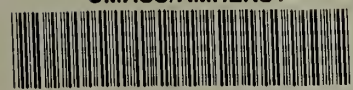




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COMPLEXITY OF RELATIONSHIP REPRESENTATIONS IN WORKING
MODELS: EFFECTS OF ATTACHMENT STYLE AND GENDER

A Thesis Presented

by

JULIA FISHTEIN

Submitted to the Graduate School of the
University of Massachusetts Amherst in partial fulfillment
of the requirements for the degree of

MASTER OF SCIENCE

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Psychology

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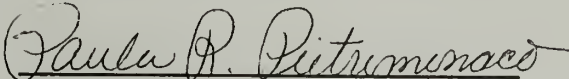
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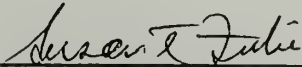
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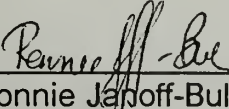
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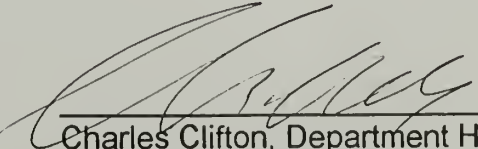
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DEDICATION

For Tom, whose sanity far exceeds mine.

When words came slow
And dreamt of sleep
What better aid
Than to hear a sheep

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I would firstly like to thank Paula Pietromonaco for her patience, confidence, encouragement, and guidance through this long project. Thanks also to my committee members: Susan Fiske and Ronnie Janoff-Bulman, who provided valuable feedback and comments on drafts of this thesis.

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ABSTRACT

COMPLEXITY OF RELATIONSHIP REPRESENTATIONS IN WORKING MODELS: EFFECTS OF ATTACHMENT STYLE AND GENDER

SEPTEMBER 1995

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Recent work has documented that different models of attachment are connected to different beliefs and feelings and that these models are moderated by gender and are continuous from childhood to adulthood, but little is known about their underlying cognitive organization. The present study focused on whether working models of attachment were associated with differences in the complexity of relationship representations and whether these representations are moderated by gender. Men and women with secure and insecure attachment styles sorted adjectives to describe both their romantic partner and their caregiver relationships. Consistent with predictions, insecure individuals showed more negative complexity of representation than did secure individuals and women showed more overall and positive complexity than did men. Also consistent with predictions, all individuals showed similarity in complexity for both partner and parent, suggesting that there is continuity in working models of attachment. Overall, these findings suggest that working models of attachment are linked to the way in which individuals organize relationship information, but that this link must be evaluated in the context of other social variables such as gender.

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CHAPTER 1

INTRODUCTION

According to the literature on child attachment, we are "hard-wired" to form bonds or "attachments" with our caregivers from birth. Attachment refers to our human ability to create emotional bonds with others (Bowlby, 1977). It is hypothesized that attachment serves an important function, namely to create a bond between infant and caregiver that would provide necessary security and the meeting of infant needs. The attachment figure provides the infant with a secure base which the infant can leave in order to explore, but to which he or she can return if the environment is threatening or fear-producing. It is basically a control system for regulating proximity and contact with the attachment figure (Ainsworth, 1982).

Working models of attachment have been studied in children and adults, but the majority of work has applied to parent-child relationships. Hazan and Shaver (1987) extended attachment theory to the domain of romantic relationships. The present study focused on the structure of working models in both romantic relationships and parent-child relationships. This study extended previous research by using social-cognitive techniques to examine the structure and organization of working models of adult attachment.

Working Models of Attachment

Bowlby (1973) first suggested that attachments to primary caregivers in childhood become internalized as "working models". These internal working models are affective-cognitive in nature and contain within them not only thoughts, memories, feelings, and behaviors, but also scripts or scenarios of

how interactions with close others should proceed. These models consist of representations of self and of caregiver and of the relationship between the two. These models are spontaneously formed from experiences with the caregiver who meets the infant's biological and emotional needs. Individuals can use their internal working models to know what to expect and to predict the behavior of others and thus adjust their own behavior accordingly.

Internal working models are similar to schemas in that they are sets of well-organized knowledge structures that contain scripts of expected behaviors for oneself and for others. There is even evidence to suggest that the models are relational schemas which contain a self-schema, a schema for the other, and a script for the likely course of interpersonal events. These relational schemas are coded in terms of "if-then" statements (Baldwin, Fehr, Keedian, Seidel & Thomson, 1993).

However, internal working models are conceptualized differently from schemas in the sense that they are thought to be developmental in nature. Working models are formed, modified, extended over time, and incorporated into the developing individual's personality. Attachment theorists assume continuity between the early developing working models in children and their later versions in adulthood; the working models also include significant others in their structure and representational network. Moreover, these models are thought to be highly affect-laden. They are not rigid and unchanging but rather, dynamic structures that can incorporate new experiences and influence subsequent perceptions and memories. However, once formed in early childhood, they become more difficult, though not impossible, to change in adulthood. This formulation is similar to the way in which social-cognitive theorists conceptualize schemas.

In an effort to be more precise about the organization of these internal working models, Bretherton (1985) has suggested that they are organized as a "multilayered, hierarchical network of representations". The network is composed of little "blocks" of information which are very specific at the bottom and become more general toward the top of the hierarchy. She assumes that the lower level schemas are "basic-level" event schemas that represent specific instances of the interaction between caregiver and child. The higher-level schemas in the hierarchy are abstracted from the lower-level ones and therefore subsume several of the lower-level schemas. As long as the schemas at all the levels remain consistent with each other, the individual will develop a secure model of attachment.

As stated earlier, because encoding of attachment figures starts early in life when the system is still flexible, the child may become vulnerable to developing an insecure model of attachment if things go awry. Depending on the quality of early experiences with their caregivers, individuals would come to have different internal working models. Bowlby (1973) further suggested that those who are insecure have multiple models of attachment. These models are not rich models of different aspects of attachment figures but rather, they are in some ways implicitly contradictory models of the same aspect of the attachment figure. The term "multiple models" is a somewhat misleading term for it connotes a complex and rich association network wherein the individual is able to see the attachment figure, the self or the attachment environment in several integrated ways. Therefore, we will use the term "contradictory models" instead in order to refer to the conflicting and inconsistent models of insecure individuals.

Children's Working Models of Attachment to Their Parents

There are three distinct categories of infant attachment styles based on careful laboratory observations of infant responses to separation from their caregiver (Ainsworth, 1982). Secure infants welcome their caregiver's return after separation and continue with play shortly thereafter. They are easily comforted if distressed. Anxious-resistant infants show ambivalent behavior toward the caregiver and an inability to be comforted. Avoidant infants avoid the caregiver upon reunion and do not seek proximity. As referred to earlier, infants come to internalize these attachments into working models (Bowlby, 1973).

Other research suggests that young children, when forming these models, must be able to reach a level of cognitive maturity at which time they are able to code single entities in several ways (Main, 1991). Very young children are not able to do this dual-coding task until about the age of 6. At that point, metacognitive abilities develop such that the child is able to not only think or perceive something, but also think about the thought, or perception itself. Because the ability for metacognitive thought emerges slowly during middle childhood, very young children - under the age of 3 - are vulnerable to encoding contradictory models of attachment.

One source of vulnerability has to do with a young child's inability to keep several contradictory propositions in mind at the same time while recognizing that though they seem contradictory, they can be consistent with each other nonetheless. "Propositions" here refers not only to verbalizable statements, but also to mental images or concepts. The ability to understand that the world is separate from the representation of that world by the child or by others, is called the appearance-reality distinction. Thus, a young child cannot understand the appearance-reality distinction. For example, the caregiver may lie about

something or say two contradictory things at different times. The young child cannot understand that the caregiver is lying and that reality is different from the way the caregiver describes. He or she also cannot understand the malleability of concepts, such as "good" and "bad", not understanding that another child may be a naughty boy one day but a good boy the next day.

A second source of vulnerability is susceptibility to trauma. The child has two contradictory memories for events but sometimes the caregiver wishes to lead the child to believe that there is only one interpretation of the event (Bowlby, 1973). Bowlby cites the case of a girl who discovered her father's body hanging in a closet but was told that he died in a car accident.

At this point, if the caregiver is inconsistent in her affections and attention, or is unresponsive to the child's needs, the child may encode his or her caregiver in several ways which are not linked coherently together.

Adults' Working Models of Attachment to their Parents

Structured interviews with adults (Main, 1985), have revealed patterns of organization of memories for childhood events with attachment figures that are similar to those of children. Interviews were rated by blind judges on four elements: quality (truthfulness and having evidence for what one says), quantity (being succinct, yet complete), relation (being relevant) and manner (being clear and orderly).

Main (1985) identified somewhat different attachment styles than Ainsworth (1982) and translated them to adult attachment styles with their parents. Secure adults were able both to provide episodes from childhood relevant to their statements of what their caregivers were like and to give the right amount of information in an orderly and relevant manner (Main, 1985).

Dismissing individuals idealized their caregivers but at the same time were unable to recall any instances of positive behavior by the caregiver, and therefore their reports were lacking in quantity. Preoccupied individuals on the other hand talked a lot, failed to be relevant and succinct, and provided too much quantity while failing in quality, producing strangely opposing memories for caregivers' behavior.

There has been shown to be a connection between the classifications of adults into the different attachment categories and the classification of their children into similar attachment categories (Main, Kaplan & Cassidy, 1985). This suggests that adults tend to behave with their children the same way that their parents behaved toward them and consequently form the same mental representations of interactions.

Working Models of Attachment in Romantic Relationships

Recent work has extended the findings of child-adult models of attachment to romantic relationships (e.g. Hazan & Shaver, 1987). Hazan and Shaver have proposed that working models of attachment formed in childhood carry forward into adulthood and extend not only into the adult's own parenting role but also extend to adults' beliefs and behavior in their romantic relationships.

