

INTERPERSONAL DEPENDENCY AND INSECURE ATTACHMENT
IN SPOUSE-ABUSIVE MEN

by

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Interpersonal Dependence and Insecure Attachment in

Spouse-Abusive Men

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ABSTRACT

The prevalence of dependence and insecure attachment was investigated in a sample of 93 court- and self-referred spouse-abusive men using the Insecure Attachment and Submissiveness scales of the Dimensional Assessment of Personality Pathology-Basic Questionnaire as well as the Dependent Personality Disorder scale of the Personality Disorder Examination. Results indicated that the prevalence of dependence was no higher than that found in the general population. In contrast, the spouse-abusive men were found to be significantly more insecurely attached when compared with a nonabusive sample of men. In addition, the prevalence of abusive men who scored significantly high on insecure attachment was approximately 25%. Further analyses found that insecure attachment correlated significantly with scales measuring overall violence, emotional abuse, dominance/isolation, interpersonal jealousy, and borderline, dependent, and sadistic personality disorders. In contrast, dependence had negligible correlations with the above variables with the exception of dependent personality disorder. Further analyses using the Relationship Scales Questionnaire indicate that the fearful attachment style correlated significantly with borderline personality disorder and social avoidance whereas the preoccupied attachment style correlated with insecure attachment and verbal abuse. For the most part, however, specific attachment styles did not relate significantly to spouse abusive behaviours, interpersonal jealousy, or personality disorder. The results contradict previous observations and empirical findings which contend that dependence is an important variable in understanding. The present findings support the hypotheses that much of what has been termed dependence in the spouse assault literature (i.e., fears of abandonment) is best described as insecure attachment. The implications of the present findings for clinical practice were discussed. In addition, limitations of the present study as well as further research needs were identified.

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INTRODUCTION

Wife assault has increasingly become a focus of attention both in the popular media and in academic research. Estimates of the incidence of victimization rates of husband-to-wife assault in the U.S. range from 8.7% of marriages (Shulman, 1979) based on the occurrence of severe assault (kicking, hitting with a fist, or the use of weapons) to 27.8 % of marriages (Straus, 1980) when using more inclusive criteria that include additional behaviours such as slapping and shoving. Rates in Canada have also been found to be high. Kennedy and Dutton's (1989) survey of the incidence of wifeassault in Alberta found figures similar to that of Straus (1980), with the exception of weapon use which appears to be much lower in Canada. In any case, partner assault is a serious social issue. Its detrimental effects on both the physical and psychological health on victims can be enormous (Walker, 1984). In addition, wife assault places huge demands on both medical and police resources (Dutton, 1995).

There are many different explanations of why certain males resort to physical violence against their wives or partners. Sociological explanations offer broad explanatory models that have analyzed the social context of wife assault. They have typically attributed wife assault to the male-dominated societal structure, which is believed to have justified the husband's use of physical force as a means of maintaining dominance (Dobash & Dobash, 1979). Straus (1976) and Gelles (1972) argue that wife assault was once considered to be normal violence committed not by psychologically disturbed individuals but by men who believed that patriarchy was their right. As Dutton (1995) points out, however, a shortcoming of the sociological approach has been its lack of specificity and its failure to account for individual differences. Whereas the majority of males are exposed to similar normative contexts, only a minority are violent in the home. In addition, some males resort to severe and repeated violence while others act in a more sporadic and less serious way.

More specific, micro-explanatory models generally consist of systemic models that focus on the family/relationship unit in which the wife assault occurs and/or ontogenetic models that focus on the development and characteristics of the assaultive individual. Systemic models have not gained popularity in the literature, because they are perceived as construing the abuse victim as a culpable party, partly responsible for the violence that is inflicted upon her (Dutton, 1988a).

Increasingly, the research literature has focused on individual-based or ontogenetic explanations, such as wife assaulters' exposure to violent role models (Straus, Gelles, & Steinmetz, 1980) and their poor conflict-resolution skills (Dutton, 1988a). In addition, researchers have investigated many psychological and personality variables in an attempt to explain the etiology of wife assault. Males who assault their partners are commonly described as chronically angry and hostile persons (Novaco, 1976). In addition, an abnormally high prevalence of psychiatric disorders including depression (Faulk, 1974) and personality disorders (Hamberger & Hastings, 1986) have been found among wife assaulter populations. Despite the specific nature of these models, few researchers assert that wife assault is the result of any single factor. In general, the assumption is that wife assault stems from an interaction of many sources including societal, historical, and personality variables. The purpose of more specific explanatory models is to assist in providing a better understanding of the etiology and present functioning of males who assault their wives. It is hoped that through such research better interventions may be developed in order to prevent further incidents of wife assault.

One of the personality characteristics that has been consistently associated with wife assaulters is dependence. Although the definition of dependency will be discussed in more detail later, it is considered to be a personality trait characterized by the need to stay close to others, the inclination to be primarily the recipient in interpersonal transactions and the tendency to relate to others from a position of inferiority (Birtchnell, 1988). Wife assaulters have been described as extremely dependent upon their wives to fulfill emotional needs

(Davidovich, 1990). Also, the male's exaggerated control of a spouse's behaviour, typically seen through physical assaults and threats, is considered by some to be masking their own exaggerated dependency needs (Walker, 1979). Several other researchers have also hypothesized a link between marital violence and excessive dependency (Faulk, 1974; Kardiner & Fuller, 1970).

Unfortunately, dependency has been used to describe a variety of different behaviours that various researchers believe reflect underlying dependency needs. In this introduction, the existence of dependence in wife assaulters will be explored and discussed. Dependency is considered to be one variable in the puzzle of wife assault and the intention here is to elucidate, through a review of the literature, the nature of various dependency-related personality traits and behaviours as they exist in wife assaulters. In addition, the relationship between dependency and other characteristics frequently noted in this population will be discussed. Finally, the construct of dependence will be distinguished from the construct of insecure attachment. I will attempt to show that what theorists in the wife assault literature have often referred to as dependence may be better conceptualized as reflecting insecure attachment and that perhaps it is the latter construct that is the more salient and central in the understanding of many spouse-abusive behaviours.

Dependence in Wife Assaulters

Theorists have asserted that dependency in wife assaulters is experienced and expressed in several different ways. Sonkin and Durphy (1989) state that many men who batter are dependent on their partners for both practical needs such as cooking, cleaning, financial and child care, and emotional needs. They assert that assaultive men rely on their partners because they are afraid to be alone in the world. They depend on their partners to build their self-esteem and feelings of self-worth, or to feel good about themselves sexually.

Rounsaville (1978) suggests that the explosiveness and alcoholic tendencies seen in spouse-assaulting men may be manifestations of a high level of unmet dependency needs that

they are seeking to satisfy in their relationship. In these relationships, anger frequently arises when partner's are unable to fulfill the man's unrealistic needs. The man is depicted as coping with his dependent longings by angrily demanding compliance. He uses physical force and threats in order to prevent being refused or abandoned.

Dutton (1988) also links dependency in assaultive husbands to abandonment anxiety, which, according to him, involves perceived uncontrollable increases in socioemotional or intimacy distance. According to Dutton, abandonment anxiety is often produced by a sexual threat or any other instance of the female moving emotionally further away. It also produced when the male does not successfully express his increasing need for intimacy which results in the perception that his partner is distancing herself emotionally. It is thought that the combination of this exaggerated dependence on women, along with the typical emotional isolation of such men and the tendency to view wives as a possession, leads to a disguised panic or anxiety reaction that in turn often leads to assaultive, controlling behaviour.

Walker (1984) argues that assaultive males also demonstrate their exaggerated dependency after a battering incident, experiencing guilt, remorse, and anxiety over whether their wives will leave. If their partners do leave, husbands often put them under surveillance, call them repeatedly, try to convince them to return, and promise to never be violent again (Walker, 1979). In addition, many men in assaultive treatment groups express their dependence and abandonment anxiety by obsessing over their partners and their mistreatment of them.

Although the above studies provide interesting and cogent arguments regarding the manner in which dependency is manifested in wife assaulters, they are based on clinical observation. Clinical impressions, although useful in directing research and treatment programs, are susceptible to biases and may be misleading or incorrect. Unfortunately, few studies have investigated empirically dependency or dependency-related issues in wife-assaulter populations.

Murphy, Meyer, and O'Leary (1994) were among the first to examine directly dependency in male spouse assaulters. They found that as a group, the spouse assaulters scored significantly higher than both maritally discordant nonviolent men and happily married men on overall dependency and spouse-specific dependency scores. They conclude that characterological dependence predisposes men to view interpersonal conflict, particularly conflict centering around their partner's perceived autonomy, as very threatening to the men's emotional security. As a result, the male resorts to coercion and violence in an attempt to control their own insecurities and prevent feared abandonment. A major drawback of this study, however, is that the primary dependency measure they used (the Interpersonal Dependency Inventory) has debatable construct validity. Each of its three subscales arguably measure different constructs. In addition, the overall dependency score, which Murphy et al. (1994) used, has been rarely adopted in the research literature due to its limited clinical utility and the lack of demonstrated validity (Bornstein, 1994).

Hamberger and Hastings (1986, 1988) have conducted a series of studies investigating the presence of personality disorders in wife assaulter populations. They administered the Millon Clinical Multiaxial Inventory (MCMI; Millon, 1983), which provided 11 scales that corresponded closely to the personality disorders that were listed in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III; American Psychiatric Association, 1980), including one corresponding to DSM-III Dependent Personality Disorder (DPD). They found that only 12% of participants showed no evidence of personality disorder or other psychopathology. The authors factor-analyzed the protocols and identified three orthogonal factors which they described as passive-dependent/compulsive, schizoid/borderline, and narcissistic/antisocial. Based on this classification, their assaultive population fell approximately equally into these three categories, four additional mixed categories, and one category which had no aspects of pathology related to the above three protocols. These results indicated that loadings on dependent personality disorder contributed at least in part to a significant proportion of their

sample. A major drawback of this study was that the authors ignored the clinical cutoffs and instead used median splits on the three factors to determine presence of personality pathology. Thus, the results cannot be interpreted as indicating that people classified as personality disorder had clinical elevations on traits such as dependency, or that people in the normal group had none.

In contrast, Beasley and Stoltenberg (1992) compared a wife assaulter group with a group of nonabusive males in marital counseling using the MCMI-II and found no differences on the Dependency subscale. They did find, however, that assaultive males scored significantly higher on the Borderline, Schizotypal, Aggressive/Sadistic and Narcissistic subscales. The authors also noted that the wife assaulter group was heterogeneous and failed to conform to a single personality profile. This finding suggests the possibility that a proportion of wife assaulters who were high on dependency were undetected as a result of being grouped together with the larger spouse assaultive sample.

Hart, Dutton, and Newlove (1992) investigated the prevalence of DSM-III-R (American Psychiatric Association, 1987) personality disorders in a sample of wife assaulters using both interview and questionnaire measures. By adopting a liberal cut-off score on the MCMI-II, they found the prevalence of dependent personality disorder (DPD) to be about 9%. They concluded, however, that self-report inventories such as the MCMI-II, do a poor job of assessing personality disorders. In contrast, by using the Personality Disorder Examination (Loranger, 1988) — an interview based measure that is recognized as one of the better measures of personality disorder — they found a zero percent prevalence rate for DPD.

Several problems exist, however, with using only the DPD criteria in attempting to identify dependency. It has been argued that the criteria for DPD do not reflect a pure constellation of dependency symptoms, but also include criteria related to general insecurity and attachment issues (Livesley, Schroeder, & Jackson, 1990). In addition, the criteria for other personality disorders include dependency-related items such as the “fear of

abandonment” found in borderline personality disorder or “easily hurt by criticism” found in avoidant personality disorder (DSM-IV; American Psychiatric Association, 1994). Thus, by using scales where there is some criteria overlap, an accurate appraisal of the presence of dependency is not obtained. Finally, significant dependency issues may still be present but not severe enough to warrant a diagnosis of personality disorder.

What are needed at present are further empirical investigations that address the nature and extent of dependence in men who abuse their partners. Many previous conclusions regarding dependence in partner assaulters have been based on theoretical assumptions that are susceptible to biases and error. In addition, the extant empirical research is limited in both quantity and quality, frequently containing serious methodological flaws. In addition, many of the measures used have not shown adequate construct validity or do not directly measure the construct of interest.

Constructs Related to Dependence

Theorists have also linked dependency needs with other traits typically found in wife assaulters. One characteristic frequently associated with dependency in assaulters is jealousy. Both clinical observations (Sonkin, Martin, & Walker, 1985) and empirical investigations (Saunders, 1987) indicate that jealousy is a contributing factor in a high number of wife assaults. Based on clinical interviews, Hilberman and Munson (1978) found that morbid jealousy prevailed in over 95% of their sample of assaultive marriages. Similarly, Walker (1984) notes from her clinical experience a very high occurrence of extreme jealousy in husbands of battered women.

The construct of jealousy itself is complex. It has been characterized by at least four defining components: (1) the situation, which typically involves the jealous individual, the object or other, and the perceived rival; (2) the perceptions and beliefs of the jealous person that the rival is in some way threatening to the nature of his or her relationship with the object or other; (3) the affective state associated with the perceptions and beliefs, which may include

fear anxiety, anger, helplessness, and guilt; and (4) the behavioural component of jealousy, which may include reactions such as vigilance, withdrawal, interrogation, accusations and demands and violence.

The interrelationship between jealousy and dependency behaviours has been noted frequently (Bowlby, 1973; Mathes & Severa, 1981). In the wife assault literature, dependency and jealousy often are used interchangeably when referring to extreme behaviours of possessiveness. In addition, they frequently are listed as co-occurring in wife assaulters (Sonkin & Durphy, 1989). The most salient similarity between the two constructs is the fear of loss or abandonment. Logically, the more involved or dependent people are on their partner, the stronger their reactions to real or imagined threats to their relationships. Empirical investigations into this association have indeed found a link between the two constructs. Buunk (1982) designed his own measures of dependency and jealousy and found that emotional dependency was strongly related to anticipated jealousy. Unfortunately, the measures used were not adequately validated.

Rounsaville (1978) studied 31 battered wives using open-ended and structured interviews. Over 75% of the women indicated that their husbands were sexually jealous and restricted their social contact with friends and relatives. About half of the women listed jealousy as the main topic of conversation that led to violence, and all but two women stated that jealousy was a frequent cause of violent arguments. He concluded that wife assault may be the end point of a number of converging factors. He posited that intimacy conflicts over dependency and autonomy were a major contributing factors to wife assault. Husbands demonstrated this conflict through various levels of paranoid jealousy and possessive behaviour.

Surprisingly, Murphy et al. (1994) did not find that spouse assaulters differed significantly on jealousy scores when compared with either happily married or nonviolent men in discordant relationships. These findings are questionable, however, as the authors used a jealousy measure that had not been adequately validated and had little acceptance in the

literature. Unfortunately, there are no studies that have investigated empirically the relationship between jealousy and dependence using well-validated measures of these constructs in a population of wife assaulters.

Based on subjective accounts and clinical experience, Sonkin et al. (1985) make the argument that the dependency and jealousy found in many assaultive husbands may be products of a closed and isolated family system. They argue that because of his dependency, jealousy, and the fear that others may find out about his problem, a batterer often puts strict limitations on those people his partner can see and when she can see them. She, thereby, becomes isolated and mutually dependent on him. Although many batterers are themselves physically isolated in that they have no close friends, essentially all batterers are emotionally isolated in that they have no close or intimate friendships with whom they can share their feelings and problems. This isolation, in turn, contributes to increased dependency on one's partner, less social support, less flexibility and, eventually, more stress. Although there is clinical (Dutton, 1988b; Elbow, 1977) and empirical (Allen, Calsyn, Fehrenbach, & Benton, 1989) support for the finding that wife assaulters are socially isolated, no studies have investigated empirically the relation between social isolation and dependency.

Again, there are serious limitations to many of the conclusions that have tied dependence to these other constructs such as jealousy and social isolation. Many of the studies are based on clinical observation or have failed to use valid and reliable measures. Instead, dependence is often inferred indirectly through observing behaviours that have been theoretically linked to it in the literature or clinical lore. Only by using valid measures of each of the constructs will more definitive conclusions be made.

Subtypes of Wife Assaulters

Another major limitation of much of the previous research with wife assaulters is the failure to consider the possible heterogeneity of the wife assaulter populations. Many studies have not addressed the possibility of personality subtypes or differences among abusers and

have treated these groups as though they were homogeneous. Differences among wife assaulters, however, have been increasingly considered in the literature and research in typologies of men who batter is considered an area of fruitful endeavor. Indeed, it is thought that differences in personality, social, and childhood history variables may be related to important outcome variables such as treatment success, recidivism, or severity of violence (Sonkin, 1988).

One of the first theorists to emphasize the heterogeneity of male batterers was Elbow (1977), who described four distinct personality patterns based on clinical observation. The four different groups were labeled the *controller*, who views his wife as an object of control, the *incorporator*, who is insecure and requires the partner to validate and define himself, the *approval-seeker*, who makes excessive demands on his wife for approval and recognition, and the *defender*, who defends against his own insecurity by selecting a partner whom he perceives as weak and dependent on his strength. The latter three groups are all seen to manifest their own insecurity and dependence in distinct ways.

Based on interview data, Hofeller (1980) found support for a two-group typology consisting of a generally aggressive type, labeled as *dominant* and a family-only aggressive type, labeled *dependent*. The dependent type was found to be more affectionate in the marriage, more likely to attempt suicide if divorce is imminent, and show more remorse after being aggressive.

Gondolf (1988) arrived at a behavioural typology based on information gathered during intake interviews of 525 women in shelters. He performed a cluster analysis of demographic, abuse, and behavioural variables that yielded three distinct types of spouse abusers. Type I abusers were labeled as *sociopathic* (7% of the sample). This group was characterized as unpredictable and extremely abusive both sexually and physically. They were also most likely to have been previously arrested for property, violent, and drug- or alcohol-related offenses. Type II abusers were labeled *antisocial* (41%). This group was extremely abusive both physically and verbally. They were also likely to have been generally

violent but were less likely to have been arrested than the sociopathic batterer. Type III abusers, labeled the *typical batterer*, comprised the largest group (52%). This group conforms to more prevailing clinical profiles of batterers. Their verbal, physical, and sexual abuse were less extensive and severe than the other groups, and they were more likely to be apologetic after the abuse incident. Although this study obtained three personality types, it did so without investigating any personality or psychological variables. Rather, conclusions were based on simple behavioural variables from which inferences about personality were made.

Caesar (1986) also described three groups of batterers based on a two-hour clinical interview. The *tyrant* group was described as self-centered, hostile, and paranoid. The *exposed rescuers* were described as alternating between sociability and hostility and as having somewhat hysterical personalities. The *altruists* were described as unassertive and constantly trying to please their wives. Problems with these conclusions, however, center around a small sample size (26 wife assaulters) and the subjective nature of these categorizations. Indeed, the empirical component of this investigation failed to generate clear subgroups.

Saunders (1993) also found evidence for the distinction between dependent (family only) and dominant (general) aggressors. This study investigated 165 men assessed for treatment of wife assault and arrived at an empirical typology by combining background and behavioural variables in addition to valid measures of various personality and substance abuse constructs. The dominant subtype was associated with severe child abuse, alcohol use, severe violence toward the partner, and rigid sex role attitudes. The dependent group had more liberal sex role beliefs and low levels of anger and severe violence. They also experienced less conflict and more satisfaction in the marriage. Alcohol was associated with the abuse about one third of the time. Based on the MCMI, they had a conforming personality style. Saunders also uncovered a third subtype of assaulter characterized by extreme jealousy, anger, and depression including suicidal feelings. This group was most likely to have sought help and least likely to use alcohol in connection with the abuse. They

were more open about their problems, their physical abuse was less severe than the other groups, they used psychological abuse more often, and they reported their marriage as least satisfying. MCMI correlates associated with this group were passive-aggressive, avoidant, and borderline personality types.

The majority of the above typologies, while informative, leave many questions unanswered. Many of the conclusions are based on simple descriptive statistics from which underlying personality structure was inferred. Thus, typologies were subjectively derived with no empirical or independent validation. In addition, proper statistical procedures often were not applied.

Despite the methodological flaws, the typologies listed above draw attention to the likelihood that if dependency exists, it is not manifested in all wife assaulters. Most typologies list at least one group of wife assaulters who are characterized as antisocial, dominant, and generally aggressive. Few theorists would categorize this group as dependent. In addition, dependency itself may be manifested in different ways or with different constellations of behaviour and may fall into distinct subtypes or typologies. Clearly, this needs to be addressed through empirical investigation using standard measures.

