Enduring attunement: emerging adults attachment patterns and desires for the nature of the primary attachment relationship

Marian Salley

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ABSTRACT

This mixed methods study was created to explore the relatively unexplored nature of the primary attachment relationship between emerging adults and their parents/parent figures in the hopes of discovering to what extent the following attachment patterns—angry withdrawal, compulsive care giving, compulsive self-reliance, and compulsive care seeking—are represented in the relationship between emerging adults and their parents or parent figures; is an emerging adult’s attachment pattern with her or his parent/parent figure mediated by particular characteristics of an emerging adult’s life; and what specific desires do emerging adults have for the nature of the attachment relationship with their parent or parent figure? The study used a modified pre-existing instrument to ascertain the attachment patterns and one narrative question that focused on specific desires for the nature of the attachment relationship. The study utilized non-probability, purposive and snowball sampling. Thirty-five 18 to 25-year-olds who had a living parent or parent figure completed the online survey. Findings suggested that emerging adults place the highest value on authentic communication with their parents/parent figures, which has implications for informing family, individual, and group practices.
Enduring Attunement:

Emerging Adults’ Attachment Patterns and Desires for the

Nature of the Primary Attachment Relationship

A project based upon an independent investigation, submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

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This thesis could not have been begun without the lifelong love and inspiration of my mother, who has always told me that I can do anything if I put my mind to it, to my sister, who has always told me that I am worthy, and to my daughters, Brittany and Torie, who have made me want to believe both of those things.

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CHAPTER I

Introduction

The purpose of this proposed study is to explore the relatively unexplored nature of the attachment relationship between emerging adults, defined as aged 18-25, and their primary caregivers with particular emphasis on attachment patterns and attachment states of mind regarding a parent or parent figure. While the nature and impact of the attachment relationship between primary attachment figures, especially mothers and their children, is generally well-documented and informs interventions, little scholarly research focuses on the attachment needs of emerging adults as the conceptualization of this distinct developmental stage is relatively new.

By illuminating emerging adults’ attachment patterns with their parents or parent figures, I hope to define themes in their capacity and desire to seek support from their primary caregivers. To this end, I am asking to what extent are different attachment patterns—angry withdrawal, compulsive care giving, compulsive self-reliance, and compulsive care seeking—represented in the relationship between emerging adults and their parents or parent figures and how do these patterns relate to the perception of and desire for emotional and physical closeness between emerging adults and their parents or parent figures.

The relationship between parents and their children is unique among the myriad variety of human relationships especially in terms of the abiding nature of the attachment between a parent and her child. The genesis of this attachment begins before the birth of the child and the evolution of this attachment is destined to inform the way in which the child carries herself in the
world. Indeed, Freud, the father of psychoanalysis posits “the infant-mother relationship is ‘unique, without parallel, established unalterably for a whole lifetime as the first and strongest love object and as the prototype of all later love-relations” (as cited in Thompson, 2008); and the father of attachment theory, Bowlby, suggests “that a warm and continuous relationship with a primary caregiver promotes psychological health and well-being throughout life in a manner that accords with the adaptive requirements of the human species” (as cited in Thompson, 2008). Further, neither does the loss of the parent nor the loss of the child who has become a parent impede the intergenerational transmission of the quality of this attachment. Rather, it is carried into the future almost epigenetically—powerfully, though not immutably, expressed in consecutive generations. Additionally, the quality of this attachment depends in large part upon the nature of attunement between the parent and her child as they move through life together, including the passage through emerging adulthood.

Salient theoretical and empirical literature for this study encompasses attachment theory and emerging adulthood as well as the intersection of the two. According to attachment theory, fathered by John Bowlby (1988) and notably expanded by Mary Ainsworth (1991) secure attachment provides the foundation for psychological health and well-being, which includes the confidence to explore the world while knowing that an attachment figure is available during times of anxiety. Internal working models of attachment are built upon a child’s attachment experiences with early caregivers, informing their adult attachment patterns that can be conceptualized as secure or insecure states-of-mind. The representational model of an individual with a secure attachment state-of-mind allows the individual to engage in relationships with a relative lack of fear of loss of or subsumption by her or his attachment figure. On the other hand, an individual with an insecure attachment state-of-mind continually fears the loss of her or his
attachment figure (Greathouse-Harrison, 1997). As well, though these patterns appear to be enduring throughout the lifespan, further studies have shown that they are not immutable (Davila & Cobb, 2004).

According to emerging adult theory, the years spanning the ages 18 to 25 comprise a distinct developmental stage. Owing to demographic changes that have taken place in the last 60 years, Arnett (2000) argues, emerging adulthood is a transitional period of life characterized by continued dependence on parent or parent figures amidst fluctuating educational, career, interpersonal relationships and financial vagaries that may necessitate extensive emotional and financial support. Arnett (2006) delineates five key features of emerging adulthood as emerging adults move toward independence: identity explorations; instability; self-focus; feeling in–between; and possibilities. However, this move toward the independence of young adulthood, which is characterized by taking responsibility for one’s actions, financial independence, self-sufficiency, and a separate household is also marked by the psychological task of becoming interdependent in relation to one’s family of origin (Tanner, 2006). It is important to note, as well, that emerging adulthood is not heterogeneous across cultures. Studies have shown that unlike adolescence, emerging adulthood appears to be restricted to cultures that are highly industrialized or postindustrial where entry into adulthood is often indicated by marriage and parenthood (Arnett, 2000).

From a developmental perspective, attachment theory and emerging adult theory converge as alternate attachment bonds (Howes & Spieker, 2008) begin to develop in emerging adulthood. As a part of the transition into young adulthood, but beginning in adolescence, emerging adults move toward relying more on friends and romantic partners to meet their needs for emotional support (Doherty & Feeney, 2004; Freeman & Brown, 2001, Ainsworth, 1989).
However, there does seem to be a difference in adolescent and emerging adult attachment desires for parental support as studies have shown that emerging adults in contrast to their adolescent counterparts (Doherty & Feeney, 2004) maintain strong relationships with their parents (Diamond, Fagundes & Butterworth, 2010). As well, though studies utilizing the Adult Attachment Inventory (AAI) suggest that attachment states-of-mind are stable (Allen, McElhaney, Kuperminc, Jodl, 2004; Zimmerman & Becker-Stoll, 2002), adverse psychosocial factors are just as reliable predictors of instability in attachment states-of-mind. To whit, “exposure to social and intrapsychic environments that emotionally overwhelm adolescents, while leaving them relatively unable to obtain support from attachment figures, predicts relative increases in insecurity over and above baseline levels across a two-year period in adolescence (Allen et al., 2004). Therefore, during the transitional (reminiscent of adolescence) and often emotionally and financially stressful period of emerging adulthood, secure attachment states-of-mind may be uniquely at risk without a parent or parent figure who is an emotionally available presence in the emerging adult’s life.

A social worker in his or her role as a high school or college counselor, private therapist or as an individual or family therapist, may be called upon to help navigate the nebulous waters between parents or parent figures and emerging adults as emerging adults move from adolescence into young adulthood. Central to her or his work with emerging adults and their relationships with their parents or parent figures is an understanding of the attachment relationship because parent-child relations are fundamental to shaping development. Thus, the lack of knowledge regarding the attachment relationship between emerging adults and their primary caregivers confounds primary caregivers’ efforts to meet the psychological needs of emerging adults as well as desires of social work practitioners to address the clinical concerns of
their emerging adult clients and their clients who are primary caregivers for emerging adults. It is hoped that this paper will add to the body of knowledge regarding emerging adults and attachment, enabling social work practitioners to work more effectively with this population and those who love them.

In the remaining chapters I will describe the study. Chapter 2 provides an overview of literature to include a review of attachment theory and research on attachment theory related to adolescents and adults that includes a discussion of the validity and reliability of various types of attachment instruments, paying particular attention to self-report questionnaires. Chapter 3 provides a review of the methodology, including sample characteristics, data collection methods, measures taken to protect participants, and data analysis. Chapter 4 provides an overview of the findings, including descriptive analysis of the demographic, instrument and narrative responses. Finally, Chapter 5 discusses the findings in light of the literature, including research, practice and policy implications.
CHAPTER II

Literature Review

The literature review for this study encompasses attachment theory and emerging adulthood as well as the intersection of the two in order to provide a framework for this author’s investigation into emerging adult attachment with a parent or parent figure. First, an overview of attachment theory will be presented to include fundamentals of the attachment behavioral system and the caregiving behavioral system, highlighting the role of the primary attachment figure and the need for “safe haven” and “secure base” in humans including what constitutes a designation of a particular attachment type of secure or insecure. As well, this section will consider attachment research in adulthood and in adolescence. Second, an overview of emerging adulthood will provide a conceptualization of emerging adulthood as a distinct developmental stage. Third, the literature review will discuss studies specifically integrating attachment theory and emerging adulthood and, in some cases, proxy studies regarding adolescent and young adults.

Attachment Theory

Attachment theory conceptualizes two of the four biologically determined, reciprocal, yet independent behavior systems—the attachment behavior system (ABS) and the caregiving behavior system (CBS)—whose primary functions are the protection of the child in the service of survival. Bowlby (1969) states:
To ensure the survival of individual and species it is necessary for an animal to be equipped with and appropriately balanced repertoire of behavioural systems at each stage of its life-cycle. Not only must an adult be so equipped, but the young animal must also have a balanced and efficient equipment of it’s own. This is likely to differ in many respects from that of the adult. …Behavior patterns mediating attachment of young to adults are complementary to those mediating care of young by adults. (p.141)

The ABS is activated by a fear response in the child and the CBS is activated by the need to protect the child (Bowlby, 1964). The quality of this attachment relationship—either secure or insecure—impacts the social and emotional development of the child in areas such as confidence in self and attachment relationship as providing comfort and protection, the ability to face and cope with stress, and physical and mental health as well as empathy, attunement, intersubjectivity, and theory of mind. Additionally, it is theorized that the attachment relationship with one’s primary attachment figure is enduring (Bowlby, 1980; Doherty & Feeney, 2004) and tends to be stable with the role of the primary attachment figure responding to the changing developmental needs of the child:

Bowlby (1980, 1988) repeatedly stressed that a continuously secure attachment relationship requires an infant’s embryonic working models of self and attachment figure(s) to be updated in step with communicative, social, and cognitive competencies that develop in childhood and adolescence. (as cited in Bretherton & Munholland, 2008, p. 104)

According to attachment theory, the attachment bond such as the one described above that a child has for a primary caregiver is defined by Ainsworth (1989) as an “bond that one individual has to another individual who is perceived as stronger and wiser” (as cited in Cassidy,
2008, p. 12). Further, according to Ainsworth (1989), as this bond is enduring and involves an attachment figure that is “never wholly interchangeable with or replaceable by another” (as cited in West & Sheldon-Keller, 1994, p. 12).

Informing Mary Ainsworth’s work, Bowlby (1969, 1973, 1980) indicated that attachment bonds are defined by the existence of four components: “proximity maintenance (wanting to be physically close to the attachment figure), separation distress, safe haven (retreating to caregiver when sensing danger or feeling anxious), and secure base (exploration of the world knowing that the attachment figure will protect the infant from danger)” (as cited in Sonkin, 2005, p. 68). As well, the original attachment bond with one’s primary attachment figure informs one’s capacity to feel secure in other types of attachment relationships. In short, “the attachment is considered, ‘secure’ if the one achieves security and ‘insecure’ if one does not; it is the seeking of security that is the defining feature” (Cassidy, 2008, p. 12).

However, this does not mean that secure attachment looks the same at every developmental stage, nor, for that matter in every relationship. Rather attachment is, as much as any other biological process, a developmental one. For inasmuch as an individual’s internal sense of trust that the attachment figure will be available is relatively stable, as the individual develops within the context of her or his attachment figure and expectation for her or his behavior change, so to does the way in which the attachment figure responds to the individual. This change in response necessitates continual updates in the internal working model of the individual regarding the ways in which she or he understands and enacts the behaviors that will bring her or his attachment figure closer to him or her. However, though there are biologically protective factors in place that prevent an individual from becoming entrenched in insecurity during these developmentally normative times of change, affective discontinuity can result when
the individual is overwhelmed by feelings of insecurity such as in instances of acute or repeated fears of abandonment (Bretherton & Munholland, 2008).