Hazan and Shaver (1987) proposed that romantic love is an attachment process. In two studies testing their hypothesis, they translated the attachment process in children to a similar attachment process in adult lovers. They suggest that mental models developed in childhood continue into adulthood, being transformed into attachments with the individual's romantic partner. The mental models in adulthood are continuous with those developed in childhood

and therefore there is some overlap, but they are also dynamic structures which are not identical to those formed in childhood. The three styles developed with infants are: secure, anxious/ambivalent, and avoidant (Ainsworth, Blehar, Waters, and Wall, 1978). Studies with infants have produced percentages of 62% for secure, 23% for avoidant and 15% for anxious/ambivalent in the general population. The percentages found with American adults seem rather similar to the ones with American infants: 56% secure, 25% avoidant and 19% anxious/ambivalent.

In the adapted classification with adults, secure individuals are able to give and receive love readily and are comfortable with being close to their partners. Anxious-ambivalent individuals have an overly intense desire for closeness and unity with their partner. Avoidant individuals have a fear of intimacy and usually lack trust for their partner.

Individuals holding different models of attachment also have had different experiences in their love lives (Hazan & Shaver, 1987). Secure individuals reported stable, trusting, and open relationships with their partners whereas insecure individuals reported less stable, less trusting, and more problematic relationships. There also were significant parallels between the subjects' reported mother interactions and their most significant interactions with romantic partners.

These internal models of attachment can be divided into two types: an internal model of the self and an internal model of others (Bartholomew & Horowitz, 1991). The internal model of the self is either positive or negative and the internal model of others is either positive or negative. Thus, when crossing the model of self with the model of others, four groups emerge: secure (positive view of self and positive view of other), preoccupied (negative view of self and

positive view of other), fearful (negative view of self and negative view of other) and dismissing (positive view of self and negative view of other). The latter two groups are the Hazan and Shaver (1987) avoidant group further reclassified into two separate groups. The present research assumes this new categorical classification of attachment styles.

Other evidence supports Bowlby's hypothesis that individuals create social environments that confirm their working models, which creates a vicious cycle (Collins & Read, 1990). Collins and Read (1990) suggest that individuals match their partner according to the working models of attachment established in childhood which are based on interaction with the opposite-sex parent. In other words, the opposite-sex parent may be the prototype for what romantic relationships ought to be like and what one would expect from that partner. That partner's attachment style was also a strong predictor of the relationship quality of the couple, though this dimension was different for men and women.

Gender

According to the literature on gender and cognition, men and women have different conceptions of the world and the environment around them (Markus & Oyserman, 1989). It is possible that men and women have different experiences in their romantic relationships and their relationship with their primary caregiver (Pietromonaco & Carnelley, 1994). Some theorists have suggested that women have traditionally focused more on interpersonal relationships whereas men have traditionally focused more on their independence (Josephs, Markus, & Tatarodi, 1992).

The Current Study

So far, the research on adult attachment has focused on the resemblance of an individual's working models and his or her caregivers' styles. Questions still remain about the cognitive organization of internal working models and their functioning in adult romantic relationships. Taking Bowlby's view that insecure individuals have multiple (contradictory) models of attachment, what is the cognitive structure of these models? Is there a pattern of organization that would differentiate the different attachment models? Or, is organization similar across the different groups, but the models vary with respect to content of memories and experiences?

Literature on the self suggests some methods for examining the structure and organization of working models. Linville (1987) has found that individuals who are more self-complex are less affected by positive and negative outcomes and therefore react less extremely to events. Self-complexity, as defined by Linville (1985), is associated with the number of self-relevant cognitive representations individuals have about themselves. The more aspects one has, the more self-complex that person is. Several assumptions are made about these representations and self-complexity. First, the self is assumed to be represented in terms of multiple aspects, each of which serves to organize large amounts of self-knowledge. Second, these aspects carry an affective component. It is therefore possible to possess one self-aspect about which one is proud or happy and another about which one is dissatisfied or unhappy. Thus, an individual may believe that she is a good teacher but a terrible tennis player. Third, people vary in the degree of self-representational complexity. Complexity not only has to do with the number of distinct aspects, but also with the number of non-overlapping "traits" or features that are subsumed under each

aspect. Greater complexity in the model therefore reflects a greater independence among self-aspects as well as the greater number of them.

According to Linville, a positive or negative event activates one of the self-aspects that is relevant to the experience. That self-aspect may have some spill-over to other aspects if they are related in some way and have some overlap. To be more complex is to have less of this spill-over to other aspects and consequently that aspect has less effect on the global affective reaction. The questions about organization of attachment styles can therefore be examined in terms of Linville's notion of complexity. The current study modifies Linville's procedure to individuals' views of their relationships instead of their views of self.

Although Linville's work suggests a very interesting framework for looking at aspects of a relationship, she does not address extensively the affective organization of self-aspects, although she acknowledges that the aspects do have affective components to them. Therefore, Linville's model does not predict whether the traits in the self-aspects are organized positively, negatively or in a mixed fashion. A distinction can be made between positive self-complexity and negative self-complexity (Morgan & Janoff-Bulman, 1994). Having many positive aspects facilitates recovery after traumatic events but is not related to adjustment if traumatic events were absent from the individual's life. Negative self-complexity was associated with poorer adjustment in both individuals who had experienced a traumatic event and those who did not (Morgan & Janoff-Bulman, 1994).

Other evidence suggests that individuals may compartmentalize their self-aspects according to valence of the aspects (Showers, 1992a).

Compartmentalization refers to the tendency to organize self-aspects into either

all positively- or all negatively-valenced elements. An assumption of this model is that if a positive self-aspect is activated, access to negative self-aspects is minimized and thus the individual ought to feel good about him or herself. If, on the other hand, the negative self-aspects are activated, the individual would not have access to the positive self-aspects and thus feel unhappy or upset. On the other hand, an individual may organize the self-aspects in an evaluatively integrated fashion where the aspects have both positive and negative elements. For example, an artist may believe that he is very good at painting still-life, but not as good at painting portraits. Showers (1992b) hypothesized that those individuals who have integrated ways of clustering items in their self-aspects would have higher self-esteem or less negative affect than those who cluster according to valence.

Thus, the present study views complexity in terms of two components: differentiation and integration, corresponding respectively to Linville's (1985, 1987) and Showers' (1992b) definitions. These definitions are similar to those used in other work (Tetlock, 1993) that has examined individuals' general tendency to organize information in a complex, differentiated manner or in a simple, less differentiated manner¹.

The present research extends the work of both Linville and Showers to the domain of adult attachment in romantic relationships. The rationale for this extension is based on our assumption that individuals who are both securely and insecurely attached organize aspects of their romantic relationships in a manner similar to the way that they organize aspects about the self. It is important to

¹ Tetlock's procedure specifically focused on individuals' overall complexity or simplicity, rather than on complexity with respect to their self-aspects. He assessed differentiation and integration by having groups of judges rate individuals' written responses on a scale of 1-7 from low differentiation and integration to high differentiation and integration, respectively (Tetlock, 1993).

note that the present hypotheses center specifically on *relationship-aspects* rather than on the separate organization of self-aspects and partner-aspects. Specific predictions about the organization of the different models of attachment follow from the literature reviewed above.

The first question focused on whether attachment style is associated with how individuals organize information about their romantic relationships and their caregiver relationships. With respect to the different attachment styles, we hypothesized that secure individuals would evidence evaluatively-integrated cognitive organizations of both their romantic partners and their primary caregivers. Their attachment models would be both complex and affectively integrated.

Preoccupied individuals, on the other hand, will have compartmentalized models of attachment that are both positively-complex and negatively-complex. They are hypothesized to have more negative categories, greater compartmentalization, and little or no integration of negative and positive information than secure individuals. Fearful individuals will have simple, negatively complex models of attachment, with simple, positive complexity. Dismissing individuals will have simple, compartmentalized, positive models of attachment, especially with respect to their primary caregiver².

The second question we examined was whether similarities exist in the organization of information in the romantic and the caregiver relationship. We predicted that individuals would show similar organization across the two relationships, but that the association should be stronger among insecure

² Dismissing individuals' positive models of attachment may be superficial and mask their negative beliefs. It is not clear whether the present task will be able to identify beliefs that may be defensively suppressed.

individuals because they should have difficulty distinguishing between different kinds of relationships (i.e. less flexibility in thought).

The third question focused on whether individuals' reports of the quality of their relationship with their primary caregiver predict the way in which they organize information about this relationship. We hypothesized that childhood experiences with the primary caregiver would be associated with complexity for the caregiver-child relationship. Specifically, we hypothesized that positive childhood experiences would be associated with higher positive complexity for the caregiver and negative childhood experiences would be associated with higher negative complexity for the caregiver. Secure individuals would therefore show higher positive complexity for their caregiver than would insecure individuals because their childhood experiences were presumably more positive than those of either fearful, preoccupied, or dismissing individuals.

Parallel to the third question, our fourth question focused on whether the quality of individuals' relationship with their romantic partner predicted the organization of information about individuals' current romantic relationship. We predicted that secure individuals would report better romantic adjustment and higher positive complexity for their romantic partner. Insecure individuals would report worse romantic adjustment and higher negative complexity.

For all questions, we examined whether gender moderated any of the hypothesized associations, especially complexity. We predicted that women will be more complex than men when organizing information about both their romantic partner and caregiver. Because previous work suggests that women focus more on relationships than do men, we hypothesized that, in general, women would show greater complexity and integration in their models of relationships than would men.

Bringing these various aspects together will enable us to examine more fully the structure and organization of internal working models of romantic attachment and similarities or differences between the organization and structure of working models of romantic attachment and working models of attachment to primary caregiver.

