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DEPRESSION IN MEN WHO ARE FATHERS OF YOUNG CHILDREN: AN ATTACHMENT THEORY PERSPECTIVE

DISSERTATION

Presented in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy in the Graduate School of The Ohio State University

By

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* * * * * * *

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ABSTRACT

Research has examined the transition to fatherhood from a number of vantage points. The nature of a man's adjustment to first time fatherhood has been correlated with a wide variety of variables but few if any studies have explored the relationship between the first time father's mental representation of his attachment relationship to his own parents with the incidence of depressive symptomatology at this transition.

Becoming a parent, as with other developmental crises, often precipitates a reappraisal of roles and identity and can provoke a state of disequilibrium. Usually what follows is an ensuing effort to regain any prior sense of emotional and psychological well-being and stability of purpose. In this study, based on a presumed dynamic relationship between the early life attachment experience and later life potentialities for the development of depression, we are predicting that at this transition men who have a secure mental representation of attachment to their parents will not show a heightened level of depressive symptomatology. Conversely, men who have an insecure mental representation of the attachment
relationship to their parents will demonstrate a higher level of depressive symptomatology.

This study, using the Adult Attachment Interview and the Mother-Father-Peer Scale, will attempt to investigate this relationship.
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assistance of Lori Takos is gratefully acknowledged.

Finally, I would like to acknowledge and offer praise to the Lord Jesus Christ.
"To Him be the glory, honor, and power. Amen!"
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CHAPTER I.

INTRODUCTION

Background

Much work has been done in understanding women's transitions to motherhood (e.g., Lips, 1985), especially as their experience with depression relates to that transition. There have been some studies that have examined the relationship between the transition to parenthood, parenting behaviors, and the parent's recollection of their relationships with their mothers. In most instances, however, the subjects have been mothers (Paterson & Moran, 1988; Ruble, et al., 1990).

As a by-product of the feminist movement and other factors impacting twentieth century western culture, the nature of men's roles, relationships and responsibilities (especially with respect to family life) have been changing. Psychologists and other social scientists in an attempt to better understand this phenomenon have conducted some empirical research. The nature and quality of the father's involvement in the family, his adjustment to the change in the family, his contribution to family function or dysfunction, the transition that men make as they become fathers as well as the antecedents that contribute to their adjustment have all become the subject of increasing inquiry. One of the
subtopics of research into men’s issues has been the study of psychological aspects of first-time fatherhood.

Statement of the Problem

As a crisis provoked by the birth and care of children, first-time fatherhood has been defined as a protracted, ongoing developmental process which can be seen as reviving many of the conflicts and ambiguities which accompany childhood (Jarvis, 1962). As with other developmental "crises", entering parenthood often prompts the reappraisal of an individual’s values, identity, role ideation, relationships, sense of self and perhaps the origins of self as well. As the crisis mounts we often see a developing sense of disequilibrium followed by an attempt at reintegration of those values, role identities, etc.

Fundamentally, human development is thought to follow a coherent, understandable and consistent pattern that can be traced to certain antecedent, causal factors, (Hinde and Stevenson-Hinde, 1986; Sroufe, 1979). Out of this notion research has developed examining the transition into fatherhood, its antecedents, its effect as a precipitator of men’s self-examination and psychological growth, and its relationship to marital satisfaction as well as the development of children (Biller, 1982; Cowan, et al., 1985; Hackel & Ruble, 1992).

But while there has been some research that has examined the experience that some men have with depressive symptomatology both during and
following their wives' pregnancies, there has been little empirical work that has examined the influence of a man's mental representation of his attachment relationship to his parents and his experience with depressive symptomatology.

This inquiry will examine that relationship between the first-time father's psychological well-being during the transition into fatherhood (e.g., the incidence of depressive symptomatology) and the nature of his relationship to his parents. Because of this assumption about the coherence of human development, it is believed that we can derive some important data about the etiology of depressive symptomatology through an examination of the nature of the mental representation of the attachment relationship between the first-time father and his parents.