The Construct of Dependency

As stated previously, the term *dependency*, when it has been used to describe wife assaulters, seems to refer to a variety of different behaviours. Dependency has been used to describe practical needs such as relying on another to perform the household duties in addition to more emotional needs where one is overly dependent on another to provide social support and intimacy. Use of the term has also ranged from descriptions of a general personality trait (characteristic of all the individual's relationships) to a specific dynamic that occurs in the husband-wife relationship. Furthermore, descriptions of dependency have ranged from simple univariate behaviours to more multivariate constructs that include a variety of seemingly distinct behaviours such as those found in personality disorders. The

lack of a standard definition in the literature is problematic because the term dependency may actually be describing constructs other than dependency. Much of the problem stems from the fact that the construct of dependence has largely been theoretical and been subject to the pitfalls of subjective clinical opinion or clinical lore.

Although the lack of a generally agreed upon definition of dependence is not limited to the area of wife assault, it appears that some efforts have recently been made to clearly define the construct. Indeed, there has recently been a growing interest in the psychological attribute of dependence as there is mounting evidence that it contributes to several psychological disorders, including depression (Blatt, Quinlan, Chevron, McDonald, & Zuroff, 1982), substance abuse or dependence (Birtchnell, 1988), and low self-esteem (Chodoff, 1972), as well as wife assault (Murphy et al., 1994). In order to more clearly understand the nature of the relationship between dependence and these various pathologies, however, it is necessary to consider in detail the components of dependence.

In an early attempt to define dependence, Zuckerman, Levitt, and Lubin (1961) drew on Karen Horney's (1945) three delineated traits of the *compliant* personality: (1) succorance, a marked need for attention and approval from others; (2) deference, a tendency to subordinate oneself to others and inhibit criticality and assertiveness; and (3) abasement, a tendency toward self-blame and guilt. Similarly, Birtchnell (1984) asserted that dependence incorporated three distinct components which he termed affectional, ontological and deferential dependency. Affectional dependence refers to a form of an anxious need for others' acceptance and is related to an uncertainty of being loved or cared for. Ontological dependence was first used by Laing (1965) and refers to a failure to sustain a sense of one's own identity without the presence of others. Finally, deferential dependence has to do with an inclination toward humility, pessimism, and self-blame. Many theorists, however, do not entirely agree with the above definitions and posit instead that much of what is referred to as dependence is better understood as insecure attachment (Bornstein, 1992; Hirschfeld, Shea,

& Weise, 1991; Livesley, Schroeder, & Jackson, 1990). This will be discussed in more detail later in the introduction.

Despite disagreements among theorists, there is some general consensus regarding the main features of dependency. In general, a person who exhibits dependency is one who is excessively and unvaryingly dependent on others to a degree that is detrimental to his or her well-being and to their relationships with others (Birtchnell, 1988). Although this label refers to a pathological or maladjusted characteristic, dependence itself is a relative term that most individuals manifest in varying degrees. It is appropriate at times to be dependent on others such as situations where one is less qualified for completing a task or meeting one's needs. Examples include student-teacher and parent-child interactions. Indeed, healthy adulthood is considered to involve "mature dependence," wherein healthy adults are emotionally interdependent (Fairbairn, 1946, cited in Greenberg & Mitchell, 1983).

Dependence is more often a descriptor of normal childhood than of adulthood, and hence the existence of dependence in adults is often seen as a failure to progress to a normal level of maturity. The DSM-I (American Psychiatric Association, 1952) described the personality trait of dependence as "characterized by helplessness, indecisiveness and a tendency to cling to others as a dependent child to a supporting parent".

Theoretically, dependence is understood as arising from developmental deficiencies. These include the failure to separate successfully from the principal parent figure and from the family as a whole, the failure to establish a secure personal identity, the failure to acquire a general feeling of competence and a realistic assessment of self-worth, and the failure to feel accepted and welcome in the world of adults. These deficiencies are seen as leading to the pattern of relationships seen in the dependent persons' adult life (Birtchnell, 1988).

As a consequence of the developmental deficiencies stated above, adult dependence is characterized by the need to stay close to others, the inclination to be the primary recipient in interpersonal transactions, and the tendency to relate to others from the position of inferiority and humility (Birtchnell, 1988). Theoretically, a dependent person is seen as needing to

receive from others a borrowed identity, guidance, and direction. Dependent individuals receive compensation for those areas in which they feel incompetent and, above all, acceptance and affirmation of worth (Birtchnell, 1988).

Dependency, then, is considered generally to have connotations of passivity and submissiveness. In social settings, it is characterized by compliance, interpersonal yielding, affiliative behaviour, and sensitivity to interpersonal cues (Bornstein, 1992). There is an aspect of perceived deficiency in the dependent person, particularly in the capacity to relate on equal terms to other adults as a distinct and separate individual with an appropriate sense of self-worth. In addition, when applied to describe individuals, dependency does not refer to behaviour that is strictly directed towards a specific individual, nor is it concerned with promoting feelings of security that arise from proximity to attachment figures (Livesley et al., 1990). Rather, dependency describes more generalized behaviours that are designed to elicit assistance, guidance, and approval in most or all of a person's adult relationships (Hirschfeld et al., 1977).

Although dependence is seen as playing a significant role in interpersonal functioning, the construct itself has most often been assessed subjectively or has been inferred as a result of observing behaviours or traits that are thought to be related to dependence. Much of the literature concerning dependence has been limited to theoretical discussions without empirical support or investigation. The last two decades, however, have seen the emergence of an increasing amount of empirical research and measurement development and validation (Birtchnell, 1988; Hirschfeld et al., 1977; Livesley et al., 1990).

In the wife assault literature, many theorists have construed dependency more broadly. Although subtypes of dependent or submissive wife assaulters have been discussed (Elbow, 1977; Faulk, 1974; Hamberger & Hastings, 1988; Saunders, 1993), dependence in the male batterer has been most frequently used to refer to the dyadic relationship between the spouses where the male is dependent upon the spouse for emotional support (Sonkin, 1989). This is thought to be accompanied by fear of abandonment, jealousy, and

possessiveness. In addition, the literature suggests that this type of abuser will react to these feelings, not by submissive behaviours, but by dominating, controlling behaviours.

Thus, when researchers refer to dependency they may be referring to two or more distinct patterns of behaviour. Whereas one pattern refers to what is typically regarded as dependency, the other refers to a more generally insecure person who is preoccupied with fears of abandonment. This latter pattern may be more aptly termed insecure or anxious attachment (Bowlby, 1977; Livesly et al, 1990). Unfortunately, no study has addressed this issue or empirically investigated the distinction between dependence and insecure attachment in partner assaulters. One reason for this may be the relative lack of interest and awareness of attachment theory as it relates to assaultive men.

Attachment

Attachment theory originally came out of a melding of psychoanalytic theory and object relations theory, in addition to theoretical approaches from ethology concerning bonding behaviour found in birds and mammals. John Bowlby was the pioneer in attachment theory. He saw attachment theory “as a way of conceptualizing the propensity of human beings to make strong affectional bonds to particular others and of explaining many forms of emotional distress...to which unwilling separation and loss give rise” (1977, p. 201). His theories and conclusions regarding attachment originally came out of his attempts to understand the detrimental effects of maternal deprivation on the emotional development of infants and young children. Indeed, it was in the context of understanding infant and child behaviour that the whole tradition of attachment theory was first based. In the ensuing years, a very strong theoretical and empirical field of study emerged largely through the work of Bowlby and Mary Ainsworth.

In brief, attachment is considered to be a preeminent behavioural system during infancy and early childhood that regulates and maintains an infant’s proximity to a

protector/caregiver. Any real or perceived obstacle to maintaining proximity to the caregiver will result in attachment behaviours such as crying, screaming, and locomotion, which are designed to reestablish proximity. Bowlby (1969) argued that attachment was an emotional bond between the infant and the caregiver and consisted of three defining features including: (1) *proximity maintenance*, which involved behaviours such as proximity seeking and separation protests; (2) *safe haven*, where the caregiver serves as a haven of safety to which the child can go to during times of distress; and (3) *secure base*, from which the child can engage in nonattachment, exploratory behaviours. Over the course of the first three years of life the child will have innumerable interactions with the caregiver and as a result will learn what to expect from them and how to adjust the behaviours in order to elicit the most security.

Bowlby posits that these expectations lead to mental representations or inner working models that can be used to predict the availability and responsiveness of the caregiver. These working models are seen to consist of inner representations/evaluations of self and others. Thus, the attachment perceptions are seen to be dependent on two variables: (1) the degree to which the attachment figure (caregiver) is thought to be the sort of person who responds to calls of protection and support; and (2) the degree to which the self is judged to be worthy of being responded to in a helpful way. These inner models are also believed to be related to feelings of social and self-esteem in addition to guiding behaviour in subsequent close relationships.

According to Bowlby (1977), there was nothing intrinsically pathological about attachment behaviours. He saw attachment as playing a predominant and functional role in the emotional and relational development of all children. Despite this, much of his focus was on how attachment issues associated with the loss of the maternal figure were capable of generating processes associated with psychopathology, including personality disturbance, anxiety, anger, depression, and emotional detachment. In addition, he saw that the attachment processes seen in childhood were the same as those seen in older individuals who

continued to be affected by separations suffered in early life. His emphasis on psychopathology stemmed in part from his psychoanalytic background. Unlike the psychoanalytic tradition, however, which took adult pathology and attempted to understand it through retrospective processes, Bowlby's approach was to start with the early traumatic experience (i.e., parental separation) and to prospectively trace the psychological and pathological processes that result. In addition, his conclusions were largely based on clinical observation.

Mary Ainsworth furthered the area of attachment theory and research by developing a procedure for assessing attachment quality in a laboratory setting. Unlike Bowlby, Ainsworth came from a less clinical tradition and was interested in a more normative approach to understanding child/parent interactions. Thus, her research focused on looking at both normal attachment behaviours as well as pathology that may arise from parental deprivation. Using the laboratory procedure known as the *Strange Situation*, attachment was assessed by exposing the infant to repeated separations from the caregiver in an unfamiliar environment. By doing so, the infant's attachment system was believed to have been activated. The infants were then rated according to the degree to which they sought proximity or contact with the caregiver, the degree to which they accepted or were comforted by this, and whether exploratory behaviour was fostered by the presence of the caregiver. Through this process, three major patterns of infant-caregiver attachment were identified: (1) *Secure*, occurring in about 60% of American samples, the securely attached infant is characterized by being distressed when the mother left the room, being comforted by her return, and engaging in exploratory behaviours when the mother was present (Campos, Barrett, Lamb, Goldsmith, & Sternberg, 1983); (2) *Anxious/Ambivalent*, occurring in about 15% of American samples, the infant appears both anxious and angry and is preoccupied with their caregiver to such a degree that it prevents exploratory behaviours (Campos et al., 1983); (3) *Anxious/Avoidant*, occurring in about 25% of American samples, this infant does

not appear distressed by the mother's absence, avoids contact with her and keeps its attention focused on other objects (Campos et al., 1983).

It is also believed by those working in the infant attachment field that attachment patterns are largely stable and persist throughout life. Research has indicated that the patterns are generally stable over the first several years of life if the family environment is stable (Hazan & Shaver, 1994).

Although Bowlby asserted that "attachment behaviour is held to characterize human beings from the cradle to the grave" (1977, p. 203), it hasn't been until recently that attachment theory has been applied to any great degree to adult functioning. Following on the traditions of Ainsworth and her infant attachment classification model, Mary Main and her colleagues have investigated adult patterns of attachment (Main, Kaplan, & Cassidy, 1985). Here, the focus has been on the possibility that people's mental representations of their childhood relationships with their parents can in turn affect their own parenting behaviour and their children's subsequent attachment patterns. As with Ainsworth's methodology, this program of research focuses on parent-child interactions and patterns. In addition, researchers have largely adopted interview and observational methods and have tended to focus on small groups of subjects. Through the use of these methods, strong connections between parent and infant attachment patterns have been found. Researchers have found that caregivers of anxious/ambivalent infants typically responded to their infants in inconsistent ways, sometimes being unavailable while at other times being intrusive. In contrast, caregivers of avoidantly attached infants consistently respond to their infants demands for attention or contact in a detached manner.

Although Main and her associates have provided greater understanding of adult-child attachment, they have not focused greatly on how adult forms of attachment might generalize or affect interpersonal functioning outside of the parent-child dyad. Largely independent from Main's work, however, this past decade in particular has seen a burgeoning of research and theory in the area of adult attachment as it relates to adult relationships (Bartholomew,

1990; Collins & Read, 1990; Hazan & Shaver, 1987). Here, adult attachment is seen as differing from infant attachment in several important ways. Weiss (1982) suggests that, as opposed to children whose attachments are directed toward adult caregivers, adult attachment is usually directed toward a peer and is not so capable of overwhelming other behavioural systems such as exploration and affiliation. In addition, adult attachment is usually directed towards someone with whom a sexual relationship also exists. Another distinction between child and adult attachment lies in the progressive development of more reciprocal relationships and in the development of a set of schema and expectations that attachment figures will be available and responsive. Co-occurring with this is the development of a self-image that is perceived as being capable of functioning effectively when separated from the attachment figure and who is worthy of receiving help (Bowlby, 1977). Thus, unlike children, adults who feel securely attached can rely on an internalized sense of security and availability of the other without requiring the presence of another to feel at ease.

Even within the adult romantic attachment literature there appear to be two somewhat distinct schools or approaches that roughly parallel the approaches taken by Bowlby on the one hand and Ainsworth on the other. The latter approach has its focus more on the normative aspects of attachment relationships. Theorists in this area typically come out of personality or social psychological perspectives and perceive attachment as a whole to be a broad construct with great explanatory power, one that plays a critical role in life adjustment and overall feelings about self-and other. Here, adult attachment behaviours are seen as mainly grouping into three central patterns that correspond to Ainsworth's styles of secure, avoidant, and anxious/ambivalent. Secure attachment is seen as the most prevalent and most stable of the categories (Hazan & Shaver, 1994). It is associated with increased levels of felt security, self-esteem, and positive relationships (Collins & Read, 1990). Anxious/ambivalent attachment is characterized by a lack of confidence in the availability and responsiveness of others. Attempts by ambivalently attached adults to achieve relationship security often involve immense mental energy and effort (often in the form of an intense expression of

distress or anger) to keep attachment figures close by and engaged. Studies have shown that anxious/ambivalent attachment is associated with jealousy, fear, anxiety and loneliness (Collins & Read, 1990; Feeney & Noller, 1990). The avoidant attachment pattern in adulthood involves avoidance of intimate social contact especially during stressful times. Research has shown that this style is associated with fear of intimacy and pessimistic views of relationships (Hazan & Shaver, 1987). The prevalence rates of these three styles closely parallel those rates found in children with secure being found in approximately 55% of adults, avoidant in about 25%, and anxious/ambivalent in about 20% (Hazan & Shaver, 1994).

There is some disagreement, however, as to the number of distinct types of attachment that exist in adulthood. Bartholomew and Horowitz (1990) drew closely on the work of Bowlby and his conceptualization of internal working models of self and other. Their model classifies adults primarily into four distinct attachment patterns or styles based on the intersection of two underlying dimensions — a person's self-model (positive or negative) and a person's model of others (positive or negative) (Bartholomew, 1990; Bartholomew & Horowitz, 1991). The four attachment styles include: a *fearful* style, characterized by a desire for social contact that is inhibited by fears of rejection; a *dismissing* style, characterized by a defensive denial of the need for social contact; a *preoccupied* style, characterized by a negative view of self and a striving to find self-validation in intimate relationships; and a *secure* style, where there is both personal autonomy and satisfying intimate relations with others. Using both self-report and interview data on attachment as well as measures of related constructs, good evidence for the construct validity of a four category model of adult attachment has been established (Griffin & Bartholomew, 1994a).

Whereas the categorical and relatively normative based approach to understanding attachment has been adopted by those theorists working in the field of personality and social psychology, those working in the areas of clinical psychiatry and psychology have taken a narrower approach opting instead to understand the role of pathological forms of adult attachment in the etiology and maintenance of various psychological and physical disturbance

(Livesley, Jackson, & Schroeder, 1992; West, Rose, & Sheldon, 1993). Thus, whereas personality theorists consider attachment to manifest itself in primarily three or four distinct patterns, clinical theorists focus primarily on behaviours that can be characterized as anxiety laden or distressful. Indeed, it could be argued that insecure attachment as discussed by clinical theorists corresponds closely to the anxiety attachment dimension discussed by Collins and Read (1990).

Those in the clinical field have been influenced a great deal by the work of John Bowlby. Although clinicians also view attachment to be a central component of healthy, normal interpersonal functioning at all stages of the life cycle, their primary focus is to study the role of how insecure attachments or attachment relationships moderate various clinical disorders.

Insecure attachment¹ in adulthood is seen as arising out of the inconsistencies or lack of responsiveness of the attachment figures one experiences throughout life. As a result, a set of expectations are formed that attachment figures will be unavailable and that the self will be incapable of functioning effectively when separated from the attachment figure. This is seen to result in the adult retaining some of the features of childhood attachment such as a strong need for the physical presence of attachment figures (especially at times of stress), the reduced ability to cope when alone; and a strong separation protest (West, Livesley, Sheldon, & Rieffer, 1986). The central difference between the secure and insecurely attached individual lies in the differences seen in the thresholds for the expression of attachment

¹ The term *insecure attachment* is used in this study to refer to the clinical conceptualization of insecure attachment including such behaviours as proximity seeking, separation protest, and feared loss. Insecure attachment does not specifically refer here to the nonsecure 'attachment styles' such as fearful, preoccupied and dismissive. Indeed, within this conceptualization, avoidant styles of attachment (e.g., Main's *dismissing* style or Bowlby's *compulsive self-reliant* style) would not be considered insecure.

behaviours such as proximity seeking, feared loss, or separation protest. The securely attached adult has as his/her reference point an internal representation of the attachment figure. It is through this that a felt sense of security is maintained as opposed to the young child who maintains security by actively seeking proximity to the attachment figure. Only in situations of great distress, such as death of the attachment figure, illness, or emotional stress, are attachment behaviours expressed with the intensity similar to that seen in childhood (Bowlby, 1977). In contrast, the insecurely attached adult has a lower threshold for the concrete expression of attachment behaviours and as such frequently experiences the urgency to seek out and keep the attachment figure near to ensure felt security (Bowlby, 1977). As there is little or no internalized sense of the other, the actual physical presence of the attachment figure is sought or needed in order to establish a sense of security. Furthermore, the anxiously attached adult will tend to react intensely to all actual or anticipated separations (West et al., 1993).

As in the area of dependence research, only recently have attempts have been made to quantify and measure empirically the construct of pathological or insecure attachment as it relates to adult interpersonal functioning². Prior to this, attachment theory and assessment remained in the realm of clinical psychiatry and was based largely on unstructured clinical interviews and untested psychoanalytic theory. Only in the past decade have efforts been made to develop valid and reliable measures of insecure or anxious attachment. Using combined rational and empirical test construction techniques, West et al. (1987) developed three scales that measure what they see to be the three main components of attachment behaviours: compulsive care giving; compulsive care seeking; and compulsive self reliance.

² Those working primarily in the area of adult/child attachment have a large body of research which documents the development of reliable and valid measures of attachment and links pathological forms of attachment to various clinical populations and pathologies.

Although these scales are empirically sound and correspond to Bowlby's discussion of pathological attachment patterns, they have not achieved wide acceptance in the field of attachment research. Using very similar test construction methods, Livesley et al. (1990) developed a single self-report scale of insecure attachment that combines each of Bowlby's components of feared loss, separation protest, and need for a secure base. This scale is part of a larger self-report measure of personality that assesses various personality dimensions commonly associated with personality pathology and has demonstrated good construct validity and reliability.

Few studies have applied attachment theory to male batterers despite the numerous anecdotal descriptions and portrayals of spouse abusers as needing their partner's close by and reacting angrily as a result of their own fears of being abandoned by their partners. Using Bartholomew's (1990) model of adult attachment, Pistole and Tarrant (1993) investigated the prevalence of attachment styles in a group of 62 male batterers. Based on self-report scales, they found that 17% of the men were classified as preoccupied and 25% as fearful. These rates did not differ noticeably from those rates found in nonbattering men. Contrary to their hypotheses, they also found that the securely attached group scored significantly higher on measures of resentment and suspiciousness, whereas the preoccupied group scored significantly lower on guilt.

