue to detach themselves, may ‘explode’ with hurt, anger and very poor communication behaviours, as their attachment anxiety overrides their avoidance tendencies. With an additional lack of positive communication elements, trust and empathy (Mikulincer et al., 2001; Mikulincer, 1998) this group is unlikely to resolve major, stressful conflict well.

Research that splits the avoidant group into fearful and dismissive people gives clearer results, both with respect to their outcomes and their family backgrounds. Dismissive people report idealised relationships with parents (Dozier & Kobak, 1992) and do not seem to remember negative parenting, but are likely to have had relatively remote, cold, undemonstrative, critical and disapproving parents (Magai et al., 2000). Fearful people are likely to have had harsh parenting involving both
physical punishment and love withdrawal (Magai et. al., 2000), which explains why they can feel and act like preoccupied people on occasion.

The conflict processes of avoidant individuals are presumably linked to their generally negative attachment view of self and/or others (Bartholomew & Horowitz, 1991). Poor conflict communication, problem solving and lack of resolution appear to come from at least two pathways. That is, through the anxious dimension of attachment which heightens emotionality and distress during conflict, and through the avoidant dimension, with its coldness, rejection and lack of warmth and supportiveness. It appears that a negative, untrusting view of others predominately leads to bad behaviour towards others, such as stonewalling, rejecting and belligerence. But coupling this with a negative view of self (low self-esteem and self-blaming) can lead to both bad behaviour, and high overt upset and/or anger emotions in conflict.

3.8 Conclusion

The research on couples, conflict and attachment is extensive and is useful for generating and clarifying themes for inclusion in the present study. However, this study is on healthy and harmful parent-adolescent conflict and anger from an attachment perspective. What few studies there are available are reviewed in the next chapter, with respect to the identified conflict themes above. Both these studies and the research on couples have contributed to the formation of hypotheses, which concludes the next chapter.
CHAPTER 4: PARENT-ADOLESCENT CONFLICT AND ATTACHMENT

4.1 Introduction

Parent-adolescent conflict research has begun to include attachment concepts and measures. However, many investigations have been very superficial as the link between attachment and conflict was not the main focus of the studies. In addition, in parent-adolescent research, the many elements of interpersonal conflict, such as conflict styles, communication patterns, emotional regulation, anger and violence, have not been as highly or comprehensively delineated, as in couple conflict research. In some studies with adolescents, the parent-adolescent relationship and this attachment, is used as an outcome variable. This is contrary to mainstream attachment research and theory which usually considers attachment as an independent variable preceding other measures (e.g., Bartholomew & Horowitz, 1991; Crittenden, 1992, 1993). However, the parent-adolescent studies, which have included attachment, can still shed some light on elements of family conflict.

4.2 Attachment and Parent-Adolescent Conflict - Problem Solving, Beliefs and Emotions

One study measured family conflict incidentally, while being focused on attachment (measured by a parental social support scale), and academic achievement in late adolescence (Cutrona, Cole, Colangelo, Assouline & Russell, 1994). The adolescents’ perceptions of parental support (part of secure attachment) were negatively correlated with reported levels of family conflict. This suggests that, as with couples, secure attachment is linked to lower conflict.

Similarly in another study, the prime focus was to investigate attachment and depressive symptomology in adolescents, but problem solving actions were also coded in a conflict discussion between mothers and adolescents (Kobak, Sudler & Gamble, 1991). As a relationship and attachment measure the researchers used a Q-sort assessment method on transcripts of subjects’ Adult Attachment Interview (AAI) strategies to produce two attachment dimensions. These were a security/anxiety dimension and a repression/preoccupied dimension (despite the name this latter dimension appears to involve avoidance and deactivation strategies). It was reported rather briefly that adolescents’ problem solving ‘co-varied’ with their attachment strategies, both of which the authors considered as measures of the ‘attachment security’
of the mother-teen relationship. Thus, the specific associations between attachment and problem solving were unclear. However, adolescents with insecure attachment were reported as more depressed. Adolescent depressive symptoms, in turn, were associated with a lack of support and validation in the discussions and male teens’ dysfunctional anger (contempt, frustration, withdrawal, raised voice and criticism). Depression was also linked to some avoidance of problem solving and maternal dominance in discussions. Thus, this study demonstrated at least an indirect link between attachment and conflict resolution behaviour but did not investigate it further due to its focus on depression symptomology. In addition, as can be seen from these authors’ definition of ‘dysfunctional anger’, this variable contains a ‘mixed bag’ of actions, some of which may be characteristic of dismissive people (e.g., contempt) and some of which may be characteristic of preoccupied or fearful people (e.g., raised voice). Thus, different attachment patterns of conflict and types of anger were not clarified.

More comprehensive research by Kobak, Cole, Ferenz-Gillies and Fleming (1993) explicitly focused on processes linked to conflict and examined attachment, emotion regulation and problem solving. The researchers again used two dimensions, security/anxiety and deactivation/hyperactivation (avoidance), and from these formed three ‘prototypes’ of attachment. Their general avoidant category, which they termed ‘dismissing’, may well be made up of adolescents with both dismissive and fearful attachment styles. As they themselves report, when comparing their Q-sort dimensional groups to AAI categories there was considerable overlap between their ‘dismissing’ and ‘preoccupied’ groups, indicating that those with a fearful style may have been included in this general avoidant category of ‘dismissing’. However, they did find evidence of a link between late adolescents’ secure attachment and less dysfunctional anger, less avoidance of problem solving, and a balance of mother and teenager assertiveness during mother-teen problem discussions. Kobak and colleagues interpreted this as secure adolescents using emotional regulation and expressing their anger in functional ways (e.g., with assertive problem solving). This also allows these teenagers to gain autonomy while maintaining or restoring, rather than disrupting, the attachment relationship. This process is similar to Mikulincer’s (1998) description of functional anger for adults.

Kobak and colleagues’ (1993) results also showed that female and male teenagers with deactivating strategies (avoidant attachment) differed in their discussions. These avoidant females had mothers who were much more assertive than
their daughters were during discussions (maternal dominance with teens not engaged). The avoidant male teenagers and their mothers both exhibited more dysfunctional anger during their discussions. As the authors pointed out, this latter finding was inconsistent with deactivation tendencies, unless it served to distance the teenager from his mother. However, they could not ascertain this based on their anger measure, which again, as in Kobak and colleagues 1991 study, included many different elements of anger.

The emotion of anger is obviously important to conflict. However, positive emotions also have their impact during conflict. Longitudinal research with families has linked anger and displays of affection to problem solving (Capaldi, Forgatch & Crosby, 1994). In this research families with adolescent boys were rated on their affective expression and problem solving during conflict discussions. The impact of the family process variables was then examined in relation to the quality of the parent-adolescent relationship (partly measured by an attachment instrument), and in relation to the boys’ self esteem. Hostility (anger and contempt) in mothers, fathers and sons was found to be correlated with poor problem solving, poorer parent-adolescent relationships (attachment) and low self-esteem. Neutral affect or affiliative affect, involving humor and affection, were generally associated with good problem solving, better parent-adolescent relationships and higher self esteem in the boys. The importance of positive emotions during conflict was highlighted. In addition, a clear link was established empirically between anger and poor problem solving, with this pattern associated with poorer parent-adolescent relationships.

Capaldi et al. (1994) did not attempt to explain why some families experience more anger in conflict than others do, or distinguish the patterns between the different attachment groups. They implied simply that anger decreases problem solving which affects the parent-adolescent relationship and the boys’ self-esteem. Alternatively, however, it may be the quality of the relationships, which leads to proneness to anger and poor problem solving. It is even conceivable, but perhaps less likely, that poor problem solving leads to anger. These authors do not present a theoretical or empirical argument for hostility alone being the determinant of poor problem solving.

From an attachment perspective, it is the parent-adolescent relationship that encapsulates and influences certain emotions and conflict behaviour. Indeed, these researchers even used an attachment instrument (from Armsden & Greenberg, 1987) to measure the quality of parent-adolescent relationship. By simply using quality of
the parent-adolescent relationship as an outcome variable they are ignoring much research and theory which indicates that attachment style may predict, incorporate and lead to such outcomes as anger, problem solving and self-esteem. If their results are reassessed from this theoretical slant then they have really shown strong support for the link between attachment, anger and poor problem solving in family conflict. This alternative linkage may become of crucial importance in understanding harmful conflict and formulating interventions to prevent its distressing outcomes.

The links among attachment, anger, adjustment and distress in adolescents are also strongly supported by the work of Cooper, Shaver and Collins (1998). Using a large sample (1,989) of black and white adolescents they found that secure adolescents were the best-adjusted group, with superior functioning and better emotional regulation. Anxious-ambivalent (preoccupied) adolescents were the worst adjusted group, with high psychological symptom levels and the highest level of risky or problematic behaviours. Avoidant adolescents (dismissive adolescents were not distinguished from fearful adolescents) also had high symptomatology but were less hostile and depressed, did better academically, were less socially competent and less involved in risky behaviour. They also found that hostility (incorporating anger), for anxious adolescents in particular, was “the single most robust intervening variable” between emotion regulation, and adolescent adjustment and risky behaviour (p. 1392).

Cooper and colleagues (1998) interpreted their findings as indicating that anxious adolescents may engage in problematic behaviours (such as drug use, delinquency and promiscuous sex) as a coping mechanism for their high levels of negative affect (e.g., anger, hostility and depression) that they experienced in response to stressful situations. In contrast, it was surmised that secure adolescents experienced less negative affect in response to life stress and both acknowledged and regulated (managed and minimised) their negative emotions more effectively by using more adaptive coping mechanisms than did other adolescents. Avoidant adolescents were distressed, but presumably lacked the social skills to engage with others in risky behaviours, so were similar to secure adolescents in their low rates of these behaviours. However, the fearful adolescents of this group, who were not distinguished in this study, might be at more risk than are the dismissive adolescents. Fearful adolescents may withdraw from social contact and supports, but can also ‘lose it’ and become angry and hostile when under stress, like their adult counterparts (Creasey & Ladd, 2004; Dutton et al. 1994).
4.3 Critique of Attachment Couple and Parent-Adolescent Conflict Research

Both couple and parent-adolescent conflict research indicate that there are important themes or elements worth investigating with respect to interpersonal conflict. In addition, compared with parents and infants, and couples, attachment research with adolescents is somewhat lacking. Yet the relevant conflict elements probably differ among the adolescent attachment groups, with some patterns of attachment, conflict and anger being healthier than others.

With respect to methodology, all of the studies offer ways by which to measure attachment, from observation and interviews to questionnaires. Self-report questionnaires have proved valid and reliable and the use of four attachment styles may clear up some discrepant results. With respect to relevant variables, many elements have been related to conflict. Attachment related communication skills, strategies, behaviours, and problem solving are often features of the research. Measuring how conflict ends or is expected to end could also be a valuable addition to the research. Emotion regulation is of notable relevance to conflict, as are the negative emotions, particularly anger and anger-proneness, shame and depression-proneness. In addition, one gap in some research worthy of remedy is measuring not only conflict levels but also violence and abuse in conflict.

There may be at least three pathways to experiencing dysfunctional anger or having maladaptive anger responses worth investigating. One is through experiencing anger strongly and not being able to regulate it and/or acting on anger (Creasey & Hesson-McInnis, 2001). People with a negative self-view in their attachment working models may be particularly prone to this. Another, similar, pathway may be through the experience of shame, and people whose self-view is also negative may be particularly prone to this feeling, which is linked to anger (Tangney et. al., 1996). The other pathway is through attributional hostile biases towards others and having only partial control of negative emotions and behaviours (Mikulincer, 1998). People who negatively view others in their attachment working models may be particularly prone to feeling dysfunctional anger towards others.

In summary, research findings can be understood in terms of individuals’ working models. Secure people, with positive views of self and others, probably have not experienced highly destructive conflict in their family of origin and are not anger-prone or depression prone, but they can still experience functional, constructive anger in conflict. Secure people may have few tendencies to feel anxious and avoidant, even
when under stress. This appears markedly in how they interact in conflict - they seem to display confidence in themselves and others to be able to work things out and end up feeling even closer, having ‘cleared the air’. With low anxiety, fears, anger and hostility they are free to problem-solve, listen and creatively look for solutions. With low avoidance, being comfortable with intimacy and trusting other family members, secure people are also able to talk openly, self-disclose and confront (relatively gently) their family with problems that need resolution. Presumably, secure people experience the least amount of destructive, dysfunctional anger.

Those people with congruent views of self and others (e.g. negative self/positive other [preoccupied] and positive self/negative other [dismissive]) may sometimes experience dysfunctional anger depending on their emotional regulation abilities, their social competencies, their stress levels and on the nature of the situation they are in. That is, perhaps either shame has been induced or an attributional bias has been activated by cues in the situation. Preoccupied people seem more likely to become overly emotional and resort to destructive tactics, perhaps seeking more security. Dismissive people may suppress emotions or avoid conflict but may also be cold and contemptuous to family members, perhaps in order to gain control. Fearful people, who have a negative view of both themselves and others, may suppress emotions and/or explode and have the most dysfunctional anger and may be violent, perhaps looking for both security and control.

4.4 The Current Study - Measures and Hypotheses

The current study aims to investigate healthy and harmful attachment, anger and conflict. It is proposed that secure attachment, regulated anger with relatively low hostility and/or low shame, and conflict that involves problem solving and ends well, are all healthy factors for adolescents. Insecure attachment, dysfunctional anger and badly resolved or high rates of conflict can be considered harmful for adolescents.

First, this study seeks to clearly distinguish four styles of adolescent attachment so as to understand parent-adolescent conflict from this specific framework. Underlying attachment styles, there appear to be two basic dimensions, anxiety and avoidance, measurable by many different multi-item scales. In the current study, these dimensions are used to form four empirically derived attachment styles. Different aspects of anger and conflict can then be related to each of the four attachment styles. General anger proneness and depression proneness is also measured as both have been related to attachment and conflict, and they imply a lack
of emotional regulation abilities. Parent-adolescent conflict and violence are measured and analytically separated into different types of conflict.

In the current study, adolescents are asked to respond to family conflict vignettes, two involving rejecting parents and two involving intrusive parents, so as to ascertain if there are any different effects found for these different situational cues. The adolescents’ vignette responses measure specific variables; their expected experience of negative and positive emotions (including anger, sadness, hostility, closeness, shame and guilt), their choice of four main conflict strategies (including problem solving), their expected conflict endings (good, bad, angry or violent) and their post-conflict coping or risk-taking behaviour. The expectations and hypotheses for each of the four adolescent attachment styles and the two genders are as follows.

4.4.1 Secure Adolescents

Secure adolescents are expected to have the lowest levels of family conflict, anger proneness and depression proneness. They are also expected to endorse a functional anger-conflict pattern involving moderate levels of anger and sadness, high levels of beneficial emotions (e.g., closeness and guilt) and problem solving, with low contending and avoiding. They are expected to have high levels of good conflict endings and low levels of angry and violent endings, relatively low to moderate levels of risk-taking behaviour and moderate to high levels of coping with both friends and activities.

4.4.2 Preoccupied Adolescents

Preoccupied adolescents are expected to have relatively high levels of family conflict, anger proneness and depression proneness. They are expected to report ‘hot’ and angry family conflict. They are expected to endorse a dysfunctional anger-conflict pattern involving high levels of negative emotions, anger, hostility, shame and sadness and low levels of positive emotions. In conflict they will endorse higher levels of contending, low to moderate levels of problem solving, with some conceding. They will have low levels of good conflict endings and high levels of angry endings with moderate levels of violent endings. They will be highly dependent on friends to cope and on activities after conflict and report relatively high levels of risk-taking behaviours.

4.4.3 Fearful Adolescents

Fearful adolescents are expected to be similar to preoccupied adolescents by endorsing a dysfunctional anger-conflict pattern, but with even more extreme levels of the negative behavioural and emotional measures. Particularly, they are expected to report ‘cold’, ‘hot’ (angry) and violent types of family conflict. They may contend in
conflict, with low problem solving and some avoidance. The reported endings to their conflicts are also expected to include the most violence, with a lack of good endings. They are expected to use activities to cope after conflict, with less reliance on friends. They may engage in risk-taking behaviour after conflict, such as drug or alcohol use.

4.4.4 Dismissive Adolescents

Dismissive adolescents are more difficult to predict due to mixed findings in past studies. However, they are expected to report moderate to high levels of ‘cold’, alienating family conflict, and low levels of anger proneness and depression proneness. They are expected to endorse a subtle, but still dysfunctional pattern of anger-conflict, with possibly dissociated anger (not self reported but shows up in negative conflict actions). They will not self-report negative emotions, except perhaps for hostility. They will have low levels of positive emotions, problem solving and conceding and they may have moderate levels of contending and avoiding. It is expected they will have low levels of good endings with moderate levels of angry or violent endings. Dismissive adolescents are expected to report low levels of coping with friends, moderate levels of coping with activities and low risk-taking behaviours post conflict.

4.4.5 Gender Differences

Not all gender differences or attachment group/gender interactions are easily predictable. However, a few appear clear from previous research. It is expected that female adolescents will report more depression and specific distress than the males. Whereas, boys may report more general and specific anger than girls may. Girls may also report that they would seek out friends more than boys would after conflict.
CHAPTER 5: METHOD

5.1 Overview

The study used a self-report questionnaire methodology to survey adolescents on a number of variables associated with attachment and conflict. This chapter describes the participants, the procedures for collection of the data and the measures used to assess the major constructs. How measures were adapted or formed is also outlined. The variables fall into two broad categories. First described are the more general variables, which include adolescent attachment, general negative affect (anger-proneness and depression-proneness), and reported rates of family conflict and abuse.

Next, the more specific variables are described. These were the specific responses to hypothetical conflict vignettes presented to the study participants. For a more complete picture of adolescents and conflict, variables were sought that could capture likely specific conflict processes that may occur within or just after a family disagreement. The conflict vignettes, which were used to elicit these specific responses, are presented. The full questionnaire booklet with all scales and items is in Appendix A.

5.2 Participants

The participants were 214 adolescents: 78 males and 136 females. They were all Year 9 and Year 10 students from three parochial (regional) Catholic Secondary Colleges (two boys’ schools and one girls’ school) in metropolitan Melbourne. The students came from working-class to middle-class families, according to the deputy principals or year co-ordinators involved in the study. Australian Bureau of Statistics (ABS, 2001) data indicate that the suburbs surrounding each school were in the lower to middle range of socio-economic status. All participants were volunteers, who had their parents’ permission to be part of the study.

Participation was dependant on the return of consent forms signed by both the student and one parent and the student being present on the day of testing. Consent forms were given out to every student in selected classes. This latter selection was based purely on convenience for testing times for each school, not on any particular composition of the classes. Participation rates varied from 95% for the year nine girls, 69% for the year ten girls and between 60% and 70% for the students from the boys’ schools. Discussion with school staff indicated that return rates were influenced by
how diligent students were in returning forms, how much teachers reminded students, absences, and possible objection or lack of interest from students or parents. School staff reported that no parent or student had actually indicated to them that they had concerns and did not want to be involved in the study. However, some non-returns may have implied this.

The participants were in middle adolescence and ranged in age from 13.4 years to 16.4 years (mean age 14.9 years) with 95% aged 14 or 15. Information on family composition and ethnicity was sought. All participants lived at home with at least one parent; 85% lived with both parents, 8.4% lived with their mother, 1.9% lived with their father and 4.7% lived with their mother and a stepfather. They reported their mothers’ ethnic background as Anglo-Celtic (54.2%), Italian (22%), Chinese (3.3%), Greek (2.3%) and Vietnamese (1.4%). The remainder were categorised as “Other” with two missing cases. The participants reported their fathers’ ethnic background as Anglo-Celtic (49.5%), Italian (22.9%), Chinese (4.2%), Greek (3.3%) and Vietnamese (1.4%). The remainder were categorised as “Other”, with four missing cases. These figures imply that almost one half of the participants came from families where at least one parent was from a non-English speaking background, one or more generations back. Most participants (92.5%) reported never having attended family mediation or counselling with 7% reporting they had done so.

5.3 Measures

The measures included two broad categories. The general variables were adolescent attachment, parent-adolescent conflict and abuse, anger-proneness and depression proneness. The specific variables measured conflict processes, which may occur within and just after a family disagreement. These were conflict emotions, strategies, endings, coping behaviours and risky behaviours.

5.4 General Variables

5.4.1 Attachment

Attachment dimensions of anxiety and avoidance were measured and then refined to create attachment style groups. The dimensions were measured using a slightly modified version of the Multi-Item Measure of Adult Romantic Attachment (Brennan, Clark & Shaver, 1998). This questionnaire consists of two scales measuring Anxiety attachment and Avoidance attachment dimensions. The Anxiety attachment dimension is characterised by a preoccupation with relationships, fears of rejection and abandonment, jealousy, worry and anxiety. The Avoidance dimension involves
avoidance of intimacy, discomfort with closeness, self-reliance and dismissing of the need for close emotional relationships.

Brennan et al. (1998) developed the attachment measure from a large pool of items (482 reduced down to 323 by deleting redundant items) gleaned from the literature and other research instruments on adolescent and adult attachment. Some of these items were reworded to be about romantic relationships rather than all close relationships. The researchers constructed and computed sixty sub-scales from the item pool. The sub-scales were then factor analysed to give two independent factors that corresponded to Avoidance and Anxiety dimensions. For each dimension the 18 items with the highest factor loadings were retained to give two internally consistent scales. Brennan et al. found that the Anxiety scale obtained a Cronbach’s alpha of .91 and the Avoidance scale had an alpha of .94, demonstrating a high internal consistency for each scale.

In the present study, the attachment measure was adapted for use with adolescents by asking them to answer items in relation to their close relationships in general, not just for romantic partners. Thus, items such as “I worry a fair amount about losing my partner” and “I prefer not to show a partner how I feel deep down.” were changed to “I worry a fair amount about losing others” and “I prefer not to show another person how I feel deep down”.

Participants were instructed to rate each item statement on how much they agreed with it from 1 “Not at all agree” to 9 “Totally disagree”. The instructions stated that the “statements concern how you feel in relationships with the people you are closest to – friends, boyfriend/girlfriend or others”. The category of ‘Parents’ was not included in this instruction to demonstrate that attachment styles, originally gained from interactions with parents, generalise to become templates of relationships with all close others. It also improves the study’s validity to show that a measure not directly emphasising views about parents was still associated with adolescents’ reactions and expectations about parents. Participants’ scores were computed by summing their item scores and computing an average score for each dimension. Thus, the possible score range for each dimension was from 1 to 9, with higher scores representing higher anxiety or avoidance.

5.4.2 Formation of the Attachment Dimensions

The goal of measuring attachment dimensions was to establish if two clear factors emerged in the present study, which matched the anxiety and avoidance
dimensions found in previous research. These underlying attachment dimensions were also required to form the four attachment style groups.

All items in the modified Multi-Item Measure of Adult Romantic Attachment scale (Brennan et al., 1998) were factor analysed to confirm the underlying two-dimensional structure of the set of items. This was necessary as the attachment scale had been developed using American adults, whereas the current study involved younger Australian adolescents. As well, the wording had been changed to refer to ‘close others’ rather than romantic partners.

The 36 items of the attachment scale were subjected to principal components analysis (PCA). Prior to this, correlations among the items showed coefficients over 0.3, thus indicating the suitability of factor analysis. As well, the Kaiser-Meyer-Oklin value was .83, exceeding the recommended value of .6 (see Tabachnick & Fidell, 1996). The Bartlett’s Test of Sphericity (see Tabachnick & Fidell, 1996) reached statistical significance ($p<.001$), also indicating the factorability of the correlation matrix.

Nine components (factors) with eigenvalues over one were found which explained 63% of the variance. The first two components explained 23 and 13 percent of the variance. The scree plot revealed a clear break after the second component. Thus, using a scree test (Catell, 1966 cited in Tabachnick & Fidell, 1996) two components were retained for further investigation.

Orthogonal (Varimax) and oblique (Direct Oblimin) rotation approaches were performed, as it was not clear if the factors would be correlated or not. In their initial work Brennan and colleagues (1998) found the factors to be correlated, but only at .11. Both solutions were found to be very similar. In terms of item content, the same items loaded on the same components indicating the robustness of the solution. The presence of simple structure (Tabachnick & Fidell, 1996) was revealed. Both components showed moderate to strong loadings, with almost all items loading substantially on only one component – see Table 1. Only one item loaded on both components and one item loaded on neither, when only loadings greater than .3 were displayed.
Table 1

*Factor Loadings of the Attachment Items with Two Higher-Order Factors*

<table>
<thead>
<tr>
<th>Attachment Item</th>
<th>Component 1</th>
<th>Component 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Att18</td>
<td>.75</td>
<td></td>
</tr>
<tr>
<td>Att8</td>
<td>.71</td>
<td></td>
</tr>
<tr>
<td>Att6</td>
<td>.70</td>
<td></td>
</tr>
<tr>
<td>Att26</td>
<td>.67</td>
<td></td>
</tr>
<tr>
<td>Att4</td>
<td>.66</td>
<td></td>
</tr>
<tr>
<td>Att28</td>
<td>.64</td>
<td></td>
</tr>
<tr>
<td>Att10</td>
<td>.63</td>
<td></td>
</tr>
<tr>
<td>Att32</td>
<td>.60</td>
<td></td>
</tr>
<tr>
<td>Att20</td>
<td>.59</td>
<td></td>
</tr>
<tr>
<td>Att24</td>
<td>.58</td>
<td></td>
</tr>
<tr>
<td>Att16</td>
<td>.55</td>
<td></td>
</tr>
<tr>
<td>Att30</td>
<td>.54</td>
<td></td>
</tr>
<tr>
<td>Att36</td>
<td>.54</td>
<td></td>
</tr>
<tr>
<td>Att12</td>
<td>.54</td>
<td></td>
</tr>
<tr>
<td>Att11</td>
<td>.52</td>
<td></td>
</tr>
<tr>
<td>Att14</td>
<td>.52</td>
<td></td>
</tr>
<tr>
<td>Att21</td>
<td>.50</td>
<td></td>
</tr>
<tr>
<td>Att2</td>
<td>.47</td>
<td></td>
</tr>
<tr>
<td>Att34</td>
<td>.46</td>
<td></td>
</tr>
<tr>
<td>Att5</td>
<td>.45</td>
<td></td>
</tr>
<tr>
<td>Att13</td>
<td>.42</td>
<td></td>
</tr>
<tr>
<td>Att17</td>
<td>.35</td>
<td>.34</td>
</tr>
<tr>
<td>Att27</td>
<td>.70</td>
<td></td>
</tr>
<tr>
<td>Att33</td>
<td>.68</td>
<td></td>
</tr>
<tr>
<td>Att31</td>
<td>.68</td>
<td></td>
</tr>
<tr>
<td>Att25</td>
<td>-.30</td>
<td>.67</td>
</tr>
<tr>
<td>Att35</td>
<td>.66</td>
<td></td>
</tr>
<tr>
<td>Att3</td>
<td>.64</td>
<td></td>
</tr>
<tr>
<td>Att15</td>
<td>.60</td>
<td></td>
</tr>
<tr>
<td>Att9</td>
<td>.50</td>
<td></td>
</tr>
<tr>
<td>Att29</td>
<td>.49</td>
<td></td>
</tr>
<tr>
<td>Att23</td>
<td>.45</td>
<td></td>
</tr>
<tr>
<td>Att1</td>
<td>.41</td>
<td></td>
</tr>
<tr>
<td>Att19</td>
<td>.41</td>
<td></td>
</tr>
<tr>
<td>Att22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note.* Loadings lower than .30 were omitted.


a. Rotation converged in 3 iterations.
When the Varimax solution was performed again, without the item that did not load on either component (‘I do not often worry about being abandoned’), the two-factor solution explained a total of 36% of the variance. Component one contributed 22% and Component two contributed 13% to the total variance.

The two components were only partially consistent with those of the Brennan et al. (1998) attachment scales. Component one consisted of 22 items (17 Anxiety & 5 Avoidance items). Component two consisted of only 12 items, but they were all Avoidance items. The item that loaded on both components (‘I try to avoid getting too close to another person.’) was left out of further analyses.

For reasons of clarity and discriminating power, it was decided to retain only those items that loaded highly on a factor and which also corresponded to the equivalent item in the Brennan et al. (1998) scales. Thus, the 17 items of Component one that corresponded to the anxiety items were used to form an Anxiety dimension for this study. Component two (with 12 Avoidance items) was kept as it was, and named the Avoidance dimension. Reliability of both scales was high with Cronbach’s alpha for the Anxiety scale being .83 and for the Avoidance scale being .90. The two scales had a negative correlation (-.18). A list of the retained items is in Table 2.

5.4.3 Formation of Attachment Style Groups

In order to form distinctive attachment style groups as defined by previous research (Bartholomew & Horowitz, 1991) individuals were grouped according to their scores on both the modified Anxiety and Avoidance attachment dimensions. A Quick Cluster analysis was performed since it is the recommended procedure for data sets of over 200 subjects (Frances, 2001). The Quick Cluster analysis is also considered to provide robust solutions (Hair, Anderson, Tatham & Black, 1995). An examination of the four-cluster scatter plot indicated four groups matching the pattern of the four attachment styles reported in the literature (Bartholomew & Horowitz, 1991). The groups were, secure (low on both anxiety and avoidance), dismissive (high on avoidance and low on anxiety), preoccupied (high on anxiety and low on avoidance), and fearful (high on both anxiety and avoidance).
<table>
<thead>
<tr>
<th>Table 2</th>
<th>Retained Attachment Items</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attachment Dimensions</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ANXIETY</strong></td>
<td></td>
</tr>
<tr>
<td>Att2.</td>
<td>I worry about being abandoned.</td>
</tr>
<tr>
<td>Att4.</td>
<td>I worry a lot about my relationships.</td>
</tr>
<tr>
<td>Att6.</td>
<td>I worry that others won’t care about me as much as I care about them.</td>
</tr>
<tr>
<td>Att8.</td>
<td>I worry a fair amount about losing others.</td>
</tr>
<tr>
<td>Att10.</td>
<td>I often wish that others’ feelings for me were as strong as my feelings for them.</td>
</tr>
<tr>
<td>Att12.</td>
<td>I often want to merge completely with others, and this sometimes scares them away.</td>
</tr>
<tr>
<td>Att16.</td>
<td>My desire to be very close sometimes scares people away.</td>
</tr>
<tr>
<td>Att18.</td>
<td>I need a lot of reassurance that I am loved by others.</td>
</tr>
<tr>
<td>Att20.</td>
<td>Sometimes I feel that I force others to show more feeling, more commitment.</td>
</tr>
<tr>
<td>Att24.</td>
<td>If I can’t get another person to show interest in me, I get upset or angry.</td>
</tr>
<tr>
<td>Att26.</td>
<td>I find that others don’t want to get as close as I would like.</td>
</tr>
<tr>
<td>Att28.</td>
<td>When I’m not involved in a relationship with another person, I feel somewhat anxious and insecure.</td>
</tr>
<tr>
<td>Att30.</td>
<td>I get frustrated when another person is not around as much as I would like.</td>
</tr>
<tr>
<td>Att32.</td>
<td>I get frustrated if another person not available when I need them.</td>
</tr>
<tr>
<td>Att34.</td>
<td>When others disapprove of me, I feel really bad about myself. I resent it when another person spends time away from me.</td>
</tr>
<tr>
<td><strong>AVOIDANCE</strong></td>
<td></td>
</tr>
<tr>
<td>Att1.</td>
<td>I prefer not to show another person how I feel deep down.</td>
</tr>
<tr>
<td>Att3.</td>
<td>I am very comfortable being close to others. (R)</td>
</tr>
<tr>
<td>Att9.</td>
<td>I don’t feel comfortable opening up to another person.</td>
</tr>
<tr>
<td>Att15.</td>
<td>I feel comfortable sharing my private thoughts and feelings with another person. (R)</td>
</tr>
<tr>
<td>Att19.</td>
<td>I find it relatively easy to get close to another person. (R)</td>
</tr>
<tr>
<td>Att23.</td>
<td>I prefer not to be too close to others.</td>
</tr>
<tr>
<td>Att25.</td>
<td>I tell another person just about everything. (R)</td>
</tr>
<tr>
<td>Att27.</td>
<td>I usually discuss my problems and concerns with another person. (R)</td>
</tr>
<tr>
<td>Att29.</td>
<td>I feel comfortable depending on others. (R)</td>
</tr>
<tr>
<td>Att31.</td>
<td>I don’t mind asking others for comfort, advice and help. (R)</td>
</tr>
<tr>
<td>Att33.</td>
<td>It helps to turn to another person in time of need. (R)</td>
</tr>
<tr>
<td>Att35.</td>
<td>I turn to another person for many things, including comfort and reassurance(R)</td>
</tr>
<tr>
<td><strong>Note:</strong> (R) denotes item was reversed for scoring.</td>
<td></td>
</tr>
</tbody>
</table>

In order to test the robustness of the Quick Cluster groups and further explore the data, individuals were also grouped by a hierarchical method (Tabachnick & Fidell, 1996). Squared Euclidean distance was used to obtain three, four, five or six clusters. Scatter plots and dendograms were examined for all of these solutions.

The four-cluster solution did not correspond particularly well to the groups as defined in research and theory (Bartholomew & Horowitz, 1991). The dendogram for
the six-cluster solution produced groups that corresponded more closely to the four attachment style groups. However, two of the groups were very small in size and their scores were not very dissimilar to two of the larger groups. When these small groups were collapsed and combined with the larger groups the dendogram allowed a grouping of participants into four attachment styles. These groups were similar to the Bartholomew and Horowitz (1991) descriptions of secure, dismissive, preoccupied and fearful (i.e., high and low combinations of the participants’ dimensional scores).

Evidence of the cross-method stability (Borgen & Barnett, 1987) of the Quick Cluster analysis groups was found by comparing them to the four groups formed from the dendogram. Respondents were allocated into the same group in 92.1% of cases. Thus, the original Quick Cluster groups were retained for further analyses due to their robustness and their vindication by a test of their cross-method stability.

5.4.4 Family Conflict and Abuse

Conflict was measured using the Conflict Behaviour Questionnaire – 20 (CBQ-20; Robin & Foster, 1989). The adolescent version (short form CBQ-20) is a measure of perceived communication difficulties and conflict with parents, from the adolescents’ perspective. It has been found to discriminate successfully between distressed and non-distressed families, with high internal consistencies of .90 and above reported (Robin & Foster, 1989). The CBQ-20 consists of 20 items that respondents are asked to read and rate as ‘mostly true’ or ‘mostly false’ for the last three weeks. Thus, it is a retrospective self-report measure of both negative and positive interactions (with positive items reverse scored).

The CBA-20 was adapted for this study in several ways. The stated time period of interest was changed from three weeks to two months to be consistent with other instruments in the booklet. In addition, the words ‘mother’ or ‘father’ were replaced by the word ‘parents’, as it was the overall relationship with parents that was the focus of this study. Instead of rating each statement as mostly true or false the respondents in this thesis were asked to rate each statement on a scale from 1 “Not at all true” to 9 “Totally true”. This was also done to reflect consistency in the instruments and to give more discrimination, as it allowed ratings for each item to occur rather than true or false categories. Examples of the statements include, “When I state my own opinions, my parents get upset”, “At least three times a week, we get angry at each other” and “I enjoy spending time with my parents” (reverse scored).
In addition to changes in the instructions and the response format, the CBQ-20 was supplemented with 14 statements (inserted randomly into the CBQ-20) drawn from the Abusive Behaviour Inventory (ABI; Shepherd & Campbell, 1992), which normally measures partner domestic violence. In this study the items were used to measure possible family violence, including threats and abuse. The wording of the items was modified to reflect interactions being initiated by either a parent or the adolescent (seven items for each). For example, the items adapted to a parent-adolescent situation for this study include, “They have slapped, hit or pushed me”, “I call them names and criticise them a lot.” and “My parents have kicked me out or threatened that I will have to leave” (see Appendix A for the full questionnaire booklet).

Thus, the new 34-item composite instrument measured self-reported family conflict and abuse. The possible score range was from 1 to 9, as scores for items were summed and averaged. A high score on this variable indicated the participant’s perceptions of having a high level of conflict and/or abuse with their parents.