Further, Bretherton and Munholland (2008) assert in concordance with Bowlby’s (1973, 1980, 1988) hypothesis that while “developmental revisions of internal working models in attachment relationships [are part of a normal developmental progression of change in expectations by children of their attachment figure]… ‘affective discontinuity’… [can] undercut trust in the parent as an attachment figure” This affective discontinuity, which may be a result of stresses in the child’s and parent’s integrated emotional/physical environment, results in defensive changes in the child’s working models. Further, despite improvement in the familial circumstances or reliably positive support from alternate attachment bonds, “once defensive aspects of working-model organizations are established in an insecure attachment relationship, …positive reconstructions can be quite difficult” (p. 105).

Other research suggests, however, that “the interplay among attachment strategies, communication and stressful events is likely to provide much more predictive power in considering outcomes such as social competence and psychopathology than any one of these factors in isolation.” (Kobak & Madsen, 2008, p. 34). With this in mind, infants who were either insecurely avoidant (expected rejection from their caregivers), or infants who were ambivalent/resistant (were uncertain about the response of their caregivers) in Ainsworth, Blehar, Waters & Wall (1978) Strange Situation studies were not necessarily destined to lives of isolation and intolerable anxiety. Where these children were able to develop organized strategies to reduce conflict and assure proximity to unresponsive or unavailable parents (Main, 1990; Main and Weston, 1982) without other mitigating factors such as lack of open communication or a disruptive event, the risk for psychopathology is low. Thus, despite the seeming intractability
of affective discontinuity and what is know about the importance of early and secure attachment bonds, research is showing that it is possible to ameliorate the impact of insecure attachment bonds in the presence of other protective factors (Kobak & Madsen, 2008).

**Adult Attachment Research.** “The study of attachment in adults has focused largely on individual differences in the organization of attachment behavior and in the expectations regarding attachment relationships” (Crowell, Fraley & Shaver, 2008) in terms of organized patterns of attachment qualified by Ainsworth et al. (1978) as secure and insecure, further defining the insecure pattern into anxious/avoidant and anxious/ambivalent. Additionally, a third category was delineated as disorganized, whose hallmarks in the Strange Situation were unpredictable behavior—avoidant of or resistance to proximity to caregiver upon subsequent reunions—as well as the existence of frozen state of indecision/panic, if only momentary. Further, the categorization of the attachment does not imply the strength or lack thereof of the attachment.

Though a pivotal idea of attachment theory according to Waters, Kondo-Ikemura, Posada & Richters (1991) is that the relationship between parents and children provide the template for later love relationships (as cited in Crowell, et al., 2008), Bowlby did not claim that “there is a critical period in infancy that has implications across the lifespan, but rather that there is a strong continuity in parent-child interactions, which affects continuing development of the attachment behavioral system” (Crowell, et al., 2008, p. 602). Further:

“Much of adult attachment research has been based on the assumption that there are parallel individual differences in infant and adult patterns of attachment and attachment representations, (e.g., Hazan & Shaver, 1987; Main, Kaplan, & Cassidy, 1985; Mikulincer & Shaver, 2007). However, different ideas about the origin of adult
attachment patterns, and disagreements about the structure of the attachment system in adulthood, are responsible for some of the confusion in the literature on adult attachment” (Crowell et al., 2008, p. 603).

Thus, conceptualizing the development of adult attachment patterns within the diffuse constraints of differing ideas of its genesis as well as the importance of each idea upon the resulting pattern (see e.g. Fraley, 2002), according to Crowell et al. (2008) three sources have been outlined: “(1) parent-child relationships; (2) peer and romantic relationships, including exposure to one’s parents’ [relationship]; and (3) a current adult attachment relationship” (p.603).

Further, Crowley et al., (2008) assert that there a two central ideas relevant to attachment theory that are necessary to understanding adult attachment as well as to evaluate existing measures of adult attachment: (1) “the attachment system is active in adults,” and (2) “there are individual differences in adult attachment that have their foundations in attachment experiences and are embodied in attachment representations” (p. 603).

**Adolescent Attachment Research.** By all accounts adolescence is a “period of profound transformation in emotional, cognitive, and behavioral systems surrounding attachment relationships as the adolescent evolves from being a receiver of care to becoming a self-sufficient adult and potential caregiver to peers, romantic partners and offspring” (Allen, 2008).

Additionally, though there is evidence that there is the possibility for attachment continuity overtime, “we know remarkably little about the qualities of the actual attachment relationships adolescents form” (Allen, 2008). Likewise as cited in Allen (2008), “[r]ecent research raises questions about whether in fact any internal stability in attachment exists from infancy to adolescence; rather, the observed continuity [of attachment states of mind] over this time span
May primarily reflect stability in parents’ attachment strategies [emphasis mine] (Belsky & Fearon, 2002; van Ijzendoorn, 1996).” Further, West, Rose, Spreng, Sheldon-Keller, & Adam (1998) pointing to the work of other researchers (Baumrind, 1993; Kobak, Sudler, & Gamble, 1991; Rice, 1990) asserts that “adverse family experiences pose a relentless threat to the consistent availability of parental care and emotional support and thus to the continuity of the adolescent’s secure attachment” (p. 662).

In sum, the theory of attachment is still developing. We know that early attachment plays a role in the development of individuals, impacting several aspects of cognitive and socio-emotional development. Further, the primary attachment bond informs this development. However, it is also apparent that attachment can be negatively impacted by as well as serve as a protective factors against adverse psychosocial conditions. Uncovering the way in which attachment states of mind and psychosocial factors interact is material for future research in adolescent, adult and emerging adult research.

**Emerging Adulthood Theory**

According to emerging adult theory, the years spanning the ages 18 to 25 comprise a distinct developmental stage. Owing to demographic changes that have taken place in the last 60 years, Arnett (2000) argues, emerging adulthood is a transitional period of life characterized by continued dependence on parent or parent figures amidst fluctuating educational, career, interpersonal relationships and financial vagaries that may necessitate extensive emotional and financial support. Further, Arnett (2006) delineates five key features of emerging adulthood as emerging adults move toward independence: identity explorations; instability; self-focus; feeling in–between; and possibilities. However, this move toward the independence of young adulthood, which is characterized by taking responsibility for one’s actions, financial independence, self-
sufficiency, and a separate household is also marked by the psychological task of becoming interdependent in relation to one’s family of origin (Tanner, 2006).

Arnett (2000) suggests the defining characteristic of emerging adulthood is its heterogeneity. It is this heterogeneity that sets this developmental period apart from all others, placing it in stark contrast to adolescence and young adulthood. For example, in 1991, 95% of the 12-17-year-olds in the US lived at home, over 98% were unmarried, fewer than 10% had children, and over 95% were enrolled in school. Jump ahead to young adulthood at age 30 and 75% have been married, about 75% have become parents and fewer than 10% are enrolled in school. (U. S. Bureau of Census, 1997) This is in stark contrast to normative variability of 18-25-year-olds. By contrast, emerging adults are leaving home to explore the world, get jobs, or go to school.

It is important to note, as well, that emerging adulthood is not heterogeneous across cultures. Studies have shown that unlike adolescence, emerging adulthood appears to be restricted to cultures that are highly industrialized or postindustrial where entry into adulthood is often indicated by marriage and parenthood (Arnett, 2000). Additionally, Phinney (2006) proposed that being a member of an ethnic minority in the US is likely to either shorten or lengthen emerging adulthood due to the nature of emerging adulthood as a time of identity formation. To this end, Phinney proposes that it is not uncommon for young people living in the US who are members of ethnic minority groups to take on the responsibilities of family life at an earlier age than white, middle class emerging adults. In this manner their foray into emerging adulthood may be truncated. Phinney further suggests that identity formation may take longer for members of ethnic minorities in the United States due to the inherent difficulties of working out the meaning of one’s identity in a racialized society.
Measuring Adolescent and Adult Attachment

This section will consider some of the measures of adult and adolescent attachment that are widely used by researchers. In general, measures can be categorized as being either interview or self-report with each having a variety of applications and merits related to research.

Broadly speaking narrative assessments such as the Adult Attachment Inventory (AAI) and behavioral attachment assessments such as the Secure Base Scoring System are scored “based on the concept of attachment security, defined as the effectiveness of an individual’s use of an attachment figure as a secure base from which to explore and a safe haven in times of distress or danger” (Crowley, et al., 2008, p. 603). Further, both narrative and behavioral measures that assess attachment security do so with the assumption that the variability of narrative (mental) processes, according to Main et al., (1985) is as rich as that of behavioral processes (as cited in Crowley, et al., 2008).

On the other hand, self-report measures such as the Reciprocal Attachment Questionnaire for Adults (RAQ) on which this study is based, the Avoidant Attachment Questionnaire for Adults, the Attachment History Questionnaire (AHA) and the Inventory of Parent and Peer Attachment for (IPPA) are “heterogeneous in focus and function, and [are] not based on attempts to capture the attachment patterns identified by Ainsworth and colleagues (1978)” (as cited in Crowley, et al., 2008). However, the RAQ along with the Avoidant Attachment Questionnaire are both “designed to assess individual differences in primary attachment in adulthood” (Crowell, et al., 2008, p. 600).

Researchers have also measured attachment in adolescence. Allen (2008, p. 429) reports that studies involving adolescent “[a]ttachment as assessed with the [Adult Attachment Inventory] AAI …display strong stability (Allen, McElhandy, Kuperminc, & Jodl, 2004;
Zimmerman & Becker-Stoll, 2002). However, so too does the presence of psychosocial factors such as “poverty (which stresses adolescents while draining parents), adolescent depression (a difficult to soothe form of distress), and emotional enmeshment (which stresses adolescents while making them want to avoid seeking comfort from a parental figure)” (Allen, 2008 p. 430). The presence of psychosocial factors such as these reliably predict a divergence from a secure attachment status that “approaches the limits of the AAI’s reliability” (Allen, 2008 p. 430). Allen continues (2008, p. 430):

…discontinuities in attachment states of mind across adolescence that have been found appear to be explained largely by environmental factors. Exposure to social and intrapsychic environments that emotionally overwhelm adolescents, while leaving them relatively unable to obtain support from attachment figures, predicts relative increases in insecurity…(Allen, et al, 2004).

A study was conducted by West et al. (1998) on individuals between the ages of 12 and 19 years to test the reliability and validity of the self report Adolescent Attachment Questionnaire (AAQ). The sample was developed and validated in a large normative scale (n= 691) and a sample of 133 adolescents in psychiatric treatment. The AAQ is a self-report questionnaire similar to the RAQ in that it uses Likert-type scaled responses to assess attachment characteristics gleaned from distinct attachment dimensions and the authors of the instrument state that the AAQ’s scales “should be regarded only as assessing adolescents’ perceptions of the available responsiveness of their attachment figure and not as an index of the security or insecurity of the relationship” (p. 670). However, and also similarly to the RAQ, the AAQ “demonstrat[ed] high convergent validity with the AAI” (West et al., 1998, p.661).
The three dimensions assessed in the AAQ are (1) Availability, (2) Goal-corrected Partnership, and (3) Angry Distress. The three scales assess the nature of the attachment relationship between the adolescent and her or his attachment figure by looking at the ways in which adolescents perceive themselves to interact with their attachment figures. The AAQ attempts to illuminate the adolescents perceptions of the availability of the attachment figure, the level of empathic connection to the attachment figure that allows for mental negotiation and the amount of anger in their interactions. (p.661).

For example, males and females scored differently in regards to the amount of anger in their attachment relationships and their ability to engage empathically with their primary attachment figure. “Females reported more anger and males reported less partnership in their relationship with the attachment figure” (p. 668). In an attempt to further understand the meaning of this score, West et al., (1998) suggest that it is important to note that the female’s attachment figure in this study was typically the mother, and, additionally, that these findings reinforce the notions of Steinberg (1990) and others’ (Kobak & Sceery, 1988; Kobak et al., 1991) observations of the mother-daughter relationship. Steinberg (1990) found “that the mother-daughter relationship may be especially strained during adolescence. It is possible that females are more likely to be preoccupied with attachment than males, thus fostering both excessively intimate and angry interactions with their attachment figures” (West et al., 1998, p. 670).

Interestingly enough, this author found no attachment assessments designed specifically for emerging adults conceptualized as a distinct developmental stage. In general, the assessments available are designated as applicable to children, adolescents, or adults. Additionally and for the most part, when attachment assessments have been utilized for those in the 18 to 25-year-old age
group, they are conceptualized as adolescent or adult assessments with the population often defined as “young adults” or “college students” Perhaps future areas of attachment research will foment assessments designed for more specific developmental age groups such as emerging adult and older adult as our understanding of attachment as a developmental and contextual process increases.