In contrast to the above findings, Dutton, Saunders, Starzomski, and Bartholomew (1994) found higher rates of insecure attachment in their sample of assaultive men, with 33% classified as preoccupied and 20% classified as fearful. They also found that these anxious attachment styles related to a variety of measures including borderline personality organization, anger, trauma symptoms, and jealousy. In particular, they found that fearful attachment accounted for significant proportions of variance in the husbands' reported emotional abuse and dominating/isolating behaviour. They went on to postulate that the anger and anxiety seen in many spouse-assaultive men may have a common origin in insecure attachment and may operate to generate both abusing and controlling behaviours.

Using attachment interviews which measured both childhood and adult forms of attachment, Saunders (1992) found that men who had assaulted against their wives had a higher proportion of insecure attachment patterns than did a male student comparison group. In addition, there was a significant association between mental representations of early insecure attachment and adult intimate attachment, suggesting the possibility that early insecure attachment is an antecedent to later spouse abuse.

By investigating power and intimacy issues, Dutton and Browning (1984) looked at attachment indirectly. They compared males convicted of wife battering with males in marital therapy and "happily married" males solicited through a local newspaper. Subjects were exposed to a series of videotaped scenes depicting verbal conflict between a man and a woman, and were encouraged to identify with the man while measures of physiological arousal and reported affect were obtained. The videotaped interactions varied on power (male dominant versus female dominant) and attempted intimacy change (engulfment, neutral, and abandonment). The intimacy-change manipulations were designed to reflect the nature of the wife's psychological relation to the husband. Abandonment was represented by the woman expressing the desire for more independence, engulfment by the woman requesting for more communication and sharing, and neutrality by a neutral discussion. Results indicated that wife assaulters differed from all other groups in that they perceived more abandonment from female-initiated independence and reported more anger in response to this scenario. Moreover, they tended to see the issue as more relevant to their own relationship and to report that if something similar were to occur in their own relationship, they would use physical aggression to resolve it.

Insecure Attachment Versus Dependence

In looking closely at the definitions and behavioural descriptions of both dependence and insecure attachment, notable differences between the two constructs emerge. The concept of attachment differs greatly from dependence in that dependence is not specifically

related to maintenance of proximity, not directed towards a specific individual, does not imply an enduring bond, and is not necessarily associated with strong feelings (Bowlby, 1977). Bowlby (1973) asserts that dependence refers to the extent to which one individual relies on another for their existence or well being while attachment refers more to the emotional bond between a person and a significant other. He goes on to say that among children, “dependence is maximum at birth and diminishes more or less steadily until maturity is reached” whereas “attachment is altogether absent at birth and is not strongly evidenced until after an infant is past six months”(p. 203). Despite these distinctions, there has been a tendency for psychologists and psychiatrists, in both developmental and adult fields, to use the term dependence when in fact they are describing attachment behaviours. Even among noted theorists there is an apparent lack of agreement. Ainsworth (1972) proposed that among children, dependence includes attachment behaviour in addition to behaviours peripheral to attachment, such as attention-seeking and help-seeking. Bowlby (1973), however, suggests that much of what is termed dependence or overdependence is adequately covered by his term anxious or insecure attachment. He drew attention to two typical characterizations of overdependent children: (1) those who lacked autonomy and turned to their mothers to do everything for them; (2) those who were able to accomplish things on their own, however, they often created a scene whenever their parents left them alone. Behaviour conforming to this second type Bowlby specifically referred to as anxious attachment.

With the increasing interest in attachment behaviours, particularly in the clinical domain, there has been increasing recognition of the importance of distinguishing the effects of dependence and insecure attachment. Livesley et al. (1990) examined the degree to which the dimensions of dependence and attachment were distinct by empirically exploring the criteria set forth by DSM-III-R for dependent personality disorder (DPD). They systematically defined the features of DPD based on a content analysis of the literature and a review of attachment theory and concluded that the criteria for DPD described two forms of

interpersonal dysfunction: dependency and pathological attachment. They asserted that while the essential feature of DPD referred only to "a pattern of dependent and submissive behaviour" (behaviours associated most commonly with dependence), several DSM-III-R criteria for DPD referred to attachment behaviours as well. These included criteria such as "feels devastated or helpless when close relationships end" and "preoccupied with fears of being abandoned" (DSM-III-R, American Psychiatric Association, 1987).

Livesley et al. (1990) then attempted to empirically validate the distinction between the two constructs by developing psychometrically satisfactory scales to separately measure the ten dimensions included in the DSM-III-R criteria for DPD. They found that the factorial structure in both clinical and general population samples indicated that dependence and attachment dimensions were separate but related constructs. The salient dimensions for the factor, labeled *dependence*, included submissiveness, need for advice and reassurance, need for approval, and low self-esteem. In contrast, the salient dimensions for the factor, labeled *insecure attachment*, included separation protest, secure base, proximity seeking, feared loss, and need for affection.

This distinction between attachment and dependency is similar to other analyses of dependency. As described earlier, Birtchnell (1984) mentioned three components of dependency: affectional dependence, which corresponds to Livesley et al.'s (1990) conception of insecure attachment and Bowlby's concept of anxious attachment; ontological dependence, which corresponds to the low self-esteem and borrowed identity elements of dependence; and deferential dependence, which relates to the submissive and approval-seeking behaviours commonly related to dependence. Hirschfeld et al. (1977) considered dependency to consist of three factors as well: *emotional reliance on another person*, which combines attachment features such as fear of losing those one loves, needing to have close relationships, and needing relationships with more general support seeking elements; *lack of social self-confidence*, which includes more common dependency components such as submissiveness and advice seeking; and *assertion of autonomy*, which describes features not necessarily

prototypical of dependency. Hirschfeld, Shea, and Weise (1991) later interpreted the component of emotional reliance on another person as corresponding closely to the concept of attachment while lack of social self-confidence corresponded closely to the concept of general dependency.

Bartholomew and Larsen (1992) investigated the relationship of interpersonal dependency and attachment style by comparing subjects scores on measures of both constructs. Comparing self-report ratings on the attachment styles with the Interpersonal Dependency Inventory (IDI; Hirschfeld et al., 1977), Bartholomew and Larsen (1992) found that the subscales of the IDI — Emotional Reliance on Another, Lack of Social Self-confidence, and Assertion of Autonomy — were differentially associated with each of the non-secure attachment styles. Emotional reliance was more strongly associated with a preoccupied style, lack of social self-confidence with a fearful style, and assertion of autonomy with a dismissing style. Applying the more stringent definitions of dependence and insecure attachment discussed earlier, these results indicate that the fearful attachment style may relate to an interpersonal style that is submissive and dependent. In contrast, the preoccupied style may be more representative of insecure or anxious attachment and not so related to classical dependency traits. The dismissive attachment pattern, however, seems to indicate a style that is neither dependent nor insecurely attached behaviours but rather a denial of dependence and attachment needs.

It is important to note that the constructs of interpersonal dependency and insecure attachment are not completely unrelated. In childhood, those who demonstrate an insecure attachment style also tend to show exaggerated dependency behaviours (Sroufe, Fox, & Pancake, 1983). In addition, dependency is viewed as an important component of certain forms of attachment behaviours in adolescence and adulthood (Sperling & Berman, 1991). Nevertheless, individual differences in dependency and attachment in childhood have different antecedents (Sroufe et al., 1983) and correlates (Ainsworth, 1969). In adulthood, the behaviours associated with dependency and insecure attachment overlap only moderately

with attachment behaviour primarily involving proximity seeking and dependency involving help seeking.

The above analyses of the dependency construct demonstrates two critical points: (1) that dependency in its more inclusive conceptualization includes somewhat distinct but related components and does not necessarily describe a homogeneous constellation of behaviours; and (2) that insecure attachment is likely a better descriptor for many behaviours commonly described as dependence. Regardless, it is likely that there is more than one dimension of interpersonal behaviour when researchers have referred to dependency in describing populations such as wife assaulters. In addition, it may be that these separate dimensions actually delineate two distinct types of wife assaulters which in turn may have important ramifications for classification and treatment outcome.

The Present Study

The purpose of the present study is fourfold: (1) to distinguish between the constructs of insecure attachment and a more general dependence trait as they exist among a wife assaulter population; (2) to investigate in detail the prevalence of insecure attachment and interpersonal dependence among a spouse assaulter population; (3) to explore the relationship between both dependency and attachment constructs and several other variables of interest such as personality disorder, degree of social isolation and affiliation, attachment style, jealousy, alcohol and drug use/dependence, the degree of violence and psychological abuse; (4) to explore the degree to which the various attachment style dimensions relate to insecure attachment, dependence, and other related variables that are included in this investigation.

In the present study, many of the inadequacies of previous research with wife assaulter populations are overcome. It is one of the first studies to investigate empirically the construct of dependency in wife assaulters using reliable and valid measures. In the past, arguments that dependency exists in wife assaulters has been based largely on clinical

impressions or by attributing it indirectly from measures of constructs other than dependency. The present study will be investigating dependency using both self-report and interview based measures.

In addition, this study explores the construct of insecure attachment from various perspectives, including a clinically-based approach that focuses on the degree to which pathological attachment behaviours (proximity seeking, fears of abandonment, and separation protest) are exhibited by wife assaulters, as well as a more normative approach that investigates how each of the attachment styles relate to variables such as dependency, jealousy, violence and psychological abuse.

The confusion or lack of agreement over the definition of dependency also is addressed. Previous research has identified dependent subtypes of wife assaulters who, despite occasional violence, are primarily submissive and approach their relationships from a position of inferiority. They display a marked need for attention and approval from others. This constellation of behaviours coincides with the most widely used descriptions of dependency. Past research has more often labeled wife assaulters who reportedly express their dependency needs primarily through jealousy and possessiveness as dependent. This subgroup is depicted as fearful of separation and rejection. Instead of interacting in a submissive manner, however, they are generally hostile and dominating, forcing their partners, either by violence or threats of violence, to remain in close proximity, thereby avoiding abandonment. Despite being labeled as dependent, this grouping of behaviours coincides with what is most commonly referred to as anxious (Bowlby, 1973) or insecure (Livesley et al., 1990) attachment.

This study will empirically investigate both dependency and insecure attachment in an attempt to determine if they coexist and to see if they distinguish types of assaulters. It is likely that dependent and insecurely attached wife assaulters share some similarities in areas such as fear of abandonment and insecurity. It is also likely that dependence and insecure attachment have distinct and unique correlates.

It is hoped that measures will classify participants into insecure and dependent groups in sufficient numbers to allow for between groups analyses. Based on previous research (Hart et al., 1992) there is a strong likelihood that this will not be achieved and that dependence will not be sufficiently prevalent. Given this occurrence, analyses will consist of correlational analyses of the relationships between dependency, insecure attachment, and the other variables of interest.

Variables that may help to distinguish between dependency and insecure attachment include jealousy, social isolation, personality disorders, attachment style and levels of violence. Jealousy and social isolation are variables that have been purported to be related to dependency. Based on a more stringent definition of dependency, however, these variables may be more characteristic of insecure attachment than dependency. Because of intense fears of abandonment, it may be that insecurely attached wife assaulters have higher levels of possessiveness and jealousy. It is also likely that due to the intense emotions and fears associated with possessiveness and jealousy, levels of violence will also be greater and more among insecurely attached men. In contrast, the submissiveness associated with increased dependence may suppress levels of violence. With regard to social isolation, dependency is considered a submissive style in which relationships are sought to compensate for inadequacies. Thus, this personality style is more oriented toward establishing many social supports and contacts in order to avoid being alone (DSM-III-R; American Psychiatric Association, 1987). In contrast, insecurely attached individuals may be avoidant of relationships due to intense fears of abandonment.

These groups may also differ in the personality disorders they exhibit. It is expected that dependent individuals will be more likely to have dependent personality disorder (DPD). Indeed, DPD can also be considered as providing a rough estimate of the prevalence of interpersonal dependence in that its criteria mostly consist of dependency items (DPD also contains criteria associated with insecure attachment, however, these make up only two of the nine criteria). Insecurely attached individuals, however, would likely have borderline

personality disorder symptoms. Although not as directly linked as dependency and DPD, arguments have been made that borderline personality organization has as its core, insecure attachment issues (Dutton et al., 1994; West, Keller, Lints, & Patrick, 1993). That the borderline personality disorder (BPD) criteria include several insecure attachment items as well as items which have been closely linked with insecure attachment (i.e., excessive anger, emptiness and boredom, unstable affect), it can be argued that BPD can serve as a rough indicator of insecure attachment. The present study will allow an investigation of this relationship to determine the degree to which the two constructs overlap.

Apart from questions concerning the distinction between dependency and insecure attachment, the normative model which involves individual differences in attachment style also provides an interesting avenue for investigation: How do the various attachment styles differ in their relationships to violence, abuse, and personality variables. Previous research has identified the fearful and preoccupied attachment styles as being related to self-report measures of borderline personality organization, psychological abuse, and jealousy, whereas secure attachment ratings have been found to correlate negatively with these measures (Dutton et al., 1994). Fearful attachment has demonstrated particularly strong associations to these abuse and personality variables. This makes theoretical sense in that people with a fearful style, which involves negative other and self evaluation, are believed to desire social contact and intimacy with others but concurrently experience fear of rejection and distrust of others (Bartholomew, 1990). This may in turn lead to chronic frustration of attachment needs and resulting higher levels of violence and social isolation. The preoccupied style also may have its own unique pattern of relationships. Theoretically, this style is characterized by negative self-evaluation and a positive evaluation of others. Preoccupied individuals are seen to be actively seeking out attachment figures in order to gain their approval and achieve a borrowed sense of security and worth. Failure to do so would result in lower feelings of worth and the inability to receive others validation would likely lead to high levels of felt insecurity and jealousy. Both fearful and preoccupied attachment styles would be expected

to relate to BPD given that the anger and strong emotional reactions seen in borderline pathology (DSM-III-R; American Psychiatric Association) would likely result from the insecurities of the two attachment styles. It is expected, however, that fearful attachment style would be associated with greater levels of BPD scores as the combination of both negative self and other models may lead to more chronic frustration of attachment needs.

Another expected result is that on all above measures (with the exception of sociability), the secure attachment style would be associated with the lowest scores and negative correlations. This makes intuitive sense in that with higher levels of felt security (positive self and other evaluations) there would result lower levels of insecure attachment, jealousy, violence, and personality disorder. Previous research has demonstrated that men identified as securely attached, score lower than other attachment styles on measures of these personality constructs (Dutton et al., 1994).

Hypotheses

For the present study, the following hypotheses are proposed.

Hypothesis 1(a): Interpersonal dependency will be prevalent among a group of wife assaulters.

1(b): Insecure attachment will be prevalent among a group of wife assaulters.

1(c): Insecure attachment will be more prevalent than interpersonal dependency among wife assaulters.

Hypothesis 2: Dependence and Insecure Attachment will have a different constellation of interpersonal difficulties associated with them.

2(a): Among wife assaulters, interpersonal dependency will correlate significantly with dependent personality disorder and a fearful attachment style. It is hypothesized that dependency will more strongly related than insecure attachment to these variables.

2(b): Insecure attachment scores will be more strongly related to scores on borderline personality disorder, interpersonal jealousy, levels of violence, pathological social isolation, and preoccupied attachment style.

Hypothesis 3: Attachment style dimensions will vary in the degree to which they relate to various interpersonal difficulties associated with spouse-abusive men.

3(a): Preoccupied attachment will correlate significantly with measures of insecure attachment and jealousy.

3(b): Fearful attachment group will correlate significantly with measures social isolation and borderline personality disorder.

3(c) Secure attachment will correlate significantly and negatively with measures of insecure attachment, jealousy, social isolation, and borderline personality disorder.

Exploratory Investigation: Many analyses are possible given the amount of data that will gathered for this study. Depending on the preliminary results, several subsequent methods of data analyses may be adopted. Factor analysis may be used to better understand the interrelationship of the variables included in the study in addition to determining the underlying factor structure of the data.

In addition, information on several other variables will be gathered for the present study including demographic, substance abuse and previous convictions. These variables will be included in exploratory analyses. While these variables may also contribute to the distinction between insecure attachment and dependence or attachment styles, no hypotheses are offered with regard to the relationship between these variables.

METHOD

Participants

Participants for the present study were recruited through the wife assault treatment programs offered at SHARE Community and Family Services in Coquitlam, British Columbia. All participants had a recent history of wife or partner abuse (at least one incident of physical assault or threatening to assault within the past year) as determined either through a recent conviction for domestic assault or through self-report. A total of 125 men were approached and asked if they would participate in the present research project. Of that number, 32 did not participate for various reasons: Four men refused to participate; 5 men were not seen by researchers due to difficulties scheduling appointments; and 23 were not seen as a result of failing to attend their scheduled appointments or dropping out of the treatment program prior to being assessed.

Ninety-three men participated in this study, 36 of whom were court-ordered to attend treatment for domestic assault, while 57 were voluntary or self-referred. Of that number, 83 completed the entire research assessment including interview and questionnaires. Several men failed to return the completed questionnaire package, mostly due to treatment noncompliance. These men were seen for interviews, however, and were included in the statistical analyses specific to the interview data. Finally, an additional four men completed the questionnaire package without being interviewed. Similarly, the data collected from these men were included in the present study.

Information was also obtained from 29 of the men's female partners (see Procedures for how participants were recruited). An additional 26 women agreed to participate in the study and were sent a questionnaire package but for whatever reason (e.g., loss of interest or moving) they did not return the questionnaires prior to the end of the present study. In addition, we were unable to contact 30 partners, and a further six refused to participate.

Characteristics of Participants

Information on age, education, ethnicity, employment status and household income were gathered for all men in the study (summary statistics are presented in Table 1). The men who participated in the research ranged in age from 18 to 56 ($M=33.76$, $SD=7.80$). About 19% of the men were landed immigrants, 53% were third or higher-generation Canadians, while the remainder were either first or second generation Canadian. Eighty-six percent of the men were White, 7% were part native and part Caucasian, 4% were black, while there 1% each of Iranian, Fijian, East Indian, and Chinese. Modal education levels were either “some high school” or “graduated high school”, and the modal income earned was between \$20,000 to \$30,000. Seventy-six percent of the men were employed full-time, 5% were employed part-time, and 19% were unemployed. Thirty-seven percent of the men were married and living together at the time of participation, 24% were living common-law, 11% were together but not living together, 17% were separated, 2% divorced, and 9% were single.

Relationship characteristics were also gathered for the present study (see Table 2). Of the present sample, 66 men (72%) stated that they were still in a relationship with the person they were previously physically abusive towards while 26 men (28%) were no longer with the same person. Of the latter 26 men, four were with a new partner at the time of the study. Of the present sample, 37% of the men stated that they were married and living together at the time of participating in the study. Twenty-four percent were common law and living together; 11% were in a relationship but not living together, 17% were separated, 3% were divorced, and 9% were single. The average length of their relationship was 6.98 years with a range of less than one year to 30 years. The modal length of the mens' spousal relationship was approximately two years. The number of offspring was also obtained for each man. Twenty-seven percent had no children, 26% had one child, 36% had two, and 12% had three or more.

Table 1

Participant Characteristics

	Number	Percentage
Total N	93	
Age	18-56 years	(M=33.7)
Employment		
Full-time	71	(76%)
Part time	4	(4%)
Unemployed	18	(19%)
Education		
No highschool	2	2%
Some highschool	28	30%
Completed highschool	28	30%
Some college/university	13	14%
Completed college/univ	5	5%
Technical college	16	17%
Income		
below \$10 000	2	2%
\$10000-\$20000	6	6%
\$20000-\$30000	14	15%
\$30000-\$40000	23	25%
\$40000-\$50000	19	20%
\$50000-\$60000	11	12%
\$60000-\$70000	4	4%
above \$70000	14	15%
Race/Ethnicity		
Caucasian	81	87%
Native ^a	5	5%
Black	4	4%
other ^b	4	4%

^a All participants claiming to be native also had part European heritage.

^b Other includes men of Iranian, East Indian, Fijian, and Chinese descent.

Table 2

Relationship Characteristics

	Number	Percentage
Relationship status		
Married	34	37%
Common-law	22	24%
Together (not living together)	10	11%
Separated	16	17%
Divorced	3	3%
Single	8	9%
Average length of relationship		
$\underline{M} = 6.98 \quad \underline{SD} = 5.83$		
Number of relationships still together at the time of the study^a	66	71%
Number of children		
none	25	27%
one	24	26%
two	33	36%
three	7	8%
four or more	4	4%

^a Refers to the relationship where the last assault occurred.