All the items were factor analysed to explore the structure of these measures so as to form meaningful sub-scales from items representing both family conflict and family abuse. The inter-item correlations were examined and many were found to be over .3, indicating that factor analysis was suitable. The Kaiser-Meyer-Oklin value was .9, exceeding the recommended value of .6 (see Tabachnick & Fidell, 1996). Bartlett’s Test of Sphericity (see Tabachnick & Fidell, 1996) was significant, also indicating the factorability of the correlation matrix.

Seven components with eigenvalues over one were revealed explaining 68.21% of the variance. The screeplot showed a break after two components and smaller breaks after three, four and five components. Solutions were obtained for all of these variations of factors using the oblique (Direct Oblimin) rotation approach, as it was expected that the factors would be correlated.

It was decided to retain the three-factor solution, as these factors were clear and easy to interpret and had higher alpha coefficients than the factors in the other solutions. In addition, the orthogonal rotation approach (Varimax) for the three-factor solution confirmed the same factors, indicated the robustness of the solution. The presence of simple structure (Tabachnick & Fidell, 1996) was revealed with the three components showing moderate to strong loadings. All items loaded on one of the three components with 27 of the 34 items loading on not more than one component.
This three-factor solution explained 51.21 % of the variance. The three factors were named: Angry conflict, with 16 items (alpha = .91); Violent conflict, with 10 items (alpha = .88); and Alienating conflict, with 8 items (alpha = .91) (see Table 3). The total conflict/abuse measure, including all 34 items, had a Cronbach’s alpha of .94.

Table 3
Conflict Sub-Scale Items

<table>
<thead>
<tr>
<th>SUB-SCALES</th>
<th>ANGRY CONFLICT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>When I state my own opinion, my parents get upset.</td>
</tr>
<tr>
<td></td>
<td>My parents are bossy when we talk.</td>
</tr>
<tr>
<td></td>
<td>My parents don’t understand me.</td>
</tr>
<tr>
<td></td>
<td>The talks we have are frustrating.</td>
</tr>
<tr>
<td></td>
<td>I often give them angry stares or looks.</td>
</tr>
<tr>
<td></td>
<td>At least once a day we get angry at each other.</td>
</tr>
<tr>
<td></td>
<td>They often give me angry stares or looks.</td>
</tr>
<tr>
<td></td>
<td>My parents seem to be always complaining about me.</td>
</tr>
<tr>
<td></td>
<td>My parents scream a lot.</td>
</tr>
<tr>
<td></td>
<td>In general, I don’t think we get along very well.</td>
</tr>
<tr>
<td></td>
<td>My parents put me down.</td>
</tr>
<tr>
<td></td>
<td>I have accused them of paying too much attention to someone or something else.</td>
</tr>
<tr>
<td></td>
<td>We almost never seem to agree.</td>
</tr>
<tr>
<td></td>
<td>They say I have no consideration for them.</td>
</tr>
<tr>
<td></td>
<td>They have accused me of paying too much attention to someone or something else.</td>
</tr>
<tr>
<td></td>
<td>At least three times a week, we get angry at each other.</td>
</tr>
</tbody>
</table>

| VIOLENT CONFLICT        | My parents have thrown, hit or smashed something during or after talking to me.|
|                        | My parents have kicked me out or threatened that I will have to leave.         |
|                        | My parents call me names and criticise me a lot.                               |
|                        | They have slapped, hit or pushed me                                            |
|                        | I have left home or threatened to leave home.                                  |
|                        | I have thrown, hit or smashed something during or after talking to a parent.   |
|                        | I have slapped, hit or pushed one of my parents.                               |
|                        | I call them names and criticise them a lot.                                   |
|                        | They have threatened to hit or throw something at me.                          |
|                        | I have threatened to hit or throw something at them.                           |

| ALIENATING CONFLICT     | I enjoy spending time with my parents. (R)                                    |
|                        | I enjoy the talks we have. (R)                                                 |
|                        | My parents understand me. (R)                                                   |
|                        | If I run into problems, my parents help me out. (R)                             |
|                        | My parents and I sometimes end our arguments calmly. (R)                       |
|                        | My parents are good friends to me. (R)                                         |
|                        | My parents understand my point of view, even when they don’t agree with me. (R) |
|                        | My parents listen when I need someone to talk to. (R)                          |

Note: (R) denotes item was reversed for scoring.
The first factor, Angry conflict, consisted of negative interactions between the adolescents and their parents, with many items indicating anger, and where family talks were described as frustrating, ‘bossy’ or involved ‘put downs’ or accusations. The second factor, Violent conflict, clearly demonstrated family violence in the form of abusive acts, comments, criticism and threats, from both adolescents and parents. Interestingly, all the reversed items formed one factor, Alienating conflict, consisting of items indicating a lack of perceived positive interactions in the family, a lack of warmth, understanding and friendliness, mainly from the adolescents’ parents. Items also indicated a lack of adolescent enjoyment in interactions and low levels of help from parents, and a lack of calm resolutions and/or parental listening.

5.4.5 Anger-Proneness

Anger was measured with the Novaco Anger Scale (NAS) Part A – Reactions to Provocation (Novaco, 1994, 2003). This questionnaire is a measure of anger-proneness in three domains: behavioral, arousal and cognitive. Behavioural anger involves impulsive reaction (e.g., “My temper is quick and hot”), verbal aggression (e.g., “When someone yells at me, I yell back at them”), physical confrontation (e.g., When I get mad, I can easily hit someone”) and indirect expression (e.g., I feel like smashing things). Arousal anger involves anger intensity (e.g., “When I get angry, I get really angry”), duration (e.g., “When I get angry, I stay angry for hours”), somatic activation/tension (e.g., “My muscles feel tight and wound-up”) and irritability (e.g., “I walk around in a bad mood”). Cognitive anger involves justification (e.g., “When something is done wrong to me, I am going to get angry”), rumination (e.g., “Once something makes me angry, I keep thinking about it”), hostile attitude (e.g., “Every week I meet someone I dislike”) and suspicion (e.g., “I know that people are talking about me behind my back”). The NAS consists of 48 statements (16 in each domain).

The NAS was modified for this study in several ways. Respondents are usually asked if the statements are “Never True”, “Sometimes True” or “Always True”. In this study (to conform to the rest of the questionnaires) participants were asked to rate the extent to which each statement was true for them from 1 “Never true” to 9 “Totally true”.

Participants’ domain (sub-scale) anger scores were computed by summing all items in each domain and calculating an average score for each domain. Thus, the possible score range for each domain was from 1 to 9. High scores indicated high
anger proneness being reported by the participant. Participants’ total anger scores were computed by summing all 48 anger items and calculating an average score.

In addition, the 48 items of the NAS were factor analysed. The goal was to confirm empirically the underlying structure of the NAS and its existing sub-scales. Correlations of the items were examined and coefficients over .3 were found. Thus, suitability for factor analysis was indicated. The Kaiser-Meyer-Olkin value was .9, exceeding the recommended value of .6 (see Tabachnick & Fidell, 1996). Bartlett’s Test of Sphericity (see Tabachnick & Fidell, 1996) reached statistical significance, also indicating the factorability of the correlation matrix.

Twelve components with eigenvalues over one were revealed, explaining 68.05% of the variance. The screeplot revealed clear breaks after one component and three components and a small break after five components. Thus, three and five factor solutions were sought using both Varimax and Direct Oblimin approaches as it was unclear how correlated these factors would be (see Table 4 for the final retained anger items).

Novaco (1994, 2003) does not appear to have factor analysed his scale, despite delineating conceptual sub-scales within it. In this study the Varimax rotation method converged to produce a three-factor solution with some similarity to Novaco’s sub-scales. One item (the only reversed item) failed to load on any component and was excluded. Some items loaded on more than one component and were retained in the component where they loaded highest.

The three-factor solution explained a total of 43.99% of the variance. The three components partially corresponded to the NAS’ three sub-scales of behavioural, arousal and cognitive anger. Thus, Novaco’s (1994) main three sub-scales were only partially supported empirically as representations of the underlying structure of the entire scale. For reasons of clarity and discriminating power, it was decided to only keep items that both loaded highest on a component and corresponded to the matching NAS sub-scale. Thus, the Behavioural anger scale retained 14 of the original 16 items; the Arousal anger scale retained 11 items, and the Cognitive anger scale kept eight items (see Table 4). Cronbach alphas for these new scales were .91, .87 and .81 respectively, indicating good internal consistency. The total anger scale with all items retained from the original NAS scale had a Cronbach alpha of .95.
Table 4
Retained Items from the Novaco Anger Scale’s Three Sub-Scales

**ANGER SUB-SCALES**

**BEHAVIOURAL ANGER**
When someone yells at me, I yell back at them.
I have had to be rough with people who bothered me.
I feel like smashing things.
If someone bothers me, I react first and think later.
If I don’t like someone, I’ll tell them off.
When I get mad, I can easily hit someone.
When I get angry, I throw or slam things.
I have a fiery temper that arises in an instant.
Some people need to be told to “get lost”.
If someone hits me first, I hit them back.
When I get angry at someone, I take it out on whomever is around.
When I get angry, I fly off the handle before I know it.
When I start to argue with someone, I don’t stop until they do.
Some people need to get knocked around.

**AROUSAL ANGER**
Some people would say that I am a hothead.
When I get angry, I stay angry for hours.
My muscles feel tight and wound-up.
I walk around in a bad mood.
When I think about something that makes me angry, I get even more angry.
I feel agitated and unable to relax.
I get annoyed when someone interrupts me.
Some people get angry and get over it, but for me it takes a long time.
I have trouble sleeping or falling asleep.
A lot of little things bug me.
My head aches when people annoy me.

**COGNITIVE ANGER**
I know that people are talking about me behind my back.
If I lose my temper with someone, it’s because they deserved it.
If someone cheats me, I’d make them feel sorry.
People act like they are being honest when they really have something to hide.
The more someone bothers me, the more I’ll get angry.
I feel like I am getting a raw deal out of life.
When I don’t like someone, there’s no point in being nice to them.
When someone does something nice for me, I wonder about the hidden reason.

5.4.6 Depression-Proneness

Depression was measured using a shortened 9-item version (Santor & Coyne, 1997) of the Centre for Epidemiological Studies – Depression Scale (CES-D; Radloff, 1977). This CES-D has been used to measure depressive symptoms in general community samples, depressed samples and in adolescents (e.g., Blatt, Hart, Quinlan,
Leadbetter & Auerbach, 1993; Santor & Coyne, 1997). The shortened version was slightly modified in this study. Respondents were asked to rate how they felt during a typical or average week during the last two months to conform to other scales’ instructions in the questionnaire booklet. The statements could be rated from 1 “Never true” to 9 “Extremely true”. Examples include, “I felt sad” and “My sleep was restless”.

Summed and averaged scores were again used from this measure so the possible range was from 1 to 9. A high score indicated the presence of depressive symptoms. The CESD 9-item short version revised scale (Santor & Coyne, 1997) was also factor analysed to explore its underlying structure. The scree plot showed breaks after two and three components. Varimax and Direct Oblimin methods were used as it was unclear as to what extent the components would be correlated.

Two and three factor solutions were obtained. However, the factors were not distinct and did not seem to differ conceptually. Thus, the scale was retained for use as a simple nine-item scale (see Table 5). The internal consistency in this study for the 9-item scale was .83, which was comparable to the internal consistency of .87 found when the short 9-item CES-D was first devised (Santor & Coyne, 1997). Radloff (1977) found that the alpha was .85 in a general population sample for the 20-item version.

Table 5

*The CES-D – 9-item Short Version Revised Scale*

<table>
<thead>
<tr>
<th>DEPRESSION SCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was bothered by things that usually don’t bother me.</td>
</tr>
<tr>
<td>I felt that I could not shake off the blues even with the help from my family or friends.</td>
</tr>
<tr>
<td>I had trouble keeping my mind on what I was doing.</td>
</tr>
<tr>
<td>I felt depressed.</td>
</tr>
<tr>
<td>I felt that everything I did was an effort.</td>
</tr>
<tr>
<td>My sleep was restless.</td>
</tr>
<tr>
<td>I was happy. (R)</td>
</tr>
<tr>
<td>I enjoyed life. (R)</td>
</tr>
<tr>
<td>I felt sad.</td>
</tr>
</tbody>
</table>

*Note:* (R) denotes item was reversed for scoring.
5.5 Specific Conflict-Related Variables

5.5.1 Conflict Affect and Behaviours Questionnaire (CABQ)

The CABQ was developed for this study. It was designed to measure adolescents’ specific affect and behaviours in response to family conflict vignettes. For a more complete picture of adolescents and conflict, variables were sought that would capture likely specific conflict processes – emotions, conflict resolution strategies, conflict ending expectations and post-conflict coping or risk behaviours – occurring in adolescents during and after family conflicts.

Four hypothetical vignettes were developed with each outlining a disagreement between the adolescent and his or her parents. Each conflict scenario involved parental criticism and direction with the adolescent disagreeing and arguing with their parents. The vignettes also included ‘trigger’ statements designed to invoke the attachment dimensions of either anxiety or avoidance in the adolescents and associated emotions and behaviours. Two stories were designed to invoke anxiety and two stories were designed to invoke avoidance.

The aim of using these vignettes was, first, to observe how adolescents with varied attachment styles respond differently to family conflict in general. Second, the aim was to ascertain if adolescents with particular attachment styles respond more markedly to conflict involving ‘triggers’ that they may be specifically sensitive to. That is, different attachment styles were theorised to be linked to different types and levels of responses. These responses may also depend on an interaction between the type of conflict experienced and the type of attachment style that the adolescent has.

5.5.2 Anxiety Invoking Vignettes

Two stories were designed to invoke anxiety, thought to be a dimension of both preoccupied and fearful attachment styles. These anxiety-provoking vignettes consisted of one centred on parental criticism and one centred on apparent parental rejection. As outlined earlier in Chapter two, both criticism (attacks on the self) and rejection (threat of abandonment) are key elements of the anxiety dimension of attachment. In addition, both stories had parents restricting the adolescent from seeing his/her friends (also possible attachment figures). Both stories involved family conflict, which is a stressor likely to invoke attachment states (working models, emotions, behaviours etc.). Figures 3 and 4 give the full text of the two anxiety stories. Bold type denotes the text as it appears in the questionnaire. Italicized text in brackets indicates what each statement represents.
STORY (N1) – PARENTS CALL YOU A FOLLOWER *(anxiety provoking - using criticism of adolescent)*

You want to go out with friends again. Your parents say no, you should stay home. You have a disagreement. *(Core issues – relationships/friends/multiple attachments)*

They say you spend too much time with your friends and let them influence you too much. *(Threat/criticism to self)*

You say they just want you home because they are lonely and don’t have a life of their own.

They say your friends are losers and you will be a loser too if you hang around them. *(Criticism of self and friends)*

You say they are just trying to drag you down.

They say you are a weak person and are just a follower; your friends don’t really think much of you as a person. *(Criticism, Threat to self)*

*Figure 3. N1 anxiety invoking conflict vignette.*

STORY (N2) – YOUR PARENTS IGNORE YOU *(anxiety provoking – using rejection of the adolescent)*

You want to go out with friends again. Your parents say no, you should stay home. You have a disagreement. *(Core issues – relationships/friends/multiple attachments)*

They won’t listen to your feelings and they say your friends are just using you and will dump you soon. *(Preoccupation with relationships, Fear of Abandonment)*

You say your friends treat you better than they do and you’d rather be with your friends.

Your parents say they will give their time and love to someone else (like your brother/sister or their friends) who will appreciate them. *(Jealousy, Fear of Abandonment)*

You say you can’t wait to leave home and be rid of them too.

They say perhaps it would be best if you stayed away from them, then they ignore you, wanting nothing to do with you. *(Rejection Fear)*

*Figure 4. N2 anxiety invoking conflict vignette.*
5.5.3 Avoidance Invoking Vignettes

The other two stories were designed to invoke avoidance, thought to be a dimension of both dismissive and fearful attachment styles. One story involved the parents wanting to be closer (but being quite intrusive and criticising the adolescent’s lack of closeness). The other story involved the parents undermining the adolescent’s independence (and criticising their ability to be self-reliant). Discomfort with closeness and wanting to be self-reliant are also key elements of the avoidance attachment dimension. Both stories involved the adolescent having a personal problem and the parents being intrusive and insisting they ‘help’ and be ‘close’ to the adolescent. Again, the stressor of conflict itself may invoke attachment states. Figures 5 and 6 show the full text of the two avoidance stories. Bold type denotes how they appear in the questionnaire, while what each statement represents is shown in Italics and in brackets.

Respondents were asked to read the four stories and to imagine that each is happening to them. They were instructed that each story would be followed by the same set of questions but they may answer them differently for each story. The order of the stories was counterbalanced in the questionnaires to counter order effects. Each story was followed by the same set of questions asking about (a) emotions experienced during conflict, (b) likely strategies to be used, (c) expected endings and (d) subsequent post-conflict behaviours.

The goal was to form specific variables related to the conflict scenarios, which were clear, coherent and discriminating. Using factor analyses, conceptual groupings and reliabilities, items were grouped together to form these variables.

The four sets of responses to all four stories were initially analysed and examined separately to determine suitable sub-scales. However, the response patterns to both of the ‘anxiety’ stories were similar to each other, and the patterns for both of the ‘avoidance’ stories were similar. Because of the similarities in response patterns it was decided to collapse and combine responses to the two ‘anxiety’ invoking type stories and the two ‘avoidance’ invoking type stories. This yielded one set of responses for each of the two story types; ‘anxiety’ and ‘avoidance’.
STORY (V1) - PARENTS WANT TO BE CLOSE (avoidance provoking – using parents wanting to be close and criticism about the adolescent’s ability to be close)

You are having a personal problem. Your parents ask you what is wrong. You say nothing is wrong. You have a disagreement. (core issues - autonomy/self-reliance)

They say it is no good having secrets and hiding things all the time and they keep pester ing you to know what is going on. (Avoidance of intimacy)

You tell them that it has nothing to do with them, and that they should mind their own business.

They say that you don’t know how to accept help, you’re not like a normal loving person and that you must be closer to them. (Critic ism, Discomfort with Closeness)

You tell them to ‘rack off’.

They say you are terrible to talk to, that you are lousy at family stuff like sharing and caring, but they will make you do it. (Negative evaluations, Autonomy threat)

Figure 5. V1 avoidance invoking conflict vignette.

STORY (V2)- PARENTS SAY YOU CAN’T BE INDEPENDENT (avoidance provoking – using a threat to their independence and criticism about their ability to be self-reliant)

You are having a personal problem. Your parents ask you what is wrong. You say nothing is wrong. You have a disagreement. (Core issues – autonomy/self-reliance)

They say you need help, you’re not ready for independence and they will not give you total freedom. (Threat to Independence)

You say they could help you by leaving you alone.

They say you are terrible at looking after yourself and you make too many mistakes. (Criticism about independence ability)

You say you don’t make mistakes and that you don’t need them for anything.

They say you are really bad at being self-reliant and you are just ruining your life and they will not let that happen. (Criticism about self-reliance ability, Threat to self-reliance)

Figure 6. V2 avoidance invoking conflict vignettes.
5.5.4 Emotions During Conflict

In part (a), respondents were asked to rate how much they would experience each listed emotion during the disagreement. The rating scale ranged from 1 “Not at all” to 9 “Totally”. The emotions were gleaned from the literature on attachment, conflict, anger, shame and guilt. As previously mentioned, researchers (e.g., Brennan et al, 1998) have conceptualised secure attachment in terms of trust and intimacy and the insecure attachments in terms of feeling criticised, rejected, anxious, hurt, self-reliant, or avoidant. Other researchers have commented that anger is common in family conflicts and seems to interfere with good communication and effective problem solving (e.g., Robin & Foster, 1989). Anger has also been linked to both shame-proneness (Tangney et al., 1996) and to attributional biases in people with insecure attachment styles (Mikulincer, 1998). Guilt (without shame), on the other hand, was negatively related to some indices of anger and hostility (Tangney et al., 1996).

Thus, the emotions used in this questionnaire represented feelings associated with attachment styles and conflict. The 21 emotion words (or phrases) were listed with brief meanings following them to decrease the possibility of respondents misunderstanding an item. Examples include, ‘sad’ (feeling down), ‘repentant’ (you need to fix something you've done/said) and ‘angry in general’ (mad about things).

Initially for each of the four stories, the 21 emotions were factor analysed for three, four, five and six factor solutions using Varimax rotation. Some common groupings were found across all stories. Four items were dropped from further analyses (‘powerless’, ‘self-esteem’, ‘smothered’ and ‘criticised’) as they did not load clearly on any one factor.

The emotional groupings formed by the six-factor solution were reduced further into nine smaller, conceptually different sub-scales. The anger items were separated from the hostility items of ‘hate’ and ‘hostile’, and a division was also made between anger directed at self and anger at others. In addition, for conceptual reasons, shame and guilt were separated into different groupings, as they are thought to involve different processes and outcomes (Tangney et al., 1996). Variables were then formed for each story type, rather than for each of the four stories, as mentioned. The nine emotion variables, with items listed, and their Cronbach alpha coefficients for each story type are shown in Table 6.
Table 6
Conflict Emotion Response Scales and Cronbach Alpha Coefficients for Anxiety Story Type and Avoidance Story Type

<table>
<thead>
<tr>
<th>Scale</th>
<th>Items</th>
<th>Reliabilities for Story Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITHDRAWN</td>
<td>self-reliant, avoidant</td>
<td>Anxiety: .68</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Avoidance: .66</td>
</tr>
<tr>
<td>ANXIOUS</td>
<td>rejected, anxious</td>
<td>Anxiety: .53</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Avoidance: .51</td>
</tr>
<tr>
<td>SAD</td>
<td>hurt, sad</td>
<td>Anxiety: .81</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Avoidance: .83</td>
</tr>
<tr>
<td>CLOSE</td>
<td>intimacy, trust</td>
<td>Anxiety: .73</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Avoidance: .67</td>
</tr>
<tr>
<td>SHAME</td>
<td>ashamed, humiliated</td>
<td>Anxiety: .65</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Avoidance: .71</td>
</tr>
<tr>
<td>GUILT</td>
<td>guilty, repentant</td>
<td>Anxiety: .80</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Avoidance: .77</td>
</tr>
<tr>
<td>ANGER-SELF</td>
<td>angry-at-self, angry-in-general</td>
<td>Anxiety: .75</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Avoidance: .71</td>
</tr>
<tr>
<td>ANGER-PARENTS</td>
<td>angry-at-others, angry-in-general</td>
<td>Anxiety: .78</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Avoidance: .77</td>
</tr>
<tr>
<td>HOSTILITY</td>
<td>hate, hostile</td>
<td>Anxiety: .78</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Avoidance: .76</td>
</tr>
</tbody>
</table>

5.5.5 Conflict Resolution Strategies

In part (b), respondents were asked how likely they were to engage in different conflict resolution strategies. This section was based on the Conflict Resolution Strategies Questionnaire (CRSQ; Pearson & Love, 1999). For this study the questionnaire was shortened from 20 items down to 12. The numbers of items was decreased simply to keep the length of the questionnaire to a reasonable level so it could be completed within a school period. The 12 items represented different types of resolution strategies the adolescent could use in the disagreement. These strategies were originally drawn from the literature on negotiation and parent-adolescent conflict (see Pearson & Love, 1999 for a full explanation of the development of this instrument).

Each statement was rated from 1 “Not at all do” to 9 “Totally do”. Scores were obtained for the four strategies by computing the average of the ratings for the items representing each strategy. The possible score range for each variable was 1 to 9. A high score indicated respondents’ preferences for using that conflict resolution strategy in hypothetical disagreements with their parents.

For each of the four stories 12 conflict strategies were factor analysed for two, three, four and five factor solutions using Varimax rotation. One item ‘say that we can sort it out tomorrow’, was not retained as it did not load consistently on any factor. Three factors occurred consistently across all stories. Two of these factors were clear conceptually: Contend, which described confrontational and argumentative strategies
(three items per story), and Problem solve, which involved strategies that help generate solutions to meet the needs of everyone (four items per story).

The third factor appeared conceptually mixed. Based on further factor analysis of items with this third mixed factor, calculated reliabilities and conceptual interpretability, two more subs-scales were formed. These were: Concede, which involved ‘giving in’ type strategies (two items per story), and Avoid, which involved putting off doing anything about the disagreement (two items per story). Variables were formed for each story type. The four conflict resolution strategy variables and their Cronbach alpha coefficients (anxiety story type, avoidance story type) are shown in Table 7.

Table 7
Conflict Resolution Strategies Scales and Cronbach Alpha Coefficients for Anxiety Story Type and Avoidance Story Type

<table>
<thead>
<tr>
<th>Scale</th>
<th>Item Example</th>
<th>Reliabilities For Story Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Example</td>
<td>Anxiety</td>
</tr>
<tr>
<td>CONTEND</td>
<td>Point out how your parents are wrong and you are right.</td>
<td>.83</td>
</tr>
<tr>
<td>PROBLEM-SOLVE</td>
<td>Look at many different solutions to the problem.</td>
<td>.80</td>
</tr>
<tr>
<td>CONCEDE</td>
<td>Do as your parents want.</td>
<td>.68</td>
</tr>
<tr>
<td>AVOID</td>
<td>Just do nothing.</td>
<td>.68</td>
</tr>
</tbody>
</table>

5.5.6 Expected Endings

In part (c) respondents were asked to rate how each disagreement would most likely end in their family. Eighteen statements depicted different types of endings; for example, “It would be worked out in a good way for everyone” or “I would just walk away”. The items were drawn from discussions with parents and adolescents and refined by a developmental researcher and a family counsellor.

In addition, eight items involving threats or violence were drawn from the Abusive Behaviour Inventory (Shepard & Campbell, 1992). This is a measure of psychological and physical abuse in domestic violence situations. The items were reworded to fit in with the focus of this study (adolescents and parents), and the focus on expected endings. Examples included items such as, “I would throw, hit or smash something” or “My parents would call me names and criticise me a lot”.

Each statement was rated from 1 “Not at all likely” to 9 “Extremely likely”. Scores were obtained for the four types of expected endings by summing the items and computing the average for each variable. The possible score range for each variable was 1 to 9. A high score indicated respondents’ expectation of that type of ending for the hypothetical disagreements with their parents.

For each of the four stories the 18 expected endings were factor analysed for three, four, five and six factor solutions using Varimax rotation. Four factors were revealed which were similar or the same in item content across all four stories. The four-factor solution was chosen as the factors were clear conceptually. The factors were: Good endings (worked out well, three items per story); Violent endings (physical abuse or threats, seven items per story); Angry endings (name calling, criticism and anger/yelling, four items per story), and Avoidant endings (never worked out or someone walks away, four items per story). These factors formed subscales that had good internal consistency. Variables were formed for each story type. The four expected conflict ending variables and their Cronbach alpha coefficients for the different story types are shown in Table 8.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Item Example</th>
<th>Reliabilities For Story Type</th>
<th>Anxiety</th>
<th>Avoidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENDINGS:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GOOD</td>
<td>It would be worked out in a good way for everyone.</td>
<td></td>
<td>.82</td>
<td>.81</td>
</tr>
<tr>
<td>VIOLENT</td>
<td>They would slap, hit or push me.</td>
<td></td>
<td>.90</td>
<td>.89</td>
</tr>
<tr>
<td>ANGRY</td>
<td>We would work it out after lots of anger and yelling.</td>
<td></td>
<td>.77</td>
<td>.77</td>
</tr>
<tr>
<td>AVOIDANT</td>
<td>I would just walk away.</td>
<td></td>
<td>.76</td>
<td>.71</td>
</tr>
</tbody>
</table>

5.5.7 Post-Conflict Behaviours
In the last section, part (d), respondents were asked to rate how likely it would be that they would engage in various actions after the disagreement. The 23 items were drawn from reports of how teenagers cope with stress (Kids Help Line Report, Clark & Reid, 1998) and what risk-type behaviours they engage in (Bond et al., 2000; Cooper et al., 1998). Again the items were assessed for their suitability by a
developmental researcher and a family counsellor. The items depicted such actions as “Listen to music”, “Do something physical – e.g., walk, bike-ride or sport”, “Talk to a friend”, “Drink alcohol”, “Do something to hurt myself or which could hurt me” and “Vandalise, spray graffiti or smash something”.

All items were rated from 1 “Not at all likely” to 9 “Extremely likely”. Scores were obtained for the five post-conflict behaviours sub-scales by summing the items and computing the average for each variable. The possible score range for each variable was 1 to 9, with higher scores reflecting a greater likelihood of engaging in those type of behaviours after disagreements with parents.

For each of the four stories 22 post-conflict behaviours were factor analysed for two, three, four and five factor solutions using Varimax rotation. The two-factor solution with all the stories clearly revealed a ‘Coping behaviours’ factor and a ‘Risk-taking behaviours’ factor. The three-factor solution revealed that the risk behaviour items stayed together and that the coping behaviours were divided into two factors. The two positive coping factors were: Cope-friends, which involved items of relating to friends (three items per story), and Cope-activities, which consisted of participating in activities such as listening to music or watching television (five items per story).

All the risk-taking items were subjected to a separate factor analysis in order to gain clear groups. Varimax and Direct Oblim rotations were both used as it was unclear whether the factors would be correlated or not. The content of the factors varied across the stories somewhat so the most common groupings, that were conceptually meaningful and were internally consistent, were used to form three ‘risk’ sub-scales. The first risk sub-scale, consisting of nine items per story, was Risk-trouble and involved activities that were risking getting into trouble at school or with police (e.g., fighting, stealing, smoking cigarettes, wagging school, having sex or drinking alcohol). The second sub-scale, consisting of three items per story, was Risk-drugs and was dominated by illegal drug-use. The third sub-scale, consisting of two items per story, was Risk-escapism and involved escapist activities (e.g., stay away from home a lot or take legal drugs, such as headache, cold, pain or sleeping tablets) (see Appendix A for the items in the final scales). Variables were formed for each story type. The five post-conflict behaviour variables (two positive coping scales and three risk-taking scales) and their Cronbach alpha coefficients for the different story types are shown in Table 9.
Table 9
Post Conflict Behaviour Response Scales and Cronbach Alpha Coefficients for Anxiety Story Type and Avoidance Story Type

<table>
<thead>
<tr>
<th>Scale</th>
<th>Item Example</th>
<th>Reliabilities For Story Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>POSITIVE COPING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRIENDS</td>
<td>Talk to a friend.</td>
<td>.84</td>
<td>.82</td>
</tr>
<tr>
<td></td>
<td>Watch TV or play a video/</td>
<td>.78</td>
<td>.75</td>
</tr>
<tr>
<td></td>
<td>computer game.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RISK-TAKING</td>
<td>Do something that might get</td>
<td>.96</td>
<td>.96</td>
</tr>
<tr>
<td>TROUBLE</td>
<td>me in trouble with the police.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRUGS</td>
<td>Smoke some marijuana.</td>
<td>.87</td>
<td>.90</td>
</tr>
<tr>
<td>ESCAPISM</td>
<td>Stay away a lot without</td>
<td>.76</td>
<td>.79</td>
</tr>
<tr>
<td></td>
<td>telling my parents where I am.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.6 Procedure

The measurement instruments were included in a booklet entitled “Teenagers, Families and Conflict Questionnaire” (see Appendix A). The first page introduced the study and the researcher, and assured respondents that their answers were both confidential and anonymous. Respondents were asked to give some background information on themselves such as their sex, age, who they lived with, their parents’ ethnic background and whether their family had ever attended family counselling or mediation.

The hypothetical vignettes and their questions were presented next followed by the general measures for attachment, anger, depression and family conflict and abuse. The vignettes were presented first so as to avoid the participants possibly being ‘primed’ in their response to the vignettes by their responses to questions assessing the general variables.

The questionnaire booklet was pilot tested with three adolescents. Their feedback and the time they took to complete the questionnaire indicated it needed to be shortened and some wording simplified. The questionnaire was modified based on this feedback.

University Human Research Ethics Committee and the Catholic Education Office approval was sought and received for this study. Permission was then sought from principals of three Catholic Secondary Colleges. A letter of disclosure and
informed consent was sent home to the parents of year 9 and 10 students (see Appendix B). Limited class selection in two schools was based purely on convenience of timetabling arrangements, according to the year coordinators.

The researchers included the doctoral candidate and two supervisors. The doctoral candidate attended each class to introduce herself and the study, answer any questions and hand out the questionnaires. This researcher instructed students to read the introduction and instructions on the first page of the questionnaire. She also read out the first page to ensure that all the participants gained an understanding of the study. Due to the sensitive nature of the questions in the questionnaire the researcher also stayed while the students completed the questionnaire and was ready to assist any student who had questions or who may have appeared upset. This latter situation did not occur. A handout outlining where to gain assistance was also given to students (see Appendix C). It suggested that if any issues were raised by this study the student could talk to the researcher, the teacher, their welfare teacher, or phone a relevant local and/or state service listed on the handout.

The groups of students participating in the study at any one time ranged in size from 20 to 55. They were instructed to complete the questionnaire booklet without speaking to anybody else. Completion times ranged from 30 minutes to 60 minutes. After all students had finished, they and their teacher were thanked for their cooperation, and asked if they had any more questions about the study. These were dealt with before the session ended. Follow-up phone calls to the schools indicated that there had been some student interest in the questionnaire but no distress reported to teachers. The schools were also sent a brief, preliminary report of the major findings from this study.
6.1 Overview

This chapter is divided into five main sections. The first section, ‘Preliminary Analyses’, describes the initial screening of the data and assumption testing, which was needed to form the final measures using factor analysis or scale analysis. This section also describes the formation of the attachment style groups from dimensional scores. The next section, ‘Attachment Style, Gender and the General Variables: Conflict, Anger and Depression’, examines differences among these variables. The independent variables were attachment style and gender. The general dependent variables were family conflict (with three sub-scales), anger (with three sub-scales) and depression.

The section after this, ‘The Conflict Vignettes and Specific Conflict Variables: Emotions, Strategies, Endings and Post-Conflict Behaviours’, outlines the effects of the conflict story type on the specific dependent variables (responses to the conflict scenarios). This section also outlines the associations between the independent variables and these specific dependent variables. The final section, ‘Summary of Findings’, outlines the overall results for all the dependent variables for the four attachment style groups.

6.2 Preliminary Analyses

6.2.1 Screening of Data Set

The data were entered into a file in the statistical package SPSS - Version 11. The data set was screened by checking information as it was entered into the file and afterwards for likely errors (e.g., out of range scores were checked and corrected). Initially, if a substantial proportion of odd answers was found in a questionnaire (e.g., all nines or answering one to nine in a row) the questionnaire was excluded. If only a small section had odd answers and the rest of the questionnaire appeared ‘normal’, the questionnaire was included with the odd part treated as missing data. If a questionnaire included substantial missing sections (e.g., more than half of some scales) the questionnaire was also excluded. Thirty-nine questionnaires were rejected on these grounds leaving a total of 214 usable questionnaires.

Missing data for the remaining questionnaires were replaced using the SPSS missing value analysis (the expectation-maximization algorithm), which computes the most likely value based on the rest of the data set (Little & Schenker, 1995). This
process is thought to be a better approach than list wise or case wise deletion because it allows estimates to be made based on all available information and is not as ‘blind’ as inserting a grand mean (Tabachnick & Fidell, 1996).

6.2.2 Assumption Testing

All existing or proposed scales were factor analysed to confirm, adjust or explore their item content, as outlined in the Method section. These analyses were performed to ensure that the scales were as valid and reliable as possible. Descriptive statistics were calculated for variables to check for correct minimum and maximum scores, out-of-range scores and any anomalies. Violations of assumptions (for later statistical tests) were assessed. This latter task was partly achieved by examining outliers and normality of distributions (skewness and kurtosis) for each variable.

Violations of normality of distribution were found for the depression, violent conflict and post-conflict risk-taking measures, all of which had positive skewness and kurtosis. This lack of normality indicated that these measures were characterised by many relatively low scores, as would be expected in a general community sample of adolescents. Transformation of these variables was considered but rejected due to the nature of the sample. In addition, with a sample size of over 200 skewness and kurtosis should not affect analyses unduly (Tabachnick & Fidell, 1996).