CHAPTER 2

METHODS

Subjects

During the course of two consecutive semesters, 189 male and female students in psychology courses at the University of Massachusetts participated in a study on relationships for extra credit. Of the 189 students, 12 were dropped due to either experimenter error or subjects' failure to follow directions. Of the remaining 177 students, 95 were female and 82 were male. The participants had previously completed a prescreening measure that assessed their relationship status and attachment style. Approximately 2,500 students in all the introductory psychology classes completed a prescreening questionnaire at the beginning of each semester. We randomly selected participants for our study from this larger pool of students on the basis of the participants indicating that they were currently involved in a romantic relationship and they fell into one of the four attachment categories (Bartholomew & Horowitz, 1991). We selected only those students whose categorical attachment style was rated as being more descriptive of themselves than the other attachment styles on a continuous measure. The number of people in each of the attachment categories were as follows: fearful, 45; preoccupied, 36; secure, 69; and dismissing, 27.

Pretest of Materials

In Linville's (1987) procedure, subjects organized stacks of cards with self-relevant trait terms on them which were selected from a pretest, open-ended description task. We modified this procedure so that subjects sorted cards that had relationship terms on them instead of self-relevant traits. Therefore, we first

pretested a set of relationship terms. In an open-ended descriptor task, one group of pretest subjects generated as many terms, adjectives, or aspects that could possibly apply to various kinds of relationships. Using this pool of nearly 200 generated terms, a different group of subjects rated the positivity or negativity of each term on a Likert-type scale ranging from -3 to +3. Terms which had a mean either between +1 and +3 or between -1 and -3 were used as positive and negative items respectively. The resulting group of terms consisted of 100 items, with 55 of them being positive (e.g. loving, caring, good relationship, etc.) and 45 of them being negative (e.g. painful, annoying, mean, etc.).

Procedure

Research assistants recruited participants by phone for a study on "different kinds of relationships," and asked them to come in for two sessions scheduled a week apart. The research assistants (RA's) were blind to subjects' attachment style. An experimenter met and seated participants in a room with up to 20 others. All participants sat at desks that were separated by partitions for privacy so that they could not see each other. Participants received a packet with instructions, questionnaires, recording sheets, and index cards with the relationship terms on them. Instructions to the subjects closely followed Linville's (1987) instructions except for a modification that referred either to their relationship with their partner or their relationship with their primary caregiver. Half of the subjects received the caregiver task and half received the partner task at the first session for purposes of counterbalancing. The experimenter did not know which task the subjects completed first or second. The experimenter explained aloud:

We are interested in how people view important relationships in their lives. In the packet, you will find instructions and cards with characteristics that can describe an important relationship. The instructions will tell you more specifically what relationship we are interested in. Others may have different relationships to work on so it is important that you work alone and at your own pace.

In this study we are interested in how you describe an important relationship. The relationship that you will be describing is going to be stated for you on a slip of paper in your packet. Please read that after I have given all the instructions. In front of you are 100 cards and two recording sheets. Each card contains the name of a term or characteristic. Your task is to form groups of terms that go together, where each group of terms describes your important relationship. You may sort the terms into groups on any meaningful basis but remember to think about your relationship while doing this. Each group of terms might represent a different aspect of your relationship with the important person. Form as many or as few groups as you desire. Continue forming groups until you feel that you have formed important ones. When you feel that you are straining to form more groups, it is probably a good time to stop.

Each group may contain as few or as many terms as you wish. You do not have to use every term, only those that you feel are descriptive of your important relationship. Each term may be used in more than one group so you may keep reusing terms as

many times as you like. If you wish to use a term in more than one group, you may use one of these blank cards on your desk. Simply write the term and its number on a blank card and then proceed to use it as you would the other cards.

The sheet with the columns is your recording sheet. Use the recording sheet to indicate which terms you have put together. Each column will correspond to one of your groups. Notice the number in the corner of each card. Write only the term's number in the column, not the name of it. In each column, place the numbers of the terms that form a group. A natural way to perform this task is to form one or several groups and record them, then mix up the cards and see if there are other groups that you wish to form and then record them. Repeat this procedure until you feel that you have formed the groups that are important to you. Remember to use the blank cards if you wish to use the same term in more than one group. You have an extra recording sheet if you need it. The order in which you record the groups is not important, nor is the order of the terms within a group. After you have made and recorded a group on the sheet, please put a descriptive label above the group on the recording sheet with a name for that aspect that seems most representative of what it is.

Take as much time as you like on the task. Different people will finish at different times, so take as much time as you need even if others finish. When you are finished, please put your recording sheet back into the envelope and take out a

questionnaire to fill out. When you are finished filling out your questionnaire, put all the materials back into the packet.

You may now take out the slip of paper which tells you what relationship you should form groups about. Please do not put your name or any other identifying information anywhere on your sheets. If you have any questions, I will be in the next room.

The written instructions included a slip stating that subjects ought to think about either their romantic partner or about their primary caregiver during childhood.

For the romantic partner task, participants read:

In this task, we would like you to think about your relationship with your most important, current romantic partner and form groups of terms that go together. It is important that you form groups based only on your relationship with your partner and not simply the partner's or your characteristics.

For the primary caregiver task, participants read:

In this task, we would like you to think about your relationship with your primary caregiver while you were growing up and form groups of terms that go together. This person may have been your mother, father, step-mother, etc., but it must be someone with whom you spent most of your time and who raised you. It is important that you form groups based only on your relationship with your caregiver and not simply the caregiver's or your characteristics.

After the completion of this task, subjects filled out a background information form, depending on which sort they completed (either the partner or the primary caregiver sort). The partner background questionnaire included questions such

as "How long have you been in a relationship with your partner?"; "Is your relationship with your partner exclusive?". As part of this questionnaire, participants also completed the Dyadic Adjustment Scale (Spanier, 1976), which is a scale adapted for use with college students.

The caregiver information asked the subjects to indicate who their primary caregiver was: mother, father, adoptive female, etc. Afterwards, subjects completed a measure of quality of their past relationship with their primary caregiver (Kenny, 1985).

After one week, subjects returned and sorted the same cards into stacks that applied to the relationship with either their partner or caregiver (and the corresponding background information), depending on which one they did not complete in the first session. After they completed the second task, they were fully debriefed, given credit and dismissed.

To ensure that possible effects of attachment or gender were not caused by subjects' relative experience with their romantic relationship, we tested whether subjects' mean relationship length was associated with attachment style and gender. An ANOVA on subjects' length of relationship with attachment style and gender as independent variables revealed that neither the attachment groups, nor men and women differed in mean relationship length, $F_s < 1$; mean relationship length for all subjects was 18.07 months.

Measures

Complexity

We computed the overall complexity (Zych, 1995) of models in the same way as was computed in the Linville (1987) study, using the H statistic, which is an index of dispersion (Linville, 1987). This measure represents the number of

independent features implicit in the subject's sort. The formula for computing H is given by:

$$H = \log_2 n - \sum \frac{n_i \log_2 n_i}{n}$$

In the above formula, n is the total number of features and n_i is the number of features that appear in a particular group combination. The lower the H , the lower the complexity score and the higher the H , the greater the complexity score. In this equation, n would equal 100, as this is the maximum number of cards that can be used in a sort. Therefore, the maximum overall complexity score is approximately 6.64.

We also computed separate measures of positive and negative complexity using the H statistic (Zych, 1995). The only difference between the positive or negative complexity scores and the overall complexity score is the value of n . Because there were 55 positive terms and 45 negative terms, the value of n in the positive complexity sort is 55 and the value of n in the negative complexity sort is 45. Therefore, the maximum possible positive complexity score was approximately 5.78 and the maximum possible negative possible complexity was 5.49.

Compartmentalization

We also calculated a compartmentalization score (Showers, 1992a, 1992b) to determine the extent to which participants separated positive and negative terms. Following Showers (1992a, 1992b), compartmentalization was assessed using the phi (ϕ) coefficient (Cramer, 1945/1974; Everitt, 1977) which

is based on a chi-square statistic computed for each subject's sort. The chi-square statistic is a measure of deviation from a random sort. It is given by:

$$\phi = \sqrt{\frac{\chi^2}{N}}$$

Phi ranges from 0 to 1 where 0 is a completely random sort and 1 is a completely compartmentalized sort. This score is independent of both the proportion of positive and negative items and the number of categories.

CHAPTER 3

RESULTS

Task Order

As will be recalled, participants completed two sessions in which they sorted cards and completed questionnaires either for their partner or for their caregiver. Approximately half of the participants completed the partner task first and the other half completed the caregiver task first, in order to counter-balance the effects of sequence. To ensure that there were no effects of sequence of task presentation, an analysis of variance (ANOVA) on the mean number of groups created, with session as the independent variable, revealed no significant differences in task sequence, $F < 1$.

Complexity and Compartmentalization

The first question focused on whether individuals who hold different attachment styles differ in the manner in which they organize information about their relationship with their romantic partner and with their primary caregiver. We performed separate analyses on the data regarding romantic partners and those regarding primary caregivers. For each type of relationship, we first performed an analysis of variance (ANOVA) on the overall complexity, positive complexity, negative complexity, and compartmentalization scores by four levels of attachment (fearful, preoccupied, secure, dismissing) and by gender (male, female). We also performed a parallel, second set of ANOVAs to determine whether any effects emerged across secure versus insecure (i.e. fearful, preoccupied, dismissing) attachment categories; these analyses included two levels of attachment (secure, insecure) and gender (male, female) as the

grouping variables. Note that the main effect of gender remains the same in both the four-level analysis of variance and the two-level analysis of variance.