**Self-Report Questionnaires**

Various studies have been conducted using a variety of self-report attachment instruments in an attempt to understand and define the importance of the attachment relationship between young adults and their parents. One such study conducted by McCarthy, Mouller, Naomi, and Fouladi (2001) “explored the association of attachment and psychological separation...with 368 undergraduates at a medium-sized university located in the southern United States” (p. 566). The study utilized two self-reports: the Inventory of Parent and Peer Attachment (IPPA) and the Psychological Separation Inventory (PSI). The IPPA is “designed to assess affective and cognitive dimensions of relationships and the quality of attachment of adolescents to parents and peers” (p. 567) and the PSI “assesses an individual's perceptions of psychological separation from his or her parent” (p. 567). The authors “hypothesize[d] that secure attachment to parents [would] be associated with psychological separation,” (p. 567) and that there would be differences between men and women. The hypotheses were tested using canonical correlation analyses examining two multivariate sets of variables.

McCarthy et al. (2001) report:

Overall, the findings suggest a link between attachment and psychological separation from parents for both male and female undergraduates. Consistent with previous theory, there appears to be a balance between psychological separation and attachment (Bowlby,
Contrary to our hypothesis, secure attachment did not facilitate psychological separation; rather, there was a multidimensional relationship between the two constructs. (p. 573).

Further, the authors assert that the “results suggest that a successful balance between attachment and separation also may include conflict with both parents” (p. 573). The authors reported that this finding is contrary to studies done by others whose research suggested that “conflictual independence is the component of psychological separation with the strongest relation to adaptive outcomes” (pp. 575-575).

There are several limitations to this study. It was a correlational design which prevented conclusions regarding causality; it was a self-report and the limitations regarding social desirability and the difficulty assessing perception in this manner are widely known; the sample was homogenous in nature preventing generalizability; and assumptions were made that the participants were from nuclear families and possible differences in family make-up were not examined. The findings from this study are of particular interest to the author as they speak to current understanding of attachment theory as it relates to social competence and psychopathology, e.g., such that it is a multi-factorial process that depends upon the interplay of communication, attachment strategies and stressful life events rather than any one of them discreetly.

From a developmental perspective, attachment theory and emerging adult theory converge as alternate attachment bonds (Howes & Spieker, 2008) begin to develop in emerging adulthood. As a part of the transition into young adulthood, but beginning in adolescence, emerging adults move toward relying more on friends and romantic partners to meet their needs for emotional support (Doherty & Feeney, 2004; Freeman & Brown, 2001, Ainsworth, 1989).
Conclusion

Attachment theory suggests a relationship between the felt security of the attachment bond between children and their primary caregivers and the healthy social, emotional and cognitive development of children. Further there exist several measures of the attachment relationship for both children and adults that are meant to ascertain difficulties in attachment in the hopes of informing treatment; however, there are no such measures geared specifically for emerging adults. This is, in part due to the newness of the conceptualization of emerging adulthood as a distinct developmental stage marked by its heterogeneity and “feeling in-between.” In an attempt to bridge this gap in the literature, this study will modify an existing measure, the Reciprocal Attachment Questionnaire, in order to look at the attachment patterns of emerging adults in relation to their primary attachment figures in the hopes of gaining insight into their attachment states of mind. Finally, this study will use a narrative question to illuminate the day to day desires that emerging adults have for their relationships with their primary attachment figure. It is my hope that the exploratory nature of this study will allow for themes to emerge that will have applications for clinical practice in service of emerging adults and their families.
CHAPTER III

Methodology

The purpose of this study was to explore the nature of the attachment relationship between emerging adults, defined as aged 18-25, and their primary caregivers. While the nature and impact of the attachment relationship between primary attachment figures, especially mothers and their children, is generally well-documented and informs interventions, little scholarly research focuses on emerging adult attachment because the conceptualization of this distinct developmental stage is relatively new.

The study was created to answer the following questions: (1) to what extent are the following attachment patterns—angry withdrawal, compulsive caregiving, compulsive self-reliance, and compulsive careseeking—represented in the relationship between emerging adults and their parents or parent figures? (2) is an emerging adult’s attachment pattern with her or his parent or parent figure mediated by particular characteristics of an emerging adult’s life? and (3) what specific desires do emerging adults have for the nature of the attachment relationship with their parent or parent figure?

In order to address these questions, the study asked emerging adults to answer a series of questions about their relationship with a primary caregiver. This study utilized an online survey, using a mixed-method design that included both an established, albeit modified, quantitative scale measuring attachment patterns and a self-designed qualitative question designed to unearth specific desires for primary attachment figure availability.
A mixed-methods design was chosen for this survey for the following three reasons. First, the use of an existing quantitative scale enabled me to compare my results to those results already found in the literature, allowing commentary on the specific similarities and differences between this study of emerging adult attachment and existing studies of emerging adult, adult, and adolescent attachment, increasing the knowledge base regarding attachment theory. Second, narrative findings allowed for the exploration of richer themes that may not already be present in emerging adult and attachment theory literature. Finally, the combination of the two increased the ability to reflect upon possible consistencies and discrepancies between the lived attachment experience and the effort to codify this experience.

Sample

In order to participate in the study, individuals within my sample met the following five criteria. First, the participant must have access to a computer because the survey is accessible only via internet; second, the participant must be 18-25 years of age because this is the primary age range of emerging adults as defined by the literature; third, the participant must have a living parent or parent figure because the study is concerned with the real-time attachment relationship between emerging adults and their parents or parent figures; fourth, the participant must consider the United States of America to be her or his home because there is evidence that the conceptualization of emerging adulthood is culturally determined and this study focuses on the conceptualization of emerging adulthood in the United States; fifth, the participant must be able to read and write in English or secure a translator to assist her or him in the completion of the survey because I am English-speaking only. There were no exclusion criteria except where individuals do not meet the criteria cited above. I employed non-probability, purposive and snowball sampling; limited exclusion criteria; and disseminated the study via the internet in a
format that is almost geographically unbounded, and widely used by and accessible to emerging
adults. These measures were taken in the hopes of casting a wide net that would capture the
diverse experience of emerging adults during this transitional period in their lives. However,
even with the potential for diversity, the non-probability sampling methodology precludes
representativeness and generalizability. As such is the case, this research effort was intended
solely as pilot study and to explore attachment patterns among a subset of the population of
emerging adults.

Prospective participants were accessed through a snowballing technique that utilized the
social networking tool Facebook and emails to family, friends, and colleagues who I had reason
to believe were acquainted with emerging adults by reason of familial status, position in the
community or age, or who are emerging adults themselves. Referral sources included, but were
not limited to, my emerging adult daughters, members of my cohort at Smith College School for
Social Work, professional contacts, and colleagues at my current and past internship. In many
cases the designations of family, friend, and colleague overlapped. Whether contacted by
Facebook (Appendix B) or email (Appendix C), identified prospective participants were apprised
of the study and desire for participants through a short paragraph that briefly summarized the
nature and process of the study, asked for the survey to be shared with other appropriate
individuals, and contained a link to the SurveyMonkey site where the instrument was
administered. Additionally, at the end of each page of the survey, the participant had the
opportunity to post the survey to her or his individual Facebook page.

Once a prospective participant entered the SurveyMonkey site, she or he was screened for
eligibility for participation by affirming each in a series of four questions (Appendix D), and, if
deemed eligible, was passed to another screen from which informed consent was sought. If the
participant agreed to participate in the study, the participant was directed to the actual survey. Upon completion of the survey, the participant was automatically directed to the thank you page (Appendix E) where she or he was thanked for participating. If the participant disagreed to the informed consent, the participant was automatically passed to the disqualification page (Appendix F).

Data Collection

I chose to disseminate the survey online as I expected that I would better be able to reach a sample of the target population through a medium that was familiar to and widely used in their everyday lives. As well, prior to disseminating the survey, a Ph.D. alumni from Smith College School for Social Work read the survey for comprehension and eligibility; and a member of my cohort from Smith College School for Social Work took a practice survey to evaluate its fluidity, comprehension, and legibility.

Upon entering the actual survey (Appendix G), participants were asked to answer two sections of questions taking about 30 minutes of their time. The first section was comprised of 12 demographic questions; the second section was comprised of questions regarding the relationship between the participant and the participant’s parent or parent figure chosen for the study including one question asking the participant to identify the parent or parent figure chosen for the study, a 43-item quantitative attachment questionnaire, and one open-ended qualitative question.

The demographic questions were designed to elicit information from the participants that would not only inform this researcher of who they were in relation to their age, sex, gender, sexual orientation and race but also who they were in relation to the current conceptualizations of what it means to be an emerging adult, focusing on the complex and transitory nature of this population.
This study utilized the quantitative instrument West and Sheldon-Keller’s Reciprocal Attachment Questionnaire (RAQ). The RAQ “operationalizes various components of the attachment system in adults: proximity seeking; separation protest, feared loss; availability; and use of attachment figure. It also operationalizes general patterns of attachment: angry withdrawal; compulsive caregiving; compulsive self-reliance; and compulsive careseeking” (Crowell et al., 2008, p. 612). The RAQ is especially well-suited for this study as it was designed “to assess individual differences in primary attachment in adulthood (Crowell et al., 2008, p. 600)” and allows the participant to choose the primary attachment figure to whom the responses relate. As this is the case, I used all of the questions in the instrument, modifying some words to reflect its application to emerging adults and their parents or parent figures. Malcom West gave this researcher permission on March 19, 2012 to use the instrument in this researcher’s desired modified form.

The one qualitative open-ended narrative question was designed to elicit information regarding emerging adults’ perceptions of and specific desires for connection with their primary attachment figures especially in the areas of proximity, contact, and communication. The reflection, unhindered by predetermined categorical responses, encouraged participants to freely express their thoughts in these aforementioned areas as well as in unexpected others. Likewise, the essence of the qualitative question engendered participant reflection upon the actuality of their relationship with their parent or parent figure as well as upon the desired state of their relationship.

Data was collected through the use of SurveyMonkey’s data collection system. Once I distributed the survey link through Facebook and email, responses were returned automatically
into this researcher’s SurveyMonkey account. At that point, I was be able to access the data for as long as I deemed necessary to complete the research project.

Data collection began on March 1st and ended on April 18th. A total of 58 respondents accessed the survey online. Four of those were disqualified, 11 more did not agree to the informed consent, and a further 8 only completed the survey through the demographic questions. These deductions left a sample size of 35. Of the 35 remaining respondents, 5 did not answer the narrative question. However, I made a decision to include all 35 in the quantitative analysis sample as each of those respondents answered at least 97% of the demographic and RAQ questions with no participant missing more than one response; the omission of these few responses did not deter from the overall usability of the survey. Further the exploratory nature of the survey allowed room for both discreet qualitative analysis of the narrative responses as well as quantitative analysis of the Reciprocal Attachment Questionnaire.

**Protection of Participants**

Once prospective participants entered the SurveyMonkey site, they were screened for eligibility for participation and, if deemed eligible, were passed to the Statement of Informed Consent screen. The Statement of Informed Consent (Appendix H) briefly introduced this researcher and her affiliation with Smith to the study participants, the nature and layout of the study, participation requirements, potential risks and benefits to participants, measures to ensure anonymity, voluntary aspects of participation, her or his rights as a participant, and referral sources for therapeutic support. The participants were then directed to acknowledge that they had read and understood the information contained in the Statement of Informed Consent. If participants wished to consent to participation in the study, participants selected “I Agree,” directing them to the actual instrument. If participants wished to decline participation in the
study, participants selected “I Disagree,” directing them to the SurveyMonkey disqualification page. Finally, participants were encouraged to print the Statement of Informed Consent for their records.

Several precautionary measures were taken in order to safeguard anonymity. In order to safeguard anonymity, at no time were participants required to give their name and participants were advised in the Statement of Informed Consent to refrain from including identifying information in response to the narrative question. However, in order to protect anonymity in the event that any identifying information was inadvertently expressed in the narratives, it was removed prior to access by anyone other than myself and was not shared with anyone. Additionally, I was unable to identify any participant based on their responses to the instrument or narrative question.