It was deemed unnecessary to test for homogeneity of variance as the samples were large and the following checks were met (Tabachnick & Fidell, 1996). The tests were two-tailed, the sample sizes (from largest to smallest group) differed at less than a ratio of 4:1 and within each cell the variance ratio (between the largest and the smallest variance) was less than 10:1.

A lack of homogeneity of variance-covariance matrices was evident in the MANOVA analyses (the Box’s $M$ tests) for the variable sets of conflict resolution strategies and post-conflict behaviours. However, Tabachnick and Fidell (1996) state that if “cells with larger samples produce larger variances, the alpha level is conservative so that the null hypothesis can be rejected with confidence” (p. 382). This was the case in the present study. These authors also warn that the Box’s $M$ test is too strict with relatively large sample sizes, such as in the current study, so the variables were retained for use.

Mahalanobis distances were calculated to screen for multivariate outliers. Within the 10 sets of analyses (53 measures in all) 23 cases exceeded the critical values. In terms of the high number of analyses completed this was considered
relatively few, with usually either none or one to three multivariate outliers per analysis. The original questionnaires were examined for these cases and nothing unusual was found. They had also been entered correctly into the data file, so it was decided to leave them in the analyses.

6.2.3 Attachment Styles Groups

As outlined in the Method chapter, anxiety and avoidance dimensional scores were used to create four attachment style groups for use in analyses. The anxiety dimension can be equated to Bartholomew and Horowitz’ (1991) self-image dimension and the avoidance dimension can be equated to the other-image dimension. The final cluster centre means, shown in Table 10, confirmed that the Quick Cluster groups corresponded to the pattern of Bartholomew and Horowitz’ four attachment groups.

Table 10
Final Dimension Cluster Means and Standard Deviations for the Four Attachment Style Quick Cluster Groups

<table>
<thead>
<tr>
<th>Attachment Style Groups</th>
<th>Secure</th>
<th>Dismissive</th>
<th>Preoccupied</th>
<th>Fearful</th>
<th>Univariate F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anxiety</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>180.79***</td>
</tr>
<tr>
<td>Mean</td>
<td>2.85_a</td>
<td>2.96_a</td>
<td>5.95_c</td>
<td>4.89_b</td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>.92</td>
<td>.74</td>
<td>.90</td>
<td>.70</td>
<td></td>
</tr>
<tr>
<td><strong>Avoidance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>151.16***</td>
</tr>
<tr>
<td>Mean</td>
<td>3.27_a</td>
<td>6.21_c</td>
<td>3.11_a</td>
<td>5.02_b</td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>.81</td>
<td>.87</td>
<td>.88</td>
<td>.77</td>
<td></td>
</tr>
</tbody>
</table>

Note. Possible score range was from 1 to 9.
Total n=214; Secure n=62, Dismissive n=38, Preoccupied n=60, Fearful n=54.
Means within a row that have different subscripts differ significantly at the p<.01 level.
***p<.001.

The cluster analysis resulted in distinct groups differing on the anxiety and avoidance dimensions. A one-way between groups MANOVA revealed that the attachment groups differed significantly on the anxiety and avoidance dimensions, $F(6, 418)=161.66, p<.001$; Wilks’ Lambda=.09; $\eta^2 = .70$. Follow-up univariate tests and simple planned contrasts, as shown in Table 12, confirmed that the attachment style groups differed in the expected ways on the attachment dimensions.

If a score of approximately four and a half on the dimensions is taken as a midpoint then less than this can be considered low, and above this can be considered high. Thus, consistent with theory (Bartholomew & Horowitz, 1991, Brennan et al., 1998), the secure group was low on both the anxiety and avoidance dimensions,
indicating that their ‘profile’ is probably characterised by not being unduly worried about their relationships with others and they are comfortable with closeness. The dismissive group had the highest level of avoidance and a low level of anxiety, thus they are characterised by avoiding closeness but are not worried about their relationships with others. The preoccupied group was highest on the anxiety dimension and low on the avoidance dimension. Their profile is consistent with worry about their relationships but they do not avoid closeness. The fearful group was high on both anxiety and avoidance, indicating both worry about their relationships and not being comfortable with closeness.

The gender distribution across the attachment groups was also examined (see Table 11). Girls and boys did not appear to be distributed within the groups in the same ratio as the overall sample, which consisted of 136 girls and 78 boys.

<table>
<thead>
<tr>
<th>Attachment Style Groups</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Secure</td>
</tr>
<tr>
<td><strong>Female n</strong></td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>33.1%</td>
</tr>
<tr>
<td><strong>Male n</strong></td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>21.8%</td>
</tr>
<tr>
<td><strong>Group n</strong></td>
<td>62</td>
</tr>
<tr>
<td></td>
<td>29.0%</td>
</tr>
</tbody>
</table>

A chi square analysis for attachment group and gender was significant confirming that the attachment style groups did not have the same proportions, $\chi^2 (3, N = 214) = 15.22, p<.01$. The dismissive and fearful groups (both high on the avoidance attachment dimension) were over represented by boys. The preoccupied group (high on the anxiety dimension) and the secure group (to a lesser extent) were over represented by girls, as shown in Table 11.

Using the Quick Cluster classification method, 29.0% of participants were categorised as secure, 17.8% as dismissive, 25.2% as fearful and 28.0% as preoccupied. Brennan and colleagues (1998) reported a similar percentage for their cluster-based categories of secure (30.4%) and fearful (24.4%), a lower rate for preoccupied (24.4%) and a higher rate for dismissive (20.8%). The classification results indicate that the sample in this study is self-reportedly slightly more
preoccupied (anxious) and less dismissive (avoidant) than the American sample. This may be due to the age differences between the samples with the teenagers in this sample possibly being more anxious about relationships than Brennan’s adult college sample. As well, methodological differences, such as being asked to rate all close relationships, not just romantic ones as in the Brennan study, may also have contributed to differences.

Although the category rates in this study are similar to those of the Brennan and colleagues’ (1998) study, they differ from other research. For example, Bartholomew and Horowitz (1991) categorised more people as secure (approximately 50% as opposed to 29% in this study). As Brennan et al. point out, their new method is obviously more conservative in classifying a person as secure than Bartholomew and Horowitz’ (1991) method. This may be because Brennan et al.’s measure can discriminate more precisely among people with different degrees of insecurity, as these researchers claim.

6.3 Attachment Style, Gender and the General Variables: Conflict, Anger and Depression

Once the general conflict measures had been refined empirically and conceptually they were used to investigate possible relationships among the independent variables of attachment groups and gender, and the dependent variables of family conflict, anger and depression. Assumption testing and a series of Multivariate Analyses of Variance (MANOVA), with follow-up univariate tests, were carried out using conceptual groupings of the measures as the dependent variables. Planned contrasts to test the hypotheses were then completed.

The independent impact of attachment style and gender on the general dependent variables were investigated with two MANOVAs. The first MANOVA investigated total scores on the dependent variables of conflict, anger and depression scales, with attachment style and gender as the independent variables. The second two-way MANOVA further investigated differences across attachment groups and gender with respect to the sub-scales of conflict (angry, violent & alienating) and anger (behavioural, arousal & cognitive). These sub-scales were used to give further information on how the attachment groups and genders may differ. The MANOVAs and planned contrasts (with significance levels set at .01) allowed testing of whether secure adolescents reported lower scores on the negative variables of conflict, anger and depression than adolescents in the insecure attachment style groups. This
procedure was repeated for all the sets of general and specific variables with the results shown in the relevant tables and reported in the text. Table 12 shows the means and standard deviations for the attachment style groups, subdivided by gender, for the total conflict, total anger and depression variables.

Table 12
Mean Scores (and Standard Deviations) on Total Conflict, Total Anger and Depression for Attachment Style Groups and Gender

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Attachment Style Groups</th>
<th>Att.</th>
<th>Sex</th>
<th>Att. X Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Secure Dismiss. Preocc. Fearful</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CONFLICT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2.62a 3.31ab 3.81b 3.89b</td>
<td>10.56***</td>
<td>.52</td>
<td>.59</td>
</tr>
<tr>
<td>(1.22)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>2.75 3.49 3.78 3.82</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1.23)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2.27 3.15 3.88 3.95</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1.16)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANGER</strong></td>
<td></td>
<td>17.71***</td>
<td>2.95</td>
<td>.69</td>
</tr>
<tr>
<td>Total</td>
<td>3.72a 3.94b 5.25b 5.01b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1.45)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>3.70 3.90 5.07 4.79</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1.30)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3.77 3.98 5.83 5.23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1.83)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DEPRESSION</strong></td>
<td></td>
<td>10.13***</td>
<td>8.84**</td>
<td>2.70*</td>
</tr>
<tr>
<td>Total</td>
<td>3.28a 3.85ab 4.91c 4.61bc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1.64)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>3.47a 4.88b 4.98b 4.61b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1.58)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2.76a 2.93b 4.66b 4.61b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1.71)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. All group comparisons were significant at the p<.001 level. Att. = Attachment, Sex = Gender, Att. X Sex = Attachment and Gender interaction. Means within a row that have different subscripts differ significantly at the p<.01 level. *p<.05. **p<.01. ***p<.001.

The reported rates of conflict, anger and depression were in the low to moderate range. MANOVA showed a significant main effect for attachment style on the combined total anger, total conflict and depression dependent variables: F(9, 497)=7.39, p<.001; Wilks’ Lambda=.74; η² =.10. When the univariate results were considered separately, as shown in Table 12, differences between attachment groups were found for all three variables.
As hypothesised, secure adolescents reported significantly less general conflict, anger and depression than did preoccupied and fearful adolescents, who had the highest levels. Dismissive adolescents reported levels of conflict, anger and depression in between those of secure adolescents and those of preoccupied and fearful adolescents. Subsequent, finer analyses of sub-scales, gender and interactions were then used to examine exactly how the dismissives differ from secure adolescents (Section 6.3.2).

6.3.1 Conflict, Anger and Depression – Gender Differences and Interaction Effects

There was also a significant main effect for gender on the general dependent variables, $F(3, 204)=7.34, p<.001$; Wilks’ Lambda=.90; $\eta^2 =.10$. Univariate results indicated that only the depression variable reached significance. As anticipated, females ($M = 4.39, SD = 1.85$) reported significantly higher levels of depression than did males ($M = 3.79, SD = 1.77$). Males ($M = 4.70, SD = 1.56$) showed a tendency to report more total anger than females ($M = 4.41, SD = 1.43$) but this was, unexpectedly, not a significant difference.

The multivariate interaction effect was non-significant. However, examination of the univariate tests showed that the interaction effect for depression was significant. This interaction effect was explored because of the theoretical and practical importance of gender differences in depression. Examination of the means (see Table 12) showed that, in particular, dismissive girls reported higher levels of depression than dismissive boys did. Attachment group differences were examined with planned contrasts performed separately for females and males. The gender analyses allowed a clearer picture to emerge.

For females, as anticipated, secure girls reported the lowest levels of depression, significantly lower than for preoccupied and fearful girls. Contrary to predictions, dismissive girls also reported significantly higher depression than secure girls (as high as fearful and preoccupied girls did). For males, the pattern was different, with dismissive boys being similar to secure boys. Both these groups reported the lowest levels of depression, which was significantly lower than for preoccupied and fearful boys.

With this one exception, the pattern of the relationship of attachment styles to conflict, anger and depression was generally the same for females and males. The
secure groups reported the lowest levels followed by the dismissives, and the fearful and preoccupied groups reported generally significantly higher levels. However, there is some indication that in the area of depression the pattern is slightly different. Dismissive girls reported an elevated level of depression but dismissive boys did not.

6.3.2 Conflict and Anger Sub-scales – Attachment Style Differences

The three conflict sub-scales were angry conflict (indexed by communication difficulties, arguments, put-downs, anger and frustration), violent conflict (indexed by abuse - physical violence, threats and insults) and alienating conflict (indexed by lack of parental warmth, understanding, helpfulness, friendliness and listening). The anger sub-scales were behavioural anger (indexed by acting violently when angry), arousal anger (indexed by feeling both mentally and physically ‘wound-up’ and agitated) and cognitive anger (indexed by negative attributions about others and life). Relevant means and standard deviations for the conflict variables are shown in Table 13 and the anger variable results are shown in Table 14.

Table 13
Mean Scores (and Standard Deviations) on Conflict Sub-scales for Attachment Style Groups and Gender

<table>
<thead>
<tr>
<th>Attachment Style Groups</th>
<th>Secure</th>
<th>Dismiss.</th>
<th>Preocc.</th>
<th>Fearful</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANGRY CONFLICT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2.86a</td>
<td>3.33ab</td>
<td>4.25k</td>
<td>4.08bc</td>
</tr>
<tr>
<td></td>
<td>(1.40)</td>
<td>(1.83)</td>
<td>(1.60)</td>
<td>(1.67)</td>
</tr>
<tr>
<td>Female</td>
<td>3.03</td>
<td>3.61</td>
<td>4.26</td>
<td>4.02</td>
</tr>
<tr>
<td></td>
<td>(1.35)</td>
<td>(1.96)</td>
<td>(1.68)</td>
<td>(1.89)</td>
</tr>
<tr>
<td>Male</td>
<td>2.39</td>
<td>3.08</td>
<td>4.21</td>
<td>4.14</td>
</tr>
<tr>
<td></td>
<td>(1.45)</td>
<td>(1.71)</td>
<td>(1.36)</td>
<td>(1.45)</td>
</tr>
<tr>
<td><strong>VIOLENT CONFLICT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1.73a</td>
<td>2.08ab</td>
<td>2.74b</td>
<td>2.84b</td>
</tr>
<tr>
<td></td>
<td>(1.12)</td>
<td>(1.47)</td>
<td>(1.81)</td>
<td>(1.63)</td>
</tr>
<tr>
<td>Female</td>
<td>1.80</td>
<td>1.97</td>
<td>2.63</td>
<td>2.66</td>
</tr>
<tr>
<td></td>
<td>(1.20)</td>
<td>(1.48)</td>
<td>(1.79)</td>
<td>(1.85)</td>
</tr>
<tr>
<td>Male</td>
<td>1.55</td>
<td>2.18</td>
<td>3.07</td>
<td>3.02</td>
</tr>
<tr>
<td></td>
<td>(0.85)</td>
<td>(1.49)</td>
<td>(0.99)</td>
<td>(1.38)</td>
</tr>
<tr>
<td><strong>ALIENATING CONFLICT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.24a</td>
<td>4.81b</td>
<td>4.26b</td>
<td>4.81b</td>
</tr>
<tr>
<td></td>
<td>(1.65)</td>
<td>(1.95)</td>
<td>(1.83)</td>
<td>(1.96)</td>
</tr>
<tr>
<td>Female</td>
<td>3.34</td>
<td>5.15</td>
<td>4.26</td>
<td>4.89</td>
</tr>
<tr>
<td></td>
<td>(1.72)</td>
<td>(1.92)</td>
<td>(1.82)</td>
<td>(2.01)</td>
</tr>
<tr>
<td>Male</td>
<td>2.95</td>
<td>4.49</td>
<td>4.24</td>
<td>4.74</td>
</tr>
<tr>
<td></td>
<td>(1.45)</td>
<td>(1.96)</td>
<td>(1.93)</td>
<td>(1.55)</td>
</tr>
</tbody>
</table>

*Note.* All group comparisons were significant at the p<.001 level. Means within a row that have different subscripts differ significantly at the p<.01 level. *p<.05. **p<.01. ***p<.001.
Table 14
Mean Scores (and Standard Deviations) on Anger Sub-scales for Attachment Style Groups and Gender

<table>
<thead>
<tr>
<th>Attachment Style Groups</th>
<th>Secure</th>
<th>Dismiss.</th>
<th>Preocc.</th>
<th>Fearful</th>
<th>Att.</th>
<th>Sex</th>
<th>AttXSex</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEHAVIOURAL ANGER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7.10***</td>
<td>8.74**</td>
<td>.18</td>
</tr>
<tr>
<td>Total</td>
<td>3.52a</td>
<td>3.76b</td>
<td>4.73c</td>
<td>4.66bc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1.82)</td>
<td>(1.78)</td>
<td>(1.77)</td>
<td>(1.48)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>3.36</td>
<td>3.44</td>
<td>4.48</td>
<td>4.28</td>
<td>14.38***</td>
<td>.03</td>
<td>1.66</td>
</tr>
<tr>
<td></td>
<td>(1.51)</td>
<td>(1.71)</td>
<td>(1.80)</td>
<td>(1.65)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3.93</td>
<td>4.05</td>
<td>5.53</td>
<td>5.03</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2.47)</td>
<td>(1.85)</td>
<td>(1.44)</td>
<td>(1.20)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AROUSAL ANGER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>23.62***</td>
<td>4.53*</td>
<td>.96</td>
</tr>
<tr>
<td>Total</td>
<td>3.37a</td>
<td>3.67b</td>
<td>5.01b</td>
<td>4.70b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1.57)</td>
<td>(1.78)</td>
<td>(1.47)</td>
<td>(1.55)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>3.52</td>
<td>3.99</td>
<td>4.88</td>
<td>4.50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1.52)</td>
<td>(1.90)</td>
<td>(1.52)</td>
<td>(1.64)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3.00</td>
<td>3.39</td>
<td>5.44</td>
<td>4.90</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1.66)</td>
<td>(1.66)</td>
<td>(1.25)</td>
<td>(1.45)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COGNITIVE ANGER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.66a</td>
<td>4.07a</td>
<td>5.61b</td>
<td>5.49b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1.57)</td>
<td>(1.75)</td>
<td>(1.34)</td>
<td>(1.28)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>3.56</td>
<td>4.09</td>
<td>5.37</td>
<td>5.25</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1.48)</td>
<td>(1.81)</td>
<td>(1.35)</td>
<td>(1.37)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3.93</td>
<td>4.06</td>
<td>6.42</td>
<td>5.72</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1.81)</td>
<td>(1.74)</td>
<td>(1.00)</td>
<td>(1.16)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. All group comparisons were significant at the $p<.001$ level.
Means within a row that have different subscripts differ significantly at the $p<.01$ level.
* $p<.05$. ** $p<.01$. *** $p<.001$.

Overall, the conflict sub-scales showed that violent conflict was reported by all groups as occurring at a low rate compared with angry and alienating conflict, which were reported at moderate rates. The anger sub-scales were generally similar and moderate in their reported rates. The MANOVA showed a significant main effect for attachment groups on the combined conflict and anger sub-scale variables, $F(18, 569)=5.71, p<.001$; Wilks’ Lambda=.63; $\eta^2=.15$. When the univariate results were considered separately attachment group differences were found for all the variables.

Generally, secure and dismissive adolescents, as expected, reported the lowest levels of the various conflict and anger sub-scales and preoccupied and fearful adolescents reported the highest levels, as was the case for the total scales. However, the finer-grained analysis revealed an exception in that dismissives reported significantly higher levels of alienating conflict than did secure adolescents. Dismissive adolescents’ reports of alienating conflict were as high as those of fearful and preoccupied adolescents. For the more severe types of violent and angry conflict,
dismissive adolescents fell in between secure adolescents, and preoccupied and fearful adolescents.

6.3.3 Conflict and Anger Sub-scales – Gender Differences and Interaction Effects

There was also a significant main effect for gender, $F(6, 201)=4.16$, $p<.01$; Wilks’ Lambda=.89; $\eta^2 =.11$, but no significant interaction effect of gender with attachment groups $F(18, 569)=.59$, $p=.32$; Wilks’ Lambda=.95; $\eta^2 =.01$. Boys and girls did not differ significantly on the conflict sub-scales. However, the use of the anger sub-scales revealed a finding only hinted at in the previous analyses involving the total anger variable. Univariate results indicated that boys, as expected, reported both more behavioural anger ($M = 4.63$, $SD = 1.83$) and cognitive anger ($M = 5.03$, $SD = 1.75$) than did girls (behavioural anger: $M = 3.93$, $SD = 1.73$; cognitive anger: $M= 4.58$, $SD = 1.67$. Boys and girls did not differ on arousal anger.

6.4 Summary of Conflict, Anger and Depression Measures

Overall, the results showed a consistent pattern in the general variables of type of family conflict experienced, general anger expression and depression. Secure adolescents always reported the least amount of anger, conflict and depression. Dismissive adolescents usually reported relatively low levels on these variables also, with the exception of alienating conflict, which they reported as relatively high. Preoccupied and fearful adolescents reported the most anger, conflict and depression. Interestingly, the two groups highest on the avoidance attachment dimension, dismissive and fearful, reported the highest levels of alienating conflict, which was made up of items indicating lack of engagement, friendliness and understanding from their parents. Girls were more depressed than boys with the biggest difference being between dismissive girls and dismissive boys. Dismissive girls reported both high levels of depression and alienating conflict, equivalent to other insecure groups. In comparison, dismissive boys were similar to secure boys in depression although they were high on alienating conflict. Overall, boys were often more angry than girls, however, only for behavioural and cognitive anger was this significant.

6.5 The Conflict Vignettes and Specific Conflict Variables: Emotions, Strategies, Endings and Post-Conflict Behaviours

The previous section explored differences between attachment groups and differences between males and females in how they experienced general conflict,
anger proneness and depression proneness. This section examines how more specific responses to particular types of conflict scenarios differed for attachment groups and for males and females.

Attachment styles and gender were hypothesised to account for differences in the conflict responses of emotions, strategies, expected endings and post-conflict behaviour in adolescents. However, the type and content of the conflict in the scenarios may also influence how adolescents respond. In addition, there may be an interaction effect between adolescents’ attachment styles and the conflict story type with respect to their conflict responses. Conflicts which heightened adolescents’ rejection anxiety were expected to negatively affect both preoccupied and fearful adolescents more, whereas conflicts which involved intrusive intimacy and control were expected to affect dismissive and fearful adolescents more.

As explained in the Method Chapter, four hypothetical vignettes were designed to elicit participants’ likely specific responses to conflict. The Conflict Affect and Behaviours Questionnaire (CABQ) was developed to measure participants’ emotions, conflict strategies, expected endings and subsequent post-conflict behaviour in response to four different conflict vignettes. As outlined in the Method Chapter, on the basis of factor analyses, and theoretically based conceptual groupings, items were grouped together to form reliable measures of these variables.

The specific variables were investigated initially with four three-way MANOVAs. Attachment group, gender and story type were the independent variables. Each MANOVA separately investigated the dependent variable sets of emotions, strategies, expected endings and post-conflict behaviour responses from the conflict stories. Main effects were found for attachment style, gender and story type, but there were no significant interaction effects found involving story type. Thus, subsequent MANOVAs were performed with the responses collapsed across story type. However, as there was a main effect found for story type, these results are reported first.

6.5.1 Differences Between Anxiety and Avoidance Story Vignettes and Specific Conflict Response Variables

The anxiety provoking and avoidance provoking types of stories produced differences on the conflict response variables. In other words, their potency and outcomes differed. The results are presented in Table 15 for all four types of conflict.
responses: The emotions experienced, the types of strategies used in response to the conflict, the expected endings, and the final post-conflict behaviour.

Table 15

<table>
<thead>
<tr>
<th>Story Type</th>
<th>Anxiety</th>
<th>Avoidance</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawn</td>
<td>5.95 (1.93)</td>
<td>5.65 (1.84)</td>
<td>5.77*</td>
</tr>
<tr>
<td>Anxious</td>
<td>4.66 (1.76)</td>
<td>4.04 (1.63)</td>
<td>30.68***</td>
</tr>
<tr>
<td>Sad</td>
<td>6.35 (2.02)</td>
<td>5.94 (2.07)</td>
<td>11.18***</td>
</tr>
<tr>
<td>Close</td>
<td>3.23 (1.78)</td>
<td>4.02 (1.76)</td>
<td>33.49***</td>
</tr>
<tr>
<td>Shame</td>
<td>4.81 (1.92)</td>
<td>4.58 (2.00)</td>
<td>4.73*</td>
</tr>
<tr>
<td>Guilt</td>
<td>4.02 (1.96)</td>
<td>4.30 (1.96)</td>
<td>5.46*</td>
</tr>
<tr>
<td>Anger-self</td>
<td>4.63 (2.04)</td>
<td>4.73 (1.91)</td>
<td>.94</td>
</tr>
<tr>
<td>Anger-Parents</td>
<td>5.29 (1.83)</td>
<td>5.20 (1.79)</td>
<td>.85</td>
</tr>
<tr>
<td>Hostility</td>
<td>4.97 (2.21)</td>
<td>4.41 (2.10)</td>
<td>19.30***</td>
</tr>
</tbody>
</table>

The first MANOVA showed a significant main effect for story type on the combined emotion variables: $F(9,198)=7.11$, $p<.001$; Wilks’ Lambda=.76; $\eta^2=.24$. The second MANOVA showed a significant main effect for story type on the combined strategy variables: $F(4,203)=7.61$, $p<.001$; Wilks’ Lambda=.87; $\eta^2=.13$. The third MANOVA showed a significant main effect for story type on the combined expected endings variables: $F(4,203)=6.75$, $p<.001$; Wilks’ Lambda=.88; $\eta^2=.12$. The fourth MANOVA showed a main effect for story type on the post-conflict behaviour variables, but it was only significant at the .05 level, not the .01 level: $F(5,202) = 2.30$, $p<.05$; Wilks’ Lambda=.95; $\eta^2=.05$.

Although there were no interaction effects with story type and either attachment style or gender, the main effects for story type indicate that the two story
types differed in their levels of the conflict response variables. The anxiety story type, with the elements of rejection and criticism, produced more markedly negative responses than did the avoidance story type, which had elements of intrusiveness and criticism.

As can be seen from Table 15, the anxiety story type was significantly more potent for invoking emotional responses such as anxiety, sadness, hostility and shame, and more violent and angry endings to the conflict were indicated. Following this type of conflict there was also a greater likelihood of adolescents saying they would take risks with respect to getting into trouble. These findings, of course, also indicate that there were less of these types of responses to the avoidance story type.

The avoidance story type invoked significantly more positive responses such as feeling close to parents and guilty (partly defined as wanting to fix things). There was also more likelihood of the adolescents conceding and avoiding during this type of conflict, and more good conflict endings were expected. Again, there are less of these types of responses to the anxiety story type.

The overall findings do not support the hypothesis that different attachment style groups would respond differently depending on the content of these conflict stories. However, the story type response differences are interesting in themselves as they show that the type or content of conflict (e.g., the issue and/or the parental responses) may influence how adolescents in general feel and respond. The anxiety story type, which involved the issue of friends combined with parental criticism and/or rejection, appears particularly potent in invoking negative responses and a lower level of positive responses. But this is not so for the avoidance story type, which involved the parents wanting to be closer or intrusively involved with their adolescents, even while also engaging in criticism. In this situation the adolescents’ responses appear to be more positive and less negative.

6.6 Attachment Style and Gender Differences in Emotions, Strategies, Endings and Post-Conflict Behaviours in Response to Story Vignettes

The following sets of analyses were collapsed across story type as no interaction effects were evident for attachment style and gender. Four two-way MANOVAs, with follow-up univariate and contrast tests were performed across the four sets of more specific responses. These analyses tested for gender differences and ascertained if secure adolescents showed lower levels of the negative variables and
higher levels of the positive variables than adolescents in the insecure attachment style groups.

6.6.1 Emotional Responses – Attachment Style and Gender Differences

The first set of responses related to the emotions the adolescents reported they would experience during such conflicts. The results across attachment groups and gender are shown in Table 16.

A two-way MANOVA revealed a significant main effect for attachment style on the combined emotion variables $F(27, 579)=2.17, p<.01$; Wilks’ Lambda=.75; $\eta^2 = .09$. When the univariate results for the variables were examined separately, as shown in Table 18, differences between attachment groups were found for seven emotion variables: anxious, sad, shame, guilt, anger-self and anger-parents.

The pattern of results was consistent with predictions that dismissive adolescents would generally report the lowest levels of most emotions followed by secure adolescents. Either preoccupied or fearful adolescents reported the highest levels of the negative emotions such as feeling anxious and sad, although fearful adolescents were expected to be the most distressed.

Unexpectedly, this pattern was also the same for the feeling of guilt. It was anticipated that secure adolescents would report higher levels of guilt than other groups since guilt, with its element of wanting to fix things, is a more positive emotion compared with feeling ashamed, which contains the element of humiliation. Fearful and preoccupied adolescents reported the highest levels of feeling guilty, although not significantly higher than secure adolescents. As anticipated, dismissives reported the lowest levels of guilt.

Dismissives also reported the lowest level of feeling ashamed, significantly lower than preoccupied and fearful adolescents. Secure adolescents were expected to report low levels of feeling ashamed but although their levels were lower than preoccupied and fearful adolescents they only differed significantly from the preoccupied adolescents. The attachment groups did not differ significantly in feeling close to their parents, which is a positive emotion with elements of trust and intimacy. Against expectation, secure adolescents did not report feeling more close to their parents than other groups.
Table 16  
Mean Scores (Standard Deviations) on Emotion Variables for Attachment Groups and Gender

<table>
<thead>
<tr>
<th>Attachment Style Groups</th>
<th>Gender</th>
<th>Att. F</th>
<th>Sex F</th>
<th>AttXSex F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WITHDRAWN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5.70</td>
<td>5.35</td>
<td>6.07</td>
<td>5.95</td>
</tr>
<tr>
<td></td>
<td>(1.94)</td>
<td>(2.08)</td>
<td>(1.56)</td>
<td>(1.58)</td>
</tr>
<tr>
<td>Female</td>
<td>6.19</td>
<td>6.19</td>
<td>6.18</td>
<td>6.41</td>
</tr>
<tr>
<td></td>
<td>(1.67)</td>
<td>(2.05)</td>
<td>(1.64)</td>
<td>(1.35)</td>
</tr>
<tr>
<td>Male</td>
<td>4.40</td>
<td>4.60</td>
<td>5.68</td>
<td>5.50</td>
</tr>
<tr>
<td></td>
<td>(2.05)</td>
<td>(1.84)</td>
<td>(1.26)</td>
<td>(1.67)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6.23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5.06</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANXIOUS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>4.24</td>
<td>3.56</td>
<td>4.60</td>
<td>4.73</td>
</tr>
<tr>
<td></td>
<td>(1.74)</td>
<td>(1.52)</td>
<td>(1.37)</td>
<td>(1.34)</td>
</tr>
<tr>
<td>Female</td>
<td>4.60</td>
<td>3.85</td>
<td>4.68</td>
<td>5.18</td>
</tr>
<tr>
<td></td>
<td>(1.56)</td>
<td>(1.49)</td>
<td>(1.43)</td>
<td>(1.26)</td>
</tr>
<tr>
<td>Male</td>
<td>3.31</td>
<td>3.30</td>
<td>4.37</td>
<td>4.28</td>
</tr>
<tr>
<td></td>
<td>(1.89)</td>
<td>(1.54)</td>
<td>(1.15)</td>
<td>(1.28)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.64</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.83</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5.98</td>
<td>5.33</td>
<td>6.73</td>
<td>6.25</td>
</tr>
<tr>
<td></td>
<td>(2.20)</td>
<td>(2.05)</td>
<td>(1.67)</td>
<td>(1.57)</td>
</tr>
<tr>
<td>Female</td>
<td>6.64</td>
<td>6.31</td>
<td>6.66</td>
<td>6.73</td>
</tr>
<tr>
<td></td>
<td>(1.73)</td>
<td>(1.60)</td>
<td>(1.81)</td>
<td>(1.52)</td>
</tr>
<tr>
<td>Male</td>
<td>4.22</td>
<td>4.46</td>
<td>6.95</td>
<td>5.77</td>
</tr>
<tr>
<td></td>
<td>(1.45)</td>
<td>(1.96)</td>
<td>(1.93)</td>
<td>(1.55)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6.62</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5.31</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLOSE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.46</td>
<td>3.44</td>
<td>3.68</td>
<td>3.89</td>
</tr>
<tr>
<td></td>
<td>(1.86)</td>
<td>(1.48)</td>
<td>(1.33)</td>
<td>(1.49)</td>
</tr>
<tr>
<td>Female</td>
<td>3.06</td>
<td>3.00</td>
<td>3.60</td>
<td>3.59</td>
</tr>
<tr>
<td></td>
<td>(1.50)</td>
<td>(1.37)</td>
<td>(1.40)</td>
<td>(1.36)</td>
</tr>
<tr>
<td>Male</td>
<td>4.51</td>
<td>3.84</td>
<td>3.93</td>
<td>4.19</td>
</tr>
<tr>
<td></td>
<td>(2.30)</td>
<td>(1.50)</td>
<td>(1.57)</td>
<td>(1.09)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.34</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.13</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHAME</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>4.30</td>
<td>3.84</td>
<td>5.26</td>
<td>5.12</td>
</tr>
<tr>
<td></td>
<td>(2.02)</td>
<td>(1.58)</td>
<td>(1.51)</td>
<td>(1.64)</td>
</tr>
<tr>
<td>Female</td>
<td>4.69</td>
<td>4.34</td>
<td>5.18</td>
<td>5.63</td>
</tr>
<tr>
<td></td>
<td>(1.79)</td>
<td>(1.47)</td>
<td>(1.58)</td>
<td>(1.58)</td>
</tr>
<tr>
<td>Male</td>
<td>3.27</td>
<td>3.40</td>
<td>5.53</td>
<td>4.61</td>
</tr>
<tr>
<td></td>
<td>(2.29)</td>
<td>(1.59)</td>
<td>(1.23)</td>
<td>(1.57)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.99</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.17</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GUILT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.87</td>
<td>3.29</td>
<td>4.68</td>
<td>4.53</td>
</tr>
<tr>
<td></td>
<td>(1.88)</td>
<td>(1.30)</td>
<td>(1.62)</td>
<td>(1.86)</td>
</tr>
<tr>
<td>Female</td>
<td>3.89</td>
<td>3.03</td>
<td>4.62</td>
<td>4.74</td>
</tr>
<tr>
<td></td>
<td>(1.78)</td>
<td>(1.23)</td>
<td>(1.61)</td>
<td>(1.97)</td>
</tr>
<tr>
<td>Male</td>
<td>3.80</td>
<td>3.53</td>
<td>4.87</td>
<td>4.33</td>
</tr>
</tbody>
</table>
|                         | (2.18) | (1.36) | (1.70) | (1.76)    | 4.10 (continued)
Interestingly, there were no attachment group differences in being withdrawn, despite it being made up of avoidant and self-reliant items, which might have been expected to characterise fearful and dismissive groups’ responses. As expected, preoccupied and fearful adolescents reported the most anger, which contained elements of feeling angry at themselves, things in general and their parents. However, there were no significant attachment group differences for hostility, whereas it was expected that secure adolescents would report the lowest level with preoccupied and fearful adolescents reporting the highest levels, and some uncertainty over dismissives, who might not acknowledge anger but might still feel hostility.

### 6.6.2 Emotional Responses - Gender Differences and Interaction Effects

The MANOVA also showed a significant main effect for gender on the combined emotion variables: \( F(9, 198) = 4.79, p < .001 \); Wilks’ Lambda = .82; \( \eta^2 = .18 \). Univariate results, in keeping with predictions, showed that girls reported higher...
levels of the negative emotions of being withdrawn, anxious, sad and ashamed (see Table 16).

An unanticipated result was that boys reported a higher level of closeness to their parents than girls did. However, boys failed to show the anticipated higher levels of anger than girls in their responses to these specific scenarios. This contrasts with the pattern shown in the general variables where boys showed more behavioural and cognitive anger than girls did. In fact, responses to the specific scenarios went in the opposite direction with girls reporting higher levels of ‘anger-parents’ (angry at parents and in general) and higher levels of hostility. Examination of the mean scores for ‘anger-parents’ also highlighted an anomaly. Unexpectedly, the attachment groups for girls did not differ significantly and all were high on feeling this type of anger. While there was no significant gender interaction effect, preoccupied boys reported higher levels of this anger than secure and dismissive boys did, but only at the .05 significance level. There were no gender differences for feeling guilty or anger at self.

Although there was no overall multivariate interaction effect between gender and attachment style, it is worth noting that there was a univariate interaction effect for sadness: $F(3, 206)=5.13, p<.01; \eta^2 =.07$. For all attachment styles, girls reported relatively high levels of sadness and the attachment groups did not differ significantly. However, for boys, the secure, dismissive and fearful groups reported relatively low levels of sadness, but the preoccupied boys reported the highest level of sadness, similar to the levels of the girls.