Romantic Relationship

Four-level analyses. In the analyses using four levels of attachment, individuals who held different attachment styles did not differ significantly in the overall or positive complexity, F 's < 1 , or in the negative complexity, $F(3,156)=1.75$, n.s. with which they organized information about their romantic relationship. They also did not differ in the extent to which they compartmentalized the information, $F(3,151)=1.24$, n.s. Attachment style also did not interact with gender on either overall, $F(3,156)=1.65$, n.s., or positive complexity, $F(3,156)=1.81$, n.s., or on negative complexity or compartmentalization, F 's < 1 .

As predicted, however, women showed greater overall complexity ($M=2.58$), $F(1,156) = 6.99$, $p < .01$, and greater positive complexity ($M=2.45$), $F(1,156) = 6.78$, $p < .02$, than did men (M 's = 2.20 and 2.00 respectively). Men and women did not differ significantly in negative complexity, $F(1,156)=1.31$, n.s., or in compartmentalization, $F < 1$.

Two-level analyses. In the analyses using two levels of attachment (i.e. secure vs. insecure), several effects emerged for attachment, either alone or in interaction with gender. The main effect of attachment was not significant for overall complexity, positive complexity, or for compartmentalization scores, F 's ≤ 1 . For negative complexity (Figure 1, bottom panel), individuals who were insecurely attached ($M=1.42$) showed greater negative complexity than did those who were securely attached ($M=1.10$), $F(1,160)=5.22$, $p < .03$.

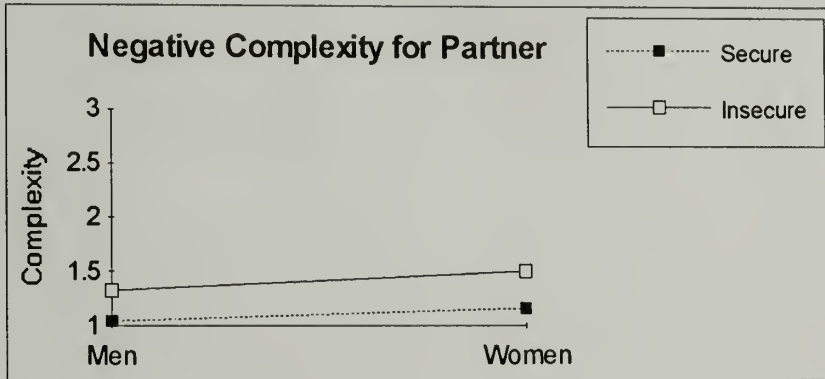
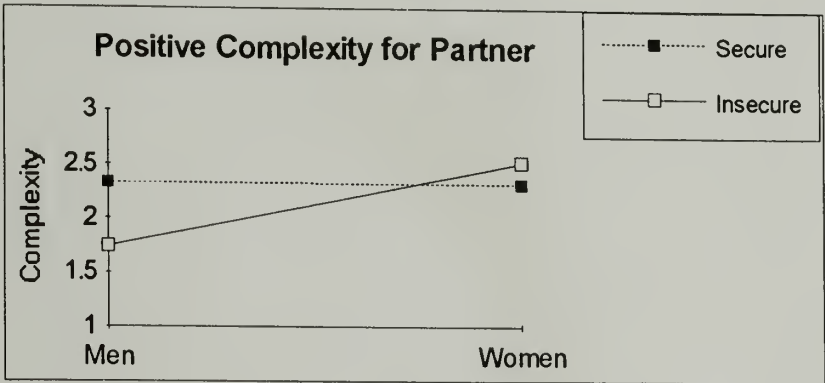
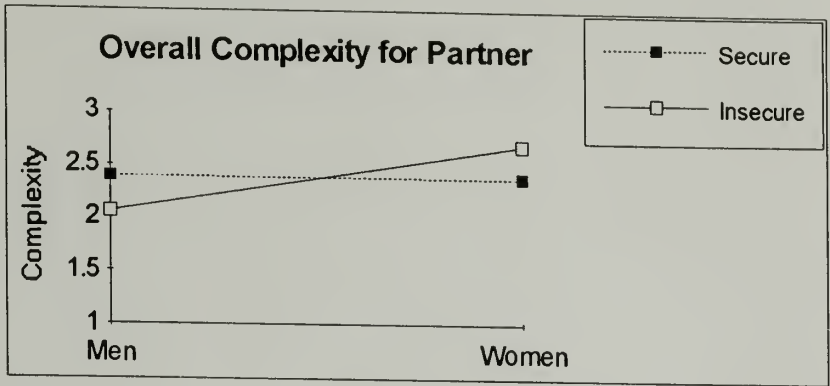


Figure 1. Interaction of Attachment Style and Gender in Overall, Positive and Negative Complexity.

There was also a significant interaction of attachment style and gender for overall complexity, $F(1,160)=4.98$, $p<.03$. To examine the interaction obtained for overall complexity, we compared secure versus insecure individuals both within and between men and women. The top panel of Figure 1 shows that insecure women showed greater complexity overall than did insecure men, $t(99)=3.52$, $p<.05$, whereas secure women did not differ from secure men. The panel also shows that secure women did not differ from insecure women, and that secure men did not differ from insecure men, $t_s<1.99$, n.s.

For positive complexity, men and women who held different attachment styles showed significantly different patterns, $F(1,160)=4.55$, $p=.04$. To examine the interaction obtained for positive complexity, we compared secure versus insecure individuals both within and between men and women. The middle panel of Figure 1 shows that insecure women showed more positive complexity than did insecure men, $t(99)=3.35$, $p<.05$, whereas secure women did not differ from secure men. Within men, those who were secure evidenced significantly greater positive complexity than those who were insecure, $t(74)=2.20$, $p<.05$. Within women, positive complexity scores did not differ significantly by secure versus insecure attachment, $t<1.99$, n.s. The bottom panel of Figure 1 shows that attachment and gender did not interact significantly for negative complexity, $F<1$.

There were no interactions for compartmentalization, $F(1,155)=1.81$, n.s.

Primary Caregiver Relationship

Four-level analyses. Parallel to the findings for the romantic partner relationship, the analyses using four levels of attachment did not yield any significant differences by attachment style for overall and positive complexity,

and compartmentalization, $F < 1$ for all analyses, or for negative complexity, $F(1,159)=1.43$, n.s. There were no interactions between attachment style and gender for either overall complexity $F(1,159)=1.37$, n.s., positive complexity $F(1,159)=1.94$, n.s., or for negative complexity or compartmentalization, F 's < 1 .

Similar to the findings for romantic partners, men and women differed in complexity when thinking about the caregiver relationship; women, compared with men, showed greater overall complexity, $F(1,159)=8.11$, $p < .01$, greater positive complexity, $F(1,159)=3.97$, $p < .05$, and marginally greater negative complexity, $F(1,159)=2.76$, $p < .10$. There were no differences in gender on compartmentalization, $F < 1$.

Two-level analyses. The results of the analyses using two levels of attachment were somewhat different from those for romantic partner. The main effect of attachment style was not significant either for overall complexity, $F < 1$, for positive complexity, $F(1,163)=1.29$, n.s., or for compartmentalization, $F(1,155)=1.51$, n.s. Similar to the findings for romantic partner, however, insecurely attached individuals evidenced greater negative complexity in thinking about their primary caregivers than did securely attached individuals, $F(1,163)=3.82$, $p = .052$. The interactions between attachment style and gender were not significant in the analysis of overall, $F(1,163)=1.86$, n.s., positive, $F(1,163)=1.88$, n.s., or negative complexity, $F < 1$, or of compartmentalization, $F < 1$.

Similarities Between Organization of Partner Relationship and Organization of Caregiver Relationship

Our second question focused on whether similarities existed in the organization and representation of individuals' romantic partners and primary

caregivers. We predicted that, in general, organization for partner and parent should be similar; however, we expected that the two scores would be more highly correlated among insecure individuals because they should have more difficulty differentiating between different kinds of relationships (i.e. less flexibility in thought). Table 1 shows the correlations between the cognitive organization scores for the romantic partner relationship and those for the caregiver relationship.

Table 1. Correlations of Partner and Caregiver Organization Variables.

Correlations of Partner and Parent Variables for:	Overall Complexity	Positive Complexity	Negative Complexity	Compartment- alization
Overall	.5617**	.5129**	.4396**	.1576
Men	.5658**	.4272**	.4957**	.0197
Women	.5351**	.5460**	.3977**	.2883*
Fearful	.4786**	.5354**	.3662*	-.0602
Men	.7126**	.4418	.6232*	.0376
Women	.3786	.4478*	.2860	-.1577
Preoccupied	.7763**	.6970**	.5041**	.1758
Men	.8087**	.6644**	.5302*	.1124
Women	.7859**	.7790**	.4683	.2414
Secure	.4122**	.3556**	.3697**	.3311*
Men	.4404*	.3537*	.4659**	.1028
Women	.3976*	.3614	.2979	.5553**
Dismissing	.5986**	.6150**	.5620**	.0882
Men	.2896	-.1605	.5587*	.0017
Women	.6854*	.8177**	.7496**	.1454

Note. All p values are for two-tailed tests.

* $p < .05$. ** $p < .01$.

Overall

The first row of Table 1 shows that, as predicted, across all subjects, regardless of attachment style, romantic and caregiver scores were highly correlated; however, compartmentalization scores were not. Also, as predicted, insecure individuals showed stronger correlations than did secure individuals. In addition, the patterns for men and women, all combined across the four attachment styles, were similar to the overall pattern, with one exception: women's romantic partner and caregiver compartmentalization scores were correlated significantly, but modestly, whereas men's were not.