Further the instrument was administered through SurveyMonkey with settings configured such that data was gathered without revealing the email or IP addresses of participants, and SurveyMonkey designated a code number automatically to all participants’ responses. Likewise, published demographics and scale data was presented in summarized group form to disguise participants’ identities, and narrative data was presented as group themes with the possibility that some illustrative quotes may be presented. Additionally, the research advisor had access to the data only after the coding had been completed.

Only myself, a statistical consultant and the research advisor had access to data. During the course of the study the data was password protected. Once the study was completed all data was removed from my hard drive and from SurveyMonkey, and stored in compliance with federal standards: the data was secured electronically, protected by password and encryption and will be kept secure for a minimum of three years; if the data is no longer needed at the end of the
three-year period, it will be destroyed. If I as the researcher continue to need the data, it will be kept secure up until the time that it is no longer needed and then destroyed.

Participation in this study was entirely voluntary and the participants had the right to withdraw their participation at anytime during the process up until the time they had submitted the online questionnaire. As well, participants had the right to skip any questions. However, upon submittal of the survey, participants’ answers were integrated into the study data and were not retrievable.

As with any study involving self-reflection, there was the possibility that participants found themselves emotionally triggered by the interpersonal nature of the questions. This risk was exacerbated for individuals who had an interpersonal relationship with me. In order to address the possibility that participants desired therapeutic support as a result of their participation in this study, resource suggestions were included in the Statement of Informed Consent. Those suggestions included an urging to contact their local mental health center or educational counseling center if appropriate as well as two online referral sources where they will be able to locate mental health professionals in their respective geographic areas.

Further, anonymity was protected for neither were the participants asked to record their names nor was any demographic information used for any purpose other than for analysis of participant responses and study findings. Additionally, participants were directed to withhold any identifying information from their narrative responses. However, if any identifying information was inadvertently expressed in the narratives, it was removed prior to access by anyone other than myself.

Benefits may include the opportunity to be part of research around emerging adult attachment, which will add to the body of knowledge regarding attachment theory. As well, the
findings from the participant responses have the potential to inform interventions, which may help ease the stress for other emerging adults during this uniquely transitional period of life. Further, the very act of reflecting upon their current relationship with their parent or parent figure may enable participants to gain new and useful insights regarding those relationships and others, which may, in turn, lead to more satisfying relationships.

The thesis proposal was submitted and approved by the Human Subjects Review (HSR) board at Smith School for Social Work, to ensure all possible measures were made to maintain anonymity and confidentiality (Appendix A). The HSR further reviewed the proposal to certify that all efforts were taken to consider and minimize the risks of participating in the research and that potential participants were made aware of all risks and benefits associated with the research.

Data Analysis

Data was analyzed using a variety of quantitative and qualitative processes. Quantitative data derived from the questionnaires informed descriptive and multivariate statistics such as correlation and differences between groups in order to draw inferences regarding attachment patterns from the data. Additionally, content analysis of the responses to the narrative questions was utilized to discover manifest themes within the communication using a mixture of prescriptive and open analysis. Further, connections and patterns were drawn between themes discovered in the content of the narrative questions and the quantitative data derived from RAQ.

The data was cleaned in several steps. First I looked at the degree to which each participant had completed the survey. Second, I read through each of the surveys individually, looking for inconsistencies in responses, which would help me make decisions regarding what data was reliable for a particular analysis. For example, one participant suggested in the narrative
that the parent was fully responsible for financial support; however, the demographic response suggested that the emerging adult was fully responsible for financial support. In other instances the narrative spoke of more than one parent or parent figure or conflated two parents or parent figures. Third, I downloaded the narrative responses from SurveyMonkey into a Rich Text format document that I was then able to convert to a Word document. Fourth, I removed any information from the narratives that might identify the participant, replacing the information with [OMIT]; this omitted information was comprised solely of names of geographic locations.

Data analysis consisted of several steps. First, I downloaded the data directly from SurveyMonkey, using SurveyMonkey’s downloading tool, into an Excel spreadsheet. Second, I removed the surveys that I had determined would not be included in the analysis. Third, I attributed ID number to each respondent. Fourth, I systematically coded the responses using the Codebook that I had developed, coding one question at a time rather than one respondent at a time. Fifth, the hypotheses with their corresponding variables and statistical tests; codebook; and cleaned data were sent to the statistician at Smith College School for Social Work. Sixth, the statistician scored the RAQ according to the instructions and described a mean for each of the four attachment patterns, ran frequencies on the demographics, and ran the series of statistical tests requested.

Further, I analyzed the qualitative data in a series of integrated steps. First, I looked for three predetermined broad thematic categories: (1) proximity, (2) availability, and (3) communication. Second, I looked for un-predetermined sub-themes within these broad categories. Third, I looked for themes not previously taken into account. Further, I described the findings, expressing the aggregated latent and manifest content while at times using individual
comments for clarity. The following chapter will outline the results of this study as discovered using the both the quantitative and qualitative processes described above.
CHAPTER IV

Findings

This study was an exploration of emerging adults’ relationships with their parent or primary attachment figures. The intent of this study was to better understand the primary attachment needs of emerging adults. The following three questions served as the backdrop of the exploration: (1) to what extent are the following attachment patterns—angry withdrawal, compulsive care giving, compulsive self-reliance, and compulsive care seeking—represented in the relationship between emerging adults and their parents or parent figures? (2) is an emerging adult’s attachment pattern with her or his parent or parent figure mediated by particular characteristics of an emerging adult’s life? and (3) what specific desires do emerging adults have for the nature of the attachment relationship with their parent or parent figure?

This chapter outlines the major findings from this study. Descriptive statistics are primarily used to illuminate the findings due to a small and non probability sample, which prohibits generalization to a larger population. The results of the surveys taken by emerging adults will be explored using the questions listed above as organizational categories. The findings of this study indicate that this population of emerging adults does have particular desires and expectations in regards to their attachment relationships with their parents or parent figures. The initial section of this chapter will highlight the demographics of this study’s sample followed by sections presenting the quantitative and qualitative findings from the modified Reciprocal Attachment Questionnaire and the narrative question.
Demographics

The sample population of this study was comprised of individuals who indicated that she or he (1) was 18 to 25-years-old; (2) had a parent or parent figure who was living to hold in mind a while responding to the survey questions; (3) considered the United States of America to be her or his home; (4) was able to read in English or obtain a translator in order to facilitate her or his participation; and (5) had access to a computer. Of the 58 emerging adults who attempted the survey, 60% of the total respondents completed the survey giving the study a sample size of 35 (N=35). The demographic findings of these participants are illustrated in Tables 1 through 8.

Table 1

Frequency Distribution of Age, Gender, Sexual Orientation

<table>
<thead>
<tr>
<th>N= 35</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>19</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>20</td>
<td>3</td>
<td>8.6</td>
</tr>
<tr>
<td>21</td>
<td>5</td>
<td>14.3</td>
</tr>
<tr>
<td>22</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>23</td>
<td>5</td>
<td>14.3</td>
</tr>
<tr>
<td>24</td>
<td>7</td>
<td>20.0</td>
</tr>
<tr>
<td>25</td>
<td>11</td>
<td>31.4</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>32</td>
<td>91.4</td>
</tr>
<tr>
<td>Male</td>
<td>3</td>
<td>8.6</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bisexual</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>25</td>
<td>71.4</td>
</tr>
<tr>
<td>Queer</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>Questioning</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
</tr>
</tbody>
</table>
The mean age of participants was 22.97-years-old, the median age was 24-years-old, and the mode age was 25-years-old (n= 11, 31.4%), with fewer than half (n= 10, 28.7%) between the ages of 18 and 21. The majority (n= 32, 91.4%) of participants identified as female, while the minority (n=3, 8.6%) identified as male. The survey also included options for transgender; and other than listed, elaborative option; however, no participants indicated either of these options. The majority (n= 25, 71.4%) of participants identified as heterosexual, with seven (20%) identifying as bisexual, two (5.7%) identifying as queer, and one (2.9%) identifying as questioning. The survey also included options for gay; lesbian; pansexual; and other than listed, elaborative option; however, no participants indicated these options.

Table 2

Frequency Distribution of Ethno-racial Identity

<table>
<thead>
<tr>
<th>Ethno-racial Identity</th>
<th>N= 34</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biracial</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Black</td>
<td>2</td>
<td>5.9</td>
</tr>
<tr>
<td>Filipino</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>White</td>
<td>30</td>
<td>88.2</td>
</tr>
<tr>
<td>Total</td>
<td>34</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Using an open-ended question, participants were asked to indicate their ethno-racial identity. Of the 34 (N=35, 97.1%) participants who responded, the majority (n= 30, 88.2%) indicated they were White or Caucasian. One (2.9%) participant chose to further elaborate on Caucasian, indicating Italian/Irish-American. Two (5.9%) participants identified as Black, and one (2.9%) identified as Filipino. One (N= 35, 2.9%) participant did not indicate an ethno-racial identity and, therefore, was not included in the valid percent tabulation.
Table 3

Frequency Distribution of Parental, Romantic Status, and Living Arrangement

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>No</td>
<td>34</td>
<td>97.1</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Romantic Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committed &gt;2 yrs.</td>
<td>12</td>
<td>34.3</td>
</tr>
<tr>
<td>Committed &lt; 2 yrs.</td>
<td>12</td>
<td>34.3</td>
</tr>
<tr>
<td>Single and Dating</td>
<td>4</td>
<td>11.4</td>
</tr>
<tr>
<td>Single and Not Dating</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Lives with:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td>8</td>
<td>22.6</td>
</tr>
<tr>
<td>Romantic Partner</td>
<td>12</td>
<td>34.3</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>42.9</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
</tr>
</tbody>
</table>

All but one (n= 34, 97.4%) of the participants indicated that they were not a parent. More than half (n= 24, 68.6%) of the participants indicated that they were in a committed relationship, with four (11.4%) indicating that they were single and dating, and seven (20%) indicating that they were single and not dating. Further, 12 (34.3%) participants indicated that they lived with at least a parent, 11 (31.4%) participants lived with at least a romantic partner, while the 15 (42.9%) remaining participants lived with someone other than their parent or romantic partner, including alone, with dorm-mates, roommates, and with extended family.
Table 4

Frequency Distribution of School Enrollment Status

<table>
<thead>
<tr>
<th>School Status</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>In School</td>
<td>9</td>
<td>25.7</td>
</tr>
<tr>
<td>Not in School</td>
<td>26</td>
<td>74.3</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 5

Frequency Distribution of Highest Level of Education

<table>
<thead>
<tr>
<th>Highest Degree/Diploma</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>High School</td>
<td>10</td>
<td>28.6</td>
</tr>
<tr>
<td>Bachelors</td>
<td>19</td>
<td>54.3</td>
</tr>
<tr>
<td>Grad/Prof</td>
<td>4</td>
<td>11.4</td>
</tr>
<tr>
<td>Total</td>
<td>34</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Tables 4 and 5 illustrate participants’ demographic frequencies related to education. Of the 35 (100.0%) participants who responded, 74.3% (n= 26) indicated that they were not enrolled in school, while 25.7% (n= 9) indicated that they were enrolled in school. Further, of the 34 (N=35, 97.1%) participants who responded, 67.6% (n= 23) of the participants, indicated that they had earned at least a bachelors degree, including a total of four (11.8%) participants who indicated that they had earned a graduate degree. One (N= 35, 2.9%) participant did not indicate a highest degree completed and, therefore, was not included in the valid percent tabulation.
Tables 6 and 7 illustrate participants’ demographic frequencies related to financial support, reflecting the ways in which emerging adults in this sample met a portion and, in some cases, all of their financial needs. Of the 35 (100%) participants who responded, 12 (39.9%) indicated that they were responsible for 0% to 20% of their financial support, while ten (28.6%) indicated that they were responsible for 81% to 100% of their financial needs. Further, of the 34 (N= 35, 97.1%) participants who responded, 10 (29.4%) indicated that their parent(s) or parent figure(s) was responsible for 81% to 100% of their financial support, while 12 (35.3%) indicated that their parent(s) or parent figure(s) was responsible for 0% to 20% of their financial support.
One (N= 35, 2.9%) participant did not indicate the percent degree to which her or his parent(s) or parent figure(s) were responsible her or his support, and, therefore, was not included in the valid percent tabulation.