Violence Characteristics

Information was also gathered concerning the nature of the past violence, past victimization and previous counseling and mental health experience (see Table 3). As mentioned previously, 36 (39%) men were court-ordered to attend treatment as a

result of a spousal assault conviction. Fifty-seven (61%) men involved in the present study were not court ordered and were there for a variety of reasons including personal concern over their behaviour or ultimatums from their partner's to attend treatment. Fifty-four percent of the men who participated in the study admitted to being violent towards their

Table 3.

Violence Characteristics

	Number	Percentage
Court-ordered to attend treatment	36	39%
Self-referred for treatment	57	61%
The use of violence under the influence of alcohol or drugs		
yes	50	54%
no	43	46%
The use of violence while not under the influence		
yes	66	72%
no	27	28%
Previous counseling experience		
yes	56	60%
no	37	40%
Self-reported victim of childhood abuse		
yes	42	45%
no	51	55%
Witnessed own fathers being abusive towards their mothers		
yes	47	51%
no	46	49%

partner while under the influence of alcohol or drugs. Seventy-two percent admitted to being violent towards their partner while sober or straight, while the remaining 28% admitted to being violent only when they were under the influence of alcohol or drugs. Four of the men denied ever being violent towards their partner.

The men also were asked about childhood experiences of corporal punishment, physical, sexual, and psychological abuse, as well as if they had witnessed their own father being violent towards their mother. Of the present sample, 73% claimed to have experienced corporal punishment while growing up and 45% admitted to experiencing some form of abuse while growing up. Of this, by far the majority involved a combination of physical and emotional abuse at the hands of either the father and/or the mother. Only a small percentage (less than 5%) claimed to have experienced any form of sexual abuse. Fifty-one percent of the men had witnessed their own father or step-father being physically or emotionally abusive towards their mother or saw him destroy property in a fit of anger.

Fifty-six (60%) of the men had counseling prior to attending SHARE Family and Community Services for anger management group treatment. Past treatment consisted of various forms of intervention including drug and alcohol counseling, martial therapy, and individual counseling.

Procedures

The present study was part of a larger research project that is evaluating the effectiveness of the assaultive husbands treatment programs offered at SHARE. This larger study is ongoing and being carried out through the British Columbia Institute on Family Violence and involves assessing men who have been referred to the treatment program both prior to treatment and one year post-treatment. The data for the present study were obtained only at the time of the first evaluation upon referral.

The men were first informed of the research project by SHARE counselors at the time of the man's intake assessment. At that time an appointment for the research assessment was scheduled with a project researcher for a later date. During the research assessment the researcher interviewed the men and gave them questionnaire packages which were either filled out at the SHARE offices or taken home by the men and returned at a later date. Prior to each man's participation in the present study, the purpose of the study was explained to all participants and signed consent was obtained (see consent form in Appendix A). Each man was informed that his participation in the study was voluntary and that he was free to terminate his involvement at any time. They were also informed that their participation in the study and the information gathered was kept completely confidential to help ensure honest responding to questions. Subjects were told, however, that exceptions to confidentiality would involve those instances where there is a perceived threat to the safety of an individual (i.e., where it is believed that an individual will do harm to his spouse or himself or where there is evidence of child abuse). Explanation of the present study, subject consent, and completion of the measures took place at the time of the pretreatment assessment of the larger treatment evaluation study. Subjects and, where possible, their spouses were assessed either prior to entry or very soon after entering the wife assault treatment programs. The time for completion of the interview ranged from 45 minutes to two hours, and the questionnaires required about one hour to complete. If a participant was judged to have poor reading skills, the questionnaires were administered orally by the researcher. This was done for three men.

Attempts were made to contact all of the partners. Partners were contacted over the telephone by SHARE counselors and informed of the research and asked to participate in the project. If they agreed, a short questionnaire package including a consent form (see Appendix A), a demographics sheet, a self-report measure of violence and a measure of psychological abuse were mailed to the women, along with a stamped and addressed return envelope. Again, limits of confidentiality were explained. In addition, the partners were

informed that the information they provide would under no circumstances be shared with their partners or be used to incriminate their partners.

Definition of Partner Assault

Several different definitions of what constitutes wife assault can be found in the literature. All definitions incorporate acts of physical aggression against a female partner as part of the definition and some also include psychological acts of aggression such as threats. The Ontario Medical Association (1986) includes "the physical or psychological abuse directed by a man against his female partner, in an attempt to control her behaviour or intimidate her" (p. 772) as part of its criteria for wife assault.

Although the harmful and deleterious effects of psychological abuse on the psychological well-being of the victim cannot be denied, most of the research literature on wife assault has not included psychological abuse in the operational definition of wife or partner assault. This is largely because the assaultive males that researchers come into contact with have been recruited through the criminal justice system as a result of an assault conviction or through court-mandated treatment groups for physical assault. In addition, physical assault has been thought to be more costly in terms of medical, police, and social service resources and it represents behaviours that society agrees are unacceptable and in need of intervention from outside the family (Dutton, 1988a). Nevertheless, psychological abuse either in the form of emotional/verbal abuse or domination and isolation also have serious consequences for victims and families and represent an important aspect of behaviour that is addressed in almost all treatment programs for abusive males.

For the present study, wife assault refers to any physical act of aggression or threat of aggression by a male against a female with whom he is intimate. The term *spousal partner* refers to either the legally married or the common law partner of the assaultive male. Physical acts of aggression may range from severe assault such as beating or using a weapon against a victim to less severe actions such as slapping, pushing, and throwing objects at the victim.

Measures

Given the high level of defensiveness in wife assaulters (Dutton, 1988a), and their tendency to minimize or deny distress and pathology (Hart, Dutton, & Newlove, 1993), both self-report and interview measures were used in the present study. There is evidence that interview-based methods minimize the impact of contextual factors and response styles with wife assaulter populations (Hart et al., 1993). In addition, information for partners will be used as supplemental data in scoring some items on the interview measure, as well as in providing a direct comparison with mens' reports on measures of violence and psychological abuse. Measures for the present study will consist of seven self-report questionnaires, one semi-structured interview schedule, and a demographic information form (see Appendix B):

Personality Disorder Examination.

The Personality Disorder Examination (PDE) is a semi-structured interview schedule that yields categorical and dimensional scores for each of the DSM-III-R personality disorders (Loranger, 1988). It has good interrater reliability (Loranger, Susman, Oldham, & Rossakof, 1987). Interview responses are used to score 126 items, corresponding to Axis II criteria. Items are scored on a 3-point scale (0= absent, 1= subthreshold, 2= present) and are combined (where necessary) and translated into symptom scores. Symptom scores are then used to calculate dimensional scores (sum of symptom scores), symptom counts (number of symptoms rated as present), and categorical diagnoses (according to DSM-III-R criteria) for each of the 13 personality disorders.

For the present study, only PDE items for four specific personality disorders — Dependent, Antisocial, Sadistic, and Borderline — were included. Using structured interview methods, previous research has demonstrated that only three personality disorders — Antisocial, Sadistic, and Borderline — were diagnosed with any significant frequency (i.e., a prevalence greater than 10%) among wife assaulters (Hart et al., 1992). Items for the

Dependent Personality Disorder were included in addition because of their direct relation to the thesis topic. In the present sample, internal consistencies for the four dimensional PD scales ranged from .69 for Dependent PD to .83 for Antisocial PD. (For symptom counts see Table C5 in the Appendices). Means, standard deviations and ranges for the present sample were as follows: Dependent PD, $M = 2.79$, $SD = 2.44$, range = 0-10; Borderline PD, $M = 6.33$, $SD = 3.80$, range = 0-15; Antisocial PD, $M = 9.66$, $SD = 6.98$, range = 0-35; and Sadistic PD, $M = 2.98$, $SD = 3.13$, range = 0-14.

Several items taken from the PDE were also used as an indicator of pathological social isolation. These items are listed in the Appendix B under social isolation. These will be used as rough indicators of social isolation and will be scored dimensionally. The alpha value for this scale was .66. On this scale, the men had a mean score of 2.25, with a standard deviation of 2.38, and a range between 0-8.

Insecure Attachment and Submissiveness Scales.

The Insecure Attachment and Submissiveness scales were developed as part of the Dimensional Assessment of Personality Pathology-Basic Questionnaire (Schroeder, Wormworth, & Livesley, 1992). Both scales are 16-item self-report scales that measures dimensions of their respective constructs. Each item is answered on a 5-point scale. The items that were included in the Insecure Attachment scale relate to separation protest, secure base, proximity seeking, feared loss and intolerance of being alone. The Submissiveness scale was developed from several smaller scales that were associated with interpersonal dependency. The items on this scale relate to general submissiveness, suggestibility and need for advice. Although the scale is named *Submissiveness*, the items for the scale correspond closely to the dependency criteria associated with dependent personality disorder. The authors of the measure were considering naming the scale *Dependency*, however, they decided against this given the wide and often varied use of the term. While scale development has been fairly recent, both scales have demonstrated good internal consistency

(.93 for insecure attachment and .90 for submissiveness). In addition, the scales have well established factorial validity and content validity. For the purposes of the present study, this scale will be labeled *dependence* in order to limit confusion surrounding the term, submissiveness³.

As part of the scale development, normative data for the DAPP-BQ scales were gathered in the Vancouver area from both a general population sample and a clinical sample. Data from the present sample also demonstrates good internal consistency with alphas of .93 for insecure attachment and .92 for submissiveness. See results section for mean scores and standard deviations for both the present sample and the general population sample.

Relationship Scales Questionnaire.

The Relationship Scales Questionnaire is a 35-item self-report questionnaire designed to measure each of the four attachment styles; secure (5 items), fearful (4 items), preoccupied

³ As a means of demonstrating adequate construct and concurrent validity, a preliminary study was undertaken prior to beginning the present study comparing scores on the *insecure attachment* and *submissiveness* scales of the DAPP-BQ with the *emotional reliance on another* and *lack of social self confidence* scales of the Interpersonal Dependency Inventory (see pages 27 and 28 for a more detailed discussion of the properties of the latter scales). Questionnaires were administered to 54 male and female undergraduates. As expected, the correlation between the *submissiveness* and *lack of social self-confidence* scales was significant at .73. The strong correlation supports the validity of the submissiveness scale as a measure of generalized dependency. Submissiveness scale also correlated with the emotional reliance on another scale ($r = .61$) and with the DAPP-BQ insecure attachment ($r = .46$). Insecure attachment correlated significantly with both lack of social self-confidence ($r = .50$) and emotional reliance on another ($r = .64$).

(4 items), and dismissing (5 items) identified by Bartholomew and Horowitz (1991). Each item is answered on a 5-point scale (1 = *not at all like me*; 5 = *very much like me*). Items on this measure correspond to Hazan and Shaver's (1987) attachment measure as well as items from Collins and Read's (1990) attachment instrument. Scale scores for each of the four attachment styles are created by summing items from the prototypic descriptions. Thus, the RSQ provides dimensional scores for attachment style. Previous research indicates that the RSQ has adequate convergent validity correlating with both interview and self-report measures of attachment styles (Griffin & Bartholomew, 1994a). The internal consistencies for the RSQ attachment style scales have been reported to be quite low, however, with alphas ranging from .31 for the secure pattern to .47 for the fearful pattern. The low internal consistency is largely attributable to the fact that two orthogonal dimensions (self-model and other-model) are being combined in the scales (Griffin & Bartholomew, 1994b). Thus, there may be seemingly contradictory items in the scale reflecting positive or negative evaluations of one model and the opposite evaluations of the other. In the present sample, internal consistency analyses yielded alphas of .10 for the fearful scale, .39 for the preoccupied scale, .45 for the dismissive scale, and .26 for the secure scale. The means and standard deviations for the attachment style scales were as follows: *fearful*, $\underline{M}=3.01$ ($\underline{SD}=.85$); *preoccupied*, $\underline{M}=2.87$ ($\underline{SD}=.77$); *secure*, $\underline{M}=3.01$ ($\underline{SD}=.63$); and *dismissive*, $\underline{M}=3.47$ ($\underline{SD}=.66$).

In addition, the RSQ contains includes items that can be used to derive scores for three attachment scales developed by Collins and Read (1990). These include the *close* scale (6 items) which measures the extent to which an individual is comfortable with intimacy, the *depend* scale (6 items) which measures the extent to which an individual believes others can be depended on, and the *anxiety* scale (7 items) which measures the extent to which an individual feels anxious about such things as being abandoned. These scales have demonstrated good construct validity, correlating with other attachment and personality measures. Internal consistencies in the present sample ranged from an alpha of .80 for the

anxiety scale to .61 for the depend scale. The means and standard deviations were as follows: *close*, $M=3.38$ ($SD=.84$): *depend*, $M=2.79$, ($SD=.68$): and *anxiety*, $M=2.62$ ($SD=.86$).

The RSQ also contains five items that make up the *sociability* scale developed by Cheek and Buss (1981). This scale measures the tendency to affiliate with others and prefer being with others to remaining alone. It is also measured on a five-point scale. Factor analytic analyses indicate that sociability is distinguishable from shyness. The internal consistency of the sociability scale in the present sample was .76. In the present sample the men had a mean score of 16.74 and a standard deviation of 4.56.

Interpersonal Jealousy Scale.

The Interpersonal Jealousy Scale is a self-report paper and pencil questionnaire that measures romantic jealousy (Mathes & Severa, 1981). It consists of 28 items, each of which are answered on a 9-point scale (1 = *not at all like me*; 9 = *very much like me*). Subjects are asked to indicate the degree to which they agree with statements indicating reactions to behaviour of their partners with other people. The measure was constructed using a rational approach. The scale has demonstrated high internal reliability with an alpha coefficient of .92. The scale also demonstrated a low correlation with social desirability. In establishing the construct validity of the scale, it has correlated with measures of dependency, romantic love, self-esteem, and expressions of possessiveness towards a partner.

In the present sample, the men had a mean score of 139.85, a standard deviation of 35.92, and a range of 48-227. The internal consistency of the measure in the present study was .80.

Brief Michigan Alcoholism Screening Test.

The Brief Michigan Alcoholism Screening Test (BMAST) is a brief 10-item self-report instrument used for identifying problem drinkers or alcoholics (Pokorny, Miller, &

Kaplan, 1972). Ten yes/no items assess the medical, social, family, and legal consequences of alcohol use. Positive responses are weighted (1-5 points) and are summed to produce a "clinical score". Reliability and validity have been established for the cut-off score of ≥ 6 . During test construction, the internal consistency was .92. The BMAST has excellent known-groups validity, being able to classify most respondents as alcoholic or nonalcoholic. In addition, it has been found to correlate highly with other measures of alcohol abuse.

In the present sample, the men had a mean score of 9.00 and a standard deviation of 7.79. The internal consistency of the BMAST in the present study was .57.

Drug Abuse Screening Test.

The Drug Abuse Screening Test (DAST) is a 28-item self-report questionnaire that yields a quantitative index of problems related to drug misuse (Skinner, 1982). Items on the scale are answered true or false. The DAST has demonstrated good reliability and internal consistency with an alpha of .92. Factor analyses of item intercorrelations suggest a unidimensional scale. The DAST has also demonstrated good concurrent validity, correlating with the frequency of drug use, indices of psychopathology, and background variables that have been linked with drug abuse.

In the present sample, the men had a mean score of 8.08 and a standard deviation of 5.04. The internal consistency of the DAST in the present study was .92.

Violence Against Women Scale.

This is a newly developed self-report questionnaire that asks respondents to indicate on a 4-point scale (1= *never*, 2= *once*, 3= *a few times*, and 4= *many times*) how often they have committed various acts of violence during the previous 12 month period (Marshall, 1992). The instrument includes 46 acts of violence which have been cited in the family violence literature. The respondent indicates how often he has done each of the 46 acts. The acts of violence listed on this measure include symbolic violence such as throwing or

smashing objects; threats of violence; mild violence, such as pushing or shaking; minor violence, such as pulling hair or scratching; moderate violence, such as slapping; serious violence, such as punching or burning; and sexual violence, such as forced sex. This measure can be completed by either female victims or male perpetrators. In administering this scale to partners, modifications to the wording of the instructions are made asking each woman how often their partner has done each behaviour. This measure was chosen for the present study in that it appears to be less cumbersome or confusing than other measures that are used to assess abusive or assaultive behaviours. In addition, this scale has demonstrated good internal consistencies with alphas ranging from .92 to .96. The scale has good content validity as its items cover behaviours which have been cited in the family violence literature. In addition, it has established factorial validity.

This scale allows for the combining of subscales into larger composite scales (Marshall, 1992). For the present study, scales measuring *physical acts of violence* and *threats or symbolic acts of violence*, in addition to an overall score of violence (both threats and physical violence) were used. The 19 items in the *threats and symbolic acts of violence* are made up from the symbolic violence, mild threats, moderate threats and severe threats subscales. The 27 items of the *physical acts of violence* scale are made up of the items from the mild, minor, moderate, severe, and sexual violence scales. Alpha coefficients for these three scales were similar for male and female participants and ranged from .84 for violence to .92 for combined violence and threats. Means and standard deviations for the male participants are as follows: *physical acts of violence*, $M=34.27$ ($SD=6.39$); *threats and symbolic violence*, $M=31.06$ ($SD=9.14$).

Comparisons between men's self-report and their partners' reports of violence was conducted using a t-test for paired samples. With a sample of 29 matched pairs, the overall mean score on the Marshall Violence Against Women scale for the men was 62.93 with a standard deviation of 17.64. Their partner's mean score was 90.32 with a standard deviation

of 19.06. A comparison of these two groups finds that the women had significantly higher scores, $t(28) = 6.45$, $p < .001$, on this measure.

Psychological Maltreatment of Women Inventory.

The Psychological Maltreatment of Women Inventory (PMWI) is a 62-item self-report scale designed to assess the frequency of various forms of nonphysical abuse (Tolman, 1989). Respondents are asked to rate how often they have committed various acts of abuse on a 5-point scale (1=*never*, 2=*rarely*, 3=*sometimes*, 4=*frequently*, 5=*very frequently*). Scores are provided for two subscales including Emotional/Verbal and Dominance/Isolation as well as an overall score of psychological abuse. Dominance/isolation includes 27 items related to the man's actions that result in the isolation of the partner from resources (e.g., social support), rigid observance of traditional sex roles, and demands for subservience. The 23 items from the emotional/verbal abuse subscale relate to degrading behaviour towards women, verbal attacks, and withholding emotional resources. Previous research suggests that the scales have good internal consistency with alphas of .91 for the dominance isolation scale and .93 for the emotional/verbal abuse scale. The PMWI has good content validity as its items were derived from several sources including two existing scales of partner abuse as well as behaviours reported in the descriptive clinical literature. Factor analyses and cross validation confirmed the existence of two factors (domination/isolation and verbal/emotional abuse).

In the present sample, an internal consistency analysis yielded alphas of .93 for the emotional abuse subscale and .90 for the dominance/isolation scale. The mean scores and standard deviations for the male participants are as follows: dominance isolation, $M=40.15$ ($SD=12.42$); emotional/verbal, $M=52.32$ ($SD=16.06$).

Comparisons between men's self-report and their partners' reports of psychological abuse was conducted using a t-test for paired samples. With a sample of 29 matched pairs, the overall mean score of the Psychological Maltreatment of Women Inventory for men was

112.30 (SD=22.68) while the partners had a mean score of 172.18 (SD=36.40). A comparison of means indicates that the partners again had significantly higher scores, $t(28) = 8.08, p < .001$.

Partner Versus Males' Reports of Violence and Abuse

Correlations between partners' reports of their spouse's violence and abuse with men's self-reports of violence, abuse, and several other personality variables are presented in Table C1 in the Appendices. All of these correlations were nonsignificant. This may be due in part to the low number of partners who participated. Despite this, however, the magnitude of the coefficients themselves were low. Correlations between women and men's reports of abuse or violence did not reach higher than .30. In addition, coefficients were even lower when looking at the correlations of the partners' scores on violence and abuse with those of men's reports on insecure attachment, jealousy, and Borderline PD.

Interviewers

Two interviewers (including the present researcher) were involved in the present study. Both had an M.A. degree in psychology and were experienced in working with clinical populations in general and with assaultive men in particular. Both interviewers were trained in administering and scoring the Personality Disorder Examination prior to beginning their participation in the study. Training consisted of reviewing the PDE manual with particular emphasis on becoming familiar with the criteria for each of the PDE items. In addition, each of the interviewers watched videotaped interviews with clinical patients and rated each of the patients on the PDE. Although no statistical comparisons were conducted to investigate interrater reliability, there was a high level of agreement on PDE ratings of the videotaped interviews. In addition, statistical analyses were conducted comparing the samples scored by

each rater on their PDE scale scores. These analyses did not indicate any significant differences on any of the personality disorder ratings. Thus, given the assumption that the two samples are similar, there is no evidence of bias or differential ratings between the two interviewers.