Attachment style

Table 1 also shows the correlations within each attachment style. Within each attachment group, the complexity scores for romantic partners and caregivers were correlated significantly. To examine whether the strength of these associations differed across attachment groups, we converted the correlation coefficients to z values using Fisher's r -to- z transformation, and assessed differences between the attachment groups using z tests for independent samples. As anticipated, preoccupied individuals showed stronger associations between their overall complexity scores than did secure individuals, $z=2.65$, $p<.01$, or fearful individuals, $z=2.07$, $p<.05$. Preoccupied individuals also showed greater similarity in their positive complexity scores for the two relationships than did secure individuals, $z=2.19$, $p<.05$. Compartmentalization scores were not significantly correlated for any of the insecure groups, but they were correlated significantly for secures.

Because men and women do not always evidence the same attachment differences, we also examined the correlations separately for men and women within each attachment group. The following sections discuss separately the patterns for men and for women.

Gender

Men. In general, men's romantic partner and caregiver complexity scores were correlated significantly and positively, regardless of the men's attachment group. We computed z -tests to explore whether men's correlations differed in strength across attachment groups. Several sets of correlations differed significantly or near significantly, but these differences must be viewed with caution, given the number of comparisons performed. For overall complexity, the correlation between partner and caregiver scores was marginally stronger among preoccupied men than among secure men, $z=1.95$, $p=.052$. For overall complexity and for positive complexity, preoccupied men showed a stronger association between their partner and caregiver scores than did dismissing men, $z=1.96$, $p<.05$ and $z=2.29$, $p<.03$, for overall and positive complexity, respectively. Both of these findings hint that preoccupied men show a high level of similarity in the complexity with which they think about their romantic relationship and their caregiver relationship.

Compartmentalization scores for partners and parents were not significantly associated for men within any of the attachment groups.

Women. In general, women's romantic partner and caregiver complexity scores were also correlated significantly and positively, but the degree to which the two were correlated varied somewhat across the attachment groups. Similar to the findings for preoccupied men, preoccupied women showed significantly

higher correlations between their romantic partner and caregiver scores for overall complexity and positive complexity than did secure women ($z=1.96$, $p<.05$, for overall complexity; $z=2.03$, $p<.05$, for positive complexity). The correlation between the two overall complexity scores also was marginally stronger for preoccupied women than for fearful women ($z=1.94$, $p=.052$). Similar to preoccupied women, dismissing women also showed greater similarity in positive complexity for the partner and caregiver relationships than did secure women, but the difference was only marginally significant, $z=1.90$, $p<.06$. Similar to men, the associations between negative complexity scores did not differ by attachment for women.

The association between partner and caregiver compartmentalization scores was positive for secure, preoccupied, and dismissing women, although the correlation was significant only for secure women; in contrast, the correlation for fearful women was negative and not significant. Comparisons indicated that secure women showed greater similarity in their compartmentalization scores than did fearful women, $z=2.47$, $p<.02$.

Summary

Thus, preoccupied men and women both showed stronger relationships between their partner and caregiver mental organization variables than did secure individuals. Secure women, however, showed the only significant correlation between compartmentalization for romantic partner and caregiver. Women and men, in general, had similarly strong correlations between their organization variables, but women seemed to show more varied differences between the different attachment styles than did men.

Relationship of Childhood Experiences to Current Organization

We also examined whether individuals' reports of their childhood experiences with their primary caregiver were associated with the way in which they organized information about the caregiver, and whether these experiences also contributed to the way in which they organized information about their romantic partner.

We first examined whether any differences existed between the attachment groups in their scores on the Parental Attachment Questionnaire (Kenny, 1987). Using four levels of attachment, an ANOVA on attachment style indicated that attachment was significantly associated with quality of relationship with the caregiver, $F(3,159)=4.09$, $p<.009$. Secure individuals ($M=3.88$) were significantly more satisfied with their caregivers than were preoccupied individuals ($M=3.44$), $t(99)=3.26$, $p<.05$, two-tailed. Men and women did not differ in their satisfaction with their caregiver, $F(1,159)=1.58$, n.s.; and attachment style and gender did not interact, $F(3,159)=1.07$, n.s.

Analyses using two levels of attachment did not yield either significant main effects of attachment or gender, or a significant interaction.

Table 2 shows that individuals who reported higher quality relationships with their primary caregiver were more likely to evidence greater positive complexity and less negative complexity. Overall complexity was not associated with individuals' reports of their childhood experiences, probably because the two components (positive and negative complexity) were associated in opposite ways with childhood experiences. The patterns for men and women, when combined across all attachment groups, appear roughly similar. In addition, the patterns for each attachment group, when combined across men and women, also appear similar.

Table 2. Correlations of PAQ and Organization Variables for Caregiver.

Correlations of PAQ and:	Overall Complexity	Positive Complexity	Negative Complexity	Compartment-alization
Overall	.0150	.3139**	-.5113**	-.0296
Men	-.1894	.1290	-.5781**	.0729
Women	.1183	.4265**	-.4980**	-.1486
Fearful	.0571	.2933	-.3985**	.1043
Men	-.3579	.0673	-.6352*	.3678
Women	.0991	.2721	-.3695	-.0176
Preoccupied	.1374	.4205*	-.4539**	-.0770
Men	-.0764	.1764	-.4154	.0577
Women	.2510	.5370*	-.4942*	-.1704
Secure	.0798	.2777*	-.4662**	-.0455
Men	-.1326	.2003	-.6148**	.0435
Women	.2348	.3434	-.3095	-.1516
Dismissing	-.3711	.1525	-.7690**	.0587
Men	-.5569*	-.6316*	-.6513*	.4060
Women	-.3756	.5467	-.9158**	-.2823

Note. All p values are for two-tailed tests.

* $p < .05$. ** $p < .01$.

Caregiver

We also examined the correlations between reported childhood experiences and complexity separately for each attachment group and for men and women within each attachment group. Again, the patterns are similar for each gender by attachment group, with one striking exception. Dismissing men who reported a higher quality relationship with their primary caregiver were more likely to evidence less positive complexity. Individuals in all other groups who reported a high quality relationship with caregiver showed more positive complexity. This finding for men fits with the idea (see Cassidy & Kobak, 1987)

that dismissing-avoidant individuals minimize their distress by holding an idealized, overly positive view of their primary caregiver that they are unable to support with specific positive examples from their childhood. We did not observe this pattern, however, for dismissing-avoidant women.

Compartmentalization was not associated significantly with individuals' reports of their childhood experiences for any of the groups.

Romantic Partner

Table 3 shows the correlations between individuals' childhood experiences with the primary caregiver and their organization of information about their current romantic partner. Contrary to our expectations, childhood experiences were rarely associated significantly with how individuals organized information about their romantic relationship. Only a few isolated correlations reached significance, and these must be viewed with caution given the number of correlations performed. Fearful-avoidant men who reported a higher quality relationship with their primary caregiver were more likely to show less negative complexity when thinking about their romantic partner. (They also showed less overall complexity, which primarily reflects their lower negative complexity.) Similarly, dismissing-avoidant women who reported a higher quality relationship with their primary caregiver also evidenced less negative complexity. In addition, preoccupied individuals (both men and women) who reported a better childhood relationship were more likely to compartmentalize information about their romantic partner. Overall, these findings offer little support for the idea that childhood experiences with the primary caregiver, at least as measured by the PAQ, contribute to the way in which individuals organize information about their romantic partner.

Table 3. Correlations of PAQ and Organization Variables for Romantic Partner.

Correlations of PAQ and:	Overall Complexity	Positive Complexity	Negative Complexity	Compartment-alization
Overall	.0294	.1203	-.1562	.1150
Men	-.0680	.0810	-.2360*	.1000
Women	.0774	.1352	-.1091	.1269
Fearful	-.0335	.2573	-.3799*	-.1362
Men	-.7360**	-.0792	-.8294**	-.0873
Women	.1374	.2679	-.1224	-.2152
Preoccupied	.1840	.2428	.0029	.3870*
Men	.1533	.3040	-.0396	.4429
Women	.1993	.1937	.0129	.3437
Secure	-.0693	-.1322	.0509	.0605
Men	-.2108	-.1855	-.0266	-.1463
Women	.0474	-.0778	.1067	.2463
Dismissing	-.0048	.2355	-.3343	-.2012
Men	.1271	.1454	-.0005	-.0991
Women	-.0984	.3403	-.7031*	-.3452

Note. All p values are for two-tailed tests.

* $p < .05$. ** $p < .01$.

Similarities between Romantic Relationship and Relationship Adjustment

Our last question addressed the extent to which relationship adjustment is associated with the way in which individuals organized information about their romantic partner and about their primary caregiver. We first examined whether romantic adjustment, in itself, was associated with attachment style. The ANOVA on the romantic adjustment scores, including the four levels of attachment and gender as the grouping variables, did not yield any significant main effects or a significant interaction, $F_s < 1$. The ANOVA on the romantic

adjustment scores, including the two levels of attachment and gender, also did not yield any significant main effects or an interaction, $F_s < 1$.

Romantic Partner

Table 4 shows the correlations between relationship adjustment and the organization variables for the romantic partner. Overall, individuals who reported better adjustment in their romantic relationship were less likely to evidence negative complexity; this pattern appears similar for men and women.

Table 4. Correlations of Relationship Adjustment (DAS) and Organization Variables for Romantic Partner.

Correlations of DAS and:	Overall Complexity	Positive Complexity	Negative Complexity	Compartmentalization
Overall	.0969	.1335	-.2365*	-.1382
Men	.1091	.1566	-.2715*	-.2154
Women	.1199	.1477	-.2039	-.0563
Fearful	.2075	.2388	-.0867	-.0962
Men	-.0337	-.1753	-.1334	-.2805
Women	.2701	.3299	-.0676	.0323
Preoccupied	-.3138	-.3510*	-.3812*	-.2112
Men	-.5085*	-.4887	-.5792*	-.1087
Women	-.0732	-.1672	-.1740	-.2186
Secure	.1925	.2574*	-.2838*	-.2209
Men	.3059	.3304	-.2827	-.3102
Women	.1002	.1806	-.2859	-.1487
Dismissing	.3461	.2350	-.1214	.0754
Men	.5219	.5151	.0436	-.0981
Women	.2340	.0916	-.2768	.3085

Note. All p values are for two-tailed tests.