### 6.6.3 Conflict Resolution Strategies - Attachment Style Differences

The second set of responses was the conflict resolution strategies the adolescents reported that they would engage in during the conflicts. There were four types of strategies: contending (contentious statements aimed at the adolescent getting their own way), problem solving (trying to acknowledge and address everyone’s concerns), conceding (giving in to the parents’ wants) and avoiding (doing nothing). The results across attachment groups and gender are shown in Table 17.

There was a significant main effect for attachment style on the combined strategy variables $F(12, 537.379)=3.28, p<.001; \text{Wilks’ Lambda}=.83; \eta^2 =.06$. When the univariate results were examined separately, differences among attachment groups were found for contending and problem solving (see Table 17).
### Table 17
**Mean Scores (and Standard Deviations) on the Conflict Resolution Strategies for Attachment Style Groups and Gender**

<table>
<thead>
<tr>
<th></th>
<th>Secure</th>
<th>Dismiss.</th>
<th>Preocc.</th>
<th>Fearful</th>
<th>Att.</th>
<th>Sex</th>
<th>AttXSex</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONTEND</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5.42&lt;sub&gt;ab&lt;/sub&gt;</td>
<td>5.11&lt;sub&gt;f&lt;/sub&gt;</td>
<td>6.19&lt;sub&gt;b&lt;/sub&gt;</td>
<td>5.67&lt;sub&gt;ab&lt;/sub&gt;</td>
<td>4.89**</td>
<td>.56</td>
<td>2.27</td>
</tr>
<tr>
<td>Female</td>
<td>5.61</td>
<td>5.45</td>
<td>5.96</td>
<td>5.90</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>4.93&lt;sub&gt;a&lt;/sub&gt;</td>
<td>4.80&lt;sub&gt;a&lt;/sub&gt;</td>
<td>6.96&lt;sub&gt;b&lt;/sub&gt;</td>
<td>5.44&lt;sub&gt;a&lt;/sub&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PROB.SOL.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5.66&lt;sub&gt;a&lt;/sub&gt;</td>
<td>4.45&lt;sub&gt;b&lt;/sub&gt;</td>
<td>5.58&lt;sub&gt;a&lt;/sub&gt;</td>
<td>5.19&lt;sub&gt;ab&lt;/sub&gt;</td>
<td>5.29**</td>
<td>.19</td>
<td>.04</td>
</tr>
<tr>
<td>Female</td>
<td>5.65</td>
<td>4.40</td>
<td>5.53</td>
<td>5.16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>5.68</td>
<td>4.49</td>
<td>5.76</td>
<td>5.22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CONCEDE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.19</td>
<td>3.22</td>
<td>3.02</td>
<td>3.43</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>2.99</td>
<td>2.58</td>
<td>3.05</td>
<td>3.11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3.71</td>
<td>3.80</td>
<td>2.94</td>
<td>3.74</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AVOID</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3.34</td>
<td>3.54</td>
<td>3.98</td>
<td>3.47</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>3.30&lt;sub&gt;a&lt;/sub&gt;</td>
<td>3.03&lt;sub&gt;ab&lt;/sub&gt;</td>
<td>4.18&lt;sub&gt;b&lt;/sub&gt;</td>
<td>3.20&lt;sub&gt;ab&lt;/sub&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3.45&lt;sub&gt;a&lt;/sub&gt;</td>
<td>4.01&lt;sub&gt;a&lt;/sub&gt;</td>
<td>3.31&lt;sub&gt;a&lt;/sub&gt;</td>
<td>3.74&lt;sub&gt;a&lt;/sub&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Means within a row that have different subscripts differ significantly at the p .01 level.*

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

Unexpectedly, secure, preoccupied and fearful adolescents reported similar levels of problem solving. Dismissives, as expected, were the least likely to try problem solving, significantly less likely than secure or preoccupied adolescents. Dismissive adolescents also reported less contending than other groups but the difference was only significant with the preoccupied group. Secure adolescents were also less contending than preoccupied adolescents were, although this was only significant at the .05 level. No significant attachment group differences were found for the conceding and avoiding strategies, despite expectation that secure and
preoccupied adolescents may have conceded more, and dismissives may have avoided more than other groups.

6.6.4 Conflict Resolution Strategies - Gender Differences and Interaction Effects

There was no significant main effect for gender; $F(4, 203)=2.14, p=.08$; Wilks’ Lambda=.96; $\eta^2=.04$. However, univariate results revealed that boys ($M = 3.61, SD = 1.65$) reported generally higher levels of conceding than girls ($M = 2.98, SD = 1.38$). While there was no significant multivariate interaction effect, there was a weak univariate interaction effect for using avoidance as a strategy that was worth investigating. For boys, all the attachment groups had similar levels of avoiding and doing nothing to resolve the conflict. For girls, unexpectedly the preoccupied girls, rather than the dismissive girls, showed the highest levels of avoiding, which was significantly elevated compared to the secure girls.

6.6.5 Expected Endings Responses - Attachment Style Differences

The third set of conflict responses consisted of the adolescents’ expectations of how the conflict would end. These endings were good (things are worked out), violent (verbal or physical abuse occurs), angry (there is anger, shouting and/or name-calling) and avoidant (conflict stops but it is not resolved). Results across attachment groups and gender are presented in Table 18.

The MANOVA revealed a significant main effect for attachment group on the combined expected endings variables: $F(12, 537.379)=3.09, p<.001$; Wilks’ Lambda=.84; $\eta^2=.06$. When the univariate results were examined, as shown in Table 19, differences between attachment groups were found for good endings and angry endings. The variable of violent endings had a significance level of .017, thus it approached significance at the .01 level.

As anticipated, secure adolescents expected higher levels of good endings than all other groups. Unexpectedly, while these differences with dismissive and fearful adolescents were significant, the difference between secure adolescents and preoccupied adolescents was not, although it was in the anticipated direction. Dismissive and fearful adolescents had the lowest levels of expected good endings to the conflicts.

Also as anticipated, preoccupied and fearful adolescents predicted more violent endings than secure adolescents did. The pattern was similar for the prediction of angry endings although in this case only secure adolescents differed significantly
from preoccupied adolescents, who were the most likely to predict angry conflict endings. Again, as with the conflict resolution strategies, dismissives did not show the expected avoidant endings.

Table 18
Mean Scores (and Standard Deviations) on the Expected Endings Variables for Attachment Style Groups and Gender

<table>
<thead>
<tr>
<th>Attachment Style Groups</th>
<th>Secure</th>
<th>Dismiss.</th>
<th>Preocc.</th>
<th>Fearful</th>
<th>Att. F</th>
<th>Sex F</th>
<th>AttXSex F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOOD ENDINGS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6.68***</td>
<td>.02</td>
<td>.90</td>
</tr>
<tr>
<td>Total</td>
<td>6.32a</td>
<td>4.73b</td>
<td>5.85nc</td>
<td>5.28nc</td>
<td>(1.78)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>6.38</td>
<td>4.91</td>
<td>5.85</td>
<td>4.93</td>
<td>(1.68)</td>
<td>(1.55)</td>
<td>(2.01)</td>
</tr>
<tr>
<td>Male</td>
<td>6.16</td>
<td>4.57</td>
<td>5.84</td>
<td>5.62</td>
<td>(2.08)</td>
<td>(1.48)</td>
<td>(1.71)</td>
</tr>
<tr>
<td><strong>VIOLENT ENDINGS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3.49*</td>
<td>.74</td>
<td>.05</td>
</tr>
<tr>
<td>Total</td>
<td>1.73a</td>
<td>2.05ab</td>
<td>2.38b</td>
<td>2.48b</td>
<td>(1.03)</td>
<td>(1.21)</td>
<td>(1.37)</td>
</tr>
<tr>
<td>Female</td>
<td>1.70</td>
<td>1.95</td>
<td>2.32</td>
<td>2.44</td>
<td>(1.00)</td>
<td>(1.28)</td>
<td>(1.55)</td>
</tr>
<tr>
<td>Male</td>
<td>1.81</td>
<td>2.15</td>
<td>2.59</td>
<td>2.52</td>
<td>(1.13)</td>
<td>(1.16)</td>
<td>(1.19)</td>
</tr>
<tr>
<td><strong>ANGRY ENDINGS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.30**</td>
<td>1.18</td>
<td>.38</td>
</tr>
<tr>
<td>Total</td>
<td>3.25a</td>
<td>3.51ab</td>
<td>4.19b</td>
<td>3.91ab</td>
<td>(1.42)</td>
<td>(1.70)</td>
<td>(1.42)</td>
</tr>
<tr>
<td>Female</td>
<td>3.34</td>
<td>3.81</td>
<td>4.19</td>
<td>3.94</td>
<td>(1.39)</td>
<td>(2.05)</td>
<td>(1.62)</td>
</tr>
<tr>
<td>Male</td>
<td>2.98</td>
<td>3.23</td>
<td>4.22</td>
<td>3.88</td>
<td>(1.50)</td>
<td>(1.32)</td>
<td>(1.23)</td>
</tr>
<tr>
<td><strong>AVOIDANT ENDINGS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.46</td>
<td>1.94</td>
<td>1.50</td>
</tr>
<tr>
<td>Total</td>
<td>3.48</td>
<td>3.63</td>
<td>4.08</td>
<td>3.84</td>
<td>(1.50)</td>
<td>(1.33)</td>
<td>(1.19)</td>
</tr>
<tr>
<td>Female</td>
<td>3.62</td>
<td>3.52</td>
<td>4.28</td>
<td>3.80</td>
<td>(1.42)</td>
<td>(1.48)</td>
<td>(1.33)</td>
</tr>
<tr>
<td>Male</td>
<td>3.08</td>
<td>3.72</td>
<td>3.43</td>
<td>3.87</td>
<td>(1.69)</td>
<td>(1.21)</td>
<td>(1.30)</td>
</tr>
</tbody>
</table>

*p<.05  **p<.01.  ***p<.001.
Means within a row that have different subscripts differ significantly at the p<.01 level.

6.6.6 Expected Endings Responses - Gender Differences and Interaction Effects

There was no significant main effect for gender on the combined expected endings variables: $F(4, 203)=1.64, p=.17; \text{Wilks' Lambda}=.97; \eta^2=.03$. There was also no interaction effect found $F(12, 537)=1.03, p=.42; \text{Wilks' Lambda}=.94; \eta^2=.02$. 
However, further investigation of the means for males and females revealed that preoccupied girls had a higher level of expecting avoidant endings than secure girls, but this was only significant at the .05 level. However, while relatively weak this result is in keeping with the earlier finding for preoccupied girls to also use avoidant conflict resolution strategies when engaging in conflict.

6.6.7 Post-Conflict Behavioural Responses - Attachment Style Differences

The fourth set of conflict responses consisted of the adolescents’ likely behaviour after the conflict. These behaviours were of two main types, the more positive coping responses and the more negative risk-taking responses. The two measures for more positive behaviour were coping mainly by contacting friends or coping by doing activities such as exercise or playing a video/computer game. The more negative behaviours consisted of taking risks with getting into trouble with school, police or others; taking risks by using illegal drugs (e.g., LSD, marijuana), and hurting themselves; and taking risks by escapism through staying away from home a lot or taking legal drugs such as sleeping tablets. Results for attachment groups and gender are presented in Table 19.

Coping behaviours were reported at higher rates than the risk-taking behaviours, with both having a possible range from 1 to 9. The MANOVA revealed a significant main effect for the attachment groups on the combined post-conflict behaviour variables $F(15, 558)=2.31, p<.01$; Wilks’ Lambda=.85; $\eta^2=.05$. When the univariate results were examined, as shown in Table 19, differences between attachment groups were found only for the coping responses of contacting friends and choosing to engage in activities.

Contacting friends as a way of coping after conflict, as anticipated, was high for both secure and preoccupied adolescents, who were much more likely to show this coping response than dismissive and fearful adolescents (the two groups highest on the avoidance attachment dimension). Coping by doing activities, as expected, was high for secure adolescents, but they were only significantly different from dismissives, who somewhat surprisingly had the lowest level. Dismissive adolescents were expected to report they would engage in activities as a means of coping at a higher rate than what was found.
Table 19

Mean Scores (and Standard Deviations) on the Post-Conflict Behaviour Variables for Attachment Style Groups and Gender

<table>
<thead>
<tr>
<th></th>
<th>Attachment Style Groups</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Secure (Att)</td>
<td>Dismiss. (Sex)</td>
<td>Preocc. (AttXSex)</td>
<td>Fearful (AttXSex)</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>F</td>
</tr>
<tr>
<td>COPE FRIENDS</td>
<td>7.23&lt;sub&gt;a&lt;/sub&gt;</td>
<td>5.56&lt;sub&gt;b&lt;/sub&gt;</td>
<td>7.42&lt;sub&gt;a&lt;/sub&gt;</td>
<td>6.09&lt;sub&gt;b&lt;/sub&gt;</td>
</tr>
<tr>
<td></td>
<td>(1.62)</td>
<td>(1.80)</td>
<td>(1.55)</td>
<td>(1.77)</td>
</tr>
<tr>
<td>Female</td>
<td>7.56&lt;sub&gt;a&lt;/sub&gt;</td>
<td>6.15&lt;sub&gt;ab&lt;/sub&gt;</td>
<td>7.60&lt;sub&gt;a&lt;/sub&gt;</td>
<td>6.03&lt;sub&gt;b&lt;/sub&gt;</td>
</tr>
<tr>
<td></td>
<td>(1.27)</td>
<td>(2.09)</td>
<td>(1.41)</td>
<td>(1.88)</td>
</tr>
<tr>
<td>Male</td>
<td>6.36&lt;sub&gt;ab&lt;/sub&gt;</td>
<td>5.03&lt;sub&gt;b&lt;/sub&gt;</td>
<td>6.82&lt;sub&gt;a&lt;/sub&gt;</td>
<td>6.15&lt;sub&gt;ab&lt;/sub&gt;</td>
</tr>
<tr>
<td></td>
<td>(2.11)</td>
<td>(1.34)</td>
<td>(1.87)</td>
<td>(1.68)</td>
</tr>
<tr>
<td>COPE ACTIVITIES</td>
<td>5.88&lt;sub&gt;a&lt;/sub&gt;</td>
<td>4.87&lt;sub&gt;b&lt;/sub&gt;</td>
<td>5.86&lt;sub&gt;a&lt;/sub&gt;</td>
<td>5.49&lt;sub&gt;ab&lt;/sub&gt;</td>
</tr>
<tr>
<td></td>
<td>(1.41)</td>
<td>(1.38)</td>
<td>(1.60)</td>
<td>(1.39)</td>
</tr>
<tr>
<td>Female</td>
<td>5.91</td>
<td>4.98</td>
<td>5.99</td>
<td>5.45</td>
</tr>
<tr>
<td></td>
<td>(1.46)</td>
<td>(1.39)</td>
<td>(1.54)</td>
<td>(1.55)</td>
</tr>
<tr>
<td>Male</td>
<td>5.82</td>
<td>4.77</td>
<td>5.42</td>
<td>5.53</td>
</tr>
<tr>
<td></td>
<td>(1.31)</td>
<td>(1.40)</td>
<td>(1.75)</td>
<td>(1.24)</td>
</tr>
<tr>
<td>RISK TROUBLE</td>
<td>2.02</td>
<td>2.21</td>
<td>2.59</td>
<td>2.30</td>
</tr>
<tr>
<td></td>
<td>(1.64)</td>
<td>(1.63)</td>
<td>(1.87)</td>
<td>(1.70)</td>
</tr>
<tr>
<td>Female</td>
<td>1.84</td>
<td>2.09</td>
<td>2.62</td>
<td>1.96</td>
</tr>
<tr>
<td></td>
<td>(1.28)</td>
<td>(1.82)</td>
<td>(1.95)</td>
<td>(1.81)</td>
</tr>
<tr>
<td>Male</td>
<td>2.48</td>
<td>2.31</td>
<td>2.49</td>
<td>2.65</td>
</tr>
<tr>
<td></td>
<td>(2.33)</td>
<td>(1.48)</td>
<td>(1.64)</td>
<td>(1.55)</td>
</tr>
<tr>
<td>RISK DRUGS</td>
<td>1.45</td>
<td>1.90</td>
<td>1.83</td>
<td>1.79</td>
</tr>
<tr>
<td></td>
<td>(1.29)</td>
<td>(1.66)</td>
<td>(1.39)</td>
<td>(1.40)</td>
</tr>
<tr>
<td>Female</td>
<td>1.30</td>
<td>1.98</td>
<td>1.82</td>
<td>1.78</td>
</tr>
<tr>
<td></td>
<td>(.84)</td>
<td>(1.79)</td>
<td>(1.50)</td>
<td>(1.70)</td>
</tr>
<tr>
<td>Male</td>
<td>1.85</td>
<td>1.83</td>
<td>1.84</td>
<td>1.80</td>
</tr>
<tr>
<td></td>
<td>(2.04)</td>
<td>(1.58)</td>
<td>(1.00)</td>
<td>(1.04)</td>
</tr>
<tr>
<td>RISK ESCAPISM</td>
<td>2.22</td>
<td>2.17</td>
<td>2.76</td>
<td>2.19</td>
</tr>
<tr>
<td></td>
<td>(1.58)</td>
<td>(1.70)</td>
<td>(1.85)</td>
<td>(1.60)</td>
</tr>
<tr>
<td>Female</td>
<td>2.20</td>
<td>2.19</td>
<td>2.94</td>
<td>2.11</td>
</tr>
<tr>
<td></td>
<td>(1.47)</td>
<td>(1.97)</td>
<td>(2.00)</td>
<td>(1.81)</td>
</tr>
<tr>
<td>Male</td>
<td>2.29</td>
<td>2.16</td>
<td>2.19</td>
<td>2.28</td>
</tr>
<tr>
<td></td>
<td>(1.87)</td>
<td>(1.46)</td>
<td>(1.12)</td>
<td>(1.39)</td>
</tr>
</tbody>
</table>

*<i>p</i>&lt;.05  **<i>p</i>&lt;.01  ***<i>p</i>&lt;.001.

Means within a row that have different subscripts differ significantly at the <i>p</i>&lt;.01 level.

It had been anticipated that preoccupied adolescents, while being similar to secure adolescents in some aspects of coping, would differ from them in that they would also engage in negative risk-taking behaviour after conflict, whereas secure
adolescents would not. However, unexpectedly, there were no significant attachment style differences for any of the risk-taking behaviours. Secure adolescents reported the lowest levels of engaging in behaviour which could get them into trouble and taking risks by using drugs and preoccupied adolescents reported the highest levels of risking trouble and escapism. However, these differences were small and non-significant.

6.6.7 Post-Conflict Behavioural Responses - Gender Differences and Interaction Effects

A significant main effect for gender was found for the combined post-conflict behaviours variables: $F(5, 202)=3.61, p<.01$; Wilks’ Lambda=.92; $\eta^2=.08$. The univariate tests revealed that the only significant gender difference was for coping with friends. Girls ($M = 7.08, SD = 1.71$) reported, as expected, that they would engage in this behaviour more than boys would ($M = 6.03, SD = 1.82$).

While no significant multivariate interaction effect was found: $F(15, 558.034)=.92, p=.54$; Wilks’ Lambda=.94; $\eta^2=.02$, the univariate interaction effect for coping with friends showed a trend worth noting. Dismissive boys, more so than any other group, were less inclined to cope by contacting friends after family conflict. They were significantly (at the .01 level) less likely than preoccupied boys to contact friends, and their rate of contacting friends was also lower than the secure and fearful boys, although the latter was significant only at the .05 level. The overall gender difference in contacting friends, while partly due to dismissive boys being very low in this style of coping, was also due to preoccupied and secure girls being far more likely than boys in these groups to contact friends.

There was also a trend for boys to report a higher level of risking trouble behaviour, but this difference failed to reach significance. An examination of the means for the risking trouble behaviour revealed a possible reason for the unexpected non-significant gender difference. While for most attachment styles boys reported higher levels of risking trouble than girls, the preoccupied girls’ risk-taking was as high as that the boys. However, there was no gender interaction effect. Further tests investigating this anomaly revealed that preoccupied girls had higher levels of risking-trouble, than secure girls did, but only at the .05 level.

6.7 Summary of Findings

In order to make sense of the large number of findings a summary table is presented below (Table 20). It includes the attachment style group differences
in the dependent variables, but not the gender differences. The reported levels of the variables have been described as either, ‘low’, ‘medium’ or ‘higher’. Out of a possible score range of 1 to 9, ‘low’ denotes a significantly (at the .01 level) lower score than another group, or if there were no group differences found, a score of 1 to 3. The rating ‘medium’ denotes a significantly greater score than the ‘low’ group, or if no group differences were found, a score of 3 to 5. The rating ‘higher’ denotes a significantly higher score than the ‘medium’ group, or if no group differences were found, a score of 5 to 9.

As can be seen in Table 20, for the general measures secure adolescents reported low levels of family conflict, anger proneness and depression-proneness compared with preoccupied and fearful adolescents who reported medium or higher levels. Dismissive adolescents generally reported low or low to medium levels of these variables with the exception of alienating conflict, which they reported at a medium level.

With respect to the specific variables, the findings were more mixed. Secure adolescents generally reported lower levels of the more negative variables and higher levels of the more positive variables. But there were exceptions to this, such as some of the negative emotions and the positive conflict resolution strategy of problem solving being reported at similar levels to the preoccupied and fearful adolescents. Dismissive adolescents generally reported low levels of negative emotions but also only medium or low levels of problem solving, coping with friends and good endings. All groups reported low levels of the post conflict risk-taking behaviours.

Table 20 shows that the secure adolescents reported low levels of all general measures of conflict, anger and depression. They reported generally low to medium levels of the conflict specific emotions, although feeling withdrawn was, like other groups, reported at a higher level. They reported they would use the conflict strategies at low to medium levels except for problem solving strategies, which they said they would use at higher levels. They expected conflict to have low levels of angry or violent endings, medium levels of avoidant endings and higher levels of good endings. The secure adolescents reported that after conflict they would contact friends and engage in activities at higher levels and engage in risky behaviours at low levels.
Table 20
Summary of Findings for Attachment Style Groups with Respect to the Dependent Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Secure</th>
<th>Attachment Style Groups</th>
<th>Dismissive</th>
<th>Preoccupied</th>
<th>Fearful</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL VARIABLES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>angry conflict*</td>
<td>low</td>
<td>low/med.</td>
<td>higher</td>
<td>med./higher</td>
<td></td>
</tr>
<tr>
<td>violent conflict*</td>
<td>low</td>
<td>low/med.</td>
<td>medium</td>
<td>medium</td>
<td></td>
</tr>
<tr>
<td>alienating conflict*</td>
<td>low</td>
<td>medium</td>
<td>medium</td>
<td>medium</td>
<td></td>
</tr>
<tr>
<td>behavioural anger*</td>
<td>low</td>
<td>low/med.</td>
<td>higher</td>
<td>med./higher</td>
<td></td>
</tr>
<tr>
<td>arousal anger*</td>
<td>low</td>
<td>low</td>
<td>medium</td>
<td>medium</td>
<td></td>
</tr>
<tr>
<td>cognitive anger*</td>
<td>low</td>
<td>low</td>
<td>medium</td>
<td>medium</td>
<td></td>
</tr>
<tr>
<td>depression*</td>
<td>low</td>
<td>low/med.</td>
<td>higher</td>
<td>med./higher</td>
<td></td>
</tr>
<tr>
<td><strong>SPECIFIC VARIABLES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>withdrawn</td>
<td>higher</td>
<td>higher</td>
<td>higher</td>
<td>higher</td>
<td></td>
</tr>
<tr>
<td>anxious*</td>
<td>low/med.</td>
<td>low</td>
<td>medium</td>
<td>medium</td>
<td></td>
</tr>
<tr>
<td>sad*</td>
<td>low/med.</td>
<td>low</td>
<td>medium</td>
<td>low/med.</td>
<td></td>
</tr>
<tr>
<td>close</td>
<td>medium</td>
<td>medium</td>
<td>medium</td>
<td>medium</td>
<td></td>
</tr>
<tr>
<td>shame*</td>
<td>low/med.</td>
<td>low</td>
<td>high</td>
<td>med./higher</td>
<td></td>
</tr>
<tr>
<td>guilt*</td>
<td>low/med.</td>
<td>low</td>
<td>med./higher</td>
<td>med./higher</td>
<td></td>
</tr>
<tr>
<td>anger-self*</td>
<td>low</td>
<td>low</td>
<td>medium</td>
<td>low</td>
<td></td>
</tr>
<tr>
<td>anger-parents*</td>
<td>low/med.</td>
<td>low</td>
<td>medium</td>
<td>low/med.</td>
<td></td>
</tr>
<tr>
<td>hostility</td>
<td>medium</td>
<td>medium</td>
<td>high</td>
<td>medium</td>
<td></td>
</tr>
<tr>
<td>contend*</td>
<td>low/med.</td>
<td>low</td>
<td>medium</td>
<td>low/med.</td>
<td></td>
</tr>
<tr>
<td>problem solve*</td>
<td>higher</td>
<td>medium</td>
<td>higher</td>
<td>med./higher</td>
<td></td>
</tr>
<tr>
<td>concede</td>
<td>medium</td>
<td>medium</td>
<td>medium</td>
<td>medium</td>
<td></td>
</tr>
<tr>
<td>avoid</td>
<td>medium</td>
<td>medium</td>
<td>medium</td>
<td>medium</td>
<td></td>
</tr>
<tr>
<td>good endings*</td>
<td>higher</td>
<td>low</td>
<td>med./higher</td>
<td>low/med.</td>
<td></td>
</tr>
<tr>
<td>violent endings*</td>
<td>low</td>
<td>low/med.</td>
<td>medium</td>
<td>medium</td>
<td></td>
</tr>
<tr>
<td>angry endings*</td>
<td>low</td>
<td>low/med.</td>
<td>medium</td>
<td>low/med.</td>
<td></td>
</tr>
<tr>
<td>avoidant endings*</td>
<td>medium</td>
<td>medium</td>
<td>medium</td>
<td>medium</td>
<td></td>
</tr>
<tr>
<td>cope friends*</td>
<td>higher</td>
<td>medium</td>
<td>higher</td>
<td>medium</td>
<td></td>
</tr>
<tr>
<td>cope activities*</td>
<td>higher</td>
<td>medium</td>
<td>higher</td>
<td>med./higher</td>
<td></td>
</tr>
<tr>
<td>risk trouble</td>
<td>low</td>
<td>low</td>
<td>low</td>
<td>low</td>
<td></td>
</tr>
<tr>
<td>risk drugs</td>
<td>low</td>
<td>low</td>
<td>low</td>
<td>low</td>
<td></td>
</tr>
<tr>
<td>risk escapism</td>
<td>low</td>
<td>low</td>
<td>low</td>
<td>low</td>
<td></td>
</tr>
</tbody>
</table>

Note. ‘low’ denotes a significantly (at the .01 level) lower score than another group, or if no group differences, a score of 1 to 3. ‘medium’ or ‘med.’ denotes a significantly greater score than the ‘low’ group, or if no group differences, a score of 3 to 5. ‘higher’ denotes a significantly higher score than the ‘medium’ group or if no group differences, a score of 5 to 9. Possible score range is 1 to 9.
* denotes significant (at the .05 level) attachment style group differences found.

These findings were generally consistent with the research hypotheses that predicted secure adolescents would report relatively healthy conflict processes.

The dismissive adolescents reported relatively similar levels on most variables to secure adolescents, but differed by indicating that they experience medium levels of alienating conflict. They also reported that, compared with secure adolescents, they would only problem solve at medium levels, expected low levels of good endings and
only medium levels of contacting friends or engaging in activities after conflict. As hypothesised, their conflict processes did not seem entirely healthy.

Preoccupied and fearful adolescents were the most volatile, as expected, but fearful adolescents did not report the extremes as predicted. In contrast to secure adolescents, these two insecure groups reported medium to higher levels of the general conflict, anger and depression measures. Some of their specific conflict measures also differed from those of secure adolescents. For example, preoccupied adolescents reported higher levels of shame and hostility, and medium levels of anger at self. Both groups reported generally medium levels of angry or violent conflict endings. This pattern of results seems to indicate more harmful conflict processes, as hypothesised. All these findings are discussed in the next chapter.
CHAPTER 7: DISCUSSION OF THE RESULTS

7.1 Overview

This thesis examined parent-adolescent conflict, which can be harmful and distressing for some families (Montemayor, 1983), as well as difficult to successfully treat for counsellors (Robin & Foster, 1989). However, parent-adolescent conflict can also be a healthy part of normal adolescent development (Smetana, 1989). Intense anger may be harmful in particular, and has been cited as increasing conflict and interfering with good conflict resolution (Robin & Foster, 1989). Yet the origins and mechanisms of anger in conflict are unclear. It was proposed in this study that the understanding and treatment of anger and conflict could benefit by including adolescent attachment and gender perspectives in a behavioural-family systems model of parent-adolescent conflict. Furthermore, examining conflict processes in terms of what adolescents bring to conflict, what they experience and expect in conflict, and the type of issues in conflict that engender the most distress and anger, could all enrich the picture of family relationships and interactions.

Both attachment style and gender were linked to levels of parent-adolescent conflict, anger proneness and depression proneness reported by adolescents. In addition, attachment and gender appear to affect adolescents’ responses in conflict and their patterns of conflict resolution, with some sub-groups appearing particularly vulnerable to poor processes and outcomes. The conflict-anger pattern found for secure adolescents seemed to be particularly healthy and functional. Certain other emotional and behavioural patterns in conflict, such as those including anger, abuse and poor resolution, seem to occur repeatedly, or be expected by some insecure adolescents. Such deleterious patterns make them worthy of exploration. By mapping these different patterns interventions may be tailored to match or mitigate these poor processes and outcomes.

The first discussion chapter examines the hypothesis-related findings by describing conflict ‘profiles’ for each of the four attachment styles. These profiles provide a picture of how secure, dismissive, fearful and preoccupied male and female adolescents operate with respect to family conflict. These descriptions integrate across factors examined, such as anger and depression proneness, shame, conflict strategies and expected conflict endings, to include typical patterns of conflict for each attachment group. Gender differences are also outlined, as well as the two main
attachment-gender interactions, the highly volatile preoccupied boys and the depressed dismissive girls. The second part of this chapter explores the themes that emerged from these ‘profile’ findings. These include attachment with respect to conflict styles, emotional regulation, and negative emotions and violence in conflict.

The final chapter examines the implications of the findings for interventions with ‘average’ to ‘conflict-distressed’ families. The interventions considered range from advice to parents and attachment parenting courses, to attachment-based individual or family counselling. Positive psychology (see Seligman, 2002), which encourages research and counselling on constructive processes, was used to partly guide interventions that encourage adolescents and their families to modify both their conflict behaviour and underlying relationship patterns to be more ‘secure’.

Finally, the limitations and strengths of the study are discussed in the final chapter. The thesis also ends with suggestions for future research to address the gaps and solve puzzles raised by the present research.

7.2 Attachment Style Profiles and Conflict Patterns

A major research aim of this thesis was to explore the question of whether there were different patterns of conflict between parents and adolescents, which were related to adolescent attachment styles. From the literature, variables were chosen to explore which factors, relevant to conflict, may be associated with the different attachment styles. The variables included general ones, such as types of family conflict experienced, anger proneness and depression, and more specific ones indicating in richer detail the likely adolescent responses to conflict. In general, the findings matched the hypotheses, which predicted there would be healthy and harmful patterns of conflict associated with the different adolescent attachment styles.

It was hypothesised that secure adolescents would report the most healthy and functional conflict-anger pattern. Intense conflict, and negative emotions and behaviours were expected to be linked to insecure attachment styles. Largely, this was what was found in this study (with the unexpected result that preoccupied adolescents appeared slightly worse off than fearful adolescents, who were expected to be the most troubled). As predicted, secure adolescents reported the lowest levels of anger proneness, depression, family conflict and abuse and negative conflict responses. Dismissive adolescents also reported low levels of these problematic aspects, with the important exceptions that they seemed to experience a relatively high level of alienating conflict with their parents and did not engage well in resolving conflict.
The results indicated that adolescents differ in many ways with respect to attachment, anger, depression and in their conflict responses, which may help to explain why universal therapeutic interventions do not always work equally well for different families (see Robin & Foster, 1989). In particular, it is useful to first describe how secure adolescents operate in conflict, as their processes appear to lead to better outcomes than for other groups. This allows subsequent exploration and description of the profiles of each insecure attachment style to be contrasted with the secure style. This will highlight how conflict patterns for the different groups of insecure adolescents may differ from secure adolescents, and each other. If distinctive conflict patterns are found, specific treatments could then be ‘tailor made’ for each problematic pattern.

7.2.1 Secure Adolescents

Secure adolescents represented only 29% of the participants in this study with a higher than expected percentage of girls (33.1% of all girls) compared with boys (21.8% of all boys) falling into this category. The percentage of secure participants was similar to the Brennan and colleagues’ (1998) secure group (30.4%) of college students, on which the attachment measure in this study was based. A recent study (Shi, 2002), which used Brennan et al.’s scale (with older college adolescents) to form four attachment groups, also found less than half (36.6%) of the sample were categorised as secure.

However, fewer participants were categorised as secure than in the Bartholomew and Horowitz (1991) study, which categorised 46.8% of the college student sample as secure. This may be due to the measure in this study being more conservative about categorising participants as secure and more able to encapsulate many facets of insecurity, thus discriminating different degrees of insecurity, as Brennan et al. (1998) propose. In addition, the younger Australian adolescents in this thesis may be more insecure than the young adult college students who participated in the American studies. Teenagers in middle adolescence may endorse more avoidant items as they negotiate personal independence, or more anxious items as they and their relationships change. Alternatively, methodological differences (such as referring to all close relations in this thesis, not just romantic ones) may have influenced the category rates.

Overall, the secure adolescents were less prone to anger and depression, and had lower general conflict and live in more harmonious and warm families than the
insecure adolescents. They reported lower levels of perceived angry and violent family conflict compared with preoccupied and fearful adolescents, and lower levels of alienating, cold conflict compared with all three insecure groups. Secure adolescents endorsed items that indicated that their parents listen to them, are friends to them, understand them and that they enjoy time spent with parents. Such displays of affection, and humor, and low family levels of anger and contempt, have been strongly linked to staying focused on problem solving and good family functioning and outcomes (Capaldi et al., 1994). In the present study, secure adolescents reported a low rate of violence in the family; activities such as hitting each other, throwing things or verbal abuse, were rare. These secure adolescents reported that generally they get along with their parents and that arguments often ended calmly. Low levels of the conflict variables (self-reported past and present conflict) were still reported, indicating the presence of family conflict even for secure adolescents. However, the conflict appeared not to include the excessive use of anger, insults, put downs, coldness or criticism from the parents.

Attachment theory and findings indicate that secure adolescents’ positive working models of self and other have probably developed from the sensitive, appropriate and responsive parenting they have received (Bowlby, 1973; Magai et al., 2000). It is argued that these working models instill self-esteem and confidence in secure children and adults (Bartholomew & Horowitz, 1991), so that even in stressful situations children see themselves as ‘okay’ and their parents as a ‘secure base’ whom they can trust (Ainsworth et al., 1978). The current data also point to secure adolescents having retained trust in parents, as indicated by their endorsement of items relating to their parents being helpful, ‘good friends’ to them and being there for help when needed. They also indicated that their parents were not ‘bossy’ when they talked and did not get upset about the adolescents’ opinions, even when they did not agree with them. Secure adolescents also reported low depression, which supports other research (Armsden et al., 1990; Haaga et al., 2002; Kenny, Moilanen, Lomax & Brabeck, 1993; Kobak et al., 1993) that has found secure attachment, positive self-views and positive working models were linked with low depression levels in children, adolescents and adults.

Secure adolescents’ low general anger and depression reflects their ability to regulate their negative emotions. Unexpectedly, they reported they would be as sad, anxious, angry, hostile and contentious in response to the conflict scenarios as the
preoccupied and fearful groups. However, these situational emotions did not appear to have generalised to become tendencies or traits. Previous research has found lower negative affect during conflict for secure individuals and less general depression and anxiety (Torquati & Vazsonyi, 1999). Despite their negative affect, secure adolescents reported they would still problem solve to a reasonably high degree, as did preoccupied and fearful adolescents. But, in addition, they expected that they would end and resolve their conflict better than other groups, reporting relatively low levels of angry or violent endings. This suggests that secure adolescents do not necessarily act badly because of their anger and upset. That is, they can regulate their behaviour, and they do not expect their parents to behave badly either. Thus, their anger and conflict appears to be healthy, not harmful.