Figure 1

Comparison of Emerging Adults and Parent/Parent Figures Financial Responsibility for Emerging Adults

The majority (n= 30, 85.7%), of participants indicated that they rely, to varying degrees, on their parents or parent figures for financial support. It is important to note, however, that there was not always a direct numerical relationship totaling 100.0 % between what the individual emerging adults in this sample contributed financially and what that emerging adult’s parent or parent figure contributed financially. Though the survey did not ask participants to indicate other sources of income (i.e., scholarships, grants, or social service benefits), they appear to have been present. Moreover, the term “responsible” may in some cases been construed to include those sources as the participant may feel responsible for attaining them.
Table 8

Frequency Distribution of Geographic Location

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>7</td>
<td>20.0</td>
</tr>
<tr>
<td>Colorado</td>
<td>9</td>
<td>25.7</td>
</tr>
<tr>
<td>Connecticut</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>Florida</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>5</td>
<td>14.3</td>
</tr>
<tr>
<td>Michigan</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>Montana</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>New York</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>North Carolina</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>South Carolina</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>US Armed Forces</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Base, Asia</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Participants were asked to indicate where they lived at the time they took the survey. They were given 56 options that included the 55 U. S. states and territories, and one elaborative option if the participant did not live in a U. S. state or territory. Twelve (24.0%) of the 50 U.S. states were represented with just over half (n=18, 51.4%) of the participants selecting Colorado, California, and Massachusetts, respectively. One participant (2.9%) shared that she or he lived on a U. S. armed forces base in Asia.

The modified Reciprocal Attachment Questionnaire was chosen to explore the attachment needs of emerging adults due to its unique ability to look at the following patterns of adult attachment: compulsive care giving (CCG), compulsive self-reliance (CSR), angry withdrawal (AW), and compulsive care seeking (CCS) (West & Sheldon-Keller, 1994, p. 104). However, the instrument was modified for this study in order to specifically assess these same patterns in
emerging adults by insisting that the participant choose the parent or parent figure, primary attachment figure rather than the individual, to whom she or he was closest at the time of the survey. Table 9 below illustrates the breakdown of primary attachment figures and their monikers chosen by this sample of emerging adults.

Table 9

<table>
<thead>
<tr>
<th>Parent/Parent Figure</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father, Dad</td>
<td>9</td>
<td>14.3</td>
</tr>
<tr>
<td>Grandfather</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Mother, Mom, Mum</td>
<td>29</td>
<td>82.9</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Using an open-ended question, participants were asked to indicate the primary attachment figure to whom they were closest. Mothers were indicated most often (n= 29, 82.9%), followed by fathers (n= 9, 14.3%), while one (n= 2.9) participant chose her or his grandfather.

Each attachment category was comprised of 7 questions. The participant rated each of the questions on a 5-point Likert scale, giving her or him a total possible rating of 7 to 35 for each attachment category. Each participant’s final attachment pattern score was generated by adding up the total ratings for each pattern category and assigning her or him the attachment pattern category with the highest total rating. There are no norms for this scale and all individuals have characteristics of the four attachment patterns. The designation of an attachment pattern score is purely descriptive and is not intended to encapsulate the understanding of one’s attachment behaviors from a pathological perspective. Rather, the descriptive nature of the label is meant to serve as instrument that will enable fuller understandings of one’s attachment behaviors in order to inform or further refine therapeutic intervention. (West & Sheldon-Keller, 1994)
<table>
<thead>
<tr>
<th>Scale</th>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Angry Withdrawal (AW)</strong></td>
<td>2. I wish there was less anger in my relationship with my parent or parent figure.</td>
</tr>
<tr>
<td></td>
<td>4. I get frustrated when my parent or parent figure is not around as much as I would like.</td>
</tr>
<tr>
<td></td>
<td>23. My parent or parent figure only seems to notice me when I am angry.</td>
</tr>
<tr>
<td></td>
<td>29. I'm furious if I don't get any comfort from my parent or parent figure.</td>
</tr>
<tr>
<td></td>
<td>35. I get really angry at my parent or parent figure because I think she or he could make more time for me.</td>
</tr>
<tr>
<td></td>
<td>36. I often feel really angry at my parent or parent figure without knowing why.</td>
</tr>
<tr>
<td></td>
<td>41. My parent or parent figure is always disappointing me.</td>
</tr>
<tr>
<td><strong>Compulsive Self-Reliance (CSR)</strong></td>
<td>5. I feel it is best not to depend on my parent or parent figure.</td>
</tr>
<tr>
<td></td>
<td>6. I want to get close to my parent or parent figure, but I keep pulling back.</td>
</tr>
<tr>
<td></td>
<td>14. I wouldn't want my parent or parent figure relying on me.</td>
</tr>
<tr>
<td></td>
<td>19. I usually discuss my problems or concerns with my parent or parent figure.</td>
</tr>
<tr>
<td></td>
<td>25. It's easy for me to be affectionate with my parent or parent figure.</td>
</tr>
<tr>
<td></td>
<td>30. I'm so used to doing things on my own that I don't ask my parent or parent figure for help.</td>
</tr>
<tr>
<td></td>
<td>38. I feel that there is something wrong with me because I am emotionally distant from my parent or parent figure.</td>
</tr>
<tr>
<td><strong>Compulsive Care Giving (CCG)</strong></td>
<td>3. I put my parent or parent figure’s needs before my own.</td>
</tr>
<tr>
<td></td>
<td>8. I can’t get on with my work or studies if my parent or parent figure has a problem.</td>
</tr>
<tr>
<td></td>
<td>9. I enjoy taking care of my parent or parent figure.</td>
</tr>
<tr>
<td></td>
<td>26. I expect my parent or parent figure to care of her or his own problems.</td>
</tr>
<tr>
<td></td>
<td>39. I don't make a fuss over my parent or parent figure.</td>
</tr>
<tr>
<td></td>
<td>40. I don't sacrifice my own needs for the benefit of my parent or parent figure.</td>
</tr>
<tr>
<td></td>
<td>43. It makes me feel important to do things for my parent or parent figure.</td>
</tr>
<tr>
<td><strong>Compulsive Care Seeking (CCS)</strong></td>
<td>7. I often feel too dependent on my parent or parent figure.</td>
</tr>
<tr>
<td></td>
<td>12. I wish that I could be a child again and be taken care of by my parent or parent figure.</td>
</tr>
<tr>
<td></td>
<td>17. I rely on myself, not my parent or parent figure, to solve my problems.</td>
</tr>
<tr>
<td></td>
<td>22. I do not need my parent or parent figure to take care of me.</td>
</tr>
<tr>
<td></td>
<td>32. I'm never certain about what I should do until I talk to my parent or parent figure.</td>
</tr>
<tr>
<td></td>
<td>33. I would be helpless without my parent or parent figure.</td>
</tr>
<tr>
<td></td>
<td>37. I feel that the hardest thing to do is stand on my own.</td>
</tr>
</tbody>
</table>
All 35 (100.0%) emerging adults who responded to the survey exhibited characteristics from each of the four attachment patterns that the RAQ is meant to illuminate. An emerging adult’s attachment score, which hangs within the constellation that includes the other attachment patterns, may serve to inform her or him of attachment behaviors at play within her or his interpersonal relations. Of particular interest in this study are the interpersonal relations between emerging adults and their parents or parent figures. Though each participant has a rating for each of the attachment patterns scales, table 10 below illustrates the frequency of the dominant attachment pattern rating amongst the four attachment patterns, which is the participant’s overall attachment pattern score. Of the 35 participants, 32 (91.4%) rated themselves as one pattern; while three (8.6%) tied, indicating that these two attachment patterns were spread evenly across the two categories.

Table 11

Frequency Distribution of Attachment Pattern Score

<table>
<thead>
<tr>
<th>N= 35</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dominant Attachment Pattern</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCG</td>
<td>21</td>
<td>60.0</td>
</tr>
<tr>
<td>CSR</td>
<td>5</td>
<td>14.3</td>
</tr>
<tr>
<td>AW</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>CCS</td>
<td>4</td>
<td>11.4</td>
</tr>
<tr>
<td>CCG &amp; CSR</td>
<td>3</td>
<td>8.6</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Out of the 35 (N=100.0%) participants, the outstanding attachment pattern which emerged in this study was Compulsive Care Giving with 21(60.0%) of participants rating themselves as CCG and the three (8.6%) participants who tied rating themselves as equally CCG and CSR, for a total of 24 (68.6%) participants whose dominant attachment patterns included CCG. The Compulsive Care Giving (CCG) scale attempts to quantify attachment behaviors associated with an individual impetus towards putting another’s needs before her or his own, unsolicited care giving on the part, and feelings of self-denial in the service of another. (West & Sheldon-Kellor, 1994).

The following tables, Tables 12, 13, 14, and 15 illustrate the frequency distribution of all of the pattern scales individually: CCG, CSR, AW, and CCS respectively, while Figure 2 illustrates the means as well as the range of scores across four pattern scales.
Table 12

Frequency Distribution of CCG Attachment Scale Ratings

<table>
<thead>
<tr>
<th>N= 35</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCG Score</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>18</td>
<td>3</td>
<td>8.6</td>
</tr>
<tr>
<td>19</td>
<td>3</td>
<td>8.6</td>
</tr>
<tr>
<td>20</td>
<td>7</td>
<td>20.0</td>
</tr>
<tr>
<td>21</td>
<td>6</td>
<td>17.1</td>
</tr>
<tr>
<td>22</td>
<td>4</td>
<td>11.4</td>
</tr>
<tr>
<td>23</td>
<td>5</td>
<td>14.3</td>
</tr>
<tr>
<td>Mean: 21.3</td>
<td>24</td>
<td>3</td>
</tr>
<tr>
<td>Median: 21.0</td>
<td>25</td>
<td>1</td>
</tr>
<tr>
<td>Mode: 20 (n= 7, 20.0%)</td>
<td>26</td>
<td>1</td>
</tr>
<tr>
<td>Range: 17 to 27</td>
<td>27</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 13

Frequency Distribution of CSR Attachment Scale Ratings

<table>
<thead>
<tr>
<th>N= 35</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSR Score</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>3</td>
<td>8.6</td>
</tr>
<tr>
<td>17</td>
<td>7</td>
<td>20.0</td>
</tr>
<tr>
<td>18</td>
<td>6</td>
<td>17.1</td>
</tr>
<tr>
<td>19</td>
<td>6</td>
<td>17.1</td>
</tr>
<tr>
<td>Mean: 19.3</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>Median: 19.0</td>
<td>21</td>
<td>4</td>
</tr>
<tr>
<td>Mode: 17 (n= 7, 20.0%)</td>
<td>24</td>
<td>3</td>
</tr>
<tr>
<td>29</td>
<td>1</td>
<td>2.9</td>
</tr>
<tr>
<td>Range: 16 to 29</td>
<td>Total</td>
<td>35</td>
</tr>
</tbody>
</table>
Table 14

Frequency Distribution of AW Attachment Scale Ratings

<table>
<thead>
<tr>
<th>AW Score</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>3</td>
<td>8.6</td>
</tr>
<tr>
<td>9</td>
<td>4</td>
<td>11.4</td>
</tr>
<tr>
<td>10</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>11</td>
<td>5</td>
<td>14.3</td>
</tr>
<tr>
<td>12</td>
<td>3</td>
<td>8.6</td>
</tr>
<tr>
<td>13</td>
<td>5</td>
<td>14.3</td>
</tr>
<tr>
<td>14</td>
<td>3</td>
<td>8.6</td>
</tr>
<tr>
<td>16</td>
<td>3</td>
<td>8.6</td>
</tr>
<tr>
<td>Mean: 13.2</td>
<td>17</td>
<td>2.9</td>
</tr>
<tr>
<td>Median: 13.0</td>
<td>18</td>
<td>11.4</td>
</tr>
<tr>
<td>Mode: 11 &amp; 13 (n= 5, 16.1%)</td>
<td>20</td>
<td>2.9</td>
</tr>
<tr>
<td>Range: 8 to 27</td>
<td>Total</td>
<td>35</td>
</tr>
</tbody>
</table>

Table 15

Frequency Distribution of CCS Attachment Scale Ratings

<table>
<thead>
<tr>
<th>CCS Score</th>
<th>Frequency</th>
<th>Valid Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>14</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>15</td>
<td>3</td>
<td>8.6</td>
</tr>
<tr>
<td>16</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>17</td>
<td>4</td>
<td>11.4</td>
</tr>
<tr>
<td>18</td>
<td>8</td>
<td>22.9</td>
</tr>
<tr>
<td>Mean: 17.9</td>
<td>19</td>
<td>2.9</td>
</tr>
<tr>
<td>Median: 18.0</td>
<td>20</td>
<td>25.7</td>
</tr>
<tr>
<td>Mode: 20 (n= 9, 25.7%)</td>
<td>21</td>
<td>5.7</td>
</tr>
<tr>
<td>Range: 13 to 16</td>
<td>Total</td>
<td>35</td>
</tr>
</tbody>
</table>
The mean scores of the attachment patterns ranged from 13.2 (AW) to 21.3 (CCG), a range of 8.1 points, with an overall high score of 29 (CSR) and an overall low score of 8 (AW), a range of 21 points. AW had the greatest range of scores, from 8 to 27 (19 points), while CCS had the lowest, from 13 to 22 (9 points).