* $p < .05$. ** $p < .01$.

The associations appear similar across most of the attachment and gender groupings, with a few exceptions. The patterns for preoccupied individuals were somewhat different than those for secure individuals. Preoccupied individuals, and especially preoccupied men, who reported better relationship adjustment showed less positive complexity and less negative complexity. In contrast, secure individuals who reported better relationship adjustment showed more positive complexity and less negative complexity. Thus, preoccupied individuals who are satisfied with their romantic relationship appear less able to think about the relationship in either a positively or negatively complex way, whereas secure individuals who are satisfied, think about their relationship in a positively complex way, but not in a negatively complex way.

Caregiver

Table 5 shows the correlations between relationship adjustment and the organization variables for the primary caregiver. There was no significant overall pattern, but individuals within the different attachment groups evidenced some modest associations between romantic relationship adjustment and caregiver organization variables.

In general, dismissing individuals who reported better relationship adjustment also evidenced greater overall complexity for caregiver, as well as greater compartmentalization. As with the romantic partner, preoccupied men who reported better relationship adjustment, showed less positive complexity for caregiver. Fearful women, who reported better relationship adjustment, showed less negative complexity and less compartmentalization.

Thus, individuals who reported better relationship adjustment in general showed higher complexity for their caregivers, except for preoccupied individuals, who seemed to show less complex organization when they reported better romantic relationship adjustment. These patterns for the organization of information about the caregiver are similar to those found for the organization of information about the romantic relationship.

Table 5. Correlations of Relationship Adjustment (DAS) and Organization Variables for Caregiver.

Correlations of DAS and:	Overall Complexity	Positive Complexity	Negative Complexity	Compartmentalization
Overall	.0339	-.0262	.0387	-.0511
Men	.0914	-.0572	.1615	.0855
Women	.0218	.0053	-.0310	-.1569
Fearful	-.1366	-.0057	-.2853	-.3410*
Men	.2986	.1831	.0547	-.0379
Women	-.3331	-.1005	-.4369*	-.5034*
Preoccupied	-.1261	-.2694	.0689	.2253
Men	-.4231	-.6431**	-.0213	.2323
Women	.0620	-.1375	.1924	.2550
Secure	.0732	.0821	.0668	-.1585
Men	.0967	.0034	.2240	-.0098
Women	.0605	.1482	-.1225	-.2956
Dismissing	.4449*	.0423	.3976	.4874*
Men	.3931	.0012	.2865	.6042*
Women	.5240	.0018	.4841	.3804

Note. All p values are for two-tailed tests.

* $p < .05$. ** $p < .01$.

CHAPTER 4

DISCUSSION

In this study, we posed several questions about the nature of mental models held by individuals with different attachment styles. We also investigated the role that gender plays in shaping these mental models. In general, the findings suggest that insecure individuals evidence more negative complexity than do secure individuals when thinking about both their romantic partners and their caregivers. Our study also suggests that women show more complexity, both for overall and specifically for positive characteristics than do men, when thinking about both their romantic relationship and their caregiver relationship. Attachment style, however, moderates the effect of gender on the complexity of individuals' organization of information about their romantic relationship. Insecure women showed greater overall and positive complexity in thinking about their romantic partner than did insecure men, whereas secure men and women did not differ in complexity. In addition, all individuals showed a strong association in the complexity of their organization for partner and caregiver, and preoccupied individuals showed the strongest associations. Thus, individuals may organize information similarly whether they are thinking about a romantic partner or their caregiver.

Attachment

We initially predicted that individuals' complexity scores would be associated with their particular attachment style, but contrary to our predictions, we did not find differences among the four attachment groups. However, we did find differences in attachment after pooling all insecure individuals into one

group. Our study found that insecure individuals showed more negative complexity than secure individuals in thinking about both their romantic partner and about their caregiver whereas there were no differences in either positive or overall complexity. This suggests that both secure and insecure individuals think about their relationships in equally positive ways, but insecure individuals also think about their relationships in more negative ways. Why did insecure individuals evidence more negative complexity? Because insecure individuals have had negative experiences with their caregiver in childhood, they may be more prone to focus on negative information. If there is continuity between childhood experiences with caregiver and adult experiences with romantic partners (as suggested by attachment theory), then it may be easier for insecure people to encode and retrieve negative information from memory about their romantic partner and perhaps other important individuals to them.

Greater negative complexity by insecure individuals is consistent with another study which suggests that preoccupied individuals are more likely to experience anxiety and jealousy, regardless of their partner's actions (Pietromonaco & Carnelley, 1994). It is likely that insecure individuals focus more on negative information about both partner and caregiver than do secure individuals. It is unclear, however, whether this negativity is specific to relationship information or whether these are simply individuals who are more negative regardless of the type of information they encounter.

Gender

Our second finding was that women generally evidenced more complexity than men, both overall and for positive complexity for both partner and caregiver. In our society, men have traditionally been socialized to be more individualistic

and self-oriented, whereas women have traditionally been socialized to be more dependent and other-oriented. As a consequence, men and women may construct very different thought structures or schemas about the self in relation to others (Markus & Oyserman, 1989). These different thought structures give rise to different ways of interacting with the world and with people. Men, then, construct self-schemas that view the self as autonomous and distinct from others. This distinct self is somewhat independent of relationships and social roles. Women, on the other hand, construct self-schemas that represent the self as connected to others, and the social world as defining the self (Markus & Oyserman, 1989).

Other research supports the idea that men and women process information in different ways. Those with an independent self-concept perceive less similarity between themselves and others as opposed to those with an interdependent self-concept, who perceive themselves as more related to others and embedded in a social context (Markus & Kitayama, 1991). Woike (1994) suggests that these two self-concepts are linked directly to the two processes of complexity: differentiation and integration, respectively, and that these two processes guide perception in different ways. Her findings suggest that men do indeed use differentiation more when performing an impression task, whereas women use integration more (Woike, 1994). Because women's schemas are complex in constructs relating to relationships and the social world, they may more readily attend to, encode, and access such information. However, this may be part of a reciprocal process wherein women develop more complex schemas because they attend more to relationships.

Interaction of Attachment and Gender

Our third finding was that insecure women showed more complexity than did insecure men in thinking about their romantic relationship but secure women and men did not differ. Thus, insecure women think more about their partner whereas insecure men think less about their partner than do secure individuals. The interaction of gender and attachment suggests that attachment style does not yield uniform effects for men and women. Instead, it suggests that women and men with the same attachment style (at least insecure individuals) view their relationships differently and have different reactions to their relationships. We might want to view attachment style as "filtering" through more general gender roles (Pietromonaco & Carnelley, 1994), or as interactional processes within role structures (Hendrick, 1988).

It is possible that insecure individuals adhere more strongly to traditional gender role stereotypes than do secure individuals. Thus, consistent with gender role expectations, insecure men show less complexity and insecure women show more complexity in thinking about their romantic partner. Other work (Kirkpatrick & Davis, 1994; Pietromonaco & Carnelley, 1994) also has found that insecure men and women seem to conform more closely to gender role prescriptions.

We did not find that men and women who held different attachment styles differed in complexity for caregiver. However, our findings do indicate that the trend for caregiver is similar to that of romantic partner. Insecure women tended to have the highest overall and positive complexity scores and insecure men tended to have the lowest overall and positive complexity scores with secure individuals showing no difference.

Continuity of Attachment Style

Consistent with our predictions, all individuals showed similarity in the way in which they organized information about their partner and caregiver. Both men and women showed similarity in complexity across the two relationships; women also showed similarity in compartmentalization. Within the four attachment groups, preoccupied individuals had much stronger associations in overall complexity between partner and caregiver than did both secure and fearful individuals and stronger associations in positive complexity than did secure individuals.

The finding for preoccupied individuals is consistent with other evidence that suggests that preoccupied individuals may be more susceptible to feeling more anxious, jealous and obsessive (Hazan & Shaver, 1987). Because anxiety serves to narrow the focus of attention (Easterbrook, 1959), preoccupied individuals may show a rigidity in thinking and may therefore approach each relationship with the same expectations and scripts for different individuals. As will be explained in the next section, these scripts may be more closely related to their general working models formed in childhood rather than to models formed for specific individuals.

Overall, results are consistent with the notion that mental models of attachment formed early with the caregiver carry into adulthood and influence individuals' perceptions of romantic relationships (Hazan & Shaver, 1987). These associations suggest that all individuals organized information about their partner and caregiver in similar ways. We can only speculate at this point that individuals were perhaps thinking of their romantic partner and their caregiver in a similar way; correlations of complexity alone do not indicate that individuals had similar thoughts in terms of content about both the romantic partner and

caregiver, only that there was a tendency to be as complex when doing both sorts. Whether the content is similar remains to be determined. We are currently examining the category labels and the adjectives within each category to determine the content of these organizations.

An alternative explanation for the associations between partner and caregiver complexity may be that individuals have a general tendency to organize their social worlds in a more or less complex way. For example, individuals may show similarity in complexity of organizing information about their mother, best friend, significant other, boss, and colleague. This tendency might reflect continuity from early childhood to the current romantic relationship or it could reflect an individual difference in temperament, mood, arousal, intelligence, or need for cognition, rather than any sort of continuity or similarity between one's caregiver and one's partner.

However, our other findings contradict the notion that individuals uniformly organize information about their caregiver in a way similar to which they organize information about their partner. Positive childhood experiences with the caregiver were highly associated with positive complexity for the caregiver and negative childhood experiences were highly associated with negative complexity for the caregiver. However, those same childhood experiences were not at all associated with complexity for the current partner. Likewise, lack of relationship adjustment for partner is associated with higher negative complexity for that partner, but relationship adjustment is not related to complexity for the caregiver.