Similar to other research (Ognibene & Collins, 1998; Torquati & Vazsonyi, 1999), secure adolescents also reported they would cope during conflict by problem solving, and after conflict by engaging in activities and contacting friends. This is apparently part of a healthy conflict pattern. Particularly ‘support-seeking’ with friends, whom they trust and who are expected to be available to them, would seem to help secure adolescents regulate their post-conflict emotions. While the preoccupied group also reported that they would engage in this conflict pattern, friends of preoccupied people rate them as overly expressive, dependent or dominating in relationships (Bartholomew & Horowitz, 1991).

As well as having better emotional and behavioural regulation, secure adolescents may experience a more ‘functional anger’ (Kobak et al., 1993; Mikulincer, 1998). While functional anger was not tested for specifically in this thesis, secure adolescents’ pattern of having low levels of anger at themselves and low to medium levels of shame (Tangney et. al; 1996) seems to indicate functional anger. Secure adolescents appear to feel a more hopeful and constructive anger than others do (Bowlby, 1973; Mikulincer; 1998). Consistent with other parent-adolescent conflict research (Kobak et al., 1993), this functional anger-conflict pattern in the current study was also indicated by secure individuals reporting some anger at parents but still having high expectations that any conflict would be resolved well, and relationships will be maintained or ‘fixed’. Previous research (Torquati & Vazsonyi, 1999) had also unexpectedly found a link between negative emotion, including anger, and problem solving, perhaps indicating the benefits of functional anger for
motivating engagement, assertiveness and overcoming difficulties in the attachment relationship (Bowlby, 1973; Kobak et al., 1993).

While secure adolescents indicated a basically healthy conflict-anger pattern their beneficial attachment beliefs and useful conflict processes could be enhanced in times of need. Crucial times might include any events that threaten or decrease an adolescent’s positive views of self and others, such as having major difficulties at school or going through parental separation or loss. Interventions with secure adolescents and their families, who report some troubling conflict, might focus on and strengthen their use of constructive conflict styles, functional anger and effective emotional and behavioural regulation. Interventions could be aimed at reinforcing the attachment strengths of the family and/or their good conflict resolutions, and may involve education, brief counselling and/or mediation.

7.2.2. Preoccupied (Anxious) Adolescents

Preoccupied adolescents made up 28% of the sample, with girls being over-represented (33.8% of all girls) compared with boys (17.9% of all boys), as has been found in other studies (e.g., Bartholomew & Horowitz, 1991). This 28% figure was slightly higher than that found by Brennan and colleagues (1998) using their scales (24.4%), and higher than that found by Bartholomew and Horowitz (1991) with their attachment prototype categories (14.3%). This difference may reflect that Australian teenagers, especially girls, are more anxious than American college young adults are. This higher anxiety is also to be expected during middle adolescence, which can be a time of uncertainty about self and relationships for young people, with their social evaluation fears rising (Westenberg, Drewes, Goedhart, Siebelink & Treffers, 2004).

As anticipated, preoccupied adolescents reported an existing dysfunctional anger-conflict pattern compared with secure adolescents. This pattern included medium levels of violent and alienating family conflict, and cognitive and arousal anger-proneness, involving angry ruminating, hostile thoughts and feeling tense and agitated. They also reported higher rates of angry family conflict, behavioural anger proneness and depression proneness, indicating both angry actions and sad feelings. This suggests that both externalising and internalising problems could occur for this group. For preoccupied adolescents, there is an implication that harsh or cold parenting, as reported by the adolescents, may increase their risk for anger and depression proneness. Alternatively, this pattern may be circular; angry and depressed adolescents may also increase their parents’ use of harsh or cold actions.
In response to the conflict scenarios, preoccupied adolescents rated the bulk of the negative emotion variables at similar levels to secure adolescents. However, unlike secure adolescents, they had relatively high levels of shame and hostility and medium levels of self-directed anger, as well as expecting medium levels of violent and angry endings. This suggests a more harmful and problematic anger-conflict style.

Specifically, compared with secure adolescents, preoccupied adolescents reported that their parents’ actions and verbal statements in past and present conflicts could be angry, harsh, threatening, critical, violent or cold. They also endorsed items indicating they did not feel understood, listened to, or free to express dissenting opinions with their parents. These findings indicate that the parents of preoccupied adolescents are also prone to anger, coercion, criticism and probably inconsistency. Such a pattern is consistent with the descriptions of parenting given by Magai et al (2000) for preoccupied children, which was characterised by love-withdrawal, rejection or coldness. Indeed, inappropriate attachment parenting has been linked to later insecure adult working models and poorer outcomes (Main, 1990). This type of parenting is likely to produce children with insecure attachments and negative self-views (Bartholomew & Horowitz, 1991; Magai et al., 2000). These children, in turn, are more prone to be emotionally upset, to experience shame, anger and negative conflict behaviour, with some of this negativity directed back at their parents. Presumably, negative reciprocity also occurs as family members respond to each other with increasing negativity (Patterson, 1982), and conflict escalation occurs (Creasey & Ladd, 2004).

In contrast to their general tendencies, the responses to the conflict scenarios by the preoccupied adolescents showed that they would problem solve as much as secure adolescents. This contrasts with the findings of other researchers (Creasey & Hesson-McInnis, 2001; Kobak et al., 1993; Kobak & Hazan, 1991; Simpson et al., 1996) who found that their anxious individuals tended to avoid problem solving, or did poorly, and engaged in less positive and more negative conflict behaviour. In the current study, the findings can be explained by the idea that preoccupied adolescents may want to problem solve as they are motivated to avoid rejection and maintain their relationship with their parents. Therefore they may try to problem solve but they also become emotional, argumentative and contentious and, as a crucial indicator of their dysfunctional conflict pattern, they expect some conflict to end badly. Although they
expected some good endings, they also anticipated medium levels of angry and violent endings with bad behaviour from both their parents and themselves. This bad behaviour included that they or their parents would be more likely to call each other names, criticise, hit, yell, threaten to leave or kick them out and/or smash something. This expectation may indicate a lack of behavioural control when emotions are high.

These findings support previous research (Capaldi et al., 1994; Creasey & Ladd, 2004; Kobak et al., 1993) as well as extending it by measuring different types of past and present parent-adolescent conflict and abuse (angry, violent and alienating), and the conflict endings expected by adolescents. In addition, by measuring conflict resolution strategies and expected endings another pattern became apparent. Preoccupied girls appear to ‘blow hot and cold’ emotionally and behaviourally. That is, they reported they would argue, be contentious, and problem solve in conflict but they also had higher levels of avoiding as a conflict response strategy than secure girls, and expected avoidant endings. Preoccupied girls may be ‘shutting down’ when angry and hurt, or withdrawing and ‘sulking’ in an attempt to emotionally manipulate a response from their parents. Preoccupied boys did not show this pattern of withdrawing as well as arguing. They reported they were very volatile in conflicts, as will be described later in this chapter.

Related to this problematic conflict style in preoccupied adolescents is a lack of effective emotional regulation. As predicted, preoccupied adolescents appear to do poorly at regulating their negative emotions and controlling their bad behaviour in conflict and in other anger provoking situations. They report being anger-prone generally and having depressive symptoms. This is in keeping with other research (Haaga et al., 2002; Magai et al., 2000; Mikulincer, 1998; Wei et al., 2003), and indicates that their negative emotions may have become chronic. Creasey and colleagues (2001, 2004) also found explosive ‘blow-ups’ for preoccupied or anxious individuals in couple conflict, indicating a lack of control over emotions and behaviour. In parent-male adolescent conflict such negatively charged exchanges particularly involving anger and contempt, have been linked to failure to solve disputes and higher levels of distress in the adolescent (Capaldi & Forgatch, 1994).

In this study it was predicted that preoccupied adolescents (and fearful adolescents), with their higher levels of volatile family conflict, might engage in risky behaviour post family conflict. Cooper and colleagues (1997) found that anxious-ambivalent (preoccupied) adolescents were the most likely to engage in risky or
problematic behaviour such as delinquency, sexual behaviour and substance use, perhaps as a way of coping with high levels of negative affect. However, this was not evident in the present research, where levels of post-conflict risky behaviour were similar for all groups. The absence of these differences may reflect a methodological problem with the measure, or that the preoccupied adolescents in this sample (possibly with few extremely disturbed teenagers) do not particularly engage in risky behaviour straight after family conflict. However, the levels of seeking out friends and engaging in activities after conflict were relatively high in the preoccupied group, just as they were for the secure adolescents. It is possible that preoccupied adolescents may not feel a need to engage in risky behaviour as they have alternatives, and their levels of sadness, hurt, anxiety and anger at parents in response to the conflict scenarios were not significantly higher than those of the secure group. Although similar to secure adolescents in their emotional responses to the conflict scenarios, preoccupied adolescents differed from them in two important ways that suggest qualitative differences in the nature of their anger. Besides being more anger-prone in general, in the scenarios they reported the highest levels of anger at themselves and the highest level of shame. The significance of the negative pattern and consequences of shame, anger and feelings of global, negative self-worth have been highlighted by Tangney and colleagues (1996). Bartholomew and Horowitz (1991), in turn, have shown that negative self-views and working models are linked to preoccupied individuals, helping explain the source of some of their difficulties in relationships. Preoccupied adolescents’ difficulties in emotional and behavioural regulation seem likely to be linked to poor parenting practices. The parents in this study were reported as often angry, critical and occasionally violent towards their adolescents. Again, this is in line with other research, which found poor parenting was associated with anxious attachment styles in the offspring, and the parents (Cohn et al., 1992; Crittenden, 1993; Magai et al., 2000).

The conflict elements found in the current study for preoccupied adolescents (e.g., shame, upset, self-anger, hostility, aggression in conflict endings) may also be aspects of dysfunctional anger (Mikulincer, 1998; Kobak et al., 1993), and perhaps the anger of despair (Bowlby, 1973). More functional anger aims to meet needs and restore or improve relationships. The presence of dysfunctional anger appears to be harmful to oneself, others and relationships if not regulated (Mikulincer, 1998; Mikulincer & Orbach, 1995). Attachment and dysfunctional anger can also be related
to the physical and verbal violence perpetrated on others and/or in conflict, as reported in this study as well as in other studies involving domestic violence (e.g., Dutton et al., 1994; Roberts & Noller, 1998).

To summarise, preoccupied adolescents reported medium to higher levels of family conflict and abuse at home, and an individual proneness towards anger and depression. In response to the conflict scenarios, preoccupied adolescents differed from secure adolescents, by reporting medium to higher levels of the negative emotions of shame, anger at themselves and hostility. Preoccupied adolescents, who have a negative sense of self (Bartholomew & Horowitz, 1991), may be particularly vulnerable to feeling shame, which involves self-anger (Tangney et al., 1996). They also expected their conflict endings to be more angry or violent. Other research explains this spreading of negative emotion, and subsequent negative behaviour in anxious individuals, by referring to the concepts of poor emotional regulation and dysfunctional anger (Creasey & Hesson-McInnis, 2001; Creasey & Ladd, 2004; Mikulincer & Orbach, 1995; Mikulincer, 1998; Roisman et al., 2001).

Overall, there seems to be three tiers of problems within families with preoccupied adolescents, which could all be targeted for change and intervention for them to have better outcomes. The first tier involves poor communication and could involve teaching the family traditional communication skills including better problem solving, less use of contentious strategies and how to actually end conflict well (e.g., Robin & Foster, 1989; Barkley et al., 2001). The second tier involves shame and dysfunctional anger and might involve emotional regulation and anger management interventions to decrease angry thinking, behaviour and violence (e.g., Novaco, 1994, 2003; Robin & Foster, 1989). The third tier involves deeper relationship issues and might involve identifying and challenging the underlying insecure attachment working model beliefs, emotions and behaviour. These would involve issues about trust, love, security, self-worth, depression, rejection and anger within the family.

7.2.3 Fearful Adolescents

Fearful adolescents made up 25.2% of the sample with boys being over represented (34.6% of all boys) compared with girls (19.9% of all girls). The overall figure for fearful adolescents was very similar to that found by Brennan and colleagues (1998) using their scales (24.4%). Bartholomew and Horowitz (1991) found a slightly lower figure (20.8%). The fearful category consisted of those high on the avoidance dimension and high on the anxiety dimension. The avoidance
dimension may have led to more boys being included because of sexual stereotyping influences, such as that ‘males are independent’, leading to endorsing these type of items (Gilligan, 1982; Josephs, Markus & Tafarodi, 1992). Fearful individuals, according to previous research (e.g., Bartholomew & Horowitz, 1991; Dutton et al., 1994), can have the worst conflict processes, including violence, and very poor outcomes. This was not supported by the findings in this thesis, where fearful and preoccupied adolescents were similar.

Fearful adolescents scored similarly to preoccupied adolescents in their reports of all types of general conflict, anger and depression, and in their negative emotions and processes in response to the conflict scenarios. They were usually only more conflictual, angry and depressed when compared with secure and dismissive adolescents. Their levels of violent family conflict and expectations of violent endings were similar to those of preoccupied adolescents, unlike in other research which had found fearful people’s behaviour more problematic (Bartholomew & Horowitz, 1991; Dutton et al., 1994). It is possible that fearful adolescents in a family may not feel safe to acknowledge, report or act on their anger to a high degree when in conflict with their possibly more powerful parents, who may respond with some harshness, as indicated by the conflict measure in the present study. In a similar way, Crittenden (1992) found that abusive mothers were aggressive when they felt ‘in power’ but submissive when they were not.

Alternatively, fearful adolescents’ ability to provide responses to a questionnaire answered within a school classroom may have been influenced and restrained by their lowered ability to express their distress because of their avoidant tendencies in their attachment working models. Under the very moderate stress of filling out a questionnaire with conflict vignettes their emotional regulation processes may work adequately to repress some of their negative emotions and responses (Fraley & Shaver, 1997). Thus, their negative attributes and expectations may not have come out as strongly as in other studies with adults (e.g., Bartholomew & Horowitz, 1991; Dutton et al., 1994). Preoccupied adolescents, by comparison with fearful adolescents, may be less self-controlled and/or feel freer to report their negative responses.

The lack of extreme results for the fearful adolescents in this study could also be due to the use of a community sample rather than a clinical sample. A group of adolescents who are troubled and/or acting out, or who are from distressed families
probably would include more adolescents with fearful attachment styles. For example, Henry and Holmes (1998) found that female adolescents from divorced or high conflict families are much more likely to have a fearful attachment than those from intact, low conflict families. It is also possible that the measures in the present study were inadequate to the task of differentiating fearful from preoccupied adolescents.

Fearful adolescents’ levels on some factors were similar to those of preoccupied adolescents (e.g., conflict) but on other factors they were similar to dismissive adolescents (e.g., low contact with friends). Often their responses fell in between those of the other two insecure groups, as they endorsed neither the highest nor the lowest scores. These findings suggest that fearful adolescents use different behaviours and strategies at different times; sometimes they disengage like dismissive adolescents and sometimes they are aggressive like preoccupied adolescents. This inconsistency may go back to their childhood. As infants they may have had parents who parented inconsistently and insensitively (were not timely or appropriate in their responses), and who at times were detached but at others times were intrusive (Belsky & Fearon, 2002).

The combined findings raise the possibility that fearful adolescents, like aggressive children with disorganised attachment (see Lyons-Ruth, 1996), may experience a home life that at times can be ‘cold’, harsh, hostile and inconsistent. Their functioning at any time may be due to a combination of this previous experience, their attachment working models, including both anxious and avoidant dimensions, and concurrent, situational factors (Sroufe, Egeland & Kreutzer, 1990). As adolescents in family conflict with their parents they may have learnt to fight back, give in, problem-solve and withdraw (Kobak et al., 1993), depending on the situation, their level of safety and their own emotions.

As predicted, when compared with secure adolescents, fearful adolescents expected a low to medium level of good endings where problems were resolved, and a higher level of anger, coldness and violence in their family conflict and expected conflict endings. Thus, their anger/conflict pattern was rather poor and likely more harmful. This was especially so since the fearful adolescents, unlike secure or preoccupied adolescents, were less likely to cope with the aftermath of conflict by seeking the support of friends.

Those trying to help fearful adolescents may see their distress but when they reach out to these adolescents they may be rebuffed, as these young people may not
trust others. These adolescents may also be prone to repressing some negative aspects of their life until, with more stress, they build up to the point where the adolescent appears to ‘explode’ in anger or breakdown in distress (Creasey & Ladd, 2004; Dutton et al., 1994; Mikulincer, 1998).

The same three tiers of problems and possible interventions apply to fearful adolescents as they did to preoccupied adolescents. Fearful adolescents and their families also appear to need to work on communication skills, emotional regulation and underlying attachment beliefs and emotions. In addition, they may also need interventions targeting their avoidance tendencies, such as wanting to be overly self-reliant, being uncomfortable with closeness and/or being inexpressive (Bartholomew & Horowitz, 1991). However, if their family environment is very ‘toxic’, some of these attributes, such as distancing themselves from parents, may be adaptive and appropriate (Fuhrman & Holmbeck, 1995).

7.2.4 Dismissive Adolescents

Dismissive adolescents made up 17.7% of the sample with boys being over represented (25.6% of all boys) compared to girls (13.2% of all girls), as was also found by Bartholomew and Horowitz (1991). Brennan and colleagues (1998) found relatively similar numbers of dismissive individuals in their sample (20.8%), as did Bartholomew and Horowitz (1991) for their sample (18.2%). The male bias in this group may partially reflect a cultural stereotype prevalent in society that encourages boys to be, or report to be, more self-reliant and independent (Gilligan, 1982; Josephs et al., 1992), aspects which are reflected in the avoidance dimension that defines this group. Dismissive adolescents were also defined as being low on the anxiety dimension, which involves expressions of worry and neediness in relationships, so that dismissives presented themselves as being counter-dependent.

Dismissive adolescents were similar to secure adolescents in that they reported low, or low to medium, levels of many negative factors, such as general conflict, anger and depression, and relatively low levels of sadness, anxiety, shame and anger in response to the conflict scenarios. Low levels of similar negative aspects have been found in some studies (e.g., Creasey & Hesson-McInnis, 2001; Fraley & Shaver, 1997), but other studies have linked avoidant or dismissive attachment with anger, depression, anxiety and/or interpersonal problems (e.g., Bartholomew & Horowitz, 1991; Creasey & Ladd, 2004; Wei et al., 2003;). The present study added to this complex and apparently contradictory picture. Consistent with previous research,
dismissive adolescents reported low levels of attachment-related distress in response to conflict scenarios, indicating that they regulate their emotions well and/or have suppressed their attachment system and emotions (e.g., Fraley & Shaver, 1997). However, the idea that avoidant and dismissive individuals may still experience a type of anger and show signs of it (Mikulincer, 1998), and behave with ‘cold’ anger, stonewalling or sarcasm in conflict (Creasey & Ladd, 2004) was not discounted by the findings of the present research. The present sample of dismissives reported some problems regarding their past and present family conflict and their expected conflict endings.

Dismissive adolescents differed from secure adolescents in several crucial ways, which may help explain their poor conflict outcomes, and their interpersonal problems (Bartholomew & Horowitz, 1991; Wei et al., 2003). Although they reported some of the lowest levels of negative variables (e.g., anger-proneness, anxiety, shame and sadness in conflict), they also reported lower levels of positive variables (e.g., problem solving, expectations of good endings to conflict and coping with activities or by seeking out friends). Dismissive adolescents particularly differed from the secure adolescents in that they reported low expectations of good conflict endings, while secure adolescents reported high expectations of good endings. Other research by Creasey and Ladd (2004) has indicated that dismissive adults in conflict, express in their statements, voice tone and body language, their cold anger, mockery, contempt and belligerence, and engage in put-downs and stonewalling. Although not all of these explicit actions were measured in the current study, dismissive adolescents and their parents do not appear to engage in resolving conflict particularly well. Unlike secure adolescents and their parents, conflict may not be worked through so as to meet everyone’s needs and to restore and preserve a warm relationship.

Even in the negative variables, finer analyses of the sub-scales of general family conflict highlighted differences between dismissive and secure adolescents. Secure adolescents reported low levels of all types of family conflict. Dismissive adolescents reported medium levels of alienating conflict with their parents. Their levels of this type of cold, unfriendly conflict were as high as the other two insecure groups. Dismissive adolescents endorsed a description of their parents as not understanding or listening to them, not helping them, not ending arguments calmly and not accepting their point of view. Their interactions, talks and time with their parents were not regarded as enjoyable or friendly, indicating a lack of warmth and
affection in the family. Previous research (Mikulincer & Florian, 1999) has also shown that avoidant individuals often experienced low levels of family cohesion, adaptability, and expressiveness, and high levels of emotional distance with relationship rigidity from parents, who were often also avoidant.

In addition to a sense of distance and cold family conflict, dismissive adolescents indicated detachment in conflict by reporting only a medium level of problem solving (secure and preoccupied adolescents had higher levels) and a low level of contending. Such a lack of involvement combined with the lower use of problem solving in particular would contribute to poor conflict resolution. It is possible that their sense of detachment is modeled on their parents. Alternatively, they are trying to protect themselves from the hurt and anger of cold, critical or rejecting parents. Support for the latter idea comes from Fuhrman and Holmbeck (1995) who, while not measuring attachment specifically, suggested that adolescents who pursue emotional autonomy within unsupportive and stressful families (low warmth, high conflict) are being adaptive. They found that these adolescents were better adjusted (with respect to symptoms, competence and school achievement) than if they were emotionally dependent on their unsupportive parents. The alternative, of being emotionally dependent on ‘cool’, harsh or inconsistent parents and with poor adjustment and outcomes, sounds very much a description of preoccupied and fearful adolescents. Dismissive adolescents may be trying to avoid this situation.

With this type of family life it is not surprising that the dismissive adolescents’ attachment style, as measured in the present study, included a lack of trust in others. To provide some sort of self-protection they may have ‘switched off’ their attachment system and negative emotions (Fraley & Shaver, 1997) to some extent, and/or discounted how important affection, warmth, trust and close relationships could be to them. Thus, they may not seek out others when needed or be very warm, giving and open in relationships, especially when under stress. If this pattern was just a common developmental phase, or learned from other teenagers, it is a puzzle as to why some adolescents are distrustful of closeness with others and others are not.

Dismissive adults and adolescents also appear to have somehow protected their self-image and self-esteem, which remain positive (Bartholomew & Horowitz, 1991). Alternatively, perhaps their positive regard for themselves is fragile, and the similarity to secure adolescents’ self-image is only superficial and can crumble under certain major stresses such as interpersonal loss, or personal failure (Mikulincer &
Florian, 1998). When threatened, even favorable self-views and appraisals (egotism) have been linked to the use of aggression (see Baumeister, Smart & Boden, 1996 for a review). Baumeister et al. believed that some individuals with inflated (partly false) positive views of the self, which may include dismissive individuals, are more at risk from disconfirming feedback from others, and can respond to it negatively. This negative feedback is especially likely to occur when parents, who are prone to criticise, are interacting with a sarcastic dismissive adolescent in conflict. Baumeister and his colleagues conclude that as individuals are very loath to change their positive self-views these threats to the self can be responded to with ‘counter attacks’. Thus, dismissive individuals in conflict with others, and with their ego under threat, may think they are being calm but may respond with their anger pattern of rejecting, belittling or attacking the other person and what they have said, consequently alienating them (Creasey & Ladd, 2004).

The failure of dismissive adolescents to attempt to resolve interpersonal conflict by engaging in problem solving to any high degree, may be due to other reasons. Corcoran and Mallinckrodt (2002) also found that their general avoidant attachment dimension was associated with a lack of problem solving. They linked this to a lack of social competency skills, such as perspective-taking and social self-efficacy, which are needed for problem solving. In turn, this can be linked to avoidant or dismissive individuals’ negative view of others in their attachment working models, including a low motivation to engage with others, being overly self-reliant and lacking empathy (Bartholomew & Horowitz, 1991; Mikulincer et al., 2001). This pattern makes dismissives vulnerable, as they are less likely to trust and engage with people (e.g., ask and receive help) (Ognibene & Collins, 1998; Torquati & Vazsonyi, 1999) and to ‘fix’ relationship issues (having little motivation and skill to do so). Their lack of engagement, trust, social skills, problem solving and experience of how to have ‘good’ conflict may mean they have a small repertoire of coping methods for when major crises do occur in their lives.

Even dismissive individuals’ relatively low levels of anger may be problematic in that ‘functional anger’ appears to be associated with working out issues, getting needs met from attachment figures and/or maintaining relationships (Bowlby, 1973; Kobak et al., 1993; Mikulincer, 1998). Dismissive adolescents’ pattern of anger-conflict is problematic in that they may appear too aloof, cold, calm
and disengaged, so that they are not willing or able to work out issues with close others.

Dismissive adolescents’ three tiers of problems may involve (1) poor communication (e.g., lack of problem solving, lack of social skills), (2) lack of affiliative affect and ‘over’-regulation of emotions but with cold anger and, (3) ‘distancing’ attachment beliefs and emotions. These latter beliefs may possibly include having inflated self-views sensitive to threat, and being overly self-reliant and detached from support sources. Therapists may also have trouble engaging dismissive adolescents on relevant attachment issues (Dozier, Lomax, Tyrell & Lee, 1998) as they do not trust others easily (Ognibene & Collins, 1998; Torquati & Vazsonyi, 1999), probably do not want discordant feedback (Baumeister, Smart & Boden, 1996), and wish to be self-reliant (Bartholomew & Horowitz, 1991).

7.3 Gender Differences in Conflict

Gender differences emerged in relation to aspects of general anger proneness, depression and in certain responses to the specific conflict vignettes. However, in overall levels of the different types of past and present family conflict reported (angry, violent and alienating), there were no differences between boys and girls. As expected, boys were more anger-prone and overtly angry than girls in general situations where they felt provoked. This is in keeping with other studies which have found that boys tend to display more anger and overt aggression in the form of direct verbal or physical attacks on others (Crick & Grotpeter, 1995). In the current study, boys reported behaving angrily more frequently than girls did and across many different situations. However, this difference was not apparent in the specific anger felt towards parents in response to the conflict scenarios. Here the trend was the reverse; girls were slightly angrier with their parents than boys. This may be linked to the other findings that girls can have more relational aggression and anger towards peers than can boys (Crick & Grotpeter, 1995). Relational aggression has been defined by these authors as attempting to hurt others by using the relationship, such as withdrawing acceptance or friendship and excluding others. It is possible that girls also do this with parents. Supporting this notion of girls expressing ‘relational aggression’ in the current study, were their reports that in response to the conflict scenarios they would feel less close to their parents and slightly more hostile towards them than boys. This may explain why girls reported they would be less willing to concede in conflict than boys, as has been found elsewhere (e.g., Pearson & Love,
Thus, relationship aggression, anger and hostility in girls may be linked to their not being prepared to make concessions in conflict. However, it may not necessarily be linked to less problem solving, as this latter pattern was not evident in the data. There is also research (Smetana, 1989) that suggests that boys appear to be more able or willing to take their parents’ conventional perspectives in conflict, which may explain their willingness to concede in conflict. Girls, on the other hand, were found to be less willing to take on their parents’ conventional perspectives in conflict.

Depressive symptomology, as anticipated, was reported to be higher by girls than boys. This finding is in line with other research that has found higher general anxiety and depression in adolescent girls (e.g., Cooper et al., 1998; Radloff, 1991). The conflict scenario responses indicated, in finer detail than the simple measure of depression could capture, what girls might feel when under relationship stress. As well as being angrier, they reported higher levels of feelings of withdrawal, anxiety, sadness and shame, and felt less close to their parents than did the boys. This suggests either that girls experience higher levels of these negative, dejected emotions, or that they can express them more easily because there are less social sanctions against doing so than for males (Hall & Halberstadt, 1980; Gilligan, 1982). Alternatively, their emotional regulation of these negative emotions may be less successful than in boys. These negative emotions in conflict may also occur in response to other life stresses, and may partly explain why girls report more vulnerability to depression (Cooper et al., 1998; Radloff, 1991).

In other words, girls in family conflict may be somewhat stressed, sad and ashamed. But they are also somewhat angry and hostile with their parents, feel distant from them, do not trust them and do not feel like conceding to them. Three crucial elements to this pattern stand out. The first element is linked to girls feeling negative about themselves and their level of self-esteem. Poor self-esteem has been linked with adolescent depression in a number of studies (e.g., Dumont & Provost, 1999; Hoffmann, Baldwin & Cerbone, 2003). Josephs and colleagues’ (1992) findings indicate that for women, but not men, their self-esteem appears to be partly dependent on their ability to have successful relationships with others and connect well. Adolescent girls, with negative experiences and responses occurring in interpersonal conflict, may be more vulnerable than boys for lower self-esteem and to longer lasting depression.
It is possible that a circular pattern of causation exists, in which depression may be partly caused by conflict but may itself lead to conflict and interpersonal problems. Marchand and Hock (2000) have found evidence that both men’s and women’s depression affects their conflict behaviours, with more negative strategies, such as avoiding or attacking, occurring as depression increases. Other research (Carnelley, Pietromonaco & Jaffé, 1994) has also indicated that insecure adult attachment style and depression predict poor relationship functioning.

The second crucial element of the girls’ pattern is their anger and negative feelings about their parents, and what this may mean or lead to. Anger may reduce girls’ willingness to concede, resolve conflict or be close to their parents. Yet this goes against their need for connectedness and good relationships, which is what part of their self-esteem is based on (Josephs et al., 1992). Thus, they may be ‘caught in a double bind’ situation, wanting both autonomy and connectedness. In addition, the overriding factor incorporated in all four conflict scenarios was the criticism about the adolescent, implied and overt, from parents. This may have implications for interventions with parents or families, as criticism may be what is also linked to girls feeling ‘bad, sad and mad’ all at once.

A third crucial element in the girls’ pattern, was that they reported they would cope by going out and/or talking to friends after conflict more so than boys, indicating the importance for them of their other supports and relationships besides parents (Gilligan, 1982). Thus, family conflict and anger for girls may lead them to start to attach to friends more, earlier or differently, than boys attach to friends. It is unknown if this may cause further conflict with parents and/or act as a buffer against girls feeling worse.

7.4 Attachment and Gender Interactions

Two interactions between attachment and gender were distinctive and worthy of note because they suggest possible vulnerabilities for certain gender-attachment groups. These groups were the volatile preoccupied boys and the depressed dismissive girls. While both preoccupied adolescents and dismissive adolescents had unique patterns of possibly harmful conflict, the preoccupied boys showed extremes on certain measures and the dismissive girls reported more depression than dismissive boys.
7.4.1 Volatile Preoccupied Boys

On the basis of the present data preoccupied boys appear to experience relatively high levels of angry, violent and alienating family conflict and have the highest levels of anger-prone behaviour, arousal and thinking. Unexpectedly, these negative aspects were slightly higher than for fearful boys on some measures. Preoccupied boys also reported more depression than secure or dismissive boys did. While Cooper and colleagues (1998) found that anxious-ambivalent (preoccupied) girls were a very vulnerable and troubled group (as in this study), the current findings highlight that preoccupied boys had additional problematic elements to the girls. They were more generally anger-prone and contentious in conflict than the girls, and reported higher levels of sadness in response to conflict than any other group of boys.

These findings imply that preoccupied boys, in particular, are poor at regulating their emotions, which feel intensely and struggle to control, and which may become chronic problems. Even moderate depressive symptoms (dysphoric mood) in 18-year-old adolescents have been found to predict chronic depressive symptoms, suicidal ideation and anxious self-preoccupation five years later (Gjerde & Westenberg, 1998). For male adolescents, Gjerde and Westenberg found that dysphoric mood also predicted anger, hostility, interpersonal antagonism, repressive tendencies and undercontrol of impulses at age 23. These authors believe that such angry young men after age 18, when they are no longer quite so restrained by their teenage role in society, can become even more aggressive, thus alienating others and possible support networks. Whatever the case may be, for preoccupied males, depression, anger and hostility seem to be closely related.

The preoccupied boys’ problematic pattern extended to their responses to the conflict scenarios. They indicated that in conflict with their parents they would be particularly sad and hurt. They also had the highest levels of being angry at themselves and of violent and angry conflict endings involving both their own violent or abusive behaviour and that of their parents. They reported the most preference for making contentious statements in conflict, such as arguing until they got their own way, saying they will not change and saying their parents are wrong.

Their gender self-concepts may be a significant factor in the distress of these boys. There is evidence to suggest that men’s self-esteem is partly based on their ability to live up to male stereotypes of being autonomous, individualistic and independent (Josephs et al., 1992). Preoccupied boys, with their need for close
relationships and lack of emotional autonomy, do not meet this standard. This dissonance may contribute to a lowered self-esteem level, and to their distress, depressive symptoms and self/other anger, as found in the current study. In other words, preoccupied boys, even more than fearful boys (who have some independent tendencies) have a double dose of vulnerability: an anxious attachment and a gender stereotype dissonance. Cooper et al. (1998) have also found that anxious adolescents report high symptom levels, poor self-concepts and high levels of problem behaviours, although their findings suggested anxious girls to be particularly vulnerable.

With their poor self-concepts and unregulated negative affect, anxious-preoccupied boys may also be vulnerable. Previous research (Cooper et al., 1998) showed that they engage in risky behaviours, such as increased delinquency, sexual behaviour and substance use, with associated problems. However, rates for these behaviours were low for every attachment group in the present study, perhaps due to methodological reasons, or sample differences, such as the younger average age of the respondents compared with the Cooper and colleagues’ study. The risky behaviour of preoccupied boys may increase with age, to match their problems with distress and anger. It is worth noting that whereas preoccupied boys reported many negative factors at higher levels, such as cognitive and behavioral anger-proneness, preoccupied girls also reported many negative variables at medium to higher levels. Thus, preoccupied girls may also be at risk for uncontrolled emotion and behaviour, as well as being both volatile and prone to withdrawing in conflict.

### 7.4.2 Depressed Dismissive Girls

The pattern of results for dismissive girls was also distinctive and indicated that they may have particular problems with emotions and behaviour. Perhaps not coincidentally, these girls with their avoidant attachment tendencies, also go against gender stereotype norms for connectedness (Joseph et al., 1992), as the preoccupied boys went against their norms for independence. Dismissive girls in this study and other research (e.g., Bartholomew & Horowitz, 1991) are characterised as somewhat distrustful and distant from family or friends.

Unexpectedly, the dismissive girls reported higher levels of depression than secure girls did; with their depression levels being similar to those of the preoccupied and fearful girls. Dismissive girls also reported the highest level of alienating family conflict. In contrast, dismissive boys also reported a relatively high level of alienating
family conflict but were similar to secure boys in their low levels of depression. In responses to the conflict scenarios, dismissive girls, like the other girls when compared with the boys, reported that they would feel more withdrawn, sad, ashamed, slightly more hostile and angry at their parents and not close to them, and with subsequent low levels of conceding. In other words, they do not resolve conflict well and are more depressed than secure girls and more distressed than most of the boys (the exception being preoccupied boys). Dismissive girls, because of their avoidant attachment dimension, may particularly believe they must suppress negative emotions (Fraley & Shaver, 1997; Mikulincer, 1998) and be self-reliant (Bartholomew & Horowitz, 1991). However, their attempts to suppress their emotions and be independent from others are unsuccessful given the higher depression and negative emotions they report in conflict. It is possible that this failure to suppress negative emotions and to be autonomous may lead to maintenance of depression. Dismissive girls may feel upset and even angry about their distress, blame themselves and become more depressed.

The extreme form of this negative spiral may even involve a risk of suicide. Gjerde and Westenberg (1998) found that dysphoric mood in adolescence has been linked to elevated levels of depression and suicidal ideation five years later, and, for girls in particular, to low self-esteem. Consistent with the present findings, these authors believe that young women are more likely to try to inhibit their anger, which may lead to more depression and social withdrawal for them, rather than the outright rejection that may happen with angry young men.