Court-ordered versus Voluntary Subjects

Comparisons between court-ordered and voluntary subjects using t-tests for equality of means (unequal N s) indicates that there were no significant differences between the two groups on interview measures of personality disorder, self-report measures of dependency and insecure attachment, or self-report measures of overall physical violence and dominance and isolation. A comparison between the two groups on emotional/verbal abuse did suggest that voluntary subjects scored higher, $t(74.28) = 2.41$, $p = 0.018$. When adjusted for familywise error rate, however, this difference became nonsignificant.

Given the lack of demonstrable differences between the court-ordered and voluntary groups, the remainder of the analyses will collapse the two groups, treating them as one.

RESULTS

Statistical tests for group differences

An approach that frequently is taken when addressing questions about the presence of various personality traits in certain populations is to conduct between-groups comparisons to determine if significant group differences exist. The availability of comparison groups — both general population and clinical samples — allowed for between group comparisons with the present spousal abusive sample on both insecure attachment and dependence measures.

Normative data for the DAPP-BQ scales were gathered in the Vancouver area from both a general population sample and a clinical sample. A heterogeneous population sample of 125 men had a mean age of 29.7 years ($SD=11.2$). These men were obtained from university and hospital employees, university students, members of community organizations, and other persons from the general community. The clinical sample consisted of 63 men with a mean age of 34.2 years ($SD=7.9$). They were all patients with a primary diagnosis of personality disorder. Patients were excluded if they met the criteria for a major psychiatric disorder (i.e., schizophrenia or major depression).

On the DAPP-BQ Submissiveness (dependence) scale, the abusive men from the present sample had a mean score of 36.52 ($SD=13.39$); a group of men from the general population had a mean score of 38.02 ($SD=11.12$). Testing the difference between the means of two independent samples (the present sample vs. Vancouver normals) on dependence, $t(224) = 1.24$, $p > .10$, indicated that the groups did not differ significantly on dependence. On the Insecure Attachment scale, the abusive men had a mean score of 42.03 ($SD=15.16$), and the normal males had a mean score of 33.92 ($SD=12.20$). The comparison between these two samples was significant, $t(224) = 4.02$, $p < .001$, with abusive men scoring significantly higher than normal.

Comparisons were also made between the present sample and a group of male clinical outpatients whose primary diagnoses was personality disorder. The clinical group's mean

score on the Submissiveness scale was 47.68 ($SD=12.36$). This differed significantly with the present sample scoring significantly lower, $t(180) = 6.26, p < .001$. The clinical group's mean score on the Insecure attachment scale was 42.40 ($SD=14.51$). A comparison of group means revealed no significant difference, $t(180) = .10, p > .10$.

Prevalence

An alternative way of addressing the hypotheses regarding the prevalence of interpersonal dependency and insecure attachment was pursued by determining prevalence rates from self-report on both the DAPP-BQ Submissiveness (dependence) and Insecure Attachment scales. Prevalence rates were based on determining the number of men in the study who scored at or above the 95th percentile using scores from a community sample as a reference. The determination of prevalence was arbitrary in that the scales are dimensional in nature. It was decided that statistical abnormality (a z score of 1.65 or higher) would give the best estimate of the prevalence of both dependence and insecure attachment.⁴

Based on a 95th percentile cut off, the prevalence of dependence in the present sample of spouse abusive men was 8.1% (7 out of 87 men) with a confidence interval of $\pm 5.8\%$, 19 times out of 20. The prevalence of insecure attachment was 25.6% (22 out of 87 men) with a confidence interval of $\pm 9.3\%$, 19 times out of 20.

Personality Disorder

Apart from prevalence questions based on self-report scores on insecure attachment

⁴ The DAPP-BQ was intended to provide dimensional scores on the various personality traits it measures. It was not designed to provide categorical diagnoses of these traits. In the present study, the use of the term prevalence indicates the number of individuals who scores were abnormally high on the scales.

and dependency measures, prevalence rates for interview-based personality disorder measures were also examined. Particular emphasis was on those rates found for Dependent and Borderline Personality Disorders as they bear theoretical association with both dependence and insecure attachment.

Prevalence rates of personality disorder were determined by the number of criteria that are positively endorsed by each of the men for each of the personality disorder categories. For each of the personality disorder diagnoses, there are a specific number of criteria that need to be present for a classification of "personality disorder present" to be made. In addition, there are two possible classifications that can be made: "Diagnosis Definite," where the number of criteria met surpass those set out by DSM-III-R; and "Diagnosis Probable," where the number of criteria met meet the minimum requirement for a diagnosis to be made.

The prevalence of Dependent Personality Disorder, based on those who were classified as "Diagnosis Definite", was 2.4% with a confidence interval of $\pm 3.3\%$, 19 times out of 20. As the confidence interval indicates that 0% was within the 95% confidence interval of the prevalence estimate, we cannot conclude that definite DPD had any appreciable prevalence in the present sample. Based on a combination of "Diagnosis Definite" and "Diagnosis Probable," the prevalence of DPD was 7.3% with a confidence interval of $\pm 5.6\%$, 19 times out of 20.

The prevalence of Borderline Personality Disorder (definite) was 19.5% with a 95% confidence interval of $\pm 8.6\%$. The prevalence of BPD (definite and probable) was 25.6% with a 95% confidence interval of $\pm 9.5\%$.

The prevalence rate for Antisocial Personality Disorder was 21.3% (95% confidence interval of $\pm 9.1\%$) for definite and 32.5% (95% confidence interval of $\pm 10.1\%$) for definite and probable. Prevalence rates for Sadistic Personality Disorder were 6.1% (95% confidence interval of $\pm 5.2\%$) for definite and 19.5% (95% confidence interval of $\pm 8.6\%$) for definite and probable.

Based on a rating of diagnosis definite, thirteen men were diagnosed as having one personality disorder, 9 men were diagnosed with two personality disorders, and 4 men were diagnosed with three personality disorders.

To summarize the results of this set of analyses, there were clear differences in the prevalence of insecure attachment and dependence. Insecure attachment was significantly prevalent in the present spouse abusive sample. In addition, between-groups analyses indicate that the abusive group as a whole differed significantly from a normal population sample on the insecure attachment measure and scored virtually the same as a clinical sample composed of personality disordered men. In contrast, the prevalence of dependence, as measured by the DAPP-BQ Submissiveness scale, appeared to differ little from a normal population sample. Indeed, tests of group differences indicated no significant differences when comparing the present sample with normals. Furthermore, the present sample scored significantly lower on dependence when compared with a clinical sample. Similarly, prevalence rates based on interview data with the Dependent Personality Disorder of the PDE fell somewhere between 0 and 5.7%, indicating negligible levels of dependency.

Correlations

The second set of hypotheses predicted that there would be different constellations of interpersonal difficulties associated with dependence and insecure attachment. Specific hypotheses tested were that dependence would correlate significantly higher than insecure attachment on measures of Dependent Personality Disorder, sociability, and fearful attachment, whereas Insecure attachment would correlate significantly higher on Borderline Personality Disorder, jealousy, levels of violence, and psychological abuse.

Specific relationships regarding insecure attachment, dependence, and other variables of interest were assessed by calculating Pearson product-moment correlation coefficients. In addition, comparisons of the magnitude of relationship that insecure attachment and

dependence have with these other variables were conducted by Hotelling's procedure for testing the difference between two non-independent r s. In comparing the correlations of the two measures with the various other measures of interest, the strongest associations were

Table 4

Intercorrelations of Insecure Attachment and Dependency Measures.

Measures	1	2	3	4
1. DAPP-BQ: Insecure Attachment	--	.42*	.56*	.54*
2. DAPP-BQ: Dependency		--	.33	.61*
3. PDE- Borderline PD			--	.56*
4. PDE-Dependent PD				--

* Denotes significant .05 level after a Bonferroni correction.

consistently demonstrated for scores on the Insecure Attachment scale. The correlations between insecure attachment and dimensional scores on personality disorders tended to be equally strong and significant with Borderline ($r = .56$) and Dependent ($r = .54$) (see Table 4). In contrast, dependence correlated significantly with Dependent PD ($r = .61$) and was less associated with Borderline PD ($r = .33$). When testing for differences between the correlations on these variables, insecure attachment correlated significantly higher than dependence on BPD, $t(81) = 2.46$, $p < .05$, however, there were no significant differences on DPD, $t(81) = .003$, ns. Neither variable was significantly correlated with Antisocial Personality Disorder. Insecure attachment was significantly associated with Sadistic

Personality Disorder ($r = .41$), but dependence ($r = .04$) was not; this difference reached significance, $t(81) = 3.39$, $p < .01$.

When comparing the relationships of insecure attachment and dependence with self-report abusiveness measures, there were even greater differences in the magnitude of correlations (see Table 5). On a measure of overall physical violence, insecure attachment correlated .38 whereas dependence correlated .01, *ns*. This difference was significant, $t(86) = 3.55$, $p < .01$. Post hoc analyses on more specific forms of violence found that a composite

Table 5

Insecure Attachment and Dependence Correlations with Abuse Measures ^a

	Insecure Attachment	Dependence	<i>t</i>
Overall violence	.38 (<i>p</i> = .000)	.01 (<i>p</i> = .940) ^b	3.55*
Threats and symbolic violence	.40 (<i>p</i> = .000)	-.01 (<i>p</i> = .940)	3.96*
Physical violence	.27 (<i>p</i> = .000)	.03 (<i>p</i> = .813)	2.12
Overall psychological abuse	.50 (<i>p</i> = .000)	.16 (<i>p</i> = .142)	3.44*
Verbal abuse	.43 (<i>p</i> = .000)	.18 (<i>p</i> = .101)	2.39
Dominance and isolation	.52 (<i>p</i> = .000)	.12 (<i>p</i> = .269)	4.11*

^a As an alternative to testing for differences between zero order correlations, partial correlations are presented in Table C2 in the Appendices.

^b Uncorrected significance level of the correlation coefficient.

* Denotes significant difference between correlations at .05 when controlling for familywise error using a Bonferroni correction.

score of nonphysical violence (threats and symbolic violence) correlated significantly with insecure attachment ($r = .40$), but not with dependence ($r = -.01$, *ns*). Again, this difference reached significance, $t(86) = 3.96$, $p < .001$. Correlations were somewhat lower for actual physical violence (insecure attachment, $r = .27$; and dependence, $r = .03$) and, when controlling for familywise error rate, the difference failed to reach significance, $t(86) = 2.12$, $p > .05$.

On self-report measures of psychological abuse, Insecure attachment again consistently correlated higher than dependence. On overall psychological abuse, insecure attachment correlated significantly higher ($r = .50$) than dependence ($r = .16$), $t(86) = 3.44$, $p < .0005$. Post hoc analyses on the psychological abuse subscales indicate that on verbal abuse, insecure attachment correlated significantly higher ($r = .43$) than dependence ($r = .18$, *ns*), $t(86) = 2.39$, $p < .05$, and on dominance/isolation, insecure attachment also correlated significantly higher ($r = .52$) than dependence ($r = .12$), $t(86) = 4.11$, $p < .001$.

Table 6 presents the correlations between insecure attachment, dependence, and additional personality measures. Comparing the correlations of scores on the Interpersonal Jealousy scale with insecure attachment ($r = .55$) and dependence ($r = .12$), there was a similar pattern with insecure attachment yielding a strong and significantly greater relation with jealousy than dependency, $t(84) = 4.39$, $p < .001$. Further analyses of correlations between insecure attachment, dependence and various other measures including drug and alcohol abuse, sociability and social avoidance yielded insignificant correlations and insignificant differences between insecure attachment and dependence on these variables. When not controlling for family-wise error, two correlations — Insecure attachment with the BMAST alcohol abuse scale ($r = .26$) and with sociability ($r = .22$) — reached significance.

Table 6

Insecure Attachment and Dependency Correlations with Personality Measures

Measure	Insecure Attachment	Dependence
Jealousy scale	.55* (p= .000) ^a	.12 (p= .263)
BMAST (alcohol)	.26 (p= .014)	.13 (p= .231)
DAST (drug)	.19 (p= .076)	.00 (p= .994)
PDE: social avoidance	-.02 (p= .855)	.15 (p= .193)
Sociability scale	.22 (p= .045)	.18 (p= .099)

* Denotes significant difference between correlations at .05 when controlling for familywise error using a Bonferroni correction.

^a Uncorrected significance level of the correlation coefficient.

In addressing the hypothesis questions, it is clear that insecure attachment carries with it a vast and varied constellation of correlates whereas dependence appeared unrelated to most of the variables included in the present study. As hypothesized, insecure attachment had significantly higher correlations than did dependence with measures of Borderline PD, jealousy, overall violence and overall psychological abuse. Post hoc analyses indicate that insecure attachment also correlated higher than did dependence with a composite measure of threats of violence and symbolic violence, as well as on scales of dominance/isolation and verbal abuse. In contrast, the only correlation that reached significance for the dependence variable was with the Dependent PD measure. Contrary to hypotheses, however, this correlation was not significantly higher than that found between insecure attachment and DPD. Overall, it is clear that among wife assaulters dependence has little relationship to

many of the variables that have been linked to wife assault (i.e., violence, psychological abuse, jealousy etc.) whereas insecure attachment appears to have strong associations.

These conclusions are also supported by results of partial correlation analyses (see Table C2 in the Appendices). Here it is demonstrated that those aspects that are unique to insecure attachment are significantly related to many variables including violence, abuse, personality disorder, and jealousy. In contrast, the results suggest that dependence provides essentially nothing unique to the prediction or variability seen in other measures (with the exception of Dependent PD).

Borderline and Dependent PD correlations

As mentioned previously, Borderline and Dependent Personality Disorders are thought to reflect underlying difficulties with insecure attachment and dependency respectively. The intercorrelations between all four of these variables (see Table 4), however, suggest that these latter constructs have a great deal of overlap with both BDP and DPD. Dependent PD, in particular, appears to be related equally to both dependence and insecure attachment (see Table C3 in Appendices for DPD and dependency correlations with Insecure attachment partialled out). Nevertheless, both BPD and DPD have their own unique relationship to various other measures included in this study.

As with the difference between insecure attachment and dependence in their correlations with violence and personality measures, there is a similar discrepancy between various correlations with the dimensional ratings of Borderline and Dependent PD, with the former consistently demonstrating strong correlations (see Table 7). The BPD correlations were particularly strong with psychological abuse measures — ranging between .54 and .60 — and with dimensional scores on Antisocial PD ($r = .58$) and Sadistic PD ($r = .53$). Correlations were less strong (but remained significant) between BPD and physical violence ($r = .38$).

Table 7

DPD and BPD Correlations with Violence and Abuse Measures.

Measure	PDE-Dependent PD	PDE-Borderline PD
Marshall: Overall	.14 (p=.196)	.32 (p=.002)
Marshall: Violence	.18 (p=.109)	.38* (p=.000)
Marshall: Threats	.20 (p=.070)	.57* (p=.000)
PMWI: Overall	.34 (p=.002)	.60* (p=.000)
PMWI: Verbal Abuse	.32 (p=.004)	.59* (p=.000)
PMWI: Dominance/Isolation	.32 (p=.002)	.54* (p=.000)
PDE - Antisocial PD	.18 (p=.098)	.58* (p=.000)
PDE - Sadistic PD	.37* (p=.000)	.53* (p=.000)

* Denotes significant at the .05 level after Bonferroni adjustment for familywise error rate.

The correlations between DPD and violence were low and insignificant, ranging between .14 and .20. DPD correlations with psychological abuse measures, however, tended to be moderate, correlating between .32 and .34. These were found to be insignificant, however, after Bonferroni adjustments for experimentwise error. Using the DPD measure, the only significant correlation after error rate adjustment was with Sadistic PD ($r = .37$).

Table 8
DPD and BPD Correlations with Additional Personality and Substance Abuse Measures.

Measure	PDE-Dependent PD	PDE-Borderline PD
RSQ-Fearful	.30 (p=.007)	.41* (p=.000)
RSQ-Preoccupied	.31 (p=.005)	.31 (p=.004)
RSQ-Dismissive	.06 (p=.880)	.14 (p=.220)
RSQ-Secure	-.25 (p=.023)	-.22 (p=.045)
Interpersonal Jealousy	.34 (p=.002)	.48* (p=.000)
BMAST (alcohol abuse)	.25 (p=.025)	.55* (p=.000)
DAST (drug abuse)	.13 (p=.250)	.50* (p=.000)
PDE-Social avoidance	.16 (p=.124)	.22 (p=.038)
Sociability scale	.07 (p=.507)	-.04 (p=.724)

* Denotes significant at the .05 level after Bonferroni adjustment.

On correlations with attachment style measures, the differences between BPD and DPD was minimal. Both had moderate correlations with the fearful and preoccupied attachment styles, negligible correlations with the dismissive attachment style, and moderate negative correlations with the secure subscale (see Table 8). The BPD scores most often had higher correlations with other personality measures than did DPD, however, these were not subjected to statistical comparisons. Borderline PD did have strong and significant

correlations with drug abuse ($r = .55$), alcohol abuse ($r = .50$), and interpersonal jealousy measures ($r = .48$).

In summary, Borderline PD, which correlates highly with insecure attachment, consistently demonstrated strong correlations with host of variables including violence, psychological abuse, interpersonal jealousy, and substance abuse (both with alcohol and drugs). Conversely, Dependent PD, which correlated virtually equally with dependence and insecure attachment, demonstrated lesser but moderate correlations with many of the same variables. When controlling for experimentwise error, however, all of the DPD correlations with the exception of one failed to reach significance. Research has shown that the DPD criteria are not a pure measure of dependency traits but that they also contain criteria more reflective of insecure attachment. Indeed, when partialling out the effects of the insecure attachment variable, the associations between DPD and other variables drop markedly. Thus, again results indicate that dependency in its purer form (with insecure attachment partialled out) has negligible relationship with wife abuse and variables associated with it.

Factor Analysis of Relational Variables

A principal components analysis was performed including all of the primary relational variables in order to determine the underlying relationship structure between variables and assess their relationship to abuse measures. It was hypothesized that dependence and insecure attachment would have a different constellation of interpersonal difficulties. By performing this analysis, additional support for this hypothesis is possible as it would be expected that insecure attachment and dependence would load on different factors. Nevertheless, this analysis was purely exploratory and used as a means of better understanding the data. Although the analysis produced four factors with eigenvalues over one, a scree plot of the eigenvalues was equivocal and suggested a three factor solution may have been most appropriate. Nevertheless, the four factor solution was selected because it

yielded a simpler and more readily interpretable structure. These four factors accounted for about 68% of the variance.

Table 9 displays the factor loadings from an orthogonal varimax rotation³. Jealousy, insecure attachment, Borderline Personality Disorder, and Dependent Personality Disorder loaded primarily on factor one. This pattern can be interpreted as distinguishing a global sense of jealousy and insecurity. On the second factor, the highest loadings were with dependency, Dependent Personality Disorder, preoccupied attachment style and insecure attachment. This pattern can be interpreted as reflecting general dependency and associated insecurity. The highest loadings on the third factor were with social avoidance (reverse scoring) sociability, and preoccupied attachment style and can be interpreted as need for social contact. On the fourth factor, the highest loadings were on the dismissive and fearful attachment styles of the RSQ. This factor can be best interpreted as reflecting a negative view of others in relationships. Factor scores were estimated through multiple regression.

Correlations between the participants' factor scores and the various violence and abuse measures as well as Sadistic and Antisocial Personality Disorders were conducted. This analysis suggests that of the four factors, the jealousy/insecurity factor was essentially the only one that bore any relationship to violence and abuse (See Table 10). The strongest relationship was between this factor and the Dominance/isolation scale of the PMWI ($r = .68$). Strong correlations were also found between the jealousy/insecurity factor and the Verbal

³ Both orthogonal and oblique rotations were conducted on this set of data, yielding the same factor structure. Correlations between the oblique factors were nonsignificant. As a result, it was decided to present the orthogonal factor analysis as it leads to an easier and clearer interpretation of the data.

Table 9

Factor Loadings for Scale Reduction^a

Measure	Factor 1	Factor 2	Factor 3	Factor 4
Insecure Attachment	.67*	.46	.31	.12
Dependence	.03	.86	.03	.04
PDE-Borderline PD	.64	.43	.09	.20
PDE-Dependent PD	.49	.70	-.07	-.08
Interpersonal Jealousy	.89	-.06	.03	.02
RSQ-Fearful	.34	.32	-.28	.61
RSQ-Preoccupied	.22	.47	.47	.25
RSQ-Dismissive	.01	-.07	.06	.90
RSQ-Secure	-.44	-.08	.25	-.07
RSQ-Sociability	-.14	.29	.79	.02
PDE-Social Avoidance	.02	.31	-.81	.17

^a From a Principal Components analysis with orthogonal varimax rotation.