On the one hand, our findings would suggest that individuals have a strong tendency to organize information about partner and caregiver in a similar way, but on the other hand, individuals also have a tendency not to associate

information about partner with information about caregiver. What can account for this discrepancy?

Conceptualization and Measurement of Attachment

Our study included several different measures of attachment, and relationship expectations and thus tapped different ways in which individuals think about relationships. The categorical measure of attachment (Bartholomew & Horowitz, 1991) assesses individuals' general attachment style, but does not necessarily predict how individuals will behave in specific relationships. Because our findings suggest that attachment style (at least secure versus insecure) is associated with complexity, individuals' associations between partner and parent complexity were similar at this general level. Other measures (i.e. DAS and PAQ) tapped individuals' specific beliefs about particular relationships. Therefore, these measures of attachment were tapping individuals' complexity at different levels of analysis. A new conceptualization of working models of attachment may explain the discrepancy between the levels of analysis.

Some theorists (Collins & Read, 1994) have suggested that attachment style is not one working model for all relationships, but rather a network of interrelated working models for different relationships, organized in a hierarchical fashion. A hierarchical organization of multiple interrelated working models provides flexibility for individuals to function adaptively in different relationships (Collins & Read, 1994).

According to this theory, at the top of the hierarchy are the more general working models for relationships. These models fit a wide range of relationships and are used to initially guide interaction with many different types of people.

Under these more general models of relationships are more specific models of relationships with peers or with significant others, for example. These more specific models may be connected to even more specific models for each particular relationship an individual may have. Individuals holding more specific models may prefer to use those models because they provide more accurate information about particular others, but will use the more general models higher in the hierarchy when they have little information about others (Collins & Read, 1994).

Collins and Read (1994) further suggest that the first relationship formed in childhood is the caregiver-child relationship which is very specific. Then, that specific relationship is abstracted and generalized. Later in development, the general model serves as a "template" from which specific models are created for other relationships. The specific models however, also serve to modify and refine the general model with experience. Thus, individuals are able to maintain flexibility in having different types of relationships, yet still be influenced by a more general model of relationships (Collins & Read, 1994).

Thus, while individuals in our study maintained their general attachment style and showed overlap of complexity for partner and complexity for caregiver, they also distinguished between their caregiver relationship and their romantic relationship. We would like to suggest that individuals' categorical attachment style (secure versus insecure) predicted their general approach to relationships, while their particular adjustment and childhood experiences predicted their specific orientation towards each of their particular relationships (caregiver and romantic partner).

Compartmentalization

Except for a few isolated effects, we did not find many differences in compartmentalization effects by gender, attachment style, or their interaction. On a continuum of 0 to 1, where "1" is most compartmentalized, the means for all individuals tended to range between .7 and .8. This suggests that compartmentalization reached a ceiling, restricting the variability of subjects' organization.

Limitations

One limitation of the current study is that our small sample size within each of our eight cells (attachment x gender) enabled us to obtain only a general view of the differences between secure and insecure individuals, as opposed to the differences among the four attachment groups. In the future, increasing power by increasing sample size will help us to determine what the more specific effects for the attachment groups are.

A more general issue is the correlational nature of the study. As with all such studies, it is difficult to determine whether complexity was affected by attachment style or whether attachment style was affected by complexity, or whether there is some third variable influencing both. For example, negative experiences in childhood may cause an individual to think more complexly about relationships later in life, or complexity of thought may cause individuals to perceive more negative information about others, thereby creating more insecure relationships. We also cannot determine the causal linkage between gender and complexity, but our findings are consistent with a growing literature that suggests that men and women are socialized in different ways, thereby

moderating differences in thought processes (Collins & Read, 1990; Markus & Oyserman, 1989).

A different limitation which can be remedied is that we do not know whether individuals with a categorical attachment style interact in similar ways with other romantic partners. Individuals in our study sorted cards about their current romantic partner and we have no way of knowing whether the attachment style they endorsed in the prescreening would be the one that is "active" in every romantic relationship they have had. A future direction would be to examine similarities among most or all romantic relationships of individuals and examine how they are linked to the caregiver relationship.

Another limitation related to the above is that we also do not know whether individuals would maintain the same level of complexity for all of their romantic relationships, but our partner-caregiver correlations suggest that there would be high correspondence between several romantic relationships.

Conclusions

Our findings extend our knowledge of working models of attachment by suggesting that insecure individuals are more likely to have negatively complex models of attachment for partners and that these models are continuous with models for caregivers. Our findings also suggest that women think about relationships in more complex ways than do men possibly because women are socialized to value and think about relationships more so than men. In addition, insecure women think in most complex ways and insecure men think in least complex ways about relationships. This finding fits with the idea that attachment style is moderated by general gender roles (Collins & Read, 1990; Pietromonaco & Carnelley, 1994).

There are still many unanswered questions about the effects of gender and attachment style on the organization of mental models. A next step in this type of research would be to examine further the particular nature of mental models within each of the four attachment categories in order to specify the differences among the groups and to explore further the role of gender in moderating attachment effects. We also need to examine the nature of individuals' general and specific models of attachment and determine how these models are related among the different attachment groups.

This initial research demonstrates that people who hold different working models of attachment think in more or less complex ways about their relationships. Furthermore, these patterns appear closely connected to gender role prescriptions.

APPENDIX A
STIMULUS WORDS USED IN THE SORTING TASKS

01 happy	47 betraying	91 taking
02 loving	48 encouraging	for granted
03 anxious	49 humorous	92 loss
04 close	50 uncomfortable	of identity
05 spontaneous	51 caring	93 strong
06 healthy	52 disappointing	relationship
07 attractive	53 generous	94 sharing
08 admiring	54 easy-going	95 understanding
09 alienating	55 kind	96 dependable
10 boring	56 fun	97 unreasonable
11 abusive	57 closed-minded	98 expressive
12 cheating	58 manipulative	99 clinging
13 best friends	59 moody	100 frightened
14 co-dependent	60 angry	
15 bitter	61 nurturing	
16 overreacting	62 open-minded	
17 responsive	63 insecure	
18 communicative	64 passionate	
19 depressed	65 patient	
20 hurtful	66 equality	
21 cold	67 possessive	
22 warm	68 realistic	
23 considerate	69 rejecting	
24 constructive	70 over-	
25 cooperative	protective	
26 bothersome	71 comfortable	
27 deep	72 uncooperative	
relationship	73 romantic	
28 stable	74 smothering	
29 concerned	75 impatient	
30 intellectual	76 selfish	
31 desperate	77 nagging	
32 comforting	78 sensitive	
33 difficult	79 sentimental	
34 unconditional	80 mean	
35 enthusiastic	81 shared	
36 dull	interests	
37 open	82 loyal	
38 trustworthy	83 guilt-	
39 controlling	inducing	
40 rewarding	84 sincere	
41 exciting	85 stagnant	
42 mature	86 tense	
43 frustrating	87 honest	
44 confused	88 accepting	
45 stubborn	89 supportive	
46 hateful	90 sympathetic	

APPENDIX B
QUESTIONNAIRE FOR ROMANTIC PARTNER

Questionnaire for Romantic Partner

Please answer the following questions on this form:

1. How long have you been in your current (or most recent) romantic relationship?

_____ yrs. _____ mos.

2. As of today, are you still in this relationship? (If "No", then please indicate when you broke up)

Yes _____ No _____ Date _____

3. Is (was) this relationship exclusive?

Yes _____ No _____

4. How many relationships have you had before this relationship?

Most persons have disagreements in their relationships. Please indicate the approximate extent of agreement or disagreement between you and your partner on each of the following topics using the following scale. Indicate your answers to these questions in the spaces provided.

1	2	3	4	5	6
Always Disagree	Almost Always Disagree	Frequently Disagree	Occasionally Disagree	Almost Always Agree	Always Agree

1. _____ Spending money

2. _____ Matters of recreation

3. _____ Religious matters

4. _____ Demonstrations of affection

5. _____ Friends

6. _____ Sex relations

7. _____ Conventuality (correct or proper behavior)

1	2	3	4	5	6
Always Disagree	Almost Always Disagree	Frequently Disagree	Occasionally Disagree	Almost Always Agree	Always Agree

8. _____ Philosophy of life
9. _____ Ways of dealing with parents
10. _____ Aims, goals, and things believed important
11. _____ Amount of time spent together
12. _____ Making major decisions
13. _____ Leisure time interests
14. _____ School decisions

Please answer the next seven items using the following scale:

1	2	3	4	5	6
All of the time	Most of the time	More often than not	Occasionally	Rarely	Never

15. _____ How often do you discuss or have you considered separating or terminating the relationship?
16. _____ In general, how often do you think that things between you and your partner are going well?
17. _____ Do you confide in your partner?
18. _____ Do you ever regret having gotten involved in a relationship with your partner?
19. _____ How often do you and your partner quarrel?
20. _____ How often do you and your partner "get on each other's nerves?"

Please use the following scale to answer the next question:

1	2	3	4	5
Never	Rarely	Occasionally	Almost every day	Every day

21. _____ Do you kiss your partner?

Please use the following scale to answer the next question:

1	2	3	4	5
None of them	Very few of them	Some of them	Most of them	All of them

22. _____ How many of both of your outside activities do you and your partner do together?

How often would you say the following events occur between you and your partner? Please use the following scale:

1	2	3	4	5	6
Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often

23. _____ Have a stimulating exchange of ideas

24. _____ Laugh together

25. _____ Calmly discuss something

26. _____ Work together on a project

There are some topics about which couples sometimes agree and sometimes disagree. Did the following topics cause differences of opinions or problems in your relationship during the past few weeks? Use 1 for yes, 2 for no.