However, peer rejection may still happen for dismissive girls, with negative consequences for them. In addition, after the stress of family conflict they reported slightly less likelihood of seeking support from friends. Thus, they may tend to cut themselves off from others or not have a good enough social support network to begin with. Prinstein and Aikins (2004) found evidence in their longitudinal study on teenagers that peer rejection (measured by peers nominating who they like to spend time with the least) and attributional style, predicted depression. This was particularly evident in girls during the critical development time of mid-adolescence. This link was even stronger if the girls valued friendships and peer status. The dissonance between wanting good connections to others, as girls may be socialised to need (Joseph et al., 1992), and not having them can increase depression, Prinstein and Aikins concluded. Once more, whatever the cause, depression and isolation may be
linked for dismissive young women. Dismissive girls may also feel torn between their need to be independent and self-reliant, inherent in their avoidant attachment dimension, and yet at the same time want friendships and feel sad, depressed and lonely without them.

Dismissive girls did not endorse contending or problem solving very highly, nor did they expect many good conflict endings. Presumably, they may also not resolve conflict very well with friends. Given that females’ self-esteem is believed to be partly based on their level of success with relationships, connectedness and interdependence with important others (Josephs et al., 1992), then dismissive girls’ positive self-views and self-esteem may be at risk and fragile. They are less able to engage well with others and seek support from others, as indicated by the current study and others (e.g., Bartholomew & Horowitz, 1991), and thus they are at odds with gender stereotyping (Gilligan, 1982). This dissonance, as well as their unsupportive family background, and their attachment style which limits their ability to seek support, together with their depression and possible self-esteem issues makes them vulnerable.

Mikulincer and Florian (1998), from their literature review, also claim that avoidants appear to cope well, like secure people, with small stresses but do not cope with large, real life stresses, such as relationship break-ups, failures or major loss. They then begin to resemble other insecure people, such as the anxious-preoccupied/fearful people. Thus, dismissive girls may be particularly vulnerable when under major stress. In a similar vein, while dismissive boys in the current study report only low levels of depressive symptomology and may be more comfortable with independence from others, they may also be at risk if they experience major loss or stress. Under such conditions their strategy of suppressing negative emotions may be unequal to the distress experienced. They may not appear to be depressed or upset, but they may also have a tendency not to seek support when others do, as was found in the current study.

7.5 Summary

The themes that have emerged from these attachment ‘profiles’ and gender-attachment findings indicate the existence of functional and dysfunctional anger-conflict patterns. One pattern appears healthy, while two patterns appear to be harmful. Of the harmful patterns, one implies a lack of emotional regulation and is characterised by hurt, volatility, depression, higher levels of anger and anger-
proneness, and violent or angry conflict. The other harmful pattern is more subtle, but still has poor outcomes. It is characterised by denial and emotional repression (except for dismissive girls’ depression), ‘cold’ alienating family conflict, disengagement, a lack of good conflict resolution and endings, and social withdrawal. The sources of both dysfunctional conflict patterns can be explained in terms of poor conflict behaviours, poorly regulated negative emotions, and negative self- and/or other-views involved in attachment working models. Attachment styles, in turn, probably originate from an interaction of parenting styles, life events and children’s temperaments, and are ever evolving (Ammaniti et al., 2000; Belsky & Fearon, 2002).

7.6 Attachment and Conflict Themes

Conflict themes emerged from the review of the literature on conflict in relationships in Chapter Three. They are revisited in this section in order to see how the present study’s attachment findings converge or contrast with previous research on conflict. The themes have been grouped together in three major areas. These are: conflict and conflict styles (including problem solving and conflict resolution), emotional regulation, negative emotions and violence in conflict.

7.6.1 Conflict and Conflict Styles

Conflict styles in this thesis were measured by the conflict strategies endorsed by the adolescents in response to the conflict vignettes. However, the type of family conflict (angry, violent or alienating) reported by the adolescents and the conflict endings (good, angry, violent and avoidant) expected by them, were also considered relevant measures. These measures together produce a more comprehensive picture of conflict styles than others have used (e.g., Rahim, 2002), and seem particularly pertinent to parent-adolescent attachment research, where habitual conflict patterns and beliefs (e.g., expectations) are important.

In this thesis only the dismissive group was less likely to problem solve. The secure group, although reporting low levels of general family conflict, was just as likely as the preoccupied and fearful groups to contend, concede, avoid and problem solve in conflict, albeit in a slightly different manner with quite different outcomes from the insecure groups. This contrasts with previous research (Levy & Davis, 1988; Pistole, 1989; Corcoran & Mallinckrodt, 2000; Rholes et al., 1998), which found that secure individuals employed higher levels of problem solving (integrating and compromising) and less contention and dominating than other groups. However, most of these studies were with adults. Research suggests that parent-adolescent conflict
can be intense and a ‘normal’ developmental phase for many families (e.g., Laursen & Collins, 1994; Smetana et al., 2004). Thus, it may be that secure adolescents can be as contentious as other groups in conflict but the conflict may still be healthy, not harmful.

The current findings imply that there is more to having healthy parent-adolescent conflict than just having a low rate of contending and/or a high rate of problem solving. Only the secure individuals, and their families, may actually consistently follow through to resolve their conflict well, either immediately or later. Their conflict endings, which overall were more positive and less negative than other groups, support this idea. In addition, they reported their general family conflict as including many incidences of their parents interacting with them in a warm, accepting and tolerant manner. This interaction style and the positive ‘secure base’ it creates may outweigh the effects of being contentious in conflict, so that conflict can be resolved. In contrast, preoccupied and fearful adolescents may be lacking this positive base and their expected conflict endings were more angry or violent with less good endings (fearful group). As was predicted, it is not just knowledge of problem-solving techniques that distinguishes healthy conflict from harmful conflict; there appears to be aspects of warmth, good will, trust, and follow-through that make the difference and are characteristics of secure individuals with positive views of self and others.

Reports of ‘cool’, alienating family conflict by dismissive adolescents represents the inverse pattern, where there is little warmth or positive affect, and less inclination to problem solve, with good endings being less likely. While much evidence from the area of negotiation research (e.g., Deutsch, 1973; Carnevale & Pruitt, 1992) supports the notion that it is problem-solving that leads to good conflict resolution, and affective states are often left out as factors of influence. An exception is a study by Carnevale and Isen (1986), in which positive affect was induced, leading to less contention and more joint benefit outcomes. No positive affect, with face-to-face negotiation, led to higher contention and fewer good solutions. Capaldi and colleagues (1994) also found that neutral or affiliative affect (humor and affection) was linked to effective problem solving in parent-adolescent conflict. This research also supports the idea that it is not just problem solving skill, but affective states that influence conflict outcomes.

As well as a lack of positive aspects, high conflict has been linked (e.g., Robin & Foster, 1989) to an excess of anger, perhaps through anger decreasing the use of
problem solving. The anger aspects of conflict are explored in more detail later in this chapter, however, the possible relationship between anger and problem solving will be examined now. Unexpectedly, the current study did not find that the more anger-prone preoccupied and fearful adolescents reported lower levels of problem solving in conflict than secure adolescents did. Rather, these anxious adolescents were just as likely to say they would problem solve yet reported more angry and violent endings. This implies they may know how to problem solve and may try to, but their anger proneness is linked to ending conflict badly with verbal abuse and/or violence, from themselves and from their parents. The research (Capaldi et al., 1994; Kobak et al., 1993) suggesting problem solving occurs less because of adolescents’ anger seems contrary to the current findings. However their measure of problem solving included conflict resolution outcomes and so is similar to the current study’s ‘conflict endings’, which were linked to insecure adolescent anger proneness.

Dismissive adolescents reported low levels of anger but still lacked a preference for problem solving, perhaps indicating that for them anger is not necessarily the factor that interferes with problem solving. However, they also had a lack of good endings, perhaps indicating a cool, subtle anger with behaviour such as sarcasm and stonewalling (Creasey & Ladd, 2004).

Thus, it seems that the end result, or at least the final style of conflict resolution, is sometimes more important than the means to get there. Alternatively, perhaps problem solving done with certain types of anger may still lead to poor outcomes. The present research indicates that there appears to be one major functional ‘secure anger-conflict pattern’ and two major dysfunctional conflict patterns, an ‘anxious anger-conflict pattern’ and a ‘dismissive (avoidant) anger-conflict pattern’. This is similar to the three distinct patterns of adolescent distress, symptomology and vulnerability found by Cooper and colleagues (1998). The current study only found small differences between fearful and preoccupied adolescents’ anger-conflict patterns (e.g., on a few measures fearful adolescents were more like dismissive adolescents). More research using the fearful attachment category with adolescents from more troubled family backgrounds than in this community sample may find variations that indicate they have a major distinct pattern different from that of the preoccupied adolescents.
7.6.2 Emotional Regulation and Conflict

Although not measured directly in this study, emotional regulation, or its lack, is implied by anger-proneness, depression-proneness, excess negative emotions in conflict and angry and violent conflict endings. As predicted, a generalised ‘anxious anger-conflict pattern’ was more typical for preoccupied and fearful adolescents, but with the important exception that secure adolescents reported experiencing similar levels of anger, anxiety, sadness and hurt when engaged in conflict with their parents. However, for secure adolescents, this negative emotionality appears not to have generalised to depression or anger-proneness. On the other hand, for preoccupied and fearful adolescents, results indicated that they struggle to contain their emotions, and may fail to stop them becoming generalised negative emotional and behavioural tendencies. For these adolescents mechanisms described by Mikulincer and Orbach (1995) for preoccupied individuals likely explain their emotional difficulties. Instead of being able to regulate negative emotions they may spread and diffuse. Preoccupied adolescents may have a greater tendency to ruminate on negative feelings and thoughts obsessively so that they lack the ability to repress or contain emotions. Anger can become sadness and dejection, and vice versa. Even if they try to suppress their worrying thoughts of rejection and abandonment this focus may actually increase anxiety and sadness, as has been found by Fraley and Shaver (1997).

Other research has also linked anxious insecure attachment (part of both preoccupied and fearful attachment) to poor emotion regulation and negative-self views in older adolescents and adults (Creasey & Ladd, 2004; Creasey & Hesson-McInnis, 2001; Mikulincer, 1998). Anxious individuals with negative self-views feel they are less strong, competent and socially acceptable than others (Kenny et al., 1993), and lack confidence and belief in their ability to control, deflate or alter their negative emotions and behaviour in conflict with partners (Creasey & Hesson-McInnis, 2001). Thus, they perhaps feel less able to cope with stress, negative emotions and with life.

Secure adolescents, on the other hand, may be more confident that they can express the negative emotions they are experiencing during conflict in a more regulated way and have good conflict endings. Secure adolescents appear to have beliefs and mechanisms, such as their stable, positive self-view involving optimistic attitudes and self-talk, and their ability to regulate negative thoughts and affect (Fraley & Shaver, 1997; Mikulincer & Orbach, 1995; Mikulincer, 1998b), that allow
them to express these emotions and behaviours in a controlled way. It is possible that secure adolescents experience an ‘anger of hope’ (Bowlby, 1973), an emotion with a message that something is not right, but it can be remedied. They then express this functional anger effectively to produce change in their attachment figure or their situation. Thus anger and emotional regulation in conflict may be partly about beliefs, attitudes and behaviour, which can be targeted for change through interventions such as cognitive behavioural therapy (Clark & Fairburn, 1997).

Other habitual patterns of emotional regulation may be particularly likely to occur for anxiously attached individuals when they are in conflict with their attachment figure. Under such stress, their emotion regulation pattern may be to get more upset, to ‘up the ante’ and increase their distress related cues, in an attempt to access their ‘secure base’ and their attachment figures’ care (Bowlby, 1973). In other words, when distressed they may try to gain the support of their partner or parents and be ‘close’ to them by becoming more distressed (Mikulincer, 1994). The current study also indicates that preoccupied girls may also oscillate between volatile emotions and withdrawal, again possibly to try to elicit a caring response from their attachment figure. However, their neediness, negative emotions and behaviour may act to drive others away or to respond poorly, as has been found in couples (Roberts & Noller, 1998). Overall, the current study demonstrates that both preoccupied and fearful adolescents expected more angry or violent conflict endings than did secure adolescents.

Anxious individuals’ strategies to pursue others’ affection and acceptance may also function to increase their negative self-view, perhaps because they emphasise their own neediness or threats of abandonment (Mikulincer, 1994). If their normal strategies were somehow inhibited Mikulincer found that their self-view was less negative. This finding may guide interventions with anxious individuals who are vulnerable because of their behaviour, beliefs and negative self-view.

In addition, the current study’s findings highlight that preoccupied and fearful adolescents are particularly reactive and vulnerable to threats of abandonment. They endorsed items on Brennan and colleagues’ (1998) attachment questionnaire involving worry about losing others and being alone, and items about needing reassurance and for others to be available and show interest in them. In conflict, when parents criticise, reject or threaten to ‘kick’ them out or send them away (or appear to) for these adolescents emotions, such as hurt and anger, may overwhelm them.
A divergent emotional regulation pattern from those of secure and anxious individuals was apparent for avoidant dismissive adolescents. They reported lower levels of negative emotions and appear to have better emotional control than anxious individuals. The puzzle is that despite dismissives consistently reporting that they experience low levels of anger they still have poor outcomes. They reported cool alienating family conflict, low problem-solving and low expectations of good endings, with some poor outcomes. Thus their emotional regulation still appears deficient in that they may not have learned to effectively recognise and express their emotional distress. Their family background and attachment working models emphasise that emotions, both positive and negative, should be suppressed. Anger may not be acknowledged or not used constructively to improve their situation or their relationships. Creasey and Ladd (2004) were able to show that dismissive individuals displayed behaviour in conflict that may indicate that they cannot effectively express anger in positive ways but can only express anger in an over-controlled, cold, counter-effective manner.

Alternatively, with negative views (Bartholomew & Horowitz, 1991) or negative attributions (Mikulincer, 1998) about others dismissive adolescents may have no faith or hope that they, or their anger, can produce change in others. They may even suppress, or be somewhat lacking in, warm, positive attachment-related emotions. All these factors may contribute to dismissive girls’ depression. Feeling angry but also hopeless, helpless and isolated or unloved would seem conducive to depression. However, an adolescent may be less likely to suffer depression when enjoying family, friend and social relationships, and warm, positive emotions.

7.6.3 Negative Emotions and Violence in Conflict

The results of this study confirmed the anecdotal suggestion that adolescents from a community sample can experience a reasonable amount of anger and even some low levels of abuse and violence in parent-adolescent conflict. This finding is consistent with, but also extends, other research (e.g., Robin & Foster, 1989; Patterson, 1982) that does not usually measure abuse or violence in parent-adolescent conflict, or research that only investigates violence in couple relationships (e.g., Dutton et al., 1994; Roberts & Noller, 1998).

Robin and Foster (1989) were unclear where anger originates from but speculated that adolescent irrational beliefs, such as strong adherence to ideas of fairness, freedom and autonomy, may lead to anger. The present research supports the
alternative idea that it is the anxious attachment beliefs that are implicated in anger. These include beliefs about the need to be close and loved, while at the same time believing they are unlovable and thus can be abandoned. These beliefs and negative self-views combined with parental criticism and perceived rejection, may particularly induce hurt and anger in preoccupied and fearful adolescents.

By contrast, dismissive individuals have negative views of others and beliefs such as, it is not good to be close to others or trust and rely on anybody (the need for autonomy, similar to Robin and Fosters’ [1989] irrational beliefs). They seem to believe others are not worthy. Dismissive adolescents also reported alienating family conflict, some poor endings and a lack of good endings, perhaps indicating a kind of disdain, contempt, and cool covert anger aimed at others.

Preoccupied and fearful adolescents’ higher endorsement of violent and angry behaviours, which end the conflict, may indicate the obvious idea that experiencing anger or being anger-prone without effective emotional regulation, can lead to anger being overtly expressed, and being abusive and violent. It also indicates that anger can lead to unproductive conflict, which is either cut short by angry confrontations or becomes a ‘slinging match’ of heightened, reciprocal (Patterson, 1982) anger and abuse. Either way, issues and conflict are not worked out, parent-adolescent relationships can be harmed even further and conflict arises again. Certainly such a pattern would explain why these adolescents report higher levels of family conflict in general.

Negative self-views seem to be involved in anger, as mentioned, and are thought to arise from poor early care-giving experiences (Bartholomew & Horowitz, 1994; Crittenden, 1993). Insecure adolescents have not learnt that they deserve to be cared for, or, that others can be trusted to care for them. As children, they may have felt anger at their parents for their unmet needs and for anxious separations, both of which represent loss (Bowlby, 1973). In situations where parents are more responsive, anger and distress might help bring back, and/or keep close an attachment figure, or remedy a loss or unmet need. When the parent responds to distress, presumably the anger quickly dissipates, as with secure children in the Strange Situation research (Ainsworth et al, 1978). If parents are disapproving and rejecting in response to anger then avoidant children may learn to ‘switch off’ and turn away, but may still be angry (Magai et al, 2000). However, the anger of anxious insecure children, in a poorly remedied situation where parents may not be responsive or effective with their
actions, may continue unabated and unregulated. The experience of uncontrolled anger, and acting on it, thus becomes ingrained and readily accessible in their working models (Mikulincer, 1998). This dysfunctional anger process may then generalise to many situations outside the family, partly explaining why insecure anxious adolescents were found to be more anger-prone than secure adolescents.

However, the finding that secure adolescents reported similar levels of conflict specific anger towards parents, was unexpected. On the other hand, this pattern of anger directed at attachment figures does fit with early attachment theory. Bowlby (1973) theorised that when an attachment figure is behaving in a negative fashion, such as in a separation situation, a child will protest with anger. Bowlby also thought that anger directed at parents is different in nature for secure children compared with insecure children. For secure children it is an anger of hope that the attachment figure will change and become more appropriately responsive (e.g., either stay or meet a need).

Thus, in this study’s conflict scenarios, with parents being portrayed as critical, rejecting or intrusive of the adolescent, secure adolescents reported being just as angry with their parents as anxious adolescents. But at the same time they reported the expectation of good endings and relatively low levels of bad endings to conflict with their parents. They expected that the conflict would be worked out in a good way for everyone, that they would not be abandoned, that apologies would be made or that things would be ‘fixed’ in the relationship. Thus, they may be indicating that their anger is the anger of hope of change and expectation of a good outcome. This also mirrors Mikulincer’s (1998) findings with regard to secure adults and ‘functional’ anger. Secure people were found to experience anger in a functional way and to have good affect regulation, rational analyses, constructive goals (such as to maintain the relationship), adaptive responses (expressing anger in a non-hostile way and problem solving), positive affect and to expect beneficial outcomes.

With insecure children, Bowlby (1973) described an anger of despair and frustration that can involve out-of-control emotions and behaviour. It is quite possibly the quality of the anger not the quantity, that is most different between the attachment groups. Loss, separations, love withdrawal, rejection and threats of abandonment are all thought to trigger anger and anxiety in insecure children. So, while reporting similar levels to secure adolescents of anger directed at parents when in conflict, insecure adolescents were not hopeful of always having a good outcome. They
expected both good endings and bad endings, with these latter involving continued anger, lack of resolution, the relationship failing to be ‘fixed’ and verbal and physical aggression from all concerned. Perhaps this is an anger of despair (Bowlby, 1973), based on their fear that the attachment figure will not necessarily improve their behaviour towards them, that problems may not be worked out and abandonment, rejection or being left with unmet needs are real possibilities. Again, Mikulincer (1998) found his anxious individuals, as adults, displayed this dysfunctional type of anger. Mikulincer found that anxiously attached people tend to be anger prone, experience greater anger intensity, do not regulate anger, have urges to punish and harm others and have negative expectations about others’ responses.

Dismissive adolescents seem to have taken the anger of despair (Bowlby, 1973) one step further by denying they even have it. But they still possibly behave badly (e.g., sarcasm and belligerence) with cold anger in conflict (Creasey & Ladd, 2004), indicated also by their lack of good conflict endings. Mikulincer (1998) calls this dissociated anger, where avoidants deny anger but display physiological and other signs of it. Mikulincer, in contrast to Fraley and Shaver (1997) who believe dismissive people disengage their attachment system and thus do not have anger, found that his avoidant (dismissive and fearful) group of people had a hostile outlook and were distrustful of others and their motives. This perspective fits with their negative view of others. In particular, it may be avoidants’ attributional, paranoid bias about others that drives their anger or negative affect, aimed at others.

As dismissive individuals seem to spurn attachment-related emotions in themselves and dislike intimacy with others (Bartholomew & Horowitz, 1991), and probably view these states as weaknesses to be avoided, they may also see emotions and intimacy attempts from others as contemptible weaknesses. Perhaps this explains why dismissive individuals may react badly (by being overly critical and controlling) or withdraw when others are emotional in conflict or when they are seeking support (Fraley, Davis & Shaver, 1998; Roberts and Noller, 1998). This cold anger pattern, as well as a lack of warmth, engagement and unsupportive parents, may explain why the dismissive adolescents in the present study reported alienating conflict and had a lack of good conflict endings. Thus, it seems that the avoidance attachment dimension, and not just the more volatile anxiety dimension, may be linked to a dysfunctional anger-conflict process.
There were also two more specific negative emotions, a *self-directed* anger measure and *shame*, which discriminated between preoccupied adolescents and the other adolescents’ responses to the conflict scenarios. Preoccupied adolescents were angrier *with themselves* when in conflict. Anxious individuals’ anger is usually thought of as directed at attachment figures (Dutton et al., 1994). When it is directed at the self it may be redirected outwards as a defense mechanism by insecure people who otherwise would feel intolerably and globally bad about themselves (Tangney et al., 1996). Insecure anxious people who also feel *shamed* may blame others for this painful experience and become even angrier with them; this is what Tangney and others (e.g., Lewis, 1971) describe as ‘shame-rage spirals’ and ‘humiliated fury’.

Shame has been defined as feeling like there is global defect in the entire self (Tangney et al. 1996). Shame in this thesis was indexed by feeling ashamed (you are bad) and feeling humiliated (made to feel small). Thus, the concept of shame is congruent with attachment theory, as both shame and the anxious attachment styles contain negative views of the self, which are associated with poor outcomes. In the current study, preoccupied adolescents with more shame than secure adolescents, were more anger-prone and had higher expectations of angry and violent conflict endings. This is in line with the evidence that shame leads to maladaptive responses to anger, such as aggression, self-directed hostility and negative long-term consequences (Tangney et al., 1996).

Secure adolescents, in contrast, feel good about themselves and do not have a negative global view of the self. They were expected to feel more guilt than others do, as guilt can be a positive emotion associated with having performed a specific wrong action, feeling repentant and wanting to repair and maintain good relationships (Tangney et al., 1996). They had higher levels of guilt than dismissive adolescents did, but not significantly higher than those of fearful and preoccupied adolescents. Guilt is thought to lead to constructive responses to anger, corrective actions and non-hostile discussions with the target of the anger (Tangney et al., 1996). In this thesis there is some evidence to support the idea that guilt may help motivate secure, fearful and preoccupied adolescents to try to ‘fix’ things between them and their parents, as these groups all had equally high levels of problem solving and conceding. In contrast, dismissive adolescents had low levels of guilt, problem solving and good conflict endings.
7.7 Summary

This thesis found evidence supporting the view that some positive and negative aspects of conflict originate from the influence of working models in the different attachment styles. Attachment, and its overarching theoretical framework (see Bartholomew & Horowitz, 1994), allows integration of a number of aspects regarding emotions, cognitions, trait-like tendencies, situational cues, communication patterns and emotional regulation, to help describe and explain the different types of anger and consequences found in parent-adolescent conflict. The description of specific profiles for each attachment group should assist with the formulation of more tailored interventions to address the different anger-conflict patterns found in families. Such interventions are discussed in the following chapter.
CHAPTER 8: IMPLICATIONS FOR ATTACHMENT-BASED INTERVENTIONS FOR FAMILIES

8.1 Introduction

The previous chapter discussed the research results in terms of healthy and harmful anger-conflict patterns for the different attachments groups. This chapter discusses the implications for intervening with families who experience various levels of difficulty with parent-adolescent conflict. The emphasis is on how attachment issues raised in this and other research may be used to formulate interventions to prevent poor family outcomes, such as aggressive conflict, and poor adolescent outcomes, such as anger or depression proneness. Furthermore, there is discussion on how the functional, healthy anger-conflict patterns that secure adolescents seem to embody may be encouraged in families. The two less functional, harmful anger-conflict patterns of insecure adolescents are also discussed with reference to how they may need to be changed.

The purpose of interventions with conflicted families is usually to improve family and adolescent processes and outcomes, often by teaching such skills as conflict resolution with the hope of reducing family distress or adolescent problems (e.g., Robin & Foster, 1989; Robin, Siegel & Moye, 1995). However, as shown by the present study, knowledge of problem solving may not be enough to improve family outcomes. More recent formulations of family therapy have included a number of attachment concepts with the aim of improving family functioning and relatedness, and thus reducing adolescent problems (e.g., Liddle & Schwartz, 2002). While these therapies appear effective in practice and show promise in clinical trials (e.g., Diamond, Siqueland & Diamond, 2003), further research may be needed with respect to modifying the therapy to suit the different anger-conflict patterns in families.

The present research showed that certain adolescent outcomes and anger-conflict patterns varied as a function of adolescent attachment style. Other researchers (e.g., Ainsworth et al., 1978; Bartholomew & Horowitz, 1991; Crittenden, 1992, 1993; Hazan & Shaver, 1987; van IJzendoorn, 1995) have already made a strong case for the association between attachment style and child and adult outcomes. Findings, theory and logic converge to indicate that attachment styles largely precede and thus affect these outcomes. However, despite attachment styles showing some stability and continuity over time (Belsky & Fearon, 2002) they also appear to be ever evolving.
and are continually being updated (Fox, 1995). They may even be transformed in the face of family environment changes, negative life events, improved parenting, interactions with children’s temperament, the present psychological status of the individual and reconstruction over time (Ammaniti et al., 2000; Calkins & Fox, 1992; Lewis, Feiring & Rosenthal, 2000; van IJzendoorn, 1995; Waters et al., 2000).

Thus, concurrent experiences appear able to influence attachment aspects of psychological, emotional and behavioral development and outcomes (Lewis, 1997). In other words, attachment style need not be destiny. These findings support the idea that it is possible and worthwhile developing treatment interventions to modify insecure attachment style beliefs, emotions and behaviour to be more like those of secure attachment. The assumption is that such attachment-based interventions will improve family functioning, conflict and adolescent outcomes. So far this has been borne out by clinical trials of attachment family therapy (Diamond et al., 2003) and experimental work demonstrating that attachment security can be primed, with subsequent increases or decreases in certain target emotions (Mikulincer et al., 2001).

Examples of attachment-based interventions aimed at primary, secondary and tertiary prevention are now outlined to illustrate how attachment research findings can be translated into practical family interventions. The interventions could all be modified for use with parents or adolescents alone, or with parents and adolescents together.

### 8.2 Primary Prevention Intervention – Parent Tip Sheet

Information about family attachment patterns and conflict could be used for primary prevention of further or future problems, and aimed at non-distressed to mildly distressed families in the general population. A concrete example of this is a “Parent Tip Sheet on Teenage Attachment” (see Appendix D). It is a summary of the findings of the current study. It includes easy to read sections on various aspects of attachment and family conflict. The first section is on, ‘Secure and insecure attachment styles’; an example point from this section is as follows:

- **Having a secure attachment style** means a teenager usually feels good about others, relationships *and* themselves. **Secure teenagers** believe close others can be trusted and are there to help when needed. Home and parents are seen as a secure base.

The second section is ‘How secure teenagers (and families) are happier and healthier’. An example point is:
Secure teenagers can experience lots of anger in conflict but it seems to be a **functional anger** - they argue and problem-solve, and they expect the conflict to be worked out now or later. They use friends and activities to cope after conflict.

The third section is ‘How can parents help teenagers to be secure’. Example points are:

- Parents tune in and listen to them
- They try to understand what their teenagers are saying
- They understand the teenager’s point of view, even if they don’t agree
- They are there to just listen when a teenager needs someone to talk to
- They show warmth, calmness, friendliness and interest in their teenager when talking and interacting

The fourth section is ‘The big test - How can family conflict be better’. Example points are:

- They [secure adolescents] may be contentious – arguing for what they want, saying their parents are wrong and they are right and not wanting to change themselves – again this appears normal.

- But they also negotiate and **problem-solve** –
  - finding out everyone’s’ needs and concerns,
  - looking at different ideas and solutions,
  - agreeing on good solutions to meet the needs of everyone
  - doing things to make peace in the family.

The tip sheet also outlines how secure adolescents’ families have various good endings to conflict, in contrast to the other insecure groups that have fewer good endings and/or more angry or violent endings. Thus, the tip sheet gives attachment information in a positive psychology (Seligman, 2002), strengths-based format. This information could be included in educational material and parenting resources from community centres, the Internet and media outlets aimed at parents and families in general. For example, parents report that they get information from other parents, friends and family, but also from parenting books (Ateah, 2003) and parenting newsletters. Reading articles and tips in newsletters seems to change self-reported parental behaviour and attitudes and thus is an effective way to disseminate information (Nelson, 1986; Walker & Riley, 2001). Discussing newsletter content with others leads to even more change (Walker & Riley, 2001). The information could also be used to guide discussions between community family workers or parenting educators, and parents.
8.3 Secondary Prevention Intervention – Parenting Workshops or Course Modules

The second example involves the similar attachment information as the ‘Parent Tip Sheet’ but is aimed particularly at secondary prevention of an escalation of problems with mildly to moderately at-risk and distressed families. Parents interested in such information are presumably from families experiencing some changes as their children progress through the teenage years (Smetana, 1989; Smetana et al., 2004), and/or families who may be having more conflict than previously. The information could be of a general nature about secure and insecure attachments, and how to have ‘good’, healthy family conflict, where peoples’ needs are met and which ends well, sooner or later. Based on the current study, a case can be made as to the how and why secure attachments, functional anger and healthy conflict are better for individuals and families. This can be outlined in handouts and talks by family workers or within parenting courses, with group discussion time around questions, examples and issues. Parents can then affirm and increase what they are already doing well, or be motivated and shown how to change the way they relate to their teenagers. The type of recommended changes could also depend on whether each family reports they mostly experience the anxious anger-conflict pattern, or the dismissive-avoidant anger-conflict pattern. For example, predominantly anxious families may need coaching on how not to reject and criticise their teenagers, and how to better manage negative emotions.

Interventions could also be more specific, with exercises aimed at increasing secure attachment thinking and behaviour through the activation of secure bases (Mikulincer et al, 2001). Exercises could also be aimed at changing the family anger-conflict cycle to be more functional. Role-plays could allow parents to practice engaging more warmly with their teenagers if needed and/or problem solving and ending conflicts well. Parents could also be given information on the beliefs about trust, dependability and sharing associated with secure attachments, and asked to give examples of these in their own family to encourage their growth. They could also be asked to plan for more opportunities for such beliefs to be fostered and made explicit in their families.

Such exercises could also be incorporated into modules of existing parenting courses or used in stand-alone parenting workshops. The general aim of intervention at this level would be to use attachment research findings to promote secure attachment, educate parents about harmful conflict styles and healthy conflict, and
encourage parents to support a balance of autonomy and connectedness in their teenagers (Liddle et al., 2001). The interventions could also be modified for use with teenagers within the general school system.

Specific attachment course modules or workshops could use an adult learning model and problem-based learning (Hmelo-Silver, 2004), which uses facilitated group problem solving to teach both content and thinking strategies, to disseminate the information and processes. That is, they could use group support, collaboration and sharing, and include discussions, clear examples, exercises, role-plays, videos, handouts, perspective taking activities, symbolic play exploration, and home tasks (Hmelo-Silver, 2004; Sanders, Cann & Markie-Dadds, 2003). For example, two specific attachment modules, one on increasing family connectedness and secure-base thinking and behaviour, and the other on healthy family anger and conflict processes, could be included in parenting courses. These two examples are now outlined.

8.3.1 Parenting Module 1: Increasing Secure Attachment in Families

As has been shown by the present research, secure attachment is related to a healthy conflict/anger pattern in families. This implies that if families’ secure attachment schemata can be increased they will have better conflict or even less conflict. Increasing secure attachment in families may occur through ‘activating’ secure attachment in parents. It has been shown that the priming or activation of attachment security, through exposing individuals to secure-related pictures, stories, memories or words, can influence them to be more empathic to others and to have less personal distress (Mikulincer et al., 2001). This occurred even in stressful situations. The activation of secure schemata is thought to involve increasing the salience and access to beliefs involving positive views of the self and others, which would promote self-efficacy and benevolence to others. Parents with heightened attachment security of their own are likely to react to their teenagers’ needs more empathetically, with lower personal distress, and have warmer and with more helpful interactions. This should even occur when engaged in conflict with their adolescent, as reported by the secure adolescents in the present study.

Drawing on Mikulincer and colleagues’ (2001) work, course facilitators might help parents to increase attachment security by asking them for memories and examples of their own ‘felt security’ from their childhood. Photos of the parents holding their teenagers as babies or children, or photos of them helping their children in some way, could also be asked for and discussed by each parent. Positive stories of
secure attachment in action could be shared. For example, these could include how parents were able to help, support or soothe their child’s distress with good effect, or how they themselves have been assisted by close others. Information on the concepts and descriptions of secure attachment, secure base, felt security and secure interactions could be given.

Drawing on the present research, the study’s conflict measures could be used to describe how secure adolescents perceive and experience their parents while engaged in conflict with them. For example, secure adolescents endorsed items that described parents that were helpful, listened to them even when they did not agree, spent enjoyable time with them and often ended conflict well by trying to meet everyone’s needs, making peace and/or giving apologies.

After attachment security has been increased by whatever method, problem solving learning (Hmelo-Silver, 2004) could occur by asking the group how they could increase attachment security in themselves, their families and their teenagers. The benefits and ways of having a secure family base could be brainstormed and listed by the parenting group. Individual family issues, examples and conflicts could also be considered, with the group needing to solve the problems using a secure attachment point of view. Role-plays of healthy interactions and conflict could be enacted to allow parents to practice and consolidate new learning and skills.

Discussions and symbolic exercises with parents could also centre on displays of attachment insecurity in families. Such discussions and emotional release exercises can induce many negative feelings and thoughts (Pearson, 1998) about families. The present study showed that insecure attachments were associated with problems in anger and conflict. Insecure attachments were defined by certain beliefs about the self, others and relationships (Brennan et al., 1998). If these insecure beliefs emerge in discussions, parents can be taught to recognise them as problematic and to combat them with cognitive behavioral therapy techniques.

Thus, the insecure avoidant beliefs that ‘you must avoid closeness’, or ‘not trust your teenager’, or the anxious beliefs that ‘you have to be very close to your teenager’ or ‘know everything about them’, may be voiced. Parents could learn how to evaluate these beliefs in terms of are they useful to have, or are they really accurate and challenge them and decrease their strength, as can occur in cognitive behavioural therapy with depression (e.g., Williams, 1997). Discussions could finish with exercises and role-plays on attachment security and healthy anger and conflict.
Exercises may also be needed on learned optimism and happiness (Seligman, 2002) to also combat any pessimism, sadness and negativity raised by discussion of family problems. The overall goal would be to have parents understand the difference between secure and insecure attachment thinking and behaviour and to begin to replace negative beliefs and practices with more positive ones.

**8.3.2 Parenting Module 2: Increasing the Secure Anger-Conflict Pattern in Families**

This module would aim to engage parents in learning to decrease the two anger-conflict patterns associated with poor outcomes and insecure attachment, and increase the pattern that appears to be more functional and is associated with secure attachments. This could occur through belief and behaviour modification and through improvements to emotional regulation. Parents could also complete and score an attachment measure (e.g., Brennan et al., 1998) to give them some indication of what their own attachment style and conflict tendencies may be. It may be useful to start with the most concrete aspects of communication and problem solving, then proceed to work on emotional regulation, healthy anger and relevant attachment beliefs. Information on all these aspects could be included in learning exercises for the group.