* Boldface loadings indicate those variables that load highest on each factor.

Abuse scale of the PMWI ($r = .53$), a combination of threats and symbolic violence from the Marshall scales ($r = .55$), and the dimensional score of the Sadistic PD ($r = .51$). Somewhat lower but significant correlations were found between factor 1 and violence ($r = .31$) and the dimensional score of APD ($r = .34$). Among the correlations between the remaining three factors and the above measures only one reached significance — factor 2

(dependency/insecurity) and Verbal Abuse of the PMWI ($r = .23$) — however, this relationship was low and insignificant when controlling for familywise error.

Table 10

Factor Correlations with Abuse Variables

Measure	Factor 1 Jealousy/ Insecurity	Factor 2 Dependency	Factor 3 Sociability	Factor 4 Negative other
Marshall/overall violence	.49**	.05	.01	.04
Marshall: threats	.55**	.03	.05	.02
Marshall: violence	.31*	.06	.05	.03
PMWI: overall abuse	.62**	.18	.00	-.01
PMWI: isolation/dominance	.68**	.09	.03	-.01
PMWI: verbal abuse	.53**	.23*	.07	.03
PDE: Antisocial PD	.31*	.10	.00	.07
PDE: Sadistic PD	.51**	.08	-.01	.00

* Denotes significant at the .05 level only prior to Bonferroni adjustments.

** Denotes significance at the .01 level after Bonferroni corrections.

Dependence, Insecure Attachment and Attachment Style

Hypotheses were also made regarding the degree to which dependence and insecure attachment would be differentially associated with certain attachment styles. In particular, it was predicted that insecure attachment would correlate significantly higher with preoccupied attachment than dependence. In addition, it was predicted that dependence would be more highly correlated with fearful attachment than would insecure attachment.

Correlations between the DAPP-BQ measures of Insecure attachment and Dependence and the RSQ measures of attachment styles indicate that there is little difference in the magnitude of relationship between insecure attachment and dependence on the various attachment style dimensions (see Table 11 for correlation matrix).

Table 11

Intercorrelations of Insecure Attachment, Dependency, and Attachment Style Measures.^a

Measure	1.	2.	3.	4.	5.	6.
1. DAPP-BQ: Insecure Attachment	--	.42 (p= .00)	.35 (p= .00)	.46 (p= .00)	.10 (p= .35)	-.29 (p= .01)
2. DAPP-BQ: Dependence		--	.29 (p= .01)	.30 (p= .01)	.02 (p= .87)	-.11 (p= .32)
3. RSQ: Fearful			--	.34 (p= .00)	.29 (p= .01)	-.40 (p= .00)
4. RSQ: Preoccupied				--	.08 (p= .45)	-.12 (p= .26)
5. RSQ: Dismissive					--	-.02 (p= .85)
6. RSQ: Secure						--

^a N = 87.

p - levels reflect probability levels of correlation coefficients prior to Bonferroni corrections.

In testing the hypothesis that insecure attachment would correlate significantly higher with preoccupied attachment style ($r = .46$) than would dependence ($r = .30$), there was no significant difference, $t(84) = 1.13$, $p > .05$. It was also hypothesized that dependence would correlate higher with fearful attachment style ($r = .29$) than would insecure attachment ($r = .35$). A simple visual inspection of the data indicates that insecure attachment had a higher correlation than dependence, however, this difference failed to reach significance, $t(84) = 0.93$, $p > .05$. Post hoc analyses revealed that it was only on the secure attachment style where insecure attachment ($r = -.29$) and dependence ($r = -.11$) significantly differed, $t(84) = 2.43$, $p < .05$, however this difference failed to reach significance when adjusting for familywise error.

Attachment style correlations

It was also hypothesized that attachment style dimensions would vary in the degree to which they relate to various interpersonal difficulties associated with spouse-abusive men. Specifically, it was hypothesized that preoccupied attachment would correlate significantly with a measures of insecure attachment and jealousy. Analyses indicate that preoccupied attachment did correlate significantly with insecure attachment ($r = .46$) but did not with interpersonal jealousy ($r = .19$). In investigating the hypothesis that fearful attachment would correlate significantly with measures of social isolation and Borderline PD, it was revealed that fearful attachment did indeed correlate significantly with Borderline PD ($r = .41$) and with social avoidance ($r = .34$). Finally, in investigating the hypothesis that secure attachment will correlate significantly and negatively with measures of insecure attachment, jealousy, social isolation, and Borderline PD analyses revealed that none of these correlations reached significance — the correlations between secure attachment and insecure attachment ($r = -.29$) and interpersonal jealousy ($r = -.29$) were significant when not controlling for familywise error.

Post hoc correlational analyses with the attachment style scales and the various additional measures were also conducted (see Tables 8, 11, and 12 and Table C4 in the Appendices). Among the attachment dimensions themselves, analyses revealed that the fearful attachment style correlated moderately with each of the other styles, however only one of these correlations reached significance when adjusting for family-wise error (fearful and secure attachment) ($r = -.40$). The intercorrelations among the remaining attachment scales were nonsignificant.

In looking at each of the attachment style dimensions separately it is clear that the dismissive style relates minimally to most of the variables included in this study. Most of the correlations coefficients involving this scale range between $-.03$ and $.10$, including those with violence and abuse measures, and with personality disorder measures. The dismissive scale did correlate moderately with the Anxiety ($r = .24$) and the Depend ($r = -.31$) scales developed by Collins and Read (1990), however, these were nonsignificant when adjusting for family-wise error.

The secure attachment style also did not show strong correlations with most of the measures included in the study. As expected, most of the correlations were negative, suggesting an inverse relationship between felt security and measured distress, or pathology. Nevertheless, those relationships tended to be small and insignificant. Secure attachment had the strongest associations with the depend and close scales of Collins and Read (1990). This replicates previous findings suggesting that secure attachment is positively associated with feeling comfortable in close relationships and depending on others to be available.

Apart from hypothesis questions, the fearful attachment style demonstrated small and insignificant correlations with violence, psychological abuse and substance abuse measures. There were somewhat larger correlations found between the fearful style and Dependent PD, jealousy, and insecure attachment. These failed to reach significance when controlling for family-wise error. As with the other attachment style dimensions, the fearful measure demonstrated the largest correlations with the Collins and Read scales. Here, correlations

were significant and strong with the close ($r = -.62$), depend ($r = -.72$), and anxiety ($r = .46$) scales. This supports previous findings suggesting that with increasing levels of fearful attachment, higher levels of discomfort and anxiety with regard to depending on and getting close to others emerge.

Correlations involving the preoccupied attachment scale also tended to be small and insignificant. Preoccupied attachment did correlate with DPD ($r = .31$), depend ($r = -.31$), sociability ($r = .33$), and dependence ($r = .30$). When adjusting for family-wise error, however, these correlations did not reach significance. The preoccupied scale did correlate significantly with verbal abuse ($r = .37$) and with Collins and Read's anxiety attachment scale ($r = .65$).

Table 12

Correlations of Attachment Style Measures with Abuse and Personality Measures

Measure	Fearful	Preoccupied	Dismissive	Secure
Marshall: overall	.22	.21	-.02	-.05
Marshall: threats	.21	.24	-.03	-.06
Marshall: violence	.18	.13	-.01	-.02
PMWI: overall	.24	.28	.00	-.23
PMWI: verbal abuse	.23	.37	.00	-.22
PMWI: dominance/ isolation	.23	.15	.04	-.22
BMAST: alcohol abuse	.25	.23	.01	-.13
DAST: drug abuse	.13	.15	-.01	-.08
Sociability scale	-.19	.33	-.00	.14
PDE: Antisocial PD	.16	.07	.05	-.03
PDE: Sadistic PD	.12	.09	.06	-.02
PDE: social avoidance	.34	-.13	.05	-.23
Jealousy	.36	.19	.06	-.29

DISCUSSION

Dependence

Overall, the results of the present study suggest that general dependence, characterized by submissive behaviours and the need for others' advice and reassurance, is not a prominent characteristic in men who are abusive towards their partners. Both interview and paper-and-pencil self-report measures indicated that the prevalence of extreme dependence is likely between zero and 10%. These rates are low and are similar to those found in the general population (Weissman, 1993) and other wife assaulter populations (Hart et al., 1993). There was a slight discrepancy between the self-report questionnaire and the interview data with the former suggesting a slightly higher than normal rate and the latter suggesting no higher prevalence than is found in the general population. Nevertheless, a comparison of means between this sample and a general population sample indicated no significant difference.

This discrepancy in prevalence rates may have been due in part to the less stringent scoring criteria of the self-report questionnaire. With the Personality Disorder Examination interview, scoring required additional corroborating evidence in order for a positive score to be given on each of the various dependency items. The scores on the DAPP-BQ measure may have been lower if there were requirements for more detailed information. Furthermore, the DAPP-BQ questionnaire is a dimensional scale and the cut-off for determining prevalence was arbitrarily set at 95% (statistical abnormality) and does not necessarily indicate pathological levels of dependence. Perhaps by setting a more stringent cut-off point, the prevalence rate would have more closely coincided with the interview measure. It is interesting to note that the dependent personality disorder measure, despite including both dependency and insecure attachment criteria, nevertheless failed to result in higher than normal prevalence rates.

There also were negligible correlations found between dependency and most of the other variables of interest. This provides additional evidence for the relative lack of importance of the dependency construct in understanding partner-abusive men. Although the literature has linked dependency to jealousy, there is little evidence for this association. The correlations in the present study were low and insignificant for both questionnaire and interview measures of dependency. Furthermore, when partialling out the insecure attachment variable, those correlations were zero or negative. Similarly, there was no evidence of a significant relationship between dependency measures and social isolation or sociability.

When looking at the correlations between dependency and the violence and abuse measures, again there was little evidence of positive and significant relationships. None of the correlations of abuse variables with the questionnaire measure of dependency reached significance. This was also the case when correlating dependency and interview measures of antisocial and sadistic PD (two personality disorders that have been associated with violence and abuse in the literature), where the correlations were not significant. In contrast, the dependent PD measure correlated moderately with scales measuring verbal abuse and dominance/isolation. These correlations, however, were insignificant when adjusting for error. Furthermore, the partial correlations controlling for insecure attachment were negligible. Dependent PD correlated significantly with sadistic PD but not with antisocial PD. Once again, when insecure attachment was partialled out, the correlation with sadistic PD was insignificant.

It is interesting to note the effect that partialling out insecure attachment has on many of the correlations between DPD and other variables. In many cases the effect is to dramatically lower the magnitude of relationship. This would suggest that the variance associated with the insecure attachment construct accounts for the higher zero-order correlations found with DPD and the violence and abuse measures. It may be that by controlling for insecure attachment, what is left in the DPD variable is unique to the construct

of dependency. Hence, as with the questionnaire measure of dependency, the results are insignificant, indicating that dependency has nothing additional to offer in understanding spouse-abusive men.

Based on these findings, the place of dependency in the explanation of spouse abusive men becomes highly questionable. Although theorists and clinicians have often viewed dependency as being a central personality characteristic of many assaultive men, it is clear that dependency's role is nil or at the most, very minor. This being the case, what is to be made of the many clinicians who have worked closely with partner abusive men and have so often described them as dependent? If one means by dependence, a submissive and needful personality trait where one approaches relationships from an inferior stance, then it is unlikely that partner-violent men are dependent. The violent and dominating behaviours exhibited by the men towards their spouses suggests that they are anything but submissive. Although they may indeed have feelings of inferiority, dependency cannot be inferred as they do not exhibit dependent responses or behaviours.

The present findings also challenge the empirical evidence that has found wife assaulters to have higher levels of interpersonal dependency than both maritally discordant nonviolent men and happily married men (Murphy et al., 1994). This discrepancy can be best accounted for by redressing the problems found in the literature with regard to how dependence is defined. As discussed in detail in the introduction section, many theorists have considered dependency to consist not only of general dependence characteristics such as interpersonal yielding and need for advice, but also as consisting of behaviours relating to insecure attachment. These behaviours include fear of abandonment, and a need for the partner or attachment figure to remain close and available for emotional support. The empirical evidence for existence of excessive dependency in wife assaulters is based for the most part on this confusion between the constructs of insecure attachment and dependence. The measures used in the Murphy et al. (1994) study are more reflective of insecure attachment. The authors used a self report measure of spouse-specific dependency (Rathus,

1990) which included three content domains: fear of abandonment, focal dependency (involving a focus on the primary relationship to the exclusion of others), and dependent self-esteem (involving the degree to which one is dependent on the partner for feelings of self-worth). The construct of spouse-specific dependency is more related to insecure attachment than dependency. Indeed, the dependency trait, by definition, does not refer to relationships with specific individuals such as a spousal relationship. Rather, dependency is a general trait that characterizes most relationships. In addition, one of the two primary scales on the Interpersonal Dependency Inventory (a second dependency measure used in the Murphy et al., 1994 study) has been described as primarily a measure of attachment behaviours (Hirschfeld et al., 1991). Thus, the finding that assaultive men score significantly higher than comparison groups might indicate that spouse-assaultive men are in fact more insecurely attached than dependent. Although the other primary scale of that measure — Lack of Social Confidence — is more indicative of general dependency (Hirschfeld et al., 1991), Murphy et al. (1994) did not report whether the assaultive men scored higher than other men on this subscale.

It should be noted, however, that there are differing views and interpretations of dependence. The perspective taken in this study is that dependence is a relatively stable personality trait with strong temporal and situational generalizability. Others could take a more developmental view of dependence. Here, dependence could be seen as a route or developmental trajectory to insecure attachment and thus be distally related to spouse abuse. Alternatively, dependence could be conceptualized as a dynamic and less stable trait that is activated in certain contexts. Thus, there may be different situations in many spouse abusive men where dependence arises and exerts its influence on the behaviours directed towards the spouse. Despite these alternative views, the mainstream conceptualization of dependence is that of being a relatively stable trait that generalizes to most relationships. It is also a trait which individuals manifest in varying degrees, from normal to pathological.

Insecure Attachment

Results from the present study suggest that, unlike classical dependence, insecure attachment relates strongly to many of the constructs and variables associated with spouse abuse. In addition, the findings suggest that insecure attachment may play a crucial role in many of the destructive behaviours seen in these men.

Based on the paper-and-pencil questionnaire, insecure attachment was found to exist in abnormally high levels in approximately 25% of the partner abusive men. Furthermore, a comparison of group means indicates that, as a group, the abusive males scored significantly higher than a general population sample on the insecure attachment measure.

As predicted, insecure attachment had a significantly higher correlation with borderline personality disorder than did dependence. Perhaps more surprising was the high correlation found between insecure attachment and dependent personality disorder. Indeed, both insecure attachment and dependence related equally to dependent PD. This high correlation can be explained in part by considering the two relatively distinct components that make up the criteria for dependent PD. Although dependent PD is made up of primarily dependence items, it also includes items distinctly related to insecure attachment. Thus, even when partialling out the dependence variable, there is a moderate and significant correlation between insecure attachment and dependent PD.

As expected, interpersonal jealousy correlated more with insecure attachment than with dependence. The high correlation found between these two variables suggest that they share much in common. This is not surprising because much of interpersonal jealousy involves anger or suspiciousness that centres around themes of perceived threats to one's relationship. That many of these threats are imagined suggests an underlying insecurity about the stability or availability of the partner.

Insecure attachment had strong and significant correlations with most of the abuse measures, unlike dependence. Correlations were strong with nonviolent abuse measures such as verbal abuse and threats while they were notably lower for actual physical violence.

Interestingly, one of the highest correlations was with a scale measuring dominance and isolation. This finding suggest the construct of insecure attachment relates most strongly to behaviours designed to assert dominance and control over the spouse. These behaviours also serve to isolate or cut off the spouse from outside supports which in turn keep her nearby and leave her dependent on the husband. The finding that insecure attachment relates strongly to dominance and isolation makes theoretical sense because the male, by controlling his spouse and ensuring that she remain close by, will circumvent the panic associated with insecure attachment. Indeed, dominating and isolating behaviours may be viewed as other forms of insecure attachment behaviour and can easily be interpreted as reflecting proximity seeking, separation protest and feelings of feared loss.

Compared with the measure of dominance/isolation, measures of verbal abuse and threats/symbolic violence had slightly lower correlations with insecure attachment. These behaviours, although less salient in controlling feelings associated with insecure attachment, may be reflective of reactions of frustration and anger that result from feelings of felt insecurity and feared loss. Furthermore, both verbal abuse and symbolic violence share much in common with dominating and isolating behaviours in that they may also serve to dominate the partner and to assist the male in his attempts to control and isolate his partner.

In contrast to nonphysical forms of abuse, the results indicate that actual physical violence was not significantly correlated with insecure attachment. One possible explanation for this is that physically violent acts, although useful in the short term for keeping the partner under domination and control, may be adopted less often or regularly as it may ultimately serve to drive the partner away and thwart one's attempt for proximity seeking and achieving felt security. This explanation, however, is inconsistent with some theories that suggest emotional attachments may actually be reinforced or strengthened as a result of physical abuse (Dutton & Painter, 1993; Walker, 1984). Regardless, the relationship between physical violence and attachment is likely complex and multi-faceted. The small correlation that was found between violence and insecure attachment indicates that there likely is some (albeit

minor) relationship. This may be reflective of the anger and frustration associated with insecurity which in turn leads to less controllable and impulsive acts of violence. At this point, however, more research is needed to address the complex relationship between insecure attachment and violence.

The exploratory factor analysis also provides an interesting clue to the underlying structure of the data and the role of insecure attachment in understanding men's abusive behaviours towards their partners. Insecure attachment loaded to some degree on three of the four factors including the dependency and sociability factors. This suggests that insecure attachment is a robust construct that is associated with several distinct forms of interpersonal difficulty. Furthermore, in the present study insecure attachment was primarily related to the first factor which appears to be primarily a jealousy/insecure attachment factor. All of the variables that load on this factor share qualities of insecure attachment. In particular, insecure attachment, jealousy, borderline and dependent PD all involve fears of abandonment. Interpersonal jealousy, which loaded highest on this factor, not only relates to insecure attachment, but also involves strong emotional reactions that may lead to the extreme anger and abuse often seen in spouse-assaultive men. For this reason, borderline PD also loaded highly on this factor. A visual analysis of the data suggests that the Borderline PD items endorsed most often by the men were those relating to intense and unstable relationships, inappropriate and intense anger, and feelings of emptiness. For dependent PD, the most often endorsed items included "feeling devastated when close relationships end" and "preoccupied by fears of being abandoned" (see Table C5 in Appendices). Taken together, these four different measures come together on this factor to give a telling picture of many spouse assaulters. Indeed, this picture corresponds to many of the clinical descriptions that have been offered in the literature: wife assaulters are pathologically jealous and insecure about their relationships with their partner and have particular fears about being abandoned. Furthermore, they appear to react to these feelings with intense and unstable anger.

The constellation of variables on this factor also bears a strong resemblance to what Dutton (1994) referred to as the *abusive personality*, in which a borderline personality organization forms the central construct around which several other constructs relate including jealousy, anger, fearful attachment, and trauma symptoms. The present analysis provides a slightly different net of constructs with jealousy as the primary variable. Of particular interest are the high correlations found between the jealousy/insecurity factor and several of the abuse measures. This factor correlated most strongly with dominance and isolation. Here, factor scores accounted for approximately 50% of the variance in the dominance measure. High correlations were also found with verbal abuse, threats of violence, and Sadistic Personality Disorder while relationships were somewhat lower for actual physical violence and Antisocial Personality Disorder.

The relationship between the jealousy/insecure attachment factor and abuse measures provide an informative view of many men who abuse their partners and may provide some clues to the underlying processes that lead to assaultive behaviour. The underlying insecurity that centers around the availability of the female partner coupled with the mistrust and strong emotions associated with jealousy likely energize the man to control his partner's movement and whereabouts in an attempt to keep her close by. This behaviour has its roots in deep-seated fears of abandonment and the primary need for the attachment figure's presence in order to provide security. Any real or perceived actions on the part of the partner that might indicate that she is distancing herself from him would be experienced with panic, anxiety, and anger. This would further provoke attempts by the man to prevent this feared distancing through dominating and controlling behaviours such as restricting his contact with friends or social supports. By doing this, he temporarily achieves success as the partner is isolated and remains in close proximity. This achieved security ultimately fails, however, as a result of an internal sense of insecurity. The partner's physical presence does not instill trust as it is only a result of a forced proximity. Ultimately, violence may result from either extreme rage that arises when felt security breaks down or when no options for further control are perceived.