Due to the dearth of literature on emerging adult attachment and limited instrumentation available to assess emerging adult attachment, this study was designed with exploration in mind. However, upon gathering the data, analysis was run to look for relationships and themes between some of the participants’ demographic characteristics and their attachment patterns. This decision was made in response to answering the question: is an emerging adult’s attachment pattern with her or his parent or parent figure mediated by particular characteristics of an emerging adult’s life? Toward this end, the study used crosstabulation to look at possible relationships between the participants’ attachment patterns and demographic characteristics such
as age, gender identification and romantic status. However, no significant differences were realized, in part, due to the small sample size.

**Narrative Responses**

The final question on the survey asked the respondents, “If your relationship with your parent or parent figure were everything you’d like it to be in terms of emotional and physical closeness, what would it look like?” Of the 35 participants in the sample, 30 provided a narrative response to this final question (86%). An analysis of the responses was conducted to reduce the data into themes that might reveal the specific desires that emerging adults have for the nature of the attachment relationship with their parent or parent figure. The findings are described below.

**Dimensions of concern to emerging adults.** Exploration of the narratives revealed that the emerging adults in this sample articulated desires for their relationships with their parent or parent figure that fall into the following categories: communication, unconditionality, mutuality, availability, and proximity. These categories can be termed dimensions of concern.

*Communication.* Communication seemed to be the dimension that held the most weight as far as participants’ relative feelings of closeness with their parent or parent figure. The desired frequency of communication varied from daily to 1 time per month. One emerging adult, however, echoed the most common sentiment regarding the frequency of communication writing, “I’d like to talk once or a few times per week. I guess it doesn’t really matter who calls, but it makes you feel good when they are the ones who call :).” Along the same lines another wrote, “We call each other a few times a week and chat on the phone. If I need help, I call, If I want to chat I call and he does the same.” Though most participants preferred more rather than less frequent communication, a few participants expressed a specific desire for a relational
environment that would be flexibly accepting of less communication. One emerging adult poignantly wrote,

“I wish I talked to her less without it being an issue. Or rather, I wish she didn’t freak out when I don’t [sic] answer the phone and jump to the worst possible conclusions which leads her to keep calling me until I answer.” In a similar vein, another emerging adult wrote, “I would also like for it to be ok not to talk to her everyday.”

Connected to their desired frequency of communication, emerging adults shared their desired content of communication. In general emerging adults were able to or wanted to be able to speak with their parents or parent figures about “the ‘bad’ and ‘good’” facets of their lives. For example, participants whose narratives reflected the majority sentiment wrote, “They’re always happy to talk to me whenever I call and about whatever I have on my mind…;” and “I talk to her about my relationships, my educational goals, and life/people in general;” However, even with the near consensus of desire for having one’s parent available for “‘just checking in’” and as a “as a sound board to bounce ideas off of, especially when it comes to major life decisions,” two participants expressed the desires found in the following narrative:

I prefer to solve problems and make decisions on my own – for example, I didn’t initially consult my parents when deciding to apply to graduate school – so having them available for support or “just checking in” type conversations doesn’t seem like something I’m after.

Interestingly, this same emerging adult highlighted the dynamic nature of desire for parental support and availability as she stated in the latter part of her narrative, “I look forward to getting advice from my parents on decisions I haven't yet been faced with.”
Further, though the emerging adults in this study may differ in their desire to discuss specific topics with their parents or parent figures, some preferring to discuss issues such as “sex” or “drinking and drugs” with “friends” or “others,” a common theme running through the narratives was a longing for and appreciation of communication that was open, honest and reflective where “nearly everything” was welcome as a topic and a wide range of emotional affect was accepted. For example, one emerging adult wrote, “I would like to have more authentic conversations with my mother, even if they involve anger.” Another wrote:

    My dream is that I call my mother once a week and she actually asks me questions about my life, responds to any real emotions that I voice (instead of inventing the ones she thinks I have) and that she doesn’t panic if I am a little stressed.

Along with illustrating the desire for “real” conversation, the preceding narrative reflects another important relationship dimension, a desire for support that is unconditional and privileges the emerging adults’ voice.

    Unconditionality. Many of the narratives expressed a desire for “non-judgmental support” “understanding” and “advice,” as well as the latitude to hold differing opinions, and to be able explore life options without the fear of “guilt” or “obligation.” One participant succinctly echoed the majority of participants’ desires for unconditionality when she wrote, “I would be able to talk to them when needed and rely on them to love and care for me no matter what I do. They would be understanding and supportive no matter what happens.”

    Relatedly, while some of the participants sought the supportive advice of their parents or parent figures, finding, as one participant stated “their guidance and support [was] really important and helpful in my life,” and, as another stated, “without a doubt, I have a lot to learn from them,” the nature and extent to which participants relied on their parents or parent figures
for support and advice varied. Further, this desire for and appreciation of their parent or parent figures’ advice was mediated by the extent to which their parent or parent figure privileged their emerging adult child’s voice. For example, one participant shared, “I would like her to be able to listen to me talk about my feelings without feeling like she needs to give me advice or insert her opinion about my feelings.” Similarly, another participant wrote, “Ideally, my parent’s would never hold that [paying for college] against my wishes and goals. I would like them to …ask me what I want rather than telling me what they want.”

_Mutuality._ Several of the narratives expressed a desire for and enjoyment of mutuality in their relationships. One participant expressed it in the following fashion:

> I love her and enjoy talking to her about things. I find her guidance and support of me really important and helpful in my life. Also it is mutual, I provide that to her too and I enjoy that. I don’t feel over burdened by it.

However, the preceding narrative inferred that there are desired limitations regarding mutuality. The following narrative expands this notion of desired limitations, clarifying, to some degree, the nature of these limitations regarding parent/child roles:

> She confides in me to some degree and shares a lot about her life. She does not, however, lean on me as she might if we were strictly friends or equals. She is very cognizant of the role she wants to have as my parent--never involving me in any dynamics with my dad…. or burdening me with any serious concerns.

Further, when the roles were not respected, the mutuality proved problematic for some participants as the following emerging adult emoted:

> She is very supportive. And I am supportive of her as well. …It is uncomfortable for me when she asks my advice all the time and shares in a needy way rather than an
informative way. …She is very mindful and I feel I am too. …She gets migraines and that is when I try very hard to be compassionate and careful and helpful and supportive. I do feel powerless sometimes, especially when she is depressed. She can also be very needy. I can too, but I have friends to talk to as well.

**Availability.** The majority of participants wrote that they either desired their parents or parent figures to be available to them or that their parents or parent figures were available to them making statements such as they are available “in the ways that I would like,” or they are “always available to help me through times.” One participant wrote of her desire to be more available to her parent or parent figure writing, “I wish I could be more emotionally available.”

**Proximity.** Many participants indicated that they would like to live close to their parents. Some reported that they would like to live in the same city, state, or “a few hours away.” One participant wrote, “I know that I could easily live with being far away from my parent, but if I could choose, I would definitely want to be somewhat close.” A few participants suggested that living far from their parent or parent figure made it difficult to connect at times. One participant wrote:

“I would love to live closer to my parent figure. I sometimes feel that we become disconnected because we are both very busy and live far away. I enjoy hanging out with my parent figure and we get along really well and I would like to be able to do this more often.”

This collection of narratives clearly illuminates some of the desires that this population of emerging adults has regarding the primary attachment relationship.
Limitations

While the majority (n= 24, 67.7%) of participants in this study rated themselves as CCG dominant or equally CCG and CSR dominant, this and other descriptive results, including those of the narratives, need to be critically examined in the light of the general and specific limitations and biases of this study in mind. For example, in relation to self-report questionnaires, the challenge of circumventing social desirability bias and testing ennui as well as of accurately assessing the nuances of individual circumstances within a framework that is meant to be capture generalizable traits have been profusely written about in the professional literature. Further, my close familial and collegial association with individuals who either took the survey or served as referral sources may have exacerbated the social bias inherent in all self-report questionnaires. Finally, the small sample size along with its relative homogeneity as expressed, for example, by those who identified as women (n= 32, 91.4%); heterosexual (n= 25, 71.4%); and Caucasian (n= 30, 85.7%) is a limitation of the study. The on-line recruitment strategy, while very practical for completing the study, does limit the participant base to those with access to computers and as evidenced in this sample, a network of friends can often share similar characteristics such as ethno-racial identity and educational attainment leaning towards a bias in social class and status.

Conclusion

Although no significant statistical findings related to demographic characteristics and attachment patterns were revealed based on the analysis of this study’s data, analysis of both the Reciprocal Attachment Questionnaire and the narrative responses does suggest areas for future academic research and implications for practice and policy in light of attachment and emerging adult theory. These implications as well as a discussion of the results will be addressed in the following chapter.
CHAPTER V

Discussion

This study sought to explore the attachment relationship between emerging adults and their primary caregivers in order to better understand the primary attachment needs of emerging adults. In order to achieve this, this study focused on the attachment behaviors of emerging adults vis à vis their parents or parent figures using a modified Reciprocal Attachment Questionnaire (RAQ) as well as one narrative question, which was intended to capture the specific desires that emerging adults have for their primary attachment relationship. In light of emerging adult and attachment theory, this discussion will address issues of validity and reliability of attachment measures, emerging adults’ desires for communication in their primary attachment relationship, and the impact of psychosocial factors on the successful navigation of emerging adulthood. Findings from this study as compared to literature previously reviewed, along with concomitant implications for future research, practice, and policy, will be folded into the discussion across the three areas of interest.

Challenges of Assessing Emerging Adult Attachment

According to the results of this study, emerging adults overwhelmingly (n= 24, 68.6%) exhibited the Compulsive Care Giving attachment pattern, either independent of (n= 21, 60.0%) or in tandem (n= 3, 8.6%) with Compulsive Self Reliance. This finding is unexpected in light of current understanding of emerging adult theory as well as attachment theory. This section will suggest the following two related explanations for the inconsistencies: (1) the challenge of
assessing emerging adult attachment in general, and (2) the reliability and validity of the RAQ as a measure of emerging adult attachment patterns.

Emerging adulthood theory suggests that emerging adulthood is, more than any other developmental period, a time of self-focus that is the context for identity exploration for the years from 18 to 25. Jeffrey Jenson Arnett (1998 as cited in Arnett, 2006) writes:

...emerging adulthood is a distinctly self-focused time of life…. Emerging adults are self-focused in the sense that they have little in the way of social obligations, and little in the way of duties and commitments to others, which leaves them with a great deal of autonomy in running their own lives.

In contrast, West and Sheldon-Keller’s (1994, p. 103) theory of attachment patterns suggests that an individual with Compulsive Care Giving attachment pattern “always place[s] highest priority on the needs of others, [has] feelings of self-sacrifice and martyrdom, and provide[s] care whether or not it is requested.”

A more plausible set of findings, perhaps, would have been one that saw the range of attachment patterns spread across the sample, suggesting the variability of emerging adult experience (Arnett, 2000), or possibly, a greater incidence of Compulsive Self Reliance which suggests that individuals “give self-sufficiency a central place in conducting their lives” (Bowlby, 1977 & Parkes, 1973 as cited in West & Sheldon-Keller, 1994, p. 102). To this end, it is interesting to note, however, that the three individuals who tied, rated themselves equally as Compulsive Care Giving and Compulsive Self-Reliance. Further, the mean scores of Compulsive Care Giving and Compulsive Self-Reliance were separated by only 2 points. (CCG μ= 19.3; CSR μ= 17.3).
The findings cited above illustrate the difficulties inherent in assessing attachment in general and emerging adult attachment in particular. Though the limitations and biases of this study as noted in the previous chapter such as small sample size and social desirability have been taken into account as informing the dubious attachment pattern results, they are not the only challenges a study such as this faces when attempting to assess attachment. The difficulty assessing attachment is well documented in the literature (Crowell & Treboux, 1995, Crowell, et al., 2008). Added to this challenge is the complex and transitional nature of emerging adulthood (Arnett, 2000) especially in relation to the transferential attachment behaviors as noted previously in this paper (Doherty & Feeney, 2004; Ainsworth, 1991). Further, there are no instruments specifically designed to assess emerging adult attachment, hence the use of the modified Reciprocal Attachment Questionnaire.