The communication and problem-solving exercises of existing parenting courses (e.g., Handling Anger in Yourself and Your Children, Crosser, 2005; PACE, Jenkin & Bretherton, 1994; Triple P-Positive Parenting Programme, Sanders et al., 2003) could be extended by including attachment concepts. This could include outlining, role-playing and/or showing videos of the different ways secure and insecure people express functional and dysfunctional anger, and engage in good and poor conflict resolution and endings. To combat the dysfunctional anger of despair, or the ‘cold’ disassociated anger (Bowlby, 1969; Mikulincer, 1998) there may be a need to discuss the anger of hope (Bowlby, 1969). The present study indicated that secure adolescents experience a healthy and hopeful type of anger that does not seem to become entrenched and is not associated with depression, shame or self-anger. Healthy anger was associated with engaging in conflict with contention, arguments and problem solving, and expecting the conflict to end well without undue anger, or violence. The underlying attachment styles, beliefs, working models, self- and other-views and emotional regulation patterns could be discussed and outlined to explain why families can have different patterns of conflict and interaction. The goal would
be to have the parents understand and practice healthy, not harmful, anger and conflict themselves.

Role-plays, scenarios or examples from the group could be used to further demonstrate each of the two dysfunctional anger-conflict patterns highlighted by the present research. Group members could be asked what would be the likely emotions, emotional regulation strategies and attachment-related beliefs associated with each type of conflict. Then, again using group problem solving learning (Hmelo-Silver, 2004), they could work on how individuals and families might need to, or could, change beliefs, and regulation and expression of emotions, and behaviour so that each conflict scene could become more like the healthy, secure pattern of conflict. Useful and non-useful attachment beliefs could also be discussed by drawing on the items from Brennan and colleagues’ (1998) attachment scale and identifying which are associated either with the anxious dimension or the avoidant dimension.

Positive role-plays, in particular, could allow demonstration and practice of healthy conflict, without personal criticism, aggression or rejection, with expression of emotions (but regulated) and functional anger. Problem solving steps could be included, however, most importantly from the findings of the current study it should also include good conflict endings, where there is resolution, needs being met, making peace, apologies and care taken to repair the relationship.

Parents with high negativity and volatility in the anxious anger-conflict pattern may need coaching on emotional control, ‘think-stop’ strategies (Crosser, 2005), defensive repression and containment (Mikulincer & Orbach, 1995), ‘time-out’ and ‘cool-down’ techniques and even the use of humor and affection in conflict (Capaldi et al., 1994). Their associated attachment beliefs about rejection or views of the self (and others) could also be challenged through cognitive-behavioural therapy techniques (e.g., Teasdale 1997). Beliefs that seem to be non-useful, inaccurate, irrational or insecure, and lead to negative emotions and consequences for parenting and conflict, could be challenged and modified.

Families that appear to have dismissive anger-conflict patterns may need advice and coaching on how to be warmer, more loving, more involved, expressive of emotions and more engaged and friendly with each other. Functional anger (Mikulincer, 1998; Kobak et al., 1993) that can engage families in resolving conflict may need to be encouraged. Connectedness and a secure base also need to be encouraged in these families, rather than too much autonomy (Liddle, 2002).
Attachment beliefs involving self-reliance, distance, intimacy, trust and self/other views may also need to be challenged, again through methods such as cognitive behavioural techniques (e.g., Teasdale, 1997).

### 8.4 Tertiary Prevention Intervention – Family Attachment Counselling

The third example is a tertiary intervention aimed at assisting families already identified as distressed and high-risk. It involves attachment ideas from this and other research added to existing types of family counselling and therapy. This includes particularly, measuring attachment styles within families, and directing different interventions towards the two major problematic anger-conflict patterns identified in this research.

For example, Robin and Fosters’ (1989) model of parent-adolescent conflict and therapy is strong in many areas but lacks an attachment perspective. Robin and Foster noted that anger interfered with conflict resolution. The present research indicated that insecure attachment is implicated in dysfunctional anger. Thus, their therapy could be reformulated and guided by attachment research.

Family interventions more recent than those of Robyn and Foster (1989), include at least two family therapies that focus on attachment relationships. Liddle and colleagues have developed the Multi-Dimensional Family Therapy (MDFT; Liddle & Schwartz, 2002), used extensively in conflicted families with teenagers who have aggression, and drug and alcohol issues. The family attachment system and emotions are particularly targeted for change. Guy Diamond, a colleague of Liddle, has also gone on to formulate Attachment-Based Family Therapy (ABFT; Diamond, Siqueland & Diamond, 2003), which particularly targets depressed teenagers and aims to rebuild family relations.

The present research findings support, and could add and extend the empirical underpinnings and treatment goals of these therapies. First of all, the present study indicated that there are two clear problematic patterns of conflict/anger associated with different attachment styles, which would need to be addressed differently. However, both current attachment-based therapies do not seem to be clear as to what type of attachment styles or dimensions they are dealing with in their client families. Thus they may lack some information needed for tailoring interventions to individuals and families. Liddle (2002) describes using MDFT with acting-out, angry teenagers in families with lots of conflict, yet calls the adolescents’ ‘dismissives’ and the parents ‘disengaged’. Some research does find dismissive teenagers, particularly boys, have
dysfunctional anger (Kobak et al, 1993) but other research, including the current research, finds that the most angry individuals often have a fearful or preoccupied attachment style (Creasey & Ladd, 2004; Mikulincer, 1998a).

Similarly, with respect to ABFT (Diamond et al., 2003), the authors refer to insecure attachment and depression being linked but do not expand on which insecure attachment style they are referring to. The current research found that the most depressed adolescents had preoccupied and fearful attachment styles, except for dismissive girls who also had relatively high levels of depressive symptoms. The reason for depression in each may be different, so treatment intervention may need to be different also. Diamond and colleagues recommend increasing adolescents’ autonomy in the second part of their therapy. However, this may make anxious adolescents feel more abandoned, and dismissive girls may already have parents who are too distant and unsupportive. The present research found different types of family conflict linked to different types of adolescent attachment, implying the need for different interventions.

The implication for both therapies is that attachment is related to anger, depression and conflict. But there may be different pathways for each, depending on the family background and adolescents’ attachment style, working models and views of self and others. Other aspects may also be involved, such as adolescents’ shame proneness (Tangney, Wagner et al. 1996) and attributional biases (Mikulincer, 1998a), which are also related to different attachment styles. The current research shows two main problematic anger-conflict patterns. The implication for interventions is that they need to be tailored specifically to take into account the differences in how families with mostly fearful or preoccupied attachments engage in conflict compared to those families with mostly dismissive attachments. These two examples are now outlined.

\textit{8.4.1 Attachment Therapy with Preoccupied/Fearful Families}

The preoccupied and fearful adolescents in the present research indicated they were prone to sadness, anger and worry about relationships. Thus, these families need to learn to regulate and manage negative emotions. This means working on providing a safe environment in therapy, and at home, where emotions can be expressed, but are contained, and alternatives to violence and anger are practiced. Preoccupied boys in particular need extra coaching in non-aggressive ways of getting what they need. If the family situation cannot be made safe, with co-operation from parents, then anxious
adolescents may need to learn who and when to trust, given that family life has probably been somewhat unpredictable, volatile and sometimes unfriendly. The emphasis would be on connecting in positive ways, not negative ways, while also encouraging independence, as other therapies also advocate (e.g., Liddle & Schwartz, 2002; Pistole, 1999).

MDFT (Liddle & Schwartz, 2002), however, does not seem to specifically focus on highly anxious families as much as it does on the families the authors describe as highly avoidant. Possibly some of the acting-out adolescents they describe actually may have fearful or preoccupied attachments. In any event, much of the therapy, such as engagement, exploration, reframing and shifting, could apply to these families as well. The family background of anxious adolescents is likely to include inconsistency, abuse, neglect, rejection and/or abandonment. Children from such backgrounds are likely to have ingrained despair, fear, anxiety and/or anger (Crittenden, 1992) depending on the types and intensity of maltreatment. Children of neglectful or distracted parents may have learnt to display anger to get attention. Fearful children may swing between anger and quiet despair, depending on how safe they judge it to be to display emotion – they may come from chaotic, dangerous families. The adolescents in the present research who had preoccupied or fearful attachments also displayed a proneness to anger, depression and worry. Thus, MDFT would need to focus on the anxiety and depression range of emotions, as well as the more volatile emotions of anger and aggression, which they focus on with ‘disengaged’ families.

Preoccupied and fearful adolescents theoretically know how to problem-solve, as shown by the current study, but do less of this when angry (Kobak et al., 1993) and consequently may have poor conflict endings. The anger seems to be associated with insecure attachment, associated beliefs and lack of emotional regulation (Creasey & Ladd, 2004). Thus, first the beliefs that drive or allow the anger may need addressing. Then problem-solving, ‘time out’ and ‘cool down’ type strategies can be reinforced and taught. As well, the nature of good conflict endings can be demonstrated in therapy and contrasted with angry and violent endings.

The attachment beliefs of anxious adolescents and their families probably include some of the items that loaded most highly on Brennan and colleagues’ (1998) anxiety dimension in this research. This questionnaire could be used both as an assessment tool and a therapeutic tool in counselling. These beliefs could be
identified, ‘unpacked’ and targeted for change. The anxious items endorsed by the adolescents included beliefs that they must have a lot of reassurance that others love them, worrying about their relationships and losing others; and beliefs that others will not care for them as much as they care about others. They believe others do not want to become as close as they would like and when they are not in a relationship with another person they feel somewhat anxious and insecure. Fearful adolescents and their families probably hold some of these beliefs while at the same time also holding avoidant dimension beliefs, such as the need for self-reliance and discomfort with closeness. Again, these beliefs could be drawn out for each member of the family, explored within the family and challenged or modified.

Vincent-Roehling and Robin (1989) have an additional tool for measuring parental and adolescent irrational beliefs, which could be used within attachment family therapy. For example, they cite some parents as believing that ‘Teenagers should always respect their parents’ or ‘My son should tell me what’s bothering him, and if he doesn’t, it means he doesn’t really love me’. When these beliefs are inevitably violated it is thought to lead to anger and conflict. Robin and Foster (1989) describe several exercises aimed at restructuring irrational beliefs with the use of cognitive behavioural therapy with families.

The conflict scales in the present research also indicated that family interactions were characterised by an excess of angry, sometimes violent exchanges, and parental criticism and control efforts. In MDFT (Liddle & Schwartz, 2002), harsh emotions in therapy, such as anger and aggression, were described as needing to be changed and shifted to the softer emotions of disappointment, regret or fear of abandonment in the family. Liddle and Schwartz particularly mention taking care to allow the adolescent to express disappointment and anger experiences in constructive ways. Those constructive ways would necessarily include changing dysfunctional anger or disassociated anger (Mikulincer, 1998a) into functional anger, not simply trying to have no anger.

In a sense, what these families and adolescents need is training and practice in how to engage in conflict well, so that anger is expressed in a safe, functional way and the family works together to resolve the problems and good outcomes are achieved, as in secure families. If this ‘practice’ at home or in therapy becomes too ‘heated’ or harmful then the therapist would know that the family’s belief-systems, emotions and emotional regulation skills need further work.
8.4.2 Therapy with Dismissive, Disengaged Families

The therapy focus for generally dismissive adolescents and families could be that family members learn how to feel, identify and express warm positive emotions, or even negative emotions, such as hurt, disappointment and regret (Liddle, 1994). They may also need to learn how to increase their caregiving and/or their acceptance of care (Pistole, 1999). How to use functional anger (Mikulincer, 1998) and the anger of hope (Bowlby, 1969) to change the family and relationships for the better, would also be an aim. In addition, learning empathy, how to reach out to each other, respond with warmth, how to solve old hurts or new differences, how to cope with stress or depression and how to trust close others are all deficits that may need addressing.

ABFT (Diamond et al., 2003) advocates getting in touch with emotions and expressing them appropriately, which seems particularly needed for ‘cool’ families. However, ABFT also advocates strong encouragement of autonomy in the adolescent. This may be appropriate for fearful and preoccupied adolescents but for dismissive adolescents the issue appears more complicated. Certainly, they may need encouragement to pursue activities and gain and maintain friends. The present research highlighted an apparent deficit in such coping activities engaged in by dismissive adolescents compared to others. However, the current study also indicated the strong benefits for secure adolescents in feeling well connected to warm parents. Thus, it would appear necessary to explore with parents what beliefs or emotional barriers they may have to being warm and engaged parents so that this is dealt with in therapy. These parenting sessions may need to happen before encouraging dismissive adolescents to seek support from parents, so as to avoid adolescents being rejected and old family patterns being replayed. MDFT (Liddle & Schwartz, 2002) therapists also work to engage with both adolescents and parents to change their relational style to be warmer and more connected.

The conflict scales in this study could be used with families by describing what to avoid, or do, to be more secure-like in parental behaviours. For example, dismissive adolescents rated alienating conflict as relatively high, indicating a lack of friendliness, listening and helpfulness from their parents. In contrast, the secure adolescents endorsed these items, as well as indicating their parents were enjoyable to talk to, understanding and accepting of their opinions.

MDFT interventions emphasise dealing with externalising acting-out teenagers. This therapy may also benefit from the findings of the current research that
indicated that dismissive girls at least, could also be experiencing depression, hurt and sadness, an internalised, perhaps gender-related distress, also warranting treatment. Again, using Brennan and colleagues’ (1998) avoidant attachment scale for assessment and intervention would be a helpful guide to help modify the most inaccurate or non-useful beliefs. For example, with dismissive adolescents in the present research the avoidance dimension was characterised most by several strong actions and actual or implied beliefs. These include an unwillingness to discuss problems and concerns with another person, or ask for comfort, reassurance, advice or help. Dismissive adolescents also did not believe that it helps to turn to another person in time of need, they did not have a person whom they tell almost everything to and were not comfortable being close to others. All these examples could be explored as to where they came from and how they may have been useful in the past. But they could now be challenged as not useful for an adolescent to endorse too strongly and identified as barriers to building healthier, stronger supportive family and friendship networks. More secure and balanced beliefs could be encouraged.

Some dismissive families may actually need a significant amount of time spent on a plan for the future (Liddle & Schwartz, 2002), and on the process of how to resolve any present or future conflict well. The present research found that dismissive adolescents reported their families were not good at resolving conflict and problem solving. Here is where Robin and Foster’s (1989) interventions could prove useful in teaching how to productively negotiate parent-adolescent conflict. In addition, the present research indicates how secure adolescents use both contention (which could be normalized for disengaged parents), and problem solving. Families’ could also benefit from knowing and practicing the specific problem solving techniques and descriptions of good endings endorsed by secure adolescents in the present research. If conflict resolution is being avoided and conflict endings involve ‘cold’ anger, as suggested by this and other research (Creasey & Ladd, 2004) then this will need to be highlighted and adjusted. Problem solving could be taught and demonstrated in family therapy, or in parent-adolescent mediation (Fisher & Brandon, 2002) after some goodwill and positive emotions had been established in the family.

8.5 Research Limitations and Strengths, and Future Research

The inferences made from the results of this thesis invite further research. The questionnaire methodology used in this study, while appropriate for an initial testing and investigation of the hypotheses and research questions, could be followed-up by
the use of other methods. The nature of the sample could also be expanded in terms of
the number and respondents’ backgrounds. Future research could also include both
longitudinal studies with families and outcome studies evaluating interventions. These
ideas are now discussed in further detail.

8.5.1 Sampling Issues

A limitation of this research was that the respondents in the research were all
from Catholic Education schools and only involved 214 respondents. This limits the
generalisability of the findings. The schools were parochial (regional) schools and not
traditional, wealthy private schools, although some of the students may have come
from well-off middle-class families. However, more respondents from a wider range
of backgrounds would increase the power and reliability of the findings. Staff from
the three schools involved confirmed that the majority of students were from families
and surrounding suburbs that ranged from low to middle class. The students also
reported a wide range of ethnic backgrounds. Thus, there is some generalisability to
the bulk of families in Australia.

There could be some concern that the students who participated may be a sub-
group of adolescents whose families, religion and/or schooling reflect certain values
and training, which may influence their conflict patterns. However, previous research,
using both Catholic and public school students from similar low to middle class
socio-economic areas as those in the current study, found no difference in care and
justice values, their preference for conflict strategies or their levels of family conflict
(e.g., Pearson & Love, 1999). This seems to indicate that, with respect to some
measures of family conflict, students from Catholic schools are not significantly
different from the general population of public school-going adolescents, in these
socio-economic areas at least.

The participation rates varied between the schools from approximately 60% to
95%. This is consistent with previous research return rates (Pearson & Love, 1999). It
is possible that the students who did not participate were from families who had
greater difficulties and did not wish to disclose details of family behaviour. However,
the return rates more likely reflect school culture and the commitment of teachers to
remind students to return their permission forms. The most co-operative group was
Year 9 girls, whose return rate was 95% and whose teachers were reported by their
co-ordinator as being excellent at reminding the girls to return forms. There were no
reports of parents refusing to allow their child to be involved.
Obviously, families and teenagers with greater conflict and problems were probably not included because the study did not include adolescents who had already left or ‘dropped out’ of school, or who did not live with their family. These latter adolescents are an understudied sample due to difficulties in accessing them, yet they cite family conflict as the number one reason for leaving home (Fuller & Krupinski, 1994; A. Fuller, personal communication, 1994). Thus, they warrant further investigation. Marginalised groups, such as these adolescents, may be at most risk for very poor outcomes, such as self-harm and suicidal ideation (Fuller & Krupinski, 1994). Prevention intervention thus needs to target adolescents experiencing major disharmony with social institutions, such as the family or school, before they disconnect with them.

The present sample also did not include a specific treatment group of clinic referred adolescents, who may have reported the wider and more extreme range of emotions and behaviour associated with distress and/or disconnection. However, a small number of adolescents in the current study, seven percent, did report that they had gone to family counselling or mediation, likely indicating high levels of family conflict or distress. This study also found that 53.2 percent of the adolescents were classified as having a preoccupied or fearful attachment style with the associated dysfunctional anger and conflict pattern. Dismissive adolescents, with their particular disengaged dysfunctional conflict pattern, represented 17.2 percent of the sample. Thus there was a good proportion of problematic patterns represented in the sample.

The current study could be repeated with a clinic-referred group. This would increase the chances that the study was tapping into the severe end of the family distress continuum and investigating seriously problematic patterns of conflict. Self-report measures could also include parents, as well as adolescents, thus possibly ensuring greater reliability (Tabachnick & Fidell, 1996). As well, a fuller representation of the nature of family conflict, from the perspectives of both the parents and their adolescents, could be obtained.

Additionally, studying families where parents, and their teenagers, have discrepant attachment styles might further elucidate the complexities of family conflict. For example, a preoccupied mother interacting with a teenager who is dismissive (perhaps because the father is dismissive, and/or cool and aloof), or vice versa, would probably mean frustrating interactions for both. This would perhaps be similar to the “pursuer-distancer” situation (Fogarty, 1976b, cited in Nichols &
Schwartz, 1995) found in some couples, where the more one partner seeks closeness, the more the other withdraws. Even ‘normal’ autonomy seeking by an adolescent or the sad, withdrawn behaviour of a depressed, dismissive girl (as described in the present study) may be difficult to accept by a preoccupied mother or father.

However, Liddle (2002) implies that either dismissive parents produce dismissive adolescents and/or become disengaged parents in the face of adolescent acting-out problems. Dismissive adolescents in the current study reported their parents’ behaviour could be unsupportive, cold and alienating, indicating the possibility that the parents may also be dismissive. Other research has found the mothers of dismissive girls to be overly dominating in discussion interactions (Kobak et al, 1993). It would be of interest to find out how parents view their adolescents, if they are also dismissive or not, and how they react in conflict. There may also be even more complex attachment patterns discernable, all of which may influence the experience and handling of family conflict. Some of the proposed interventions mentioned previously may rely on ‘family attachment profiles’.

### 8.5.2 Methodology Issues

Other methodology to research this attachment and conflict area could include observational methods, such as video-taping parent-adolescent conflict discussions, and coding them for emotions, conflict strategies and conflict resolution, such as has been done widely for couples (e.g., Creasey & Ladd, 2004). Other self-report measures could also be used, such as a more discriminating anger scale, which could also measure relational anger (Crick & Grotpter, 1995), thought to be associated with girls. These methods could also assist in overcoming some of the limitations of the present research, such as self-report difficulties. However, the strengths of the research include that the methodology allowed for clear findings implicating attachment style in adolescent wellbeing and family conflict processes. Future research is warranted to further illuminate the role of attachment in parent-adolescent conflict as well as with the aim of developing and testing interventions to use with families.

Additional methods could also overcome the limitation of self-report measures by augmenting the hypothetical conflicts used in this study to include standard videotaping observational techniques of family differences, as other researchers have done (e.g., Feeney & Cassidy, 2003; Kobak et al, 1993; Robin & Foster, 1989). Conflicts could even be videotaped in the home situation, either by arrangement to
discuss differences in front of a video camera with a researcher present, or through
agreement of the family to turn on a set-up video camera and stay in one room when a
conflict spontaneously arises. Families in counselling sometimes say they wish they
could record their arguments, so this latter idea may be feasible. Memories are also a
rich supply of data, keeping in mind that Feeney and Cassidy (2003) have found that
reconstructed memories in adolescents about conflict with parents are influenced by
their attachment schemata.

A longitudinal design could also be used, as with Feeney and Cassidy’s (2003)
study, and extended to compare subjects’ predictions and expectations about
hypothetical conflicts, to what was actually done in conflicts at home, and then what
is remembered about the conflicts six or more weeks later. An observational/self-
report design involving interviews or questionnaires could also include open-ended
questions so as to gain qualitative data. A combination of methods may be needed to
elicit information from subjects who may be reluctant to admit to some extreme
conflict incidents in questionnaire form alone (fearful adolescents, for example). This
longitudinal design would provide further information on the relationship between
intentions, actions and memories. As well, the functional and dysfunctional conflict
patterns could be further examined, and insights into how cognitive information
processing is affected by attachment style could be gained. An extension of the
present research would be the inclusion of parents, which would give due regard to
systems theories of family interaction.

Of even more interest to the goal of improving family relationships, parental
practices and functional conflict patterns, is the idea that attachment patterns are open
to change and can become more secure. The intergenerational cycle of insecure
attachment and poor parenting may be able to be broken. For example, despite poor
beginnings some people seem to change their attachment and develop “earned
security”, or do not develop an insecure attachment when expected to (Pearson et al,
1994; Roisman, Padron, Sroufe & Egeland, 2002). They then go on to have good
quality relationships and parent their children well. Pearson and colleagues concluded,
however, that to do so a person needed at least one very supportive adult figure in
their life. Longitudinal research seems most ideal for tracking attachment style
changes and parenting practices. However, treatment interventions for increasing
secure attachment thinking and behaviour could be formulated now, based on current
knowledge in the area (e.g., Mikulincer, et al., 2001), and outcome research could then evaluate their effectiveness.

Outcome and treatment research is warranted, both for possible attachment parenting courses and workshops, and for attachment therapy in an Australian context. The measures, to be used pre-, post- and follow-up after the intervention, could include similar ones to those used in this study and/or those used overseas in attachment therapy research (e.g., Liddle & Schwartz, 2002; Diamond et al., 2002). With respect to attachment counselling, as this already exists in several forms overseas (Liddle & Schwartz, 2002, Diamond et al., 2002) it would be a matter of introducing it to Australia, adding to it from current research, and conducting treatment studies. It would be of particular interest to see what can change through intervention; attachment beliefs or parenting practices, family anger and conflict management and/or adolescent outcomes.

With respect to parenting courses, an initial study could compare the outcomes from an attachment-based course with outcomes from families on a wait list. The outcomes measured could be family members’ attachment styles, secure base indicators, depression and anger proneness, conflict levels, negative emotions, family closeness and conflict resolution strategies and endings. Ultimately, an outcome study could compare an attachment based parenting course with other parenting courses. Such research could be conducted not to see which is ‘best’, but rather to see what changes occur for which particular families as a consequence of each course.

8.5.3 Measurement Issues

As this study was interested in distinguishing ‘healthy’ conflict from ‘harmful’ conflict, and identifying the pattern for secure adolescents compared with insecure adolescents, including dismissives, the study needed to measure the quality of conflict, not just the quantity. The conflict scale used was a particular strength of the study. A combination of a family conflict scale and a family abuse scale gave a rich array of items involving many aspects of parent-adolescent interactions. The use of factor analysis allowed clear and meaningful factors to emerge for many measures. Three clear conflict factors were found for the conflict scale involving anger, violence or alienation, which were linked differentially to particular attachment styles. For example, dismissive adolescents did not report much violent or angry conflict, but did report alienating conflict, which may be harmful to them. The inclusion of violence items also showed that a minority of these adolescents experience some abuse in their
families - a more limited family conflict scale would not have tapped into this extreme end. This was further validated by the use of some of the same type of abuse items in the scale measuring expected conflict endings. Again, preoccupied and fearful adolescents endorsed more of these items than did the other two groups. Dismissive adolescents reported less abuse than other insecure adolescents, but still some violence in their expected conflict endings.

However, both the general measures for conflict, anger and depression and the specific vignette measures may have been inadequate with respect to fearful adolescents. The failure to detect the anticipated most extreme outcomes for fearful adolescents - they were generally similar to preoccupied - may indicate a problem in this study. Either fearful adolescents had a problem in their classification, or in their ability to self-report, or there were inadequacies in the measures to pick up their specific outcomes. The post-conflict risk behaviours measure also did not discriminate between the attachment groups and may need further work to make it useful.

The Novaco anger scale (Novaco, 1994, 2003) was useful in identifying anger proneness and discriminating between attachment groups, but only between those adolescent groups who were low, or high, on the attachment anxiety dimension. That is, secure and dismissive adolescents reported low levels of anger proneness – in behavioural, cognitive and arousal aspects - and the preoccupied and fearful adolescents reported higher levels on every anger aspect. Other anger measures (e.g., Crick & Grotpeter, 1995; Multi-Dimensional Anger Inventory, Siegel, 1986) may be able to discriminate more fully between the different attachment groups, and even between the two genders.

The manipulation of having different types of conflict vignettes – anxiety producing and avoidance producing - did not show that each insecure attachment group had particular ‘triggers’ for their insecurities. This may have been a methodological problem in that such triggers may only become apparent when the adolescent is under the stress of real conflict. Previous research has shown that some attachment style differences are more apparent when the attachment thinking has been cued in other ways, for example subliminally (Mikulincer et al., 2003), or has been activated by interpersonal, stressful conflict (Pietromonaco & Barrett, 1997). Alternatively, the wrong triggers may have been chosen. The search for particular triggers for the different attachment groups, or for factors that cause conflict
escalation and reciprocation (Patterson, 1982) could continue, perhaps through observational studies.

8.6 Conclusion

This thesis has contributed in some small ways to the current knowledge in the area of parent-adolescent conflict. A major strength of the research was that it examined not only the link of attachment style to adolescent conflict in families, but also attempted to examine a number of processes associated with the nature of parent-adolescent conflict. These processes included anger and depression proneness, emotional reactions to conflict and conflict resolution practices. The combining and integration of these two major approaches – attachment style and conflict processes - sought to understand parent-adolescent conflict better. The study enabled identification of one healthy, functional anger-conflict pattern and two harmful, dysfunctional anger-conflict patterns. Relatively low conflict rates and low anger and depression proneness typified the functional conflict pattern of secure adolescents, but they still reported they would be angry at their parents. However, by also measuring adolescent conflict strategies, expected endings and post-conflict coping behaviour, this study could assess this anger as the functional anger of hope, trust and expectation - that conflict would be worked out well with their parents.

In conclusion, this thesis was able to add to knowledge in the area of parent-adolescent conflict research by introducing an attachment framework. It also drew on other research areas, such as negotiation and conflict resolution research and couple conflict research, to establish relevant ways to study family conflict and pertinent measures to use. To a certain extent at least, the current study found possible explanations as to why and how some parent-adolescent conflict is healthy, and some is harmful.
REFERENCES


Appendix A

COMPLETE QUESTIONNAIRE BOOKLET
TEENAGERS, FAMILIES AND CONFLICT QUESTIONNAIRE

This questionnaire is part of a study on teenagers, their relationships with other people and the behaviours they engage in. It is also the research component of a Professional Doctorate in Psychology being carried out at Swinburne University of Technology.

Teenager relationships is a very important area of study; we are particularly interested in how teenagers view themselves, their life and their family. Honest answers are necessary, so please fill out this questionnaire as seriously as you can. Your privacy will be protected, as these forms will not have your name on them and will not be seen by anybody except the researchers.

There are no right or wrong answers! Your opinions about yourself and your likely responses to situations are what are needed. Work through the pages as quickly and accurately as possible, and be sure not to miss any questions or pages. If any question or word is unclear, try to answer it anyway or ask the researcher, Kaileen Pearson, what it means. Remember you are free not to participate or to stop filling out this questionnaire at any time.

BACKGROUND INFORMATION

Are you: Female_________ Male_________ (tick which)

How old are you? _______ Years _______ Months

Who do you live with? (tick which)
Mum_____   Dad_____   Step-Mum_____   Step-Dad_____   
Other Family_______   Other________

What is your parents’ ethnic background?    Mum______________
(e.g. Greek, English etc.)       Dad______________

Have you and your parent(s) ever gone to family counselling or family mediation?    Yes_______
No________
PART ONE

DISAGREEMENT STORIES

Read the following four stories and try your best to really imagine that each is happening to you.

Each story is followed by the same set of questions and statements, but you may answer them differently for each story.

You will be asked to write a number next to each statement showing how much you agree with it or not.

For the rest of the questionnaire take the word ‘parents’ to also mean just one parent or to include a step-parent if that is who you live with.

* Please write all numbers as clearly as possible*
STORY (N1) - PARENTS CALL YOU A FOLLOWER

You want to go out with friends again. Your parents say no, you should stay at home. You have a disagreement.

They say you spend too much time with your friends and let them influence you too much.

You say they just want you home because they are lonely and don’t have a life of their own.

They say your friends are losers and you are a loser too because you hang around them.

You say they are just trying to drag you down.

They say you are a weak person and are just a follower; your friends don’t really think much of you as a person.

QUESTIONS:

A. Rate how much you would experience the following during this disagreement.

Not at all 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21

(PUT A NUMBER NEXT TO EACH)

1. ____ SMOTHERED (parents want to be too close)
2. ____ SELF-RELIANT (you have to depend on yourself)
3. ____ HATE (wanting to hurt parents)
4. ____ INTIMACY (feeling close to parents)
5. ____ ANGRY - IN GENERAL (mad at other things)
6. ____ ANGRY - AT YOURSELF (mad at yourself)
7. ____ ANGRY - AT OTHERS (mad at parents)
8. ____ REPENTANT (you need to fix something you’ve done/said)
9. ____ POWERLESS (helpless, can’t change anything)
10. ____ SELF-ESTEEM (feeling good about yourself)
11. ____ CRITICISED (put down, found fault with)
12. ____ TRUST (able to rely on parents)
13. ____ ANXIOUS (worried, uneasy or fearful)
14. ____ ASHAMED (of yourself, feeling you are bad)
15. ____ HURT (upset feelings)
16. ____ HUMILIATED (put down by parents, made to feel small)
17. ____ HOSTILE (parents feel like your enemy)
18. ____ SAD (feeling down)
19. ____ GUILTY (you did or said something wrong)
20. ____ REJECTED (parents don’t want you)
21. ____ AVOIDANT (wanting to be away from parents)
B. Rate how much you would do the following, as this disagreement continued (parents call you a loser/follower).

Not at all do 1 2 3 4 5 6 7 8 9
(TOTALLY DO)
(PUT A NUMBER NEXT TO EACH)

You would …
1. ____ do as your parents want.
2. ____ just forget about the issue.
3. ____ tell your parents what you need and what is most important to you.
4. ____ just give in.
5. ____ just do nothing.
6. ____ point out how your parents are wrong and you are right.
7. ____ do whatever it takes to make peace with your parents.
8. ____ say that we can sort it out tomorrow.
9. ____ think up any reason that will help you and argue with your parents until they let you do what you want.
10. ____ find out exactly what your parents need or are concerned about.
11. ____ tell your parents you should not have to change what you want to do.
12. ____ look at many different solutions to the problem.

C. Rate how this disagreement would most likely end in your family (parents call you a loser/follower).

Not at all likely 1 2 3 4 5 6 7 8 9
(EXTREMELY LIKELY)
(PUT A NUMBER NEXT TO EACH)

1. ____ We would never work it out.
2. ____ We would work it out now or later.
3. ____ They would just leave me alone.
4. ____ My parents would kick me out or threaten to.
5. ____ I would leave home or threaten to.
6. ____ I would throw, hit or smash something.
7. ____ It would be worked out in a bad way for everyone.
8. ____ They would just get their own way.
9. ____ It would be worked out in a good way for everyone.
10. ____ My parents would throw, hit or smash something.
11. ____ I would slap, hit or push one of my parents.
12. ____ I would just walk away.
13. ____ I would call them names and criticise them a lot.
14. ____ We would apologise and/or fix things between us.
15. ____ They would slap, hit or push me.
16. ____ My parents would call me names and criticise me a lot.
17. ____ We would work it out – after lots of anger and yelling.
18. ____ I would just get my own way.

D. Rate how likely it would be that you would do each of the following after the disagreement, or soon afterwards (parents call you a loser/follower).

Not at all likely                  Extremely likely
1  2  3  4  5  6  7  8  9

(PUT A NUMBER NEXT TO EACH)

1. ____ Hang around with people who get into trouble.
2. ____ Listen to music.
3. ____ Do something that might get me in trouble with the police.
4. ____ Fight with someone or give a student or teacher a hard time.
5. ____ Do something that will get me in trouble at school.
6. ____ Smoke cigarettes.
7. ____ Watch TV or play a video/computer game.
8. ____ Cut classes or wag school.
9. ____ Eat some food.
10. ____ Use a drug like heroin, LSD, ecstasy or speed.
11. ____ Do something to hurt myself or which could hurt me.
12. ____ Do something physical – e.g., walk, bike-ride or sport.
13. ____ Vandalise, spray graffiti or smash something.
14. ____ Use a drug like derbisol or niobin.
15. ____ Drink alcohol.
16. ____ Go out with friends.
17. ____ Have sex.
18. ____ Smoke some marijuana.
19. ____ Stay away a lot without telling my parents where I am.
20. ____ Talk to a friend.
21. ____ Take headache, cold, pain or sleeping tablets.
22. ____ Think about what just happened over and over.
23. ____ Do homework or read a book.
STORY (N2) - YOUR PARENTS IGNORE YOU
You want to go out with friends again. Your parents say no, you should stay home. You have a disagreement.

They won’t listen to your feelings and they say your friends are just using you and will dump you soon.

You say your friends treat you better than they do and you’d rather be with your friends.

Your parents say they will give their time and love to someone else (like your brother/sister or their friends) who will appreciate them.

You say you can’t wait to leave home and be rid of them too.

They say that perhaps it would be best if you stayed away from them, then they ignore you, wanting nothing to do with you.

QUESTIONS:
A. Rate how much you would experience the following during this disagreement.

Not at all 2 3 4 5 6 7 8 9 (PUT A NUMBER NEXT TO EACH)

1. ____ SMOTHERED (parents want to be too close)
2. ____ SELF-RELIENT (you have to depend on yourself)
3. ____ HATE (wanting to hurt parents)
4. ____ INTIMACY (feeling close to parents)
5. ____ ANGRY - IN GENERAL (mad at other things)
6. ____ ANGRY - AT YOURSELF (mad at yourself)
7. ____ ANGRY - AT OTHERS (mad at parents)
8. ____ REPENTANT (you need to fix something you’ve done/said)
9. ____ POWERLESS (helpless, can’t change anything)
10. ____ SELF-ESTEEM (feeling good about yourself)
11. ____ CRITICISED (put down, found fault with)
12. ____ TRUST (able to rely on parents)
13. ____ ANXIOUS (worried, uneasy or fearful)
14. ____ ASHAMED (of yourself, feeling you are bad)
15. ____ HURT (upset feelings)
16. ____ HUMILIATED (putdown by parents, made to feel small)
17. ____ HOSTILE (parents feel like your enemy)
18. ____ SAD (feeling down)
19. ____ GUILTY (you did or said something wrong)
20. ____ REJECTED (parents don’t want you)
21. ____ AVOIDANT (wanting to be away from parents)
B. Rate how much you would do the following, *as this disagreement continued* (parents ignore you).