Research Objectives

This proposed research will draw on the theoretical formulations provided by attachment theory (as explicated by John Bowlby and Mary Main) and assess the relationship between the adult father's mental representation of attachment relationships and his level of depressive symptomatology. We predict that at this time, men who exhibit a secure status with respect to their mental representation of attachment to their parents will not show a heightened level of depressive symptomatology. Conversely, men who have an insecure mental representation will demonstrate a higher level of depressive symptomatology.
Following these assumptions, the research objectives of this study are as follows:

(1) To describe the character of mental representations of attachment relationships in a population of men who are first time fathers.

(2) To understand the relationship between depressive symptomatology in first time fathers and their mental representations of attachment relationships (as assessed by the AAI using the Q-sort method of scoring).

(3) To determine the nature of relationships between the "Mother-Father-Peer Scale" (MFP) and the three classifications of the "Adult Attachment Interview".

(4) To determine the nature of relationships between the "Mother-Father-Peer Scale" (MFP) and depressive symptomatology in first time fathers.

Research hypotheses are:

(1) Fathers having higher levels of depressive symptomatology will have an insecure mental representation of their attachment relationships to their parents.

(2) Fathers who exhibit depressive symptomatology during the transition to fatherhood will evidence relationships with their parents characterized by:
   a.) rejection
   b.) defensive idealization
   c.) overprotection
d.) low acceptance and
e.) low encouragement of independence.

(3) There will be a significant correlation between the scores of the Mother-Father-Peer (MFP) Scale and the Adult Attachment Interview (AAI) using the Q-sort method of scoring. Specifically, it is predicted that

a.) insecure fathers (i.e., those labelled as dismissing of or preoccupied with attachment relations) will have MFP scores that evidence

(i.) high parental and peer rejection
(ii.) high defensive idealization of parents
(iii.) high overprotection by parents
(iv.) low parental and peer acceptance, and
(v.) low encouragement of independence from parents.

b.) secure fathers would have MFP scores that evidence

(i.) low parental and peer rejection
(ii.) low defensive idealization of parents
(iii.) low overprotection by parents
(iv.) high parental and peer acceptance, and
(v.) high independence from parents.

An additional research question to be addressed includes:

What is the relationship among MFP, depression, and attachment scores and demographic variables?
CHAPTER II
REVIEW OF LITERATURE

Theories on the adjustment to parenthood

In an examination of separation-individuation theory and attachment theory as theoretically diverse approaches to the study of human growth and development, Blatt and Blass (1990), identified the critical features of these theories. Separation-individuation views human growth and development as the establishment of a differentiated, consolidated, stabilized, realistic, and essentially positive identity. The attachment perspective views it as the establishment of the capacity to form stable, enduring, and mutually satisfying interpersonal relationships.

Both separation-individuation and attachment theories can serve to illuminate the changes that first-time fathers undergo. Prior to the conception and birth of his first child, the first-time father may be thought of as pursuing his individuation. In addition, the initiation of the man into fatherhood places demands on his ability to form and maintain a relationship with his child and creates the potential for a new kind of relationship with the child’s mother. These demands are not unlike in magnitude to those he experiences as he pursues career development.
The process of managing and working through these changes can evoke the use of a variety of coping strategies. For example, when confronted with the demand for new growth and development, humans frequently recapitulate prior developmental work (Wolkind and Rutter, 1985). Prior developmental milestones may be revisited for purposes of further completion or may be used as templates or guides for the achievement of the current and future stages. This is true for this developmental stage as well as men are thought to recapitulate the formation of attachments in earlier life (Zayas, 1987). The relationship between a father’s mental representation of his attachment relationships to his parents and his experience with depressive symptomatology is hypothesized in this study to be an aspect of this recapitulation.

Researchers have developed a variety of frameworks as a means of interpreting the adjustment of adults in general to the transition to parenthood and their