Insecure Attachment and Dependence Revisited

Despite the many findings that suggest insecure attachment is distinct from dependence, the results from the present study also indicate that the two variables are significantly correlated. The moderate correlation suggests that there is some overlap between the constructs. This has been supported by other research which has found insecure attachment to correlate significantly with dependency measures (Livesly et al., 1990). This also supports previous theoretical conceptualizations which have pointed to the interrelationship between the two constructs. It has been argued that dependency is an important component of certain forms of attachment behaviour, particularly those relating to insecure attachment, both in childhood (Waters & Dean, 1985) and during adolescence and adulthood (Sperling & Berman, 1991). Empirical research has demonstrated that children who exhibit insecure attachment also tend to show exaggerated dependency behaviours (Sroufe et al., 1983). In addition, it has been noted that certain interactional patterns between the infant-parent dyad that result in the development of an insecure attachment style also lead to excessive dependency in later childhood and adolescence (cited in Bornstein, 1992).

Despite the interrelationship, there are important distinctions between the two. One issue that has been not discussed thus far is the degree to which insecure attachment is considered a personality trait. Unlike dependence, which is generally viewed from a trait perspective, insecure attachment is not so clearly defined as such. The general view of insecure attachment is not primarily as a stable personality characteristic that is expressed often and in numerous contexts and situations. Rather, it is seen as more of a systemic and relationship specific characteristic that is expressed in specific contexts (within the spousal relationship) and situations (those times when one's sense of security is challenged). Nevertheless, there are times when insecure attachment can be viewed as a trait, particularly

when an individual is extremely high on insecurity and where expressions of this insecurity occur frequently and relatively predictably.

In considering the construct of dependence, it is logical that many of its associated behaviours such as submissiveness, compliance, and advice seeking may have their roots in insecure attachments that are formed at an early age. Bowlby asserts that dependence is maximum at birth when we are dependent on our caregivers for meeting virtually all of our needs. With increasing maturity, dependence is thought to decrease as we learn effective independent coping and achieve mastery over our environment. Theoretically, the attachment system is vitally important in instilling an individual's sense of confidence in exploring the environment as well self-reliance (Bowlby, 1973). Hence, specific forms of attachments (i.e., insecure or anxious attachments) may exert a great deal of influence over the possible emergence of dependency. Along this line, Ainsworth (1969) notes that dependency refers to a class of behaviours that are first learned in the context of the infant's dependence on the primary caregiver and is reinforced in the course of caring for and interacting with the infant. Although this form of dependency is specific to one relationship (usually the mother), it later generalizes to other individuals. These are only assumptions, however, and are based largely on anecdotal or observational analyses. Further research is needed in order to understand the roots of dependence.

The construct of attachment is much broader than dependence and refers to a host of additional behaviours and mental representations. Thus, whereas dependence may be seen as being influenced by insecure attachments, the converse is not as apparent. Indeed, there are many varying patterns of relationship that insecure attachment may take from overly self-reliant to excessively anxious and needy. The present study indicates that insecure attachment is associated with behaviours such as verbal abuse and dominating behaviours — behaviours quite distinct from the submissiveness and need for help found with dependence. In addition, results from the factor analyses in the present study indicate that insecure attachment is a robust variable relating in varying degrees to several domains of functioning

including jealousy, personality disorder, dependence, and sociability, as well as spouse abuse. In contrast, dependence appears more circumscribed and limited in its explanatory powers.

Despite the interrelationship between the two constructs, the results of the present study suggest that it is primarily those aspects that are unique to insecure attachment which are important in the explanation or understanding of spouse abuse. In contrast, when dependence is considered by itself or with insecure attachment partialled out, it is clear that little is gained by entertaining the idea that dependence is an important variable in the explanation of spouse abuse.

Insecure Attachment, Dependence, and Attachment Style

Contrary to hypotheses, there was no clear pattern of differential relationships involving insecure attachment, dependence, and the preoccupied and fearful attachment styles. Insecure attachment was expected to correlate significantly more with preoccupied attachment style and significantly less with fearful style when compared with dependence. Although correlations were in the expected directions, there was no significant difference between correlations as both fell in the moderate range. As expected, both insecure attachment and dependence correlated negatively with secure attachment style.

With regard to the fearful and preoccupied attachment styles, both relate somewhat to insecure attachment. The moderate correlations that were found suggest, however, that the majority of the variance associated with the insecure attachment is independent of either fearful or preoccupied attachment. Theoretically, the fearful and preoccupied styles differ from insecure attachment in important ways. Both of the styles were conceptualized as relating to internal representations of the self and others in keeping with Bowlby's theory of attachment. Consequently, the items on the Relationship Scales Questionnaire refer more to internal need states such as "I want to merge completely with another person" of the preoccupied scale; or "I worry about others getting too close to me" found in the fearful scale. In contrast, insecure attachment, as conceptualized by Livesley et al. (1990), is consistent

with Bowlby's behavioural descriptions of insecure or anxious attachment which refers more to pathological behaviours such as proximity seeking and need for a secure base.

Another explanation for the relatively indistinct pattern of correlations found between insecure attachment and the fearful and preoccupied scales may be found in the underlying dimensional structure of these measures. Bartholomew's dimensional model of attachment asserts that the two primary dimensions of attachment involve the positivity of the self — indicating the degree to which a person has internalized a sense of his own self-worth (versus feeling anxious and uncertain of the self's lovability) — and the positivity of the other which relates to the tendency to either seek out or avoid intimacy and closeness in relationships. This model follows closely on Bowlby's theory and has been receiving acceptance in the attachment literature. Theoretically, insecure attachment should line up closely to the dimension concerning the negative evaluation of the self and its ensuing difficulties with interpersonal anxiousness, and preoccupation with and excessive dependence on the partner. With regard to the dimension concerning the evaluation of others, however, insecure attachment would appear to be not specifically oriented toward either avoidance or closeness. Thus, one would expect that as one becomes more anxious in relationships, there would not necessarily be a differential pattern of pursuing the partner — some men would respond to the anxiousness by approaching their partners for increased closeness while others would withdraw. The moderate correlations found between insecure attachment and the two attachment styles (preoccupied and fearful) suggest that this indeed is the case. Conceptually, both preoccupied and fearful styles share the negative self-model and anxiety with the insecure attachment construct. The preoccupied attachment pattern is distinct from simple insecurity, however, in that by definition it involves a striving to find security in intimate others. Conversely, the fearful style is distinct from insecure attachment in that it associated with a reluctance to become intimate and rely on others.

Interestingly, the insecure attachment scale correlated much higher with the anxiety scale developed by Collins and Read (1990; see Table A5 in Appendix). This scale is largely

based on the Hazan and Shaver's (1987) anxious/ambivalent attachment style. The anxiety scale differs from Bartholomew's attachment style measures in that it has higher internal consistency and relates more specifically to feelings of anxiety within relationships. The present study replicates previous findings which have shown the anxiety scale to correlate highly with both the preoccupied and fearful scales (this may be due in part to sharing specific test items). Nevertheless, it is not surprising to find the insecure attachment measure correlated higher with the anxiety scale than it did with either the fearful or preoccupied scales. As with the insecure attachment measure, the attachment anxiety scale also correlated strongly with several additional variables including Borderline and Dependent Personality Disorder, interpersonal jealousy, and psychological abuse. Past research has also demonstrated that this scale corresponds closely and inversely to the self-model dimension posited by Bartholomew (Griffin & Bartholomew, 1994). That the insecure attachment scale correlates strongly with this scale provides further evidence that insecure attachment and its' accompanying characteristics (i.e., proximity seeking, feared loss, and separation protest) closely corresponds to the negative-self dimension.

Further analyses involving Bartholomew's four attachment styles and various other measures largely revealed low and insignificant correlations. There was little difference in the magnitude of correlations found with the fearful and preoccupied scales. This indicates that there is no relative strength on the part of either scale in understanding spouse abuse or additional relational variables. The preoccupied scale correlated significantly with verbal abuse and with the anxiety attachment scale, however, these were not very strong.

The fearful style correlated significantly and moderately with social isolation, borderline personality disorder, and anxiety attachment, while correlating highly (and inversely) with the depend and close scales. Taken together, this supports the view that the fearful style is related to both negative self and negative other model and is characterized by both anxiety in relationships and avoidance of intimacy. That the fearful scale is also correlated with borderline personality suggests that there is an extreme emotional volatility

and instability associated with attempting to balance the need for attachment with the fear and avoidance of intimacy. The present study, however, does not indicate that this fearful pattern is strongly related to violence or abuse. This contradicts previous findings which have portrayed fearful attachment as a central construct in explaining spouse assault (Dutton, 1995). The discrepancy in findings may be a result of slightly different samples as the participants in the present sample appear to be somewhat better adjusted than other research samples. Overall, however, attachment style was not found to be very informative with regard to spouse abuse.

The correlations involving attachment style and other variables (i.e., insecure attachment, violence and abuse, personality disorder) were lower than expected. Previous studies using the same measure have found significantly higher correlations, particularly on the fearful attachment subscale (Dutton et al., 1994). The lack of significant findings may have been a result of problems associated with the Relationship Scales Questionnaire. The scales used to determine attachment style scores have only a few items each and have previously demonstrated relatively low internal consistency. Within the present study, internal consistencies were even lower than those previously reported — ranging from .10 for the fearful scale to .45 for the secure scale. As mentioned previously, the items in these scales were designed to reflect the two underlying attachment dimensions — the self-model (positive or negative), and the other-model (positive or negative) — and as a result may contain seemingly contradictory items reflecting a positive evaluation in one domain and a negative in the other. It may be that in the present sample, participants were predisposed to trying to balance portraying themselves positively and negatively which thus resulted in less consistency in responding. This is particularly likely with the fearful scale where individuals may not have been prone to present themselves as both excessively avoidant and anxious.

Despite minimal results when using the attachment style measure, attachment style may yet prove to be more informative in understanding abusive men. The results of this study indicate that the preoccupied attachment style correlated moderately with verbal abuse.

Furthermore, the fearful attachment style correlated moderately with both Borderline Personality Disorder, and jealousy. Perhaps with better measures and a more thorough assessment involving a multi-method approach, attachment style research will provide significant results.

The results of this study also emphasize the important distinction between the various conceptualizations, patterns, and measures of attachment. Evidence from the present study suggests that insecure or anxious attachment and its corresponding behaviours, is more useful in attempting to understand and predict abusive behaviours and other forms of psychopathology. Other patterns or measures may yet prove to be useful in this area and may be better investigated with other forms of data measurement (i.e., attachment interviews).

Those working in adult attachment have tended to fall into either the social/personality field or the clinical field. Unfortunately, there has been little correspondence or sharing of information between these two schools of research. As a result, the potential for enriching and informing each perspective is lost. In the future, it will be beneficial for both clinical and social psychology perspectives to come together in order to provide a more comprehensive understanding of the attachment processes at work in phenomena such as partner abusive behaviours.

Limitations of the Present Study

Despite the moderate to high correlations found between insecure attachment and several of the abuse and personality measures, the findings should not necessarily be taken to mean that insecure attachment causes wife assault or abusive behaviours. Whereas clinical theory often places insecure attachment as a primary contributing factor in pathological behaviours (Greenberg & Mitchell, 1987), the present investigation only provides information of the interrelationships of variables without implying cause. Arguments could be made that violence could in turn lead to insecure attachment in that as a consequence of violence, the partner might leave or threaten to leave the relationship, thereby resulting in feelings of

insecurity about the relationship. To address this question, a comparison of insecure attachment scores was conducted between men in relationship and out of relationship. Although the findings suggest no significant differences, it is still possible that a person could feel insecure both in or out of a relationship (this would be predicted by attachment theory).

The results of prevalence rates and differences between normals and the present sample must be interpreted with caution. As discussed previously, the criteria used for determining prevalence rates was arbitrary and set by the experimenter. In addition, because an individual's score was significantly elevated on either the dependence or insecure attachment measure, does not imply that they *are* clinically dependent or insecurely attached. The self-report questionnaires used in the present study were not designed specifically for the purposes of categorical classification. Rather, they are meant to measure various dimensions of personality that are thought to provide greater understanding of personality and psychopathology. Different methods of measurement or criterion setting may have yielded significantly different results.

In addition, the present study would have benefited from using a matched sample for comparison. The norms used for the DAPP-BQ scales, although gathered in the Vancouver area, were from a more affluent and educated sample. Comparisons between a matched sample of spouse-abusive, maritally-discordant but not abusive, and nondiscordant males would provide helpful information regarding the unique roles of insecure attachment and dependence in spousal violence. Furthermore, it would have allowed comparisons on additional measures of interest.

An additional problem concerns the measurement of dependence. For the present study, it was decided that the DAPP-BQ submissiveness scale would provide the best measure of general dependence. Unfortunately, there may be some disagreement regarding the appropriateness of using this scale as a dependency measure. For one, the name would suggest that it is more a measure of submissiveness. Additionally, the authors of the scale decided against naming this scale 'dependence' because the quality underlying the salient

traits appeared to be more related to a lack of assurance rather than simply reliance on others (Livesley, Jackson, & Schroeder, 1992). In reviewing the various dependency measures available, however, it became clear that there were virtually no scales with acceptable construct validity and reliability that measured pure dependency. Rather, scales often combined attachment and dependency items. The most often used measure — the Interpersonal Dependency Inventory — was considered for use in the present study because its two primary scales appear to differentially correspond to the constructs of insecure attachment and dependency (Emotional Reliance on Another Person measures insecure attachment and Lack of Social Self-confidence measures general dependency) (Hirschfeld et al., 1991). Closer scrutiny of the scales, however, suggest that neither are pure measures. In addition, the two scales have been shown to correlate higher than would be expected for two distinct but related constructs (Murphy et al., 1994).

The DAPP-BQ Submissiveness scale was chosen because it was reduced from the larger dependency factor arrived at in Livesley et al.'s (1990) investigation of dependency and insecure attachment (M. L. Schroeder, personal communication, November, 1992). In addition, the scale appeared to be the best available measure of pure dependency. Future research in this area would benefit from the development of a more accurate and broader measure of dependence with adequate reliability and validity.

There were additional measurement concerns involved in the present study. Attachment style has often been measured through attachment interviews, whereby comprehensive information is gathered regarding the individual's past and present relationships and attachment ratings are made by a trained interviewer or coder. Although it is difficult to ascertain the degree to which one measure is a true measure of attachment, self-report questionnaires have demonstrated only moderate correlation with interview measures (Bartholomew & Griffin, 1994a) and have rather low internal consistencies. The self-report scales were chosen for the present study largely for expediency. Future research would benefit from a comprehensive assessment of attachment involving interview and self-report.

Additionally, exploration of childhood attachment would assist in tracing some of the possible roots of violence and abuse towards partners.

Furthermore, interview data on most of the constructs investigated in the present study would have been beneficial. Because the majority of information was gathered via self-report questionnaires, the present findings may be open to the criticism that results may be partly due to differences in response style. A more accurate assessment would involve self-report in addition to interviews that would allow for further probing and corroborating evidence, particularly in allowing for collateral information obtained from client files, police or corrections records and (most importantly) the victim (s). Hart et al. (1993) point out that such interview methods would likely minimize the impact of contextual factors and response styles.

Another method of addressing response style would have been to include a measure of social desirability. Research has demonstrated, however, that controlling for social desirability if anything reduces the predictive validity of content measures (Paulhus, 1990). Indeed, it has been argued that self-definition may entail a self-deceptive bias and that purging it from a personality measure may serve to eliminate a central component of individual differences in personality.

Finally, response style was not considered a factor in the present study, however, as it is highly unlikely that the strong and positive results that were obtained could have occurred if a response style or bias was predominant. Typical response styles include variations on either “all yes” or “all no” responding. If anything, these styles would lead to low and negligible correlations, or to results where there were no differentiation in strength of relationship between the various measures. That there were significant correlations and clear differences between the relationships found with insecure attachment and those found with dependence argues that the present results are strong and robust.

An additional limitation of the present study was the low level of participation by the partners of the men. Only an approximate one third of the partners participated in the

research and as a result of the low number, meaningful statistical analyses incorporating partners' information were unable to be done. A comparison of group means finds that men reported significantly less violence than partner accounts. In addition, a correlational analyses comparing women's reports of male violence and men's self-reports of violence indicates surprisingly low correlations. Furthermore, there were similarly low correlations between partner reports of violence and men's reports on various other personality measures including insecure attachment and dependence. Thus, it may be that the high correlations that are found when based only on male self-report are spurious and more related to response bias or style than actual levels of the variables. A greater number of partner participants would allow for more analyses and perhaps provide better answers to the questions about insecure attachment and levels of violence and abuse.

Caution must also be taken when generalizing the present findings to other samples of abusive men. Literature suggests that only a very small percentage of men who abuse their partners are arrested for assault and referred to treatment, or seek out treatment on their own. Even within the present research project many men either declined to participate in the study, failed to participate or dropped out of the treatment groups, or failed to attend scheduled appointments. It is possible that the relationship between abuse and dependence and/or insecure attachment is different in other spouse-abusive samples who, for whatever reasons, have avoided involvement with treatment or the criminal justice system.

The present sample might also differ significantly from other groups in various other important ways. The current sample was very homogeneous with regard to race and ethnicity. In addition, they were relatively more literate than other similar samples taken from inner cities. Finally, the levels of violence and degree of psychopathology was lower in the present sample when compared with several other samples in the research literature (Hart et al. 1993).

The participants in the present study consisted of both self-referred and court-mandated men. Although no statistical differences were found between these two groups on

either insecure attachment or dependence, it is possible that a more homogeneous group of either treatment voluntary men or court ordered men might yield different results. For example, it is possible that a group of abusive men who are very open to change and discussion might respond more openly and less defensively to questions asking them about vulnerability or insecurities. Conversely, a group of men incarcerated for domestic assault who may have histories of more extensive and extreme acts of abuse may have higher levels of either dependence or insecure attachment. Conversely, this group may respond with a higher degree of defensiveness to questionnaire items.

Finally, as with most areas of study, the present results are part of an ongoing science designed to understand human behaviours. As such they are in need of replication and further validation. This is particularly so for the factor analysis which linked insecure attachment with jealousy and borderline pathology and made a clear distinction between dependence and insecure attachment. As it was exploratory, further construct validation is required. The present results are not definitive but in need of confirmation with both similar and varying populations.

Implications for Clinical Practice

Although numerous approaches have been taken in treating men with spouse abuse including individual therapy and couples therapy, or unstructured group therapy, the most common interventions have typically involved a combination of psychoeducational and cognitive-behavioural treatments (Rosenfeld, 1992). These interventions are most often delivered in a short-term group format where combinations of anger management, cognitive restructuring, behavioural modeling, and communication skills training are utilized. In using these approaches, the primary goal of treatment is to stop the use of violence and abuse. Currently, however, the limited number of studies conducted on treatment outcome cast doubt on the effectiveness of such treatments in reducing future incidents of male spouse abuse among court-ordered men (Rosenfeld, 1992).

The findings of the present study suggest that if insecure attachment is related to assaultive and abusive behaviours in many abusive men, then the psychoeducational and anger management techniques frequently used are inadequate and, when used alone, are not appropriate. Theoretically, insecure attachment is understood as operating at the level of internalized structures or mental representations and evaluations of our selves and others. Main et al. (1985) describe these working models as a set of conscious or unconscious rules for organizing information relevant to attachment (i.e., related experiences, feelings, or ideations) and for obtaining or limiting access to that information. The assumption many take in the treatment of attachment disorders that may involve extreme expressions of anger or aggression is that interventions will need to focus on and work to change those underlying working models of self and other.

Furthermore, the network of interrelationships found between insecure attachment, borderline personality pathology, jealousy, and abuse suggest that simple internal representations of attachment relationships, self, and other, are not operating in isolation. Rather, a complex interweaving of attachment constructs as well as additional areas of behavioural and affective regulation need to be taken into account when attempting to understand and treat many abusive behaviours. This being the case, interventions such as anger management and psychoeducational training act only as a Band-Aid or superficial treatment that do not deal with the deeper and more complex problems that underlie the abusive behaviours. Indeed, Dutton (1995) notes that in treating abusive men, anger management and assertiveness training techniques are chiefly pragmatic and require buttressing by other therapeutic forms. For one, the anger associated with many cases of spouse abuse is not simply generalized anger or problems with impulse control. If that were the case, the majority of spouse-abusive men would likely have a history of violence and assault outside of the spousal relationship. Although many men do have problems with generalized anger, the majority are only violent or abusive within their spousal relationship.