<table>
<thead>
<tr>
<th>Not at all do</th>
<th>Totally do</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
</tr>
</tbody>
</table>

(PUT A NUMBER NEXT TO EACH)

You would …
1. ____ do as your parents want.
2. ____ just forget about the issue.
3. ____ tell your parents what you need and what is most important to you.
4. ____ just give in.
5. ____ just do nothing.
6. ____ point out how your parents are wrong and you are right.
7. ____ do whatever it takes to make peace with your parents.
8. ____ say that we can sort it out tomorrow.
9. ____ think up any reason that will help you and argue with your parents until they let you do what you want.
10. ____ find out exactly what your parents need or are concerned about.
11. ____ tell your parents you should not have to change what you want to do.
12. ____ look at many different solutions to the problem.

C. Rate how this disagreement would *most likely end* in your family (parents ignore you).

<table>
<thead>
<tr>
<th>Not at all likely</th>
<th>Extremely likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
</tr>
</tbody>
</table>

(PUT A NUMBER NEXT TO EACH)

1. ____ We would *never* work it out.
2. ____ We *would* work it out now or later.
3. ____ They would just leave me alone.
4. ____ My parents would kick me out or threaten to.
5. ____ I would leave home or threaten to.
6. ____ I would throw, hit or smash something.
7. ____ It would be worked out in a *bad* way for everyone.
8. ____ They would just get their own way.
9. ____ It would be worked out in a *good* way for everyone.
10. ____ My parents would throw, hit or smash something.
11. ____ I would slap, hit or push one of my parents.
12. ____ I would just walk away.
13. ____ I would call them names and criticise them a lot.
14. ____ We would apologise and/or fix things between us.
15. ____ They would slap, hit or push me.
16. ____ My parents would call me names and criticise me a lot.
17. ____ We *would* work it out – after lots of anger and yelling.
18. ____ I would just get my own way.

D. Rate how likely it would be that you would do each of the following after the disagreement, or soon afterwards (parents ignore you).

Not at all likely                  Extremely likely
1 2 3 4 5 6 7 8 9

(PUT A NUMBER NEXT TO EACH)

1. ____ Hang around with people who get into trouble.
2. ____ Listen to music.
3. ____ Do something that might get me in trouble with the police.
4. ____ Fight with someone or give a student or teacher a hard time.
5. ____ Do something that will get me in trouble at school.
6. ____ Smoke cigarettes.
7. ____ Watch TV or play a video/computer game.
8. ____ Cut classes or wag school.
9. ____ Eat some food.
10. ____ Use a drug like heroin, LSD, ecstasy or speed.
11. ____ Do something to hurt myself or which could hurt me.
12. ____ Do something physical – e.g., walk, bike-ride or sport.
13. ____ Vandalise, spray graffiti or smash something.
14. ____ Use a drug like derbisol or niobin.
15. ____ Drink alcohol.
16. ____ Go out with friends.
17. ____ Have sex.
18. ____ Smoke some marijuana.
19. ____ Stay away a lot without telling my parents where I am.
20. ____ Talk to a friend.
21. ____ Take headache, cold, pain or sleeping tablets.
22. ____ Think about what just happened over and over.
23. ____ Do homework or read a book.
STORY (V1) - PARENTS WANT TO BE CLOSE

You are having a personal problem. Your parents ask you what is wrong. You say nothing is wrong. You have a disagreement. They say it is no good having secrets and hiding things all the time and they keep pestering you to know what is going on. You tell them that it has nothing to do with them, and that they should mind their own business. They say that you don’t know how to accept help, you’re not like a normal loving person and that you must be closer to them. You tell them to ‘rack off’. They say you are terrible to talk to, that you are lousy at family stuff like sharing and caring, but they will make you do it.

QUESTIONS:
A. Rate how much you would experience the following during this disagreement.

<table>
<thead>
<tr>
<th>Not at all</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>(PUT A NUMBER NEXT TO EACH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ___ SMOTHERED (parents want to be too close)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. ___ SELF-RELIANT (you have to depend on yourself)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. ___ HATE (wanting to hurt parents)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. ___ INTIMACY (feeling close to others)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. ___ ANGRY - IN GENERAL (mad at other things)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. ___ ANGRY - AT YOURSELF (mad at yourself)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. ___ ANGRY - AT OTHERS (mad at parents)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. ___ REPENTANT (you need to fix something you’ve done/said)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. ___ POWERLESS (helpless, can’t change anything)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. ___ SELF-ESTEEM (feeling good about yourself)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. ___ CRITICISED (put down, found fault with)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. ___ TRUST (able to rely on parents)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. ___ ANXIOUS (worried, uneasy or fearful)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. ___ ASHAMED (of yourself, feeling you are bad)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. ___ HURT (upset feelings)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. ___ HUMILIATED (putdown by parents, made to feel small)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. ___ HOSTILE (parents feel like your enemy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. ___ SAD (feeling down)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. ___ GUILTY (you did or said something wrong)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. ___ REJECTED (parents don’t want you)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. ___ AVOIDANT (wanting to be away from parents)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B. Rate how much you would do the following, *as this disagreement continued* (parents want to be close).

<table>
<thead>
<tr>
<th>Not at all do</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>Totally do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(PUT A NUMBER NEXT TO EACH)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You would …
1. ___ do as your parents want.
2. ___ just forget about the issue.
3. ___ tell your parents what you need and what is most important to you.
4. ___ just give in.
5. ___ just do nothing.
6. ___ point out how your parents are wrong and you are right.
7. ___ do whatever it takes to make peace with your parents.
8. ___ say that we can sort it out tomorrow.
9. ___ think up any reason that will help you and argue with your parents until they let you do what you want.
10. ___ find out exactly what your parents need or are concerned about.
11. ___ tell your parents you should not have to change what you want to do.
12. ___ look at many different solutions to the problem.

C. Rate how this disagreement would *most likely end* in your family (parents want to be close).

<table>
<thead>
<tr>
<th>Not at all likely</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>Extremely likely</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(PUT A NUMBER NEXT TO EACH)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. ___ We would *never* work it out.
2. ___ We *would* work it out now or later.
3. ___ They would just leave me alone.
4. ___ My parents would kick me out or threaten to.
5. ___ I would leave home or threaten to.
6. ___ I would throw, hit or smash something.
7. ___ It would be worked out in a *bad* way for everyone.
8. ___ They would just get their own way.
9. ___ It would be worked out in a *good* way for everyone.
10. ___ My parents would throw, hit or smash something.
11. ____ I would slap, hit or push one of my parents.
12. ____ I would just walk away.
13. ____ I would call them names and criticise them a lot.
14. ____ We would apologise and/or fix things between us.
15. ____ They would slap, hit or push me.
16. ____ My parents would call me names and criticise me a lot.
17. ____ We \textit{would} work it out – after lots of anger and yelling.
18. ____ I would just get my own way.

D. Rate how likely it would be that you would do each of the following \textit{after the disagreement}, or soon afterwards (parents want to be close).

\begin{tabular}{llllllllll}
& Not at all likely & & & & & & & & & Extremely likely \\
& 1 & 2 & 3 & 4 & 5 & 6 & 7 & 8 & 9 & \textit{(PUT A NUMBER NEXT TO EACH)} \\
1. ____ Hang around with people who get into trouble. & & & & & & & & & & \\
2. ____ Listen to music. & & & & & & & & & & \\
3. ____ Do something that might get me in trouble with the police. & & & & & & & & & & \\
4. ____ Fight with someone or give a student or teacher a hard time. & & & & & & & & & & \\
5. ____ Do something that will get me in trouble at school. & & & & & & & & & & \\
6. ____ Smoke cigarettes. & & & & & & & & & & \\
7. ____ Watch TV or play a video/computer game. & & & & & & & & & & \\
8. ____ Cut classes or wag school. & & & & & & & & & & \\
9. ____ Eat some food. & & & & & & & & & & \\
10. ____ Use a drug like heroin, LSD, ecstasy or speed. & & & & & & & & & & \\
11. ____ Do something to hurt myself or which could hurt me. & & & & & & & & & & \\
12. ____ Do something physical – e.g., walk, bike-ride or sport. & & & & & & & & & & \\
13. ____ Vandalise, spray graffiti or smash something. & & & & & & & & & & \\
14. ____ Use a drug like derbisol or niobin. & & & & & & & & & & \\
15. ____ Drink alcohol. & & & & & & & & & & \\
16. ____ Go out with friends. & & & & & & & & & & \\
17. ____ Have sex. & & & & & & & & & & \\
18. ____ Smoke some marijuana. & & & & & & & & & & \\
19. ____ Stay away a lot without telling my parents where I am. & & & & & & & & & & \\
20. ____ Talk to a friend. & & & & & & & & & & \\
21. ____ Take headache, cold, pain or sleeping tablets. & & & & & & & & & & \\
22. ____ Think about what just happened over and over. & & & & & & & & & & \\
23. ____ Do homework or read a book. & & & & & & & & & & \\
\end{tabular}
STORY (V2) - PARENTS SAY YOU CAN’T BE INDEPENDENT
You are having a personal problem. Your parents ask you what is wrong. You say nothing is wrong. You have a disagreement. They say you need help, you’re not ready for independence and they will not give you total freedom. You say they could help you by leaving you alone. They say you are terrible at looking after yourself and you make too many mistakes. You say you don’t make mistakes and that you don’t need them for anything. They say you are really bad at being self-reliant and you are just ruining your life and they will not let that happen.

QUESTIONS:
A. Rate how much you would experience the following during this disagreement.

<table>
<thead>
<tr>
<th>Not at all</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>Totally</th>
</tr>
</thead>
<tbody>
<tr>
<td>(PUT A NUMBER NEXT TO EACH)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. ____ SMOTHERED (parents want to be too close)
2. ____ SELF-RELIANT (you have to depend on yourself)
3. ____ HATE (wanting to hurt parents)
4. ____ INTIMACY (feeling close to parents)
5. ____ ANGRY - IN GENERAL (mad at other things)
6. ____ ANGRY - AT YOURSELF (mad at yourself)
7. ____ ANGRY - AT OTHERS (mad at parents)
8. ____ REPENTANT (you need to fix something you’ve done/said)
9. ____ POWERLESS (helpless, can’t change anything)
10. ____ SELF-ESTEEM (feeling good about yourself)
11. ____ CRITICISED (put down, found fault with)
12. ____ TRUST (able to rely on parents)
13. ____ ANXIOUS (worried, uneasy or fearful)
14. ____ ASHAMED (of yourself, feeling you are bad)
15. ____ HURT (upset feelings)
16. ____ HUMILIATED (putdown by parents, made to feel small)
17. ____ HOSTILE (parents feel like your enemy)
18. ____ SAD (feeling down)
19. ____ GUILTY (you did or said something wrong)
20. ____ REJECTED (parents don’t want you)
21. ____ AVOIDANT (wanting to be away from parents)
B. Rate how much you would do the following, as this disagreement continued (parents say you can’t be independent).

Not at all do 1 2 3 4 5 6 7 8 9  
(TOTALLY DO)

(PUT A NUMBER NEXT TO EACH)

You would …
1. ____ do as your parents want.
2. ____ just forget about the issue.
3. ____ tell your parents what you need and what is most important to you.
4. ____ just give in.
5. ____ just do nothing.
6. ____ point out how your parents are wrong and you are right.
7. ____ do whatever it takes to make peace with your parents.
8. ____ say that we can sort it out tomorrow.
9. ____ think up any reason that will help you and argue with your parents until they let you do what you want.
10. ____ find out exactly what your parents need or are concerned about.
11. ____ tell your parents you should not have to change what you want to do.
12. ____ look at many different solutions to the problem.

C. Rate how this disagreement would most likely end in your family (parents say you can’t be independent).

Not at all likely 1 2 3 4 5 6 7 8 9  
(EXTREMELY LIKELY)

(PUT A NUMBER NEXT TO EACH)

1. ____ We would never work it out.
2. ____ We would work it out now or later.
3. ____ They would just leave me alone.
4. ____ My parents would kick me out or threaten to.
5. ____ I would leave home or threaten to.
6. ____ I would throw, hit or smash something.
7. ____ It would be worked out in a bad way for everyone.
8. ____ They would just get their own way.
9. ____ It would be worked out in a good way for everyone.
10. ____ My parents would throw, hit or smash something.
11. ____ I would slap, hit or push one of my parents.
12. ____ I would just walk away.
13. ____ I would call them names and criticise them a lot.
14. ____ We would apologise and/or fix things between us.
15. ____ They would slap, hit or push me.
16. ____ My parents would call me names and criticise me a lot.
17. ____ We would work it out – after lots of anger and yelling.
18. ____ I would just get my own way.

D. Rate how likely it would be that you would do each of the following after the disagreement, or soon afterwards (parents say you can’t be independent).

Not at all likely                  Extremely likely
1 2 3 4 5 6 7 8 9
(PUT A NUMBER NEXT TO EACH)

1. ____ Hang around with people who get into trouble.
2. ____ Listen to music.
3. ____ Do something that might get me in trouble with the police.
4. ____ Fight with someone or give a student or teacher a hard time.
5. ____ Do something that will get me in trouble at school.
6. ____ Smoke cigarettes.
7. ____ Watch TV or play a video/computer game.
8. ____ Cut classes or wag school.
9. ____ Eat some food.
10. ____ Use a drug like heroin, LSD, ecstasy or speed.
11. ____ Do something to hurt myself or which could hurt me.
12. ____ Do something physical – e.g., walk, bike-ride or sport.
13. ____ Vandalise, spray graffiti or smash something.
14. ____ Use a drug like derbisol or niobin.
15. ____ Drink alcohol.
16. ____ Go out with friends.
17. ____ Have sex.
18. ____ Smoke some marijuana.
19. ____ Stay away a lot without telling my parents where I am.
20. ____ Talk to a friend.
21. ____ Take headache, cold, pain or sleeping tablets.
22. ____ Think about what just happened over and over.
23. ____ Do homework or read a book.
PART TWO

REACTIONS TO PROVOCATION

The statements below describe things that people think, feel, and do. To what extent are they true for you? Put a number next to each item that fits your response to the statement.

<table>
<thead>
<tr>
<th>Number</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never true</td>
<td>1. ____ When something is done wrong to me, I am going to get angry.</td>
</tr>
<tr>
<td></td>
<td>2. ____ Once something makes me angry, I keep thinking about it.</td>
</tr>
<tr>
<td></td>
<td>3. ____ Every week I meet someone I dislike.</td>
</tr>
<tr>
<td></td>
<td>4. ____ I know that people are talking about me behind my back.</td>
</tr>
<tr>
<td></td>
<td>5. ____ Some people would say that I am a hothead.</td>
</tr>
<tr>
<td></td>
<td>6. ____ When I get angry, I stay angry for hours.</td>
</tr>
<tr>
<td></td>
<td>7. ____ My muscles feel tight and wound-up.</td>
</tr>
<tr>
<td></td>
<td>8. ____ I walk around in a bad mood.</td>
</tr>
<tr>
<td></td>
<td>9. ____ My temper is quick and hot.</td>
</tr>
<tr>
<td></td>
<td>10. ____ When someone yells at me, I yell back at them.</td>
</tr>
<tr>
<td></td>
<td>11. ____ I have had to be rough with people who bothered me.</td>
</tr>
<tr>
<td></td>
<td>12. ____ I feel like smashing things.</td>
</tr>
<tr>
<td></td>
<td>13. ____ I get angry because I have a good reason to be angry.</td>
</tr>
<tr>
<td></td>
<td>14. ____ I can’t sleep when I have been done wrong.</td>
</tr>
<tr>
<td></td>
<td>15. ____ If I don’t like someone it doesn’t bother me to hurt their feelings.</td>
</tr>
<tr>
<td></td>
<td>16. ____ People can be trusted to do what they say.</td>
</tr>
<tr>
<td></td>
<td>17. ____ When I get angry, I really get angry.</td>
</tr>
<tr>
<td></td>
<td>18. ____ When I think about something that makes me angry, I get even more angry.</td>
</tr>
<tr>
<td></td>
<td>19. ____ I feel agitated and unable to relax.</td>
</tr>
<tr>
<td></td>
<td>20. ____ I get annoyed when someone interrupts me.</td>
</tr>
<tr>
<td></td>
<td>21. ____ If someone bothers me, I react first and think later.</td>
</tr>
<tr>
<td></td>
<td>22. ____ If I don’t like someone, I’ll tell them off.</td>
</tr>
<tr>
<td></td>
<td>23. ____ When I get mad, I can easily hit someone.</td>
</tr>
<tr>
<td></td>
<td>24. ____ When I get angry, I throw or slam things.</td>
</tr>
<tr>
<td></td>
<td>25. ____ If I lose my temper with someone, it’s because they deserved it.</td>
</tr>
<tr>
<td></td>
<td>26. ____ When someone makes me angry, I think about getting even.</td>
</tr>
<tr>
<td></td>
<td>27. ____ If someone cheats me, I’d make them feel sorry.</td>
</tr>
</tbody>
</table>

(PUT A NUMBER NEXT TO EACH)
28. ____ People act like they are being honest when they really have something to hide.
29. ____ When I get angry, I feel like smashing things.
30. ____ Some people get angry and get over it, but for me it takes a long time.
31. ____ I have trouble sleeping or falling asleep.
32. ____ A lot of little things bug me.
33. ____ I have a fiery temper that arises in an instant.
34. ____ Some people need to be told to “get lost”.
35. ____ If someone hits me first, I hit them back.
36. ____ When I get angry at someone, I take it out on whomever is around.
37. ____ The more someone bothers me, the more I’ll get angry.
38. ____ I feel like I am getting a raw deal out of life.
39. ____ When I don’t like someone, there’s no point in being nice to them.
40. ____ When someone does something nice for me, I wonder about the hidden reason.
41. ____ It makes my blood boil to have someone make fun of me.
42. ____ When I get mad at someone, I give them the silent treatment.
43. ____ My head aches when people annoy me.
44. ____ It bothers me when someone does things the wrong way.
45. ____ When I get angry, I fly off the handle before I know it.
46. ____ When I start to argue with someone, I don’t stop until they do.
47. ____ Some people need to get knocked around.
48. ____ If someone makes me angry, I’ll tell other people about them.

TYPICAL MOODS

Think of a typical or average week for you in the last month. How did you feel during this week? Rate how much each of the following statements was true for you by putting a number next to each.

Never true    Extremely true
1 2 3 4 5 6 7 8 9
(PUT A NUMBER NEXT TO EACH)

1. ____ I was bothered by things that usually don’t bother me.
2. ____ I felt that I could not shake off the blues even with the help from my family or friends.
3. ____ I had trouble keeping my mind on what I was doing.
4. ____ I felt depressed.
5. ____ I felt that everything I did was an effort.
6. ____ My sleep was restless.
7. ____ I was happy.
8. ____ I enjoyed life.
9. ____ I felt sad.

EXPERIENCES IN CLOSE RELATIONSHIPS

The following statements concern how you feel in relationships with the people you are closest to – friends, boyfriend/girlfriend or others. We are interested in how you generally experience a close relationship with another person, not just what is happening in a current relationship. Respond to each statement by indicating how much you agree or disagree with it. Write the number in the space provided, using the following rating scale.

Not at all agree         Totally agree
1   2   3   4   5   6   7   8   9

(PUT A NUMBER NEXT TO EACH)

1. ____ I prefer not to show another person how I feel deep down.
2. ____ I worry about being abandoned.
3. ____ I am very comfortable being close to others.
4. ____ I worry a lot about my relationships.
5. ____ Just when another person starts to get close to me I find myself pulling away.
6. ____ I worry that others won’t care about me as much as I care about them.
7. ____ I get uncomfortable when another person wants to be very close.
8. ____ I worry a fair amount about losing others.
9. ____ I don’t feel comfortable opening up to another person.
10. ____ I often wish that others’ feelings for me were as strong as my feelings for them.
11. ____ I want to get close to another person, but I keep pulling back.
12. ____ I often want to merge completely with others, and this sometimes scares them away.
13. ____ I am nervous when others get too close to me.
14. ____ I worry about being alone.
15. ____ I feel comfortable sharing my private thoughts and feelings with another person.
16. ____ My desire to be very close sometimes scares people away.
17. ____ I try to avoid getting too close to another person.
18. ____ I need a lot of reassurance that I am loved by others.
19. ____ I find it relatively easy to get close to another person.
20. ____ Sometimes I feel that I force others to show more feeling, more commitment.
21. ____ I find it difficult to allow myself to depend on others.
22. ____ I do not often worry about being abandoned.
23. ____ I prefer not to be too close to others.
24. ____ If I can’t get another person to show interest in me, I get upset or angry.
25. ____ I tell another person just about everything.
26. ____ I find that others don’t want to get as close as I would like.
27. ____ I usually discuss my problems and concerns with another person.
28. ____ When I’m not involved in a relationship with another person, I feel somewhat anxious and insecure.
29. ____ I feel comfortable depending on others.
30. ____ I get frustrated when another person is not around as much as I would like.
31. ____ I don’t mind asking others for comfort, advice and help.
32. ____ I get frustrated if another person not available when I need them.
33. ____ It helps to turn to another person in time of need.
34. ____ When others disapprove of me, I feel really bad about myself.
35. ____ I turn to another person for many things, including comfort and reassurance.
36. ____ I resent it when another person spends time away from me.

CONFLICT BEHAVIOUR

Think back over the last two months at home. The statements below have to do with you and your parent or parents. Decide how much each statement is true for you.

Not at all true 1 2 3 4 5 6 7 8 9
(TOTALLY TRUE)

(PUT A NUMBER NEXT TO EACH)
1. ____ When I state my own opinion, my parents get upset.
2. ____ I enjoy spending time with my parents.
3. ____ My parents are bossy when we talk.
4. ____ My parents don’t understand me.
5. ____ I enjoy the talks we have.
6. ____ The talks we have are frustrating.
7. ____ I often give them angry stares or looks.
8. ____ At least once a day we get angry at each other.
9. ____ My parents have thrown, hit or smashed something during or after talking to me.
10. ____ They often give me angry stares or looks.
11. ____ My parents have kicked me out or threatened that I will have to leave.
12. ____ My parents seem to be always complaining about me.
13. ____ My parents scream a lot.
14. ____ In general, I don’t think we get along very well.
15. ____ My parents call me names and criticise me a lot.
16. ____ They have slapped, hit or pushed me.
17. ____ My parents understand me.
18. ____ I have left home or threatened to leave home.
19. ____ I have thrown, hit or smashed something during or after talking to a parent.
20. ____ I have slapped, hit or pushed one of my parents.
21. ____ My parents put me down.
22. ____ If I run into problems, my parents help me out.
23. ____ My parents and I sometimes end our arguments calmly.
24. ____ My parents are good friends to me.
25. ____ My parents understand my point of view, even when they don’t agree with me.
26. ____ I call them names and criticise them a lot.
27. ____ I have accused them of paying too much attention to someone or something else.
28. ____ We almost never seem to agree.
29. ____ They say I have no consideration for them.
30. ____ They have accused me of paying too much attention to someone or something else.
31. ____ They have threatened to hit or throw something at me.
32. ____ I have threatened to hit or throw something at them.
33. ____ My parents listen when I need someone to talk to.
34. ____ At least three times a week, we get angry at each other.

THE END – THANK YOU
Appendix B

LETTER OF DISCLOSURE AND INFORMED CONSENT
“ADOLESCENTS’ VIEWS ON THEMSELVES, THEIR FAMILIES AND CONFLICT.”

Form of Disclosure and Informed Consent - for students and parents to read, sign and return the last page, if you agree to participate.

Dear parents and students,
Swinburne University of Technology is conducting a study on teenagers. The principal investigator is Dr Roslyn Galligan, a developmental psychologist. The other researcher is Kaileen Pearson, a psychologist (probationary registration) and a family counsellor, who is completing a Professional Doctorate in Psychology. Your school has approved this study and given permission for it to be conducted in class.

PURPOSE OF THE STUDY
The research area of teenagers, their views and family interactions is very important. For example, it has been noticed by both researchers and counsellors that while conflict is normal in families, for some families it reaches distressing levels. The information from this study will contribute to understanding young people and families. Eventually, it may be used to assist teenagers and parents to interact with less stress.

PROCEDURE
The study will take the form of a questionnaire, which the student will take up to 50 minutes to fill out at school. The questionnaire will be given out in class time to those who have agreed to do it. One of the researchers will be present to explain it and answer any student’s questions or concerns. On the form the student will be asked to give some information on their age, male or female, living with Mum, Dad, or both etc., but no identifying information. Mostly they will be asked to rate many different statements, as to how true they are for them, using a scale from 1 to 9.

The study will examine teenagers’ attachment style (how they view themselves, others and relationships), general levels of family conflict (including questions on teenager or parental actions, such as hitting or pushing). Also measured will be teenagers’ anger proneness and typical moods. It will then ask the student to read four made-up stories on possible family conflicts and answer questions after each. These include rating what emotions they may feel, how they would try to resolve the conflict, how it might end and what they might do afterwards (this includes ‘coping’ or ‘risky’ behaviours such as ‘listen to music’, ‘drink alcohol’ etc).
CONFIDENTIALITY
The questionnaires will have no names on them and will not ask for any identifying information. Also, no teachers will look at them so they will remain totally anonymous and private. The questionnaires will be kept in a locked cabinet except when data is being coded into a password protected computer file. Over 300 questionnaires will be completed. The way in which data is reported will not allow any student or family to be identified, as group data only will be reported.

RISKS AND BENEFITS
The questionnaire does ask personal questions about the student, their emotions, their behaviours and their family. There is a risk that some participants might feel discomfort about some questions. If either a student or a parent/guardian would like to see a copy of the questionnaire prior to consenting to do it they are welcome to – please contact your school’s Deputy Principal, Mr Anthony Kirley. Even if you agree to do the questionnaire initially you are free to withdraw your consent at any time and discontinue participation. You are also free to refuse to answer particular parts of the questionnaire if you so wish.

The benefit to you (the student) in doing this study is that it may give you more information about yourself. It may help you find patterns in what happens to you, how you then feel and how you then might behave. You will also, in some small way, be having your say about issues in your life. The benefit to society may be that this information aids understanding of young people. Previous studies by these researchers have been published and used to help families manage conflict better.

If a teenager or parent wishes to seek further support/counselling around the issues raised in the study they can contact the Year Level Co-ordinator, Student Welfare Services (Mrs Barry), Mr Kirley or the following telephone and counselling services:

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifeline</td>
<td>131114</td>
</tr>
<tr>
<td>Parents Anonymous</td>
<td>9654 4654</td>
</tr>
<tr>
<td>Kids Helpline</td>
<td>1800551800</td>
</tr>
<tr>
<td>Bouvierie Family Institute</td>
<td>9367 9844</td>
</tr>
<tr>
<td>Berry Street Victoria</td>
<td>9458 5788</td>
</tr>
<tr>
<td>Centre for Adolescent Health</td>
<td>9345 5890</td>
</tr>
<tr>
<td>Moreland Council Youth Services</td>
<td>9240 2301, 9240 2368</td>
</tr>
</tbody>
</table>

Any questions regarding the project, entitled ‘Adolescents’ views on themselves, their families and conflict”, can be directed to the Senior Investigator Dr Roslyn Galligan, the Department of Psychology in the School of Social and Behavioural Science on 9214 5345. If you have any complaints about the way you have been treated during the study, or a question that the researchers have not adequately answered, then you are welcome to contact:

The Chair, Human Research Ethics Committee
Swinburne University of Technology
P.O. Box 218, Hawthorn, Vic, 3122 Phone 9214 5223

(return the following page to the school by … )
RESEARCH PROJECT: “ADOLESCENTS’ VIEWS ON THEMSELVES, THEIR FAMILIES AND CONFLICT”

Consent of Parent or Guardian for Adolescent to Participate

I, ________________________________ (name), have read the above and understand what will be required of my teenager. Any questions I have asked have been answered to my satisfaction. I also understand that my teenager may withdraw from the study at any point and that I may withdraw my permission for them to participate at any point.
I agree that research data collected for the study may be published or provided to other researchers. I know that my teenager and my family will be completely protected from identification, as the questionnaire is anonymous.
Thus, I give permission for my teenager, ______________________ (name) to participate.

Parent Signature ________________________________
Date ___________________

Consent of Teenager

I, ________________________________ (name), have read the above and understand what will be required of me. Any questions I have asked have been answered to my satisfaction. I also understand that I may withdraw from the study at any point and that I may withdraw my permission for them to participate at any point.
I agree that research data collected for the study may be published or provided to other researchers. I know that myself and my family will be completely protected from identification, as the questionnaire is anonymous.
Thus, I agree to participate.

Student Signature ________________________________
Date ___________________

Please return this page to school by …
Appendix C

PARTICIPANT FURTHER SUPPORT HANDOUT
A STUDY ON:
“ADOLESCENTS’ VIEWS ON THEMSELVES, THEIR FAMILIES AND CONFLICT.”

If a teenager or parent wishes to seek further support/counselling around the issues raised in the study, the following telephone and counselling services are available:

- Lifeline 131114
- Crisisline 9329 0300
- Parents Anonymous 9654 4654
- Parentline 132289
- Kids Helpline 1800551800
- Bouverie Family Institute 9367 9844
- Centre for Adolescent Health 9345 5890
- Catholic Family Welfare Bureau 9662 2033
- Moonee Ponds Youth Services 9243 8717

If this questionnaire has raised any concerns for you please mention them to the researcher or the teacher at this time. Or talk to your Student Welfare Teacher, your Year Level Co-ordinator, or call one of the above numbers.

THANK-YOU (please keep this handout)
Appendix D

PARENT TIP SHEET ON TEENAGE ATTACHMENT
PARENT TIP SHEET ON: 
TEENAGE ATTACHMENT

SECURE AND INSECURE TEENAGE ATTACHMENT STYLES

- *Attachment* means how teenagers bond, think, feel and behave towards the close people in their life – parents, carers, friends, boyfriends, girlfriends and even some teachers.

- Having a secure attachment style means a teenager usually feels good about others, relationships and themselves. Secure teenagers believe close others can be trusted and are there to help when needed. Home and parents are seen as a secure base.

- This leaves a teenager feeling secure enough to make the most of life; to do well at school or jobs, pursue interests, make friends, get along with people, resolve conflict well and generally be happy.

- Secure teenagers can still experience plenty of emotions – lots of ups and downs. This is normal. But they are usually not as despairingly sad or angry for long periods of time, or not quite so easily provoked, as other teenagers can be. They also seem able to manage, somewhat, how negative emotions, such as anger, are felt and expressed.

- Teenagers can develop an insecure attachment style because of past trauma or stress, parental absence or loss, or harsh, detached or inconsistent parenting. Insecure teenagers may not trust or feel good about themselves, relationships and/or others.

- Insecure teenagers can be prone to being overwhelmingly emotional, depressed, anxious and/or angry, especially when under stress. Or they can be overly cold, unemotional, independent and avoidant. These can also be their usual styles most, or some, of the time. Some insecure teenagers can swing between these two extremes within minutes!

- Having a secure attachment style is one key protective factor against teenagers having major developmental and relationship problems, getting too involved with drugs and crime, doing badly at school and/or having violent or anti-social behaviours.

Teenagers can learn to have a more secure attachment style with help from their parents or other carers.
HOW SECURE TEENAGERS (AND FAMILIES) ARE HAPPIER AND HEALTHIER

Beliefs, thinking and behaviour to encourage in your teenagers:

- **In relationships:**
  Teenagers with a secure attachment style are usually comfortable being close to others (family and friends), and sharing how they feel or think. They feel they can depend on others and they usually discuss problems and concerns with another person. They don’t mind asking others for help, reassurance, comfort or advice.

  They don’t worry unduly about relationships (or not being in one), being abandoned, losing others, being alone or being disapproved of. They have a secure life. They don’t get particularly frustrated or resentful if another person is not around or not available just when they want them.

- **With family conflict:**
  Secure teenagers report low to moderate levels of family conflict generally and very low levels of violence, aggression and abuse (whether from themselves or from their parents). They also report low to moderate levels of cold, alienating or unfriendly behaviour from their parents.

  Secure teenagers can experience lots of anger in conflict but it seems to be a functional anger - they argue and problem-solve, and they expect the conflict to be worked out now or later. They use friends and activities to cope after conflict.

  They seem to avoid dysfunctional anger. Some insecure teenagers tend to feel shamed, humiliated and angry with themselves and in general during conflict. Dysfunctional anger can be expressed with violence or aggression aimed at their parents. They also expect their parents to be aggressive and for conflict to end badly and not be resolved.

  Secure teenagers also generally avoid another insecure teenager pattern, which involves being unemotional, withdrawn or avoidant during conflict. These teenagers may not argue much but they also don’t problem-solve, don’t work things out, don’t expect many good endings and don’t engage as much with friends or in activities afterwards.

- **With anger in general:**
  Secure teenagers are only low to moderately anger-prone in their reactions to situations or other people. They don’t feel intensely angry, unduly dwell on angry thoughts or often behave in extremely angry ways.

- **With depression in general:**
  Secure teenagers are mostly not depressed. They usually enjoy life; they’re not overly sad or bothered by little things. Even if they have ‘the blues’ they can shake them off. Their sleep and concentration are okay.
HOW PARENTS CAN HELP TEENAGERS BE SECURE

This is what secure teenagers report their parents do (mostly):

- Parents tune in and listen to them
- They try to understand what their teenagers are saying
- They understand the teenager’s point of view, even if they don’t agree
- They are there to just listen when a teenager needs someone to talk to
- They show warmth, calmness, friendliness and interest in their teenager when talking and interacting
- They make time to spend together, and make it enjoyable time
- If the teenager states their own opinion, they don’t get upset
- They’re not bossy when they talk to their teenagers
- They have enjoyable talks with their teenagers, not frustrating ones
- They avoid angry looks and stares
- They don’t get angry at the teenager (at least not much or not often)
- They don’t reject teenagers, kick them out or make threats to do so
- They don’t scream a lot
- They try to get along and care for the relationship, and they work on it
- They don’t call their teenager names, use putdowns or lots of criticism
- They don’t hit them, smash or throw things, or threaten to
- They help their teenager when they run into problems
- They sometimes end their arguments with teenagers calmly
- They are good friends to their teenager sometimes as well as parents
- They don’t complain a lot about their teenager
- They don’t accuse their teenager of paying too much attention to something or someone else
- They sometimes agree with their teenager
- They have consideration for their teenager and they don’t say the teenager has no consideration for them
- Secure families have good conflict; good fighting, good anger, good arguing and good endings – resolved, with apologies or forgiveness

More tips:

Parents of secure teenagers have learnt how to take care of themselves, care for their teenagers and care for their relationships. They learn what teenagers need (not just what they want!), and try to meet their needs or respond to them appropriately, sensitively and in a timely way.

They also adapt their parenting style to the different temperaments of teenagers – shy, outgoing, headstrong etc. They encourage teenagers being more independent, and their strong ties to groups, sport, hobbies and/or friends, while still providing a warm, connected, safe home base.
THE BIG TEST - HOW CAN FAMILY CONFLICT BE BETTER?

This is what secure teenagers often feel, do or don’t do in conflict.
And what parents could do or avoid, and teach their teenagers:

- Secure teenagers in conflict may feel withdrawn, anxious, sad, hurt, guilty, angry with their parents or hostile – this seems normal.

- Secure teenagers don’t feel overly ashamed, angry with themselves, humiliated or put down and made to feel small by parents.

- Secure teenagers also don’t usually disengage from their parents too much when there is conflict - appearing unemotional, hardly arguing or problem solving, and not expecting it to be resolved.

- They do experience functional anger in conflict - wanting change from their parents, arguing, willing to negotiate and expecting it to end well, without hurting family relationships.

- They generally avoid dysfunctional anger – shame, anger at self, aggression, violence and bad conflict endings.

- They may be contentious – arguing for what they want, saying their parents are wrong and they are right and not wanting to change themselves – again this appears normal.

- But they also negotiate and **problem-solve** –
  - finding out everyone’s needs and concerns,
  - looking at different ideas and solutions,
  - agreeing on good solutions to meet the needs of everyone
  - doing things to make peace in the family.

- They have an expectation that the conflict will end well, be worked out then or later, and/or they and their parents will apologise and fix things between themselves (repair the relationship).

- Violence, name-calling, put-downs, personal criticism, threats, leaving or being kicked out are all mostly avoided.

- After family conflict they cope by talking or going out with friends, or by doing activities such as listening to music, exercising, playing computer games, reading or watching television.