27. _____ Discussions about sex

28. _____ Not showing love

29. _____ The numbers below represent different degrees of happiness in your relationship. Number 4 represents the degree of happiness of most relationships. Please choose the number which best describes the degree of happiness of your relationship, all things considered.

1	2	3	4	5	6	7
Extremely UNhappy	Fairly UNhappy	A little UNhappy	Happy	Very Happy	Extremely Happy	Perfect

30. _____ Which of the following statements best describes how you feel about the future of your relationship?

- 1) I want desperately for my relationship to succeed and I WOULD GOT TO ALMOST ANY LENGTH to see that it does.
- 2) I want very much for my relationship to succeed and I WILL DO ALL I CAN to see that it does.
- 3) I want very much for my relationship to succeed and I WILL DO MY FAIR SHARE to see that it does.
- 4) It would be nice if my relationship succeeded but I CAN'T DO MUCH MORE THAN I AM DOING now to help it succeed.
- 5) It would be nice if my relationship succeeded but I REFUSE TO DO ANY MORE THAN I AM DOING now to see that it does.
- 6) My relationship can never succeed and THERE IS NO MORE THAT I CAN DO to keep it going.

APPENDIX C
QUESTIONNAIRE FOR PRIMARY CAREGIVER

Questionnaire for Caregiver

Please answer all the following questions on this form:

Please list your primary caregiver when you were **growing up** (the same person you sorted the cards for previously). Please state the person's relation to you rather than their name (for example: mother, father, grandmother, etc.)

The following pages contain statements that describe parental relationships and the kinds of feelings and experiences frequently reported by college students.

Please respond to every item by filling in the number on a scale of 1 to 5 that best describes your caregiver (the person listed in the above question), your relationship with that caregiver, and your experiences and feelings **WHEN YOU WERE GROWING UP**. Please record your responses on this sheet.

Please provide a single rating to describe your caregiver and your relationship with him/her.

1	2	3	4	5
Not at All	Somewhat	A Moderate	Quite a	Very Much
		Amount	Bit	
(0-10%)	(11-35%)	(36-65%)	(66-90%)	(91-100%)

In general, my caregiver...

1. _____ was a person I could count on to provide emotional support when I felt troubled.
2. _____ supported my goals and interests.
3. _____ lived in a different world.
4. _____ understood my problems and concerns.
5. _____ respected my privacy.
6. _____ restricted my freedom or independence.
7. _____ was available to give me advice or guidance when I wanted it.

1	2	3	4	5
Not at All	Somewhat	A Moderate	Quite a	Very Much
(0-10%)	(11-35%)	Amount (36-65%)	Bit (66-90%)	(91-100%)

8. _____ took my opinions seriously.
9. _____ encouraged me to make my own decisions.
10. _____ was critical of what I could do.
11. _____ imposed his/her ideas and values on me.
12. _____ gave me as much attention as I wanted.
13. _____ was a person to whom I could express differences of opinion on important matters.
14. _____ had no idea what I was feeling or thinking.
15. _____ provided me with the freedom to experiment and learn things on my own.
16. _____ was too busy or otherwise involved to help me.
17. _____ had trust and confidence in me.
18. _____ tried to control my life.
19. _____ protected me from danger and difficulty.
20. _____ ignored what I had to say.
21. _____ was sensitive to my feelings and needs.
22. _____ was disappointed in me.
23. _____ gave me advice whether or not I wanted it.
24. _____ respected my judgment and decisions, even if different from what he/she would have wanted.
25. _____ did things for me, which I could have done for myself.
26. _____ was a person whose expectations I felt obligated to meet.
27. _____ treated me like a younger child.

1	2	3	4	5
Not at All	Somewhat	A Moderate	Quite a	Very Much
		Amount	Bit	
(0-10%)	(11-35%)	(36-65%)	(66-90%)	(91-100%)

During time spent together, my caregiver was a person...

28. _____ I looked forward to seeing.
29. _____ with whom I argued.
30. _____ with whom I felt relaxed and comfortable.
31. _____ who made me angry.
32. _____ I wanted to be with all the time.
33. _____ towards whom I felt cool and distant.
34. _____ who got on my nerves.
35. _____ who aroused feelings of guilt and anxiety.
36. _____ to whom I enjoyed telling about the things I have done and learned.
37. _____ for whom I felt feelings of love.
38. _____ I tried to ignore.
39. _____ to whom I confided my most personal thoughts and feelings.
40. _____ whose company I enjoyed.
41. _____ I avoided telling about my experiences.

Following time spent together with my caregiver, I felt...

42. _____ warm and positive feelings.
43. _____ let down and disappointed by him/her.

1	2	3	4	5
Not at All	Somewhat	A Moderate	Quite a	Very Much
		Amount	Bit	
(0-10%)	(11-35%)	(36-65%)	(66-90%)	(91-100%)

When I had a serious problem or an important decision to make...

44. _____ I looked to my caregiver for support, encouragement, and/or guidance.
45. _____ I sought help from a professional, such as a therapist, school counselor, or clergy.
46. _____ I thought about how my caregiver might respond and what he/she might say.
47. _____ I worked it out on my own, without help or discussion with others.
48. _____ I discussed the matter with a friend.
49. _____ I knew that my caregiver would know what to do.
50. _____ I contacted my caregiver if I was not able to resolve the situation after talking it over with my friends.

When I used to go to my caregiver for help...

51. _____ I felt more confident in my ability to handle the problems on my own.
52. _____ I continued to feel unsure of myself.
53. _____ I felt that I would have obtained more understanding and comfort from a friend.
54. _____ I felt confident that things would work out as long as I followed my caregiver's advice.
55. _____ I was disappointed with his/her response.

Please respond to every item by filling in the number on a scale of 1 to 5 that best describes your caregiver, your relationship with that caregiver, and your experiences and feelings NOW. Please record your responses on this sheet.

Please provide a single rating to describe your caregiver and your relationship with him/her.

1	2	3	4	5
Not at All	Somewhat	A Moderate	Quite a	Very Much
(0-10%)	(11-35%)	Amount	Bit	(91-100%)
(0-10%)	(11-35%)	(36-65%)	(66-90%)	(91-100%)

In general, my caregiver...

1. _____ is a person I can count on to provide emotional support when I feel troubled.
2. _____ supports my goals and interests.
3. _____ lives in a different world.
4. _____ understands my problems and concerns.
5. _____ respects my privacy.
6. _____ restricts my freedom or independence.
7. _____ is available to give me advice or guidance when I want it.
8. _____ takes my opinions seriously.
9. _____ encourages me to make my own decisions.
10. _____ is critical of what I can do.
11. _____ imposes his/her ideas and values on me.
12. _____ has given me as much attention as I have wanted.
13. _____ is a person to whom I can express differences of opinion on important matters.
14. _____ has no idea what I am feeling or thinking.
15. _____ has provided me with the freedom to experiment and learn things on my own.
16. _____ is too busy or otherwise involved to help me.

1	2	3	4	5
Not at All	Somewhat	A Moderate	Quite a	Very Much
(0-10%)	(11-35%)	Amount	Bit	(91-100%)
(0-10%)	(11-35%)	(36-65%)	(66-90%)	(91-100%)

17. _____ has trust and confidence in me.
18. _____ tries to control my life.
19. _____ protects me from danger and difficulty.
20. _____ ignores what I have to say.
21. _____ is sensitive to my feelings and needs.
22. _____ is disappointed in me.
23. _____ gives me advice whether or not I want it.
24. _____ respects my judgment and decisions, even if different from what he/she would want.
25. _____ does things for me, which I could do for myself.
26. _____ is a person whose expectations I feel obligated to meet.
27. _____ treats me like a younger child.

During recent visits or time spent together, my caregiver was a person...

28. _____ I looked forward to seeing.
29. _____ with whom I argued.
30. _____ with whom I felt relaxed and comfortable.
31. _____ who made me angry.
32. _____ I wanted to be with all the time.
33. _____ towards whom I felt cool and distant.
34. _____ who got on my nerves.
35. _____ who aroused feelings of guilt and anxiety.

1	2	3	4	5
Not at All	Somewhat	A Moderate	Quite a	Very Much
(0-10%)	(11-35%)	Amount (36-65%)	Bit (66-90%)	(91-100%)

36. _____ to whom I enjoyed telling about the things I have done and learned.

37. _____ for whom I felt feelings of love.

38. _____ I tried to ignore.

39. _____ to whom I confided my most personal thoughts and feelings.

40. _____ whose company I enjoyed.

41. _____ I avoided telling about my experiences.

Following time spent together, I leave my caregiver...

42. _____ with warm and positive feelings.

43. _____ feeling let down and disappointed by him/her.

When I have a serious problem or an important decision to make...

44. _____ I look to my caregiver for support, encouragement, and/or guidance.

45. _____ I seek help from a professional, such as a therapist, college counselor, or clergy.

46. _____ I think about how my caregiver might respond and what he/she might say.

47. _____ I work it out on my own, without help or discussion with others.

48. _____ I discuss the matter with a friend.

49. _____ I know that my caregiver will know what to do.

50. _____ I contact my caregiver if I am not able to resolve the situation after talking it over with my friends.

1	2	3	4	5
Not at All	Somewhat	A Moderate	Quite a	Very Much
		Amount	Bit	
(0-10%)	(11-35%)	(36-65%)	(66-90%)	(91-100%)

When I go to my caregiver for help...

51. _____ I feel more confident in my ability to handle the problems on my own.
52. _____ I continue to feel unsure of myself.
53. _____ I feel that I would have obtained more understanding and comfort from a friend.
54. _____ I feel confident that things will work out as long as I follow my caregiver's advice.
55. _____ I am disappointed with his/her response.

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