The results of the present study suggest that much of the anger seen in spouse abusive men reflects what has been called *attachment rage* (Dutton, 1995). Here, the anger that is experienced is largely independent of what transpires interpersonally, and instead reflects internal feeling states around attachment availability. Thus, what is often seen in abusive men is a borderline expression where anger is both blamed and projected onto the attachment figure (the spouse). The man adopts the primitive defense mechanism of splitting. Here, he at times idealizes and overvalues his partner whereas at other times devalues and lashes out at this same person.

As current forms of treatment (i.e., anger management) are not sufficient for successful treatment of spouse assault, the question remains: what treatment is most appropriate? Those providing interventions with spouse-abusive men would likely agree that bringing about significant change in abusive behaviour is difficult to come by. When dealing with both attachment pathology and aggression, therapy may be even more challenging. Shaver and Hazan (1993) note that when defensive and emotional processes are mixed with overlearned behavioural patterns, change can be difficult. Nevertheless, Bowlby (1988) saw that positive change was possible through the individual's capacity to think about and reflect upon their own working models and/or through corrective relationship experiences.

The types of treatment typically offered to individuals with attachment and borderline personality pathology have been from psychodynamic orientations. Among the varying schools of psychodynamic intervention, it is widely held that one's past experience is crucial in the understanding and subsequent treatment of attachment pathology. Stern (1988) posits that past experience has enormous impact in the construction of present subjective experience as people repeat the same behaviours, selective inattentions, and interpretations. Said another way; What we do is what we know and what we know is in large part a product of our formative representations of attachment experiences.

From a psychodynamic perspective, treatment is not thought to be directed towards altering simple behaviours. Instead, through a combination of working through the inevitable

relationship difficulties that emerge in therapy and drawing attention to and understanding the behaviours and reactions that arise, it is believed that the patient will be left with a greater sense of self and better control over affective states. Thus, the relationship between the therapist and patient is the central element in successful treatment. In addition, a supportive and empathic approach is generally believed to be best suited for these individuals because of the fragile self-structure seen in many attachment disorders. Indeed, through providing an empathic and supportive relationship, it is believed that the therapist serves as a reparative parental figure who offers relational experiences that were missing during the individual's formative years (West & Keller, 1994). Along this line, Bowlby (1988) posits there are five main roles the therapist takes in treating disorders related to insecure attachment: providing a secure base, encouraging the exploration of relationships and expectations with significant others, encouraging the examination of the relationship with the therapist, fostering consideration of how relational perceptions, expectations, feelings, and actions (i.e., working models) may be products of past experiences and expectations, and enabling the client to recognize that these models may or may not be appropriate to the present and future circumstances.

Sperling and Lyons (1994) suggest an approach that is ego-supportive and insight oriented with regard to the interpretation of internal representations that extend beyond the therapeutic relationship. Here, the therapist guides the client in constructing and defining relational experiences, assisting the client in developing more conscious awareness of the idiosyncratic expectations and rules which govern his inner working models. By doing so, the client is able to use these insights as an anticipatory marker against which new experiences can be evaluated and compared. This approach differs from more traditional psychoanalytic practice in that there is more of a psychoeducational quality — found more often in short-term dynamic or cognitive approaches — where the therapist narrates interpretations in a supportive manner that allows the client to increasingly integrate and share in his understanding of his representational patterns.

Additional therapeutic approaches for attachment disorders involving borderline pathology include behavioural treatment strategies. From a behavioural perspective, treatment is seen as comprehensive and multifaceted involving components such as core skills training (incorporating observation, participation and being attuned and mindful of others in interpersonal interactions), interpersonal skills, emotional regulation skills, and distress tolerance skills. These forms of treatment are delivered through both group and individual therapy. Thus, treatment not only involves anger and violence management, but also anxiety management and interpersonally focused interventions. Although Linnehan & Wasson (1990) have demonstrated that this approach has been successful in treating borderline disordered females, there is no evidence that this approach would be successful with abusive men.

Whichever approach is used, there is general agreement that problems involving insecure attachment, excessive anger and jealousy are extraordinary in their complexity and as a result require a multi-modal approach to treatment. In addition, it has been suggested that for treatment to be most effective, it needs to be integrated and based on the person's individual needs and capacities. This is a very important point in that not every man who abuses their spouse has identifiable attachment difficulties. For some individuals, regular anger management/assertiveness training will be appropriate, while others might benefit more from therapies such a couples oriented approach.

Unfortunately, most interventions designed for such attachment difficulties are expensive and time-consuming. It is generally recognized that treatment of this nature is relatively long term and intensive, often involving years of meeting once or more every week. Furthermore, despite many grand efforts to help these individuals, treatment often results in minimal or no improvement. Whether such treatments would prove to be effective for assaultive men with attachment difficulties remains to be seen.

As mentioned previously, most of the interventions designed for abusive men are based on more pragmatic reasons such as cost effectiveness and expediency. For this reason,

treatment is often delivered to large groups of men, each receiving the same treatment without addressing their individual treatment needs. It is hoped that through increasing awareness and understanding, the treatments provided will be more varied and specialized.

Apart from treatment issues, greater attention also needs to be paid to individual assessment with particular focus on personality and attachment disorder. Many service providers for abusive men have little or no training in either the treatment or the assessment of personality pathology. Results of the present assessment suggest that insecure attachment is an important variable to consider in the evaluation of spouse abusive men as it is associated with verbal abuse, dominating and isolating behaviours, and violence (although much less so). Given the strength of correlation, it is also possible that insecure attachment is an important risk factor in the prediction of future abuse. Risk assessment guides designed specifically for spouse abusive men have tended not to include the direct assessment of insecure attachment (Kropp, Hart, Webster, & Eaves, 1994). Future assessment guidelines or procedures may benefit from the inclusion of this variable. In any case, it is important to ensure that practitioners are well trained in the special issues and needs, as well as the difficulties associated with this population.

Summary

The present study was undertaken for several important reasons. One was to clarify and bring light to the often muddled and confusing topic of dependency in clinical and personality research. The term has often been used incorrectly when discussing various disorders and behaviours and has often been subjectively inferred from observation without empirical investigation. Unfortunately, such practices are commonplace in many fields of psychopathology both in clinical practice and in research literature. The present study has helped to show that the term dependency has likely been similarly misused among researchers in the area of spouse assault. What I have also attempted to show is that insecure attachment is probably a better descriptor for many of the behaviours that have previously been labeled dependent. Indeed, the present study has shown that, unlike dependence, which has low

levels of prevalence and insignificant correlations with abuse variables, insecure attachment is significantly prevalent in the present sample. In addition, insecure attachment appears to be strongly related to many abuse and personality measures associated with spouse abuse.

Finally, insecure attachment is not to be interpreted as a single or even primary cause of spouse abuse. For many men, abusive behaviours may be due to several other factors. From a clinical and individual differences perspective, abuse may be due to their pathologies such as psychopathy, major mental illness, and substance abuse. For others, abusive behaviours may largely result from being socialized within a highly patriarchal society that condones and sanctions male violence towards female partners. For most, if not all men, spouse abuse stems from a complex combination of factors that may involve societal, familial, biological, and psychopathological factors. Insecure attachment is one more factor that must be considered in trying to understand and help treat those men who resort to physical and psychological abuse against their partners.

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APPENDIX A
MENS' CONSENT FORM
DOMESTIC VIOLENCE STUDY

INVITATION TO PARTICIPATE: You are asked to participate in a study to learn about the prevalence of domestic violence, the characteristics of assaultive men, and the effectiveness of treatment for assaultive men. This project is being carried out under the direction of Patrick Bartel, in the Department of Psychology at Simon Fraser University, with the cooperation of the B.C. Institute on Family Violence and SHARE Family and Community Services.

PURPOSE OF THE STUDY: The study will help us learn more about the factors associated with spousal assault and the factors that predict successful treatment. We are also interested in studying the role that certain kinds of relationships with women have for assaultive men.

EXPLANATION OF PROCEDURES: In participating in this study, you will be interviewed and asked to complete several questionnaires. We will be asking questions about your relationships and your behaviour in those relationships, including possible abusive behaviour. We may also contact your wife or current partner. You will also be contacted at some point in the future and asked to provide additional information. At that point, you also have the right to refuse to participate.

POTENTIAL RISKS AND DISCOMFORTS: There are no risks associated with participating aside from your discomfort at discussing your abusive behaviour.

POTENTIAL BENEFITS: While there may be no direct benefits to you from this research, many men have found the experience interesting and helpful to them. An additional benefit may simply be the knowledge that you may help us learn more about the prevalence of domestic violence and successful ways of treating abusive men. We will use this information to improve the services provided for assaultive men.

CONFIDENTIALITY OF DATA: Any information that is obtained during this study will remain confidential. This information may be shared only with therapists in the SHARE Assaultive Mens Group and researchers in this project. Specific information regarding individuals will not be available to the public and will be kept secure in the offices of the researcher. All information will be kept anonymous and individuals will be identified by number only. Confidentiality may be broken, however, in the case where there is disclosure of suspected child abuse or where there is a perceived threat to the safety of an individual (i.e., if the participant expresses his intention to physically harm himself or another person).

WITHDRAWAL FROM THE STUDY: The information that we need to collect from you is very important for the development and assessment of effective treatment programs for assaultive men. However, you have the right to refuse to participate in this research project.

OFFER TO ANSWER QUESTIONS: If you have any questions, please feel free to ask the interviewers. If you have any questions later you may call the investigator listed on the next page. You are also entitled to receive the results of the present study if you desire. Thank you for your time and interest.

Those conducting this project subscribe to the ethical conduct of research and to the protection at all times of the interests, comfort, and safety of our participants. This form and the information it contains are given to you for your own protection and full understanding of the procedures, risks, and benefits involved. Your

**PARTNER CONSENT FORM
DOMESTIC VIOLENCE STUDY**

INVITATION TO PARTICIPATE: You are invited to participate in a study to learn about the prevalence of domestic violence, the characteristics of assaultive men, and the effectiveness of treatment for assaultive men.

PURPOSE OF THE STUDY: The study will help us learn more about the factors associated with spousal assault and the factors that predict successful treatment. We are also interested in studying the role that certain kinds of relationships have for assaultive men. We are asking for your participation in this study in order to get your perspective on your partner's abusive behaviour.

EXPLANATION OF PROCEDURES: If you choose to participate in this study, you will be asked to complete two questionnaires. You may also be contacted at some point in the future and asked to provide additional information about your relationship. We will be asking questions about both physical and emotional abuse you have received from your partner. We have already contacted your partner and received his consent for us to talk to him. You are not expected to be involved with the man or the treatment program in any way.

POTENTIAL RISKS AND DISCOMFORTS: There are no risks associated with participating aside from your discomfort at discussing your experiences.

POTENTIAL BENEFITS: There are no direct benefits to you from this research other than knowledge that you may help us learn more about the prevalence of domestic violence and successful ways of treating abusive men. We will use this information to help assess the need for programs for assaultive men.

CONFIDENTIALITY OF DATA: Any information that is obtained during this study will remain confidential. This information may be shared by therapists in the SHARE Assaultive Mens Group and by researchers in this project. The information that you will provide will **not** be shared at any time with your partner or other men in treatment. In addition the information will be kept anonymous and be identified by coded number only. Confidentiality may be broken, however, if there is disclosure of child abuse or a perceived threat to the safety of an individual.

WITHDRAWAL FROM THE STUDY: The information that we need to collect from you is very important for the development and assessment of effective treatment programs for assaultive men. However, you have the right to refuse to participate in this research project. There will be no consequences to you or your partner for your refusal to participate.

OFFER TO ANSWER QUESTIONS: If you have any questions, please feel free to ask the interviewers. If you have any questions later you may call the investigators listed on the next page. You are also entitled to receive the results of the present study if you desire. Thank you for your time and interest.

The university and those conducting this project subscribe to the ethical conduct of research and to the protection at all times of the interests, comfort, and safety of our participants. This form and the information it contains are given to you for your own protection and full understanding of the procedures, risks, and benefits involved. Your signature on this form will signify that you have been informed of the procedures in the study, and that you have had an adequate opportunity to consider the information, and that you voluntarily agree to participate in the project. Please read the following paragraph, and if all of it is to your satisfaction, sign at the bottom of the page.

APPENDIX B

BACKGROUND INFORMATION

1. Name: _____ Address: _____

Phone #: _____

Date of birth? ___year ___month ___day _____

Name and address of family member or good friend. Name _____

Phone #: _____ Address: _____

2. What level of education have you completed?

___ elementary school ___ some college ___ some university ___ graduate school
___ some high school ___ college ___ university
___ high school ___ technical school ___ some graduate school

3. What is your employment status? ___ full-time ___ part-time ___ unemployed

4. What kind of work do you do? _____

5. What is your gross annual income? _____

6. Do you have children? ___ Yes ___ No If please write down the age and sex of each child.

7. What is your ethnic/cultural background? _____

8. What is your citizenship status?

___ Landed immigrant

- First generation Canadian
- Second generation Canadian
- Third generation (or more) Canadian

9. What is your present relationship status?

- married
- common-law
- in a relationship (not living together)
- separated
- divorced
- single
- widowed

10. Are you presently involved with the criminal justice system as a result of domestic violence?

Yes No If yes, explain _____

11. If court-mandated,

(a-i). Are you presently with the partner you've been convicted of assaulting?

Yes No

If not, when did that relationship end? _____ month(s) and _____ year(s) after the assault, *or* _____ month(s) and _____ year(s) before the assault.

If voluntary,

(a-ii). Are you presently with the partner you have abused? Yes No

If not, when did that relationship end? _____ month(s) and _____ year(s) after the abuse, *or* _____ month(s) and _____ year(s) before the assault.

(b). How long is/was your relationship? _____ month(s) and _____ year(s)

(c). Do you have a new partner? Yes No

If yes, give the approximate date the new relationship started. _____ month, 19 ____.

12. Have you ever received counseling or psychotherapy? Yes No

If yes explain: _____

13. Are you currently seeing another counsellor? Yes No

If yes explain: _____

14. Have you ever been hospitalized for mental health reasons? Yes No

If yes explain: _____

15. Have you ever had any serious accidents, illnesses, or head injuries in the past?
___Yes ___No

If yes explain: _____

16. Have you ever used violence under the influence of alcohol or drugs? ___Yes ___No

17. Have you ever used violence **not** under the influence of alcohol or drugs? ___Yes ___No

18. Parent's marital status: ___Married ___Divorced ___Separated

19. Were you ever physically punished as a child? ___Yes ___No.

If yes, explain _____

20. Did you consider yourself physically, sexually, or emotionally abused ___Yes ___No.
as a child?

If yes, explain _____

21. Did you ever know of or observe your father physically, sexually, or psychologically
abuse your mother or destroy property in a fit of anger? ___Yes ___No.

If yes, explain _____

Social Isolation

Questions taken from the Personality Disorder Examination (Loranger, 1988).
The following questions are presented through an interview.

Do you enjoy close relationships with others?

If no: Would you like to have close relationships with others?

Besides your immediate relatives, by that I mean parents, children, brothers and sisters, do you have any close friends?

If yes: How many?

If no (or only one friend): Besides your immediate relatives, are there any people you confide in?

If yes: How many?

Some people almost always keep to themselves and never socialize. I'm thinking about not spending leisure time with others, not inviting people to their home, attending parties, or getting involved in social organizations or the community. Are you like that?

If yes: Tell me more about that

Do you almost always choose the kind of activities that you can do all by yourself rather than with other people?

If yes: Give me some examples.

Do you usually keep personal things and your concerns and problems to yourself rather than discuss them with others?

If yes: Why do you do that?

APPENDIX C

Table C1

Correlations Between Partners' and Mens' Reports of Abuse and Personality

Measure	Partner: PMWI Overall	Partner: PMWI Dominance	Partner: PMWI Verbal Abuse	Partner: Marshall Overall Violence
Partner: PMWI Overall	--	.90	.88	.47
Partner: PMWI Dominance		--	.61	.43
Partner: PMWI Verbal Abuse			--	.40
Partner: Marshall Overall Violence				--
Men: PMWI Overall	.22	.18	.20	.27
Men: PMWI Dominance	.22	.30	.11	.20
Men: PMWI Verbal Abuse	.20	.10	.24	.27
Men: Marshall Overall Violence	.01	.02	-.01	.25
Men: Insecure Attachment	.00	.12	-.10	-.09
Men: Dependence	-.06	-.06	.04	.12
Men: Borderline	.17	.26	.04	.14
Men: Jealousy	-.15	.00	-.23	.05

Table C2

Partial Correlations

Measure	Insecure Attachment ^a	Dependence ^b
PDE: Borderline PD	.51	.11
PDE: Dependent PD	.42	.39
PDE: Antisocial PD	.22	-.09
PDE: Sadistic PD	.44	-.16
PDE: Social avoidance	-.09	.17
Sociability scale	.23	.09
Fearful attachment	.26	.17
Preoccupied attachment	.39	.13
Dismissive attachment	.10	-.03
Secure attachment	-.27	.02
Interpersonal Jealousy	.55	-.14
PMWI: Dominance/Isolation	.53	-.13
PMWI: Verbal abuse	.40	-.00
Marshall: Threats	.44	-.21
Marshall: Violence	.29	-.10

^a Correlation with Dependence partialled out

^b Correlation with Insecure Attachment partialled out

Table C3

Dependence and DPD Correlations, Partialling Out Insecure Attachment.

Measure	DAPP-BQ Dependence	PDE Dependent PD
PDE:Borderline PD	.11	.34
PDE: Antisocial PD	-.09	.05
PDE: Sadistic PD	-.16	.20
Interpersonal Jealousy	-.16	.08
Marshall:OverallViolence	-.18	.01
Marshall: Violence	-.12	.05
Marshall: Threats	-.23	-.02
PMWI: Overall	-.07	.15
PMWI: Dominance/Isolation	-.12	.11
PMWI: Verbal Abuse	.00	.06

Table C4

Correlations between Collins and Read's (1990) Attachment Scales and Personality and Abuse Measures

Measure	Anxiety ^a	Close ^b	Depend ^c
DAPP-BQ: Insecure attachment	.72	-.01	-.17
DAPP:BQ: Dependence	.35	-.14	-.20
RSQ: Fearful attachment	.46	-.62	-.72
RSQ: Preoccupied attachment	.65	-.01	-.31
RSQ: Dismissive attachment	.24	-.13	-.31
RSQ: Secure attachment	-.24	.59	.46
PDE: Borderline PD	.57	-.25	-.18
PDE: Dependent PD	.48	-.20	-.09
PDE: Sadistic PD	.34	-.05	-.01
PDE: Antisocial PD	.16	-.18	-.02
Interpersonal Jealousy	.43	-.25	-.17
Marshall: Overall Violence	.32	-.04	-.11
PMWI: Overall	.51	-.19	-.15

^a This scale reflects anxiety in relationships such as the fear of being abandoned.

^b This scale reflects the degree of feeling comfortable in close relationships.

^c This scale reflects the extent to which participants could trust others and depend on them to be available

Table C5

Dependent and Borderline PD Criterion Count and Criterion Correlations with Insecure Attachment and Dependence

PDE Criteria	Percentage endorsed	Correlations with insecure attachment	Correlations with dependence
Dependent PD Criteria			
D:Unable to decide without advice or reassurance	2.2 ¹	.32	.54
D:Allows others to make most important decisions	14.0	.29	.43
D:Agrees with others even when they're wrong	10.8	.26	.42
D:Has difficulty doing things on his own	11.8	.19	.40
D:Volunteers to do unpleasant or lowly jobs	16.1	-.09	.13
D:Feels uncomfortable or helpless when alone	25.0	.31	.14
D:Devastated when close relationships end	39.1	.48	.25
D:Preoccupied with fears of being abandoned	32.6	.50	.31
D:Easily hurt by criticism	49.4	.24	.47
Borderline PD Criteria			
B:Unstable and intense interpersonal relationships	44.9	.41	.18
B:Impulsiveness in at least two areas	44.9	.29	.08
B:Affective instability	50.6	.32	.34
B:Inappropriate and intense anger	92.1	.20	-.04
B:Recurrent suicidal threats, gestures, behaviour	31.5	.30	.08
B:Frantic efforts to avoid abandonment	27.0	.47	.22
B:Identity disturbance	15.1	.19	.27
B:Chronic feelings of emptiness or boredom	52.8	.31	.17

¹ This figure represents the proportion of men who scored either subthreshold or present on each criteria.