As stated earlier in this study, the RAQ is an assessment tool designed to assess attachment patterns within adult reciprocal relationships. Though the validity and reliability of the RAQ has been well-documented in relation to the attachment patterns within the population it was designed to assess (West & Sheldon-Keller, 1994), its reliability and validity as a measure of emerging adults’ attachment with their parents or parent figures is questionable precisely due to the fact that an emerging adult’s relationship with her or his parent or parent figure is not necessarily reciprocal in nature. To whit, West and Sheldon-Keller (1994) discuss reciprocity in the following manner:

In infancy and early childhood…the relationship is complementary, with the infant’s care-seeking behaviors complementing the parental care-giving behaviors. A permanent complementary relationship of this type is neither usual nor psychologically
healthy for the adult (Gerwitz, 1972). The normal relationship for the adult [emphasis mine] is a reciprocal pair-bond with a peer. (p. 18)

Noticeably missing from the preceding description of the nature of the evolution of attachment is that of a typical emerging adult attachment relationship.

However, Hinde and Stevenson-Hinde (1976, as cited in West & Sheldon-Keller, 1994) paint a picture of the nature of an adult attachment bond that may be closer to that an emerging adult:

…reciprocity can include intermittent interludes of complementarity. The difference of adult attachment from infant attachment is that complementarity is not always in the same direction. At times one may be the caregiver for the other; at other times the roles can be reversed. (pp. 18 & 19)

Perhaps, as emerging adult theory supports, emerging adults are vacillating with a bit more uncertainty than an adult between the complementarity of childhood and the marked reciprocity of adulthood as they make their way toward interdependence (Tanner, 2006).

This vacillation may be due in part to a continued reliance on parents or parent figures for financial support, a possibility that was supported by the number (n= 30, 85.7%) in this study indicated that their parent or parent figure continues to provide them with varying degrees of financial support. Moreover, it’s interesting to note that, despite the continued reliance on parents or parent figures for financial support, only 25.7%, (n= 9) of the participants in this study indicated that they were still in school. Where one might expect that parents and parent figures with the means would continue to financially support their children while in school, it seems less likely that this would be the case once an emerging adult completed her or his education.
Further, this study neglected to ascertain the age of the primary attachment figure, which may impact an emerging adults’ ability to move into a reciprocal relationship, especially in light of emerging adult theory (Arnett, 2000) that suggests that emerging adults are remaining relatively independent for longer periods of time. In fact, the data from this study that suggests that the majority of emerging adults are Compulsive Care Giving would be more expectable in light of a generation of emerging adults that may need to care for their aging parents, and who, by virtue of growing older relative to their parents, may be primed to do so. In this scenario, emerging adults would have little time to experience the mutuality of the kind that was desired by many of the participants in this study, where the roles of parent and child still privileged the emerging adult as the child. Rather, they would move from a complementarity relationship with their parents or parent figures, as the care-receivers, to a reverse complementarity, as the caregivers.

The nature of emerging adult attachment, then, lends itself to future research related not only to valid and reliable measures of emerging adult attachment but to particularized research with large and varied populations of emerging adults. Ideally, this research would be able to tease through the complexities of their financial, educational, and career trajectories and shed light on the manner in which these psychosocial factors impact their attachment relationships.

Further, there are several implications for practice in light of the possibility that emerging adults may be becoming, at earlier and earlier ages, the caregivers of their parents or parent figures. Colleges and universities may need to include within their social-psychological services an avenue for assessing the caregiver roles and responsibilities of many of their students. Additionally, these psychological health services may need to be extended to specifically include educated mental health support to those students who are emotionally supporting their aging
parents or parent figures or who may have to bear witness to the mental and physical decline of their aging parents.

**Communication in the Primary Attachment Relationship**

The narrative responses in this study illuminated several themes related to emerging adults’ desires for the nature of their attachment relationships with their parents or parent figures. Among these themes were communication, mutuality, unconditionality, availability, and proximity. However, communication appeared to be the most salient dimension of concern to emerging adults in this in light of the fact that it was written about in a majority of the narratives, was written about most frequently as compared to the other themes, and the other themes can be conceptualized as coalescing under the uniting theme of communication. These results appear to be in line with current literature regarding the importance of communication and the attachment relationship.

For example, attachment theorists such as Bowlby (no date, as paraphrased by Kobak & Madsen, 2008, p. 41) posited early in his career, “the quality of interpersonal communication continues to be the major factor in whether a child or adult is in a secure, anxious, or distressed state.” Further Judith Feeney (2008) cites relative to studies involving adult romantic attachment:

> The mediating role of communication is not restricted to conflict-centered interactions. Rather, the link between attachment security and the quality of adults’ close relationships also reflects the fact that secure individuals express emotions more openly (Feeney, 1999), engage in more self-disclosure (Keenan, et al., 1998), and have better overall communication competence (Anders & Tucker, 2000). (p. 470)

Further, in reviewing the adolescent literature, Allen (2008) concluded that:
…teens with secure attachment states of mind tend to handle conflicts with parents by engaging in productive, problem-solving *discussions* [emphasis mine] that balance autonomy strivings with efforts to preserve relationships with parents. Again, there is the noticeable exclusion of literature regarding emerging adult attachment.

It has been conceded throughout this paper that the small and heterogeneous nature of the sample diminishes the generalizability of the findings cited above. However, this study’s narrative results corroborate current professional literature regarding the significance of communication as the main avenue through which attachment relationships are maintained (Bretherton, 1990; Kobak & Duemmler, 1994, as cited in Feeney, 2008) and suggests a need for future research regarding communication and emerging adult attachment that can only enhance clinical practice with emerging adults as they attempt to successfully transition from relying foremost on their parents and parent figures for their attachment needs to peers and romantic partners (Howes & Spieler, 2008).

In practice, work with families and emerging adults may begin with supporting families, prior to the children entering emerging adulthood, in developing strategies for communication that centers on reflective thinking, whereby the experience of the child is acknowledged in an open and honest fashion as an attempt is made by the parent/parent figures to understand the child’s perspective. Further, as the parent models this reflective thinking the child similarly learns to be open to the perspectives of others, facilitating communication that is predicated upon mutual regard and holding the other in mind. An additional benefit of this type of communication is its inherent ability to foster self-regulation, which is a hallmark emotional health and contributes to positive cognitive, social, and behavioral development. While these strategies are most effective when introduced into the early development of a child, they can be of great
benefit to families’ with emerging adult children or emerging adults in the context of their peers. For example, mindful and reflective parenting groups would be useful for parents’ of emerging adults who find themselves having difficulty either identifying with or over-identifying with their emerging adults, which, in either case, tends to forestall the emerging adult’s opportunity to communicate her or his experience to the parent or to be seen by the parent as the parent jumps in with unsolicited advice. Finally, emerging adults would benefit from support groups that focus on mindful and reflective communication in that they would not only learn to listen openly and share honestly with their peers, but the practice could be generalized into the relationship with their parents and parent figures. Further, this authentic communication may smooth the years of emerging adulthood with their concomitant struggles as these struggles appear to be ameliorated to some degree within the context of a supportive relationship with parents or parent figures.

The Impact of Psychosocial Factors on Emerging Adult Attachment

While the this study did not result in any significant findings regarding the psychosocial factors that mediate emerging adults’ successful transition from childhood to adulthood, it is clear that that a majority of these emerging adults look to their parents or parent figures for guidance and support. Further, the emerging adults in this study tended to enjoy their relationship with their parents or parent figures, expressed a desire to be in proximity to their parent or parent figure as well as, in some cases, a deep sadness when the relationship did not meet the emerging adults attachment needs.

Current attachment and emerging adult literature supports this understanding of the narrative findings in direct relation (Diamond, Fagundes & Butterworth, 2010; Allen, et al., 2004). As well, current adolescent attachment literature suggests that the presence of “adverse psychosocial factors” can negatively impact attachment security (Allen, et al., 2004) and that it is
the parent or parent figures’ attachment strategies within an environment of “psychosocial” factors, both internal and external, that is the best protective measure against these adverse psychosocial factors. However, this researcher found no such studies to support this claim in relation to emerging adults despite the similarities between emerging adulthood and adolescence in terms of being times of transition and instability (Arnett, 2006), albeit with differing characteristics relative to their differing developmental landscapes.

This understanding of the current attachment and emerging adult literature, and of this study has implications for research and policy as it relates to supporting families. Research is needed to learn more about the way to increase resiliency in emerging adults and to further examine the ways in which psychosocial factors negatively impact this resiliency, whether it be once removed as with adolescents, or directly as with adults who are responsible for their own well-being. I suspect that the answer is somewhere in-between. Further, this research may impact social welfare policy such that funds will be made available to support family-centered therapy programs as well as programs that support emerging adults as they transition into adulthood.

**Conclusion**

The final results of this study, while not conclusive or significant, encourage thoughtful consideration of what it means to be an attuned parent or parent figure to an emerging adult as she or he makes her or his way into young adulthood, what it means to hold one’s emerging adult in mind. Further, this emerging adult is learning what it means to be an adult from her or his parent and, most likely, wants to grow into adulthood calling her or his parent a friend and holding her or his parent in mind. The following Figure pays respect to the emerging adults in this study, who shared a bit of their attachment stories, and to the their parents and parent figures, who they love.
Figure 4

The Relationship between the Emerging Adults in this study and Their Parents and Parent Figures
References


March 28, 2012
Marian Salley
Dear Marian,

Very nice job with the changes; they are very clear. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.
Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.
Renewal: You are required to apply for renewal of approval every year for as long as the study is active.
Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Best of luck with your interesting project.

Sincerely,

David L. Burton, M.S.W., Ph.D.

Chair, Human Subjects Review Committee

CC: Kate Didden, Research Advisor
Appendix B

Survey Recruitment Facebook Post

Are you 18 to 25-years-old? If so, please take my master of social work thesis survey for Smith College School for Social Work?

Please take my survey titled "18 to 25-year-olds’ relationships with their parents or parent figures". This anonymous survey asks you to complete a multiple-choice questionnaire and one narrative question regarding your relationship with your parent or parent figure. Your voice is important!

You're not 18 to 25-years-old but know individuals who are? Please share this post on your Facebook page. Thanks!
Appendix C

Survey Recruitment Email

Subject Line: Marian Salley: Thesis Participant Request

Hi!

Are you 18 to 25-years-old? If so, please take my master of social work thesis survey for Smith College School for Social Work entitled "18 to 25-year-olds’ relationships with their parents or parent figures".

This anonymous survey asks you to complete a multiple-choice questionnaire and one narrative questions regarding your relationship with your parent or parent figure. Your voice is important!

Click here to take the survey!

You're not 18 to 25-years-old but know individuals who are? Please forward this email to them.

Thanks!
Appendix D

Screening Questions

Welcome

Thank you for your interest in this research project.

In order to participate in the study, you must be able to answer "Yes" to the following four questions.

1. Are you 18 to 25-years-old?
   ● Yes
   ● No

2. Do you consider the United States of America to be your home?
   ● Yes
   ● No

3. Do you have a living parent or parent figure (e.g. foster parent, grandparent, etc.)?
   ● Yes
   ● No

4. Can you read and write in English or are you able to secure a translator to assist you in the completion of this questionnaire?
   ● Yes
   ● No
Thank you again for taking the time to participate in this research project. Your contribution is appreciated.

Sincerely-
Marian Salley
Appendix F

Disqualification Page

Thank you for your desire to participate in this research project. Though you do not meet the participation criteria, I appreciate your time and interest.

Sincerely-
Marian Salley
Appendix G

Instrument

Instructions
On the following pages you will find a series of questions and statements designed to reflect or be informative of your experience as an 18 to 25-year-old with your parent or parent figure to whom you are closest right now.

In Section 1, you are asked questions regarding your demographics.
In Section 2, you are asked to indicate your parent or parent figure to whom you are closest right now and complete one questionnaire and 1 narrative questions focusing on your relationship with that parent or parent figure.

Remember, this survey is not a test; there are no right or wrong answers.

Section 1: Demographics

1. What is your age?
   ● 18
   ● 19
   ● 20
   ● 21
   ● 22
   ● 23
   ● 24
   ● 25

2. Which of the following best describes your gender identification?
   ● Female
   ● Male
   ● Transgender
   ● Other than Listed (text box)

3. Which of the following best describes your sexual orientation?
   ● Bisexual
   ● Gay
   ● Heterosexual
   ● Lesbian
   ● Pansexual
   ● Queer
   ● Questioning
   ● Other than Listed (text box)

4. What is your race and/or ethnicity?
5. Are you a parent?
   ● Yes
   ● No

6. Which of the following best describes your current romantic status?
   ● In a committed relationship of more than 2 years
   ● In a committed relationship of less than 2 years
   ● Single and dating
   ● Single and not dating

7. With whom do you live? Please select all that apply.
   ■ Alone but not in a dorm
   ■ At least one other person or alone in a dorm
   ■ Non-familial roommate(s) but not in a dorm
   ■ Parent(s) or Parent Figure(s)
   ■ Sibling(s)
   ■ Extended Family but not Parent Figure(s) (Grandparent(s), Aunt/Uncle(s),
   Niece/Nephew(s), Cousin(s), etc.)
   ■ Romantic Partner
   ■ My child(ren)
   ■ Other (text box)

8. Which one(s) of the following best describe(s) your school enrollment status. Please select all that apply.
   ■ I do not go to school.
   ■ I am in high school or a GED program.
   ■ I am an undergrad and attend school part time.
   ■ I am an undergrad and attend school full time.
   ■ I am in a graduate or professional program and attend school part time.
   ■ I am in a graduate or professional program and attend school full time.
   ■ I am in trade school part time.
   ■ I am in trade school full time.
   ■ I am in school part time but not in a type listed above.
   ■ I am in school full time but not in a type listed above.

9. Which one(s) of the following education certification(s) do you have? Please select all that apply.
   ■ I do not have any type of education certification.
   ■ I have a high school degree or equivalent (e.g., GED)
   ■ I have 1 bachelor's degree.
   ■ I have more than 1 bachelor's degrees.
   ■ I have 1 graduate or professional degree.
   ■ I have more than 1 graduate or professional degree.
   ■ I have 1 diploma/certificate from trade school.
I have more than 1 diploma/certificates from a trade school.
I have an education certification but not one listed above.

10. Currently, what percentage of your overall financial needs are met by your parent(s) or parent figure(s)?
   ● 0%
   ● 1%-10%
   ● 11%-20%
   ● 21%-30%
   ● 31%-40%
   ● 41%-50%
   ● 51%-60%
   ● 61%-70%
   ● 71%-80%
   ● 81%-90%
   ● 91%-100%

11. Currently, what percentage of your overall financial needs do you meet.
   ● 0%
   ● 1%-10%
   ● 11%-20%
   ● 21%-30%
   ● 31%-40%
   ● 41%-50%
   ● 51%-60%
   ● 61%-70%
   ● 71%-80%
   ● 81%-90%
   ● 91%-100%

12. In what U.S. State or territory do you currently live?
   *(Drop down menu)*
   Alabama
   Alaska
   American Samoa
   Arizona
   Arkansas
   California
   Colorado
   Connecticut
   Delaware
   District of Columbia (DC)
   Florida
   Georgia
   Guam
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Northern Marianas Islands
Ohio
Oklahoma
Oregon
Pennsylvania
Puerto Rico
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Virgin Islands
Washington
West Virginia
Wisconsin
Wyoming
I do not live in a U.S. state or territory. Please specify.

(text box)
Section 2: Parent or Parent Figure Relationship

For the purposes of this study, we are focusing on your relationship with the parent or parent figure (e.g., foster parent, grandparent, etc.) to whom you are closest right now—the one on whom you are most likely to depend for comfort, help, advice, love or understanding.

If you have more than one parent or parent figure, you may find it difficult to choose the one to whom you are closest right now. However, for the purposes of this study it is important that you respond to the following questions or statements with just one parent or parent figure in mind.

After you have indicated who your parent or parent figure is for the purposes of this study, you will be asked to rate how strongly a particular statement is typical of you in relation to that parent or parent figure, and then answer a narrative question regarding your relationship with that parent or parent figure.

Please think about each of the following statements and respond carefully, but do not worry if it is difficult to respond to some of the statements with complete accuracy. Do the best you can, and trust your own judgment.

1. The parent or parent figure I am closest to right now is my

(text box)

(RAQ) Please rate how strongly each statement is typical of you.

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<th>Statement</th>
<th>Strongly Disagree</th>
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<th>Agree</th>
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<td>1. I turn to my parent or parent figure for many things, including comfort and reassurance.</td>
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<td>2. I wish there was less anger in my relationship with my parent or parent figure.</td>
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<td>3. I put my parent or parent figure’s needs before my own.</td>
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<td>4. I get frustrated when my parent or parent figure is not around as much as I would like.</td>
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<td>5. I feel it is best not to depend on my parent or parent figure.</td>
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<td>6. I want to get close to my parent or parent figure, but I keep pulling back.</td>
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<td>7. I often feel too dependent on my parent or parent figure.</td>
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<td>8. I can't get on with my work or studies if my parent or parent figure has a problem.</td>
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<td>9. I enjoy taking care of my parent or parent figure.</td>
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<td>10. I don't object when my parent or parent figure is out of reach for a few days.</td>
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<td>11. I'm confident that my parent or parent figure will try to understand my feelings.</td>
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<td>12. I wish that I could be a child again and be taken care of by my parent or parent figure.</td>
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<td>13. I worry that my parent or parent figure will let me down.</td>
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<td>14. I wouldn't want my parent or parent figure relying on me.</td>
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<td>15. I resent it when</td>
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<td>my parent or parent figure is out of contact with me.</td>
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<td>16. I have to have my parent or parent figure available to me when I am upset.</td>
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<td>17. I rely on myself, not my parent or parent figure, to solve my problems.</td>
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<td>18. When I am upset, I am confident my parent or parent figure will listen to me.</td>
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<td>19. I usually discuss my problems or concerns with my parent or parent figure.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
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</tr>
<tr>
<td>20. I feel abandoned when my parent or parent figure is unavailable for a few days.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>21. I have a terrible fear that my relationship with my parent or parent figure will end.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>22. I do not need my parent or parent figure to take care of me.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>23. My parent or parent figure only seems to notice me when I am angry.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>24. I talk things over with my parent or parent</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
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<tr>
<td>25. It's easy for me to be affectionate with my parent or parent figure.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>26. I expect my parent or parent figure to take care of her or his own problems.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
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<tr>
<td>27. I'm afraid that I will lose my parent or parent figure's love.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>28. I feel lost if I am upset and my parent or parent figure is not around.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>29. I'm furious if I don't get any comfort from my parent or parent figure.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>30. I'm so used to doing things on my own that I don't ask my parent or parent figure for help.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>31. I'm confident that my parent or parent figure will always love me.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>32. I'm never certain about what I should do until I talk to my parent or parent figure.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>33. I would be helpless without my parent or parent figure.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
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<tr>
<td>34. Things have to be really bad for me to ask my</td>
<td>●</td>
<td>●</td>
<td>●</td>
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<tr>
<td>parent or parent figure for help.</td>
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<tr>
<td>35. I get really angry at my parent or parent figure because I think she or he could make more time for me.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>36. I often feel really angry at my parent or parent figure without knowing why.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>37. I feel that the hardest thing to do is stand on my own.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>38. I feel that there is something wrong with me because I am emotionally distant from my parent or parent figure.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>39. I don't make a fuss over my parent or parent figure.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>40. I don't sacrifice my own needs for the benefit of my parent or parent figure.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>41. My parent or parent figure is always disappointing me.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>42. When I am anxious, I desperately need to be in contact with my parent or parent figure.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>43. It makes me feel important to do things for my parent or parent figure.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>
Please respond to the following question as fully as you would like. Do not worry about writing too much or about the quality of your writing. Think of this as a journal or diary entry, letting your feelings flow uninhibitedly. However, please do not share the names of any individuals in your answer in order to protect the anonymity yourself and others.

1. If your relationship with your parent or parent figure were everything you’d like it to be in terms of emotional and physical closeness, what would it look like? In order to answer this question, it may be helpful to think about how often you would like to be able to talk with your parent or parent figure and/or if you prefer to call your parent or have your parent or parent figure call you. You might also consider what it is that you would like to be able to talk with your parent or parent figure about such as the good things in your life and/or problems and/or just to check in. Likewise, you might think about how close you would like to live to your parent or parent figure. Simply think about all of the ways that you would like your parent to be available to you.

(text box)
Appendix H

Statement of Informed Consent

My name is Marian Salley and I am a graduate student at Smith College School for Social Work. I am requesting your assistance in a study focusing on the relationships between 18 to 25-year-olds and their parents or parent figures. This study will be presented as my Master’s Thesis and may be used in full or in part in future presentations, publications or dissertations.

The completion of this study will take about 30 minutes of your time. First, you will be asked to respond to demographic questions about yourself. Second you will be asked to indicate the parent or parent figure to whom you are closest right now as well as complete one questionnaire and 1 narrative questions focusing on your relationship with that parent or parent figure. Third, you will be asked to indicate the individual to whom you are closest above all others right now.

In order to ensure your anonymity, you will not be asked to provide your name or any identifying information. If any identifying information is inadvertently expressed in the narratives, it will be removed prior to access by anyone other than myself. As well, SurveyMonkey settings are configured such that data can be gathered without revealing the email or IP addresses of participants, and SurveyMonkey will designate a code number automatically to all participants’ responses. Likewise, published demographics and questionnaire data will be presented in summarized group form and narrative data will be presented as group themes with the possibility that some illustrative quotes may be presented. Additionally, my research advisor and statistical consultant will only have access to the data after the coding and cleaning has been completed.

Only myself, a statistical consultant from Smith College, and my research advisor will have access to data. During the course of the study all data will be password protected. Once the study is complete all data will be removed from my hard drive and from SurveyMonkey and stored in compliance with federal standards: the data will be secured electronically, protected by password and encryption and kept secure for a minimum of three years; if the data is no longer needed at the end of the three-year period, it will be destroyed. If I as the researcher continue to need the data, it will be kept secure up until the time that it is no longer needed and then destroyed.

Your participation is entirely voluntary and you have the right to withdraw your participation at anytime during the process up until the time you have submitted the online questionnaire. As well you have the right to skip any questions. However, upon completion of the survey, your answers will be integrated into the study data and will not be retrievable. Additionally, incomplete surveys may not be included in the findings.

As sometimes happens, unsettling feelings arise when thinking about meaningful relationships in one’s life. It is often helpful to talk with a mental health professional about these feelings. If this is the case for you, you may find assistance through your insurance provider, a local mental health center, or local college counseling center. As well, you can locate mental health professionals in your area through the following websites:
1. National Institute for Mental Health—How to Find Help  
2. National Association of Social Workers—Find a Social Worker  
http://www.helpstartshere.org/find-a-social-worker  

Although no compensation is given for your participation, benefits include the opportunity to be part of research around 18 to 25-year-olds’ relationships, which will add to the body of knowledge regarding this age group. As well, the findings from your responses have the potential to inform interventions, which may help ease the stress for other 18 to 25-year-olds during this uniquely transitional and likely stressful period of life. Further, the very act of reflecting upon your current relationship with one of your parents or parent figures may enable you to gain new and useful insights regarding those and other relationships, which may, in turn, lead to more satisfying relationships.

If you have any questions, comments, or concerns regarding any aspect of this study, including your participation, please contact me at marians@smith.edu, or the Chair of Smith College School for Social Work Human Subjects Review Committee at (413) 585.7974.

I encourage you to print a copy of this Statement of Informed Consent for your records.

Thank you.

Sincerely-  
Marian Salley  

By selecting "I Agree" below, you indicate that you have read and understand the preceding information; have had an opportunity to ask questions about the study, your participation, and your rights; and that you agree to participate in the study.

● I Agree  
● I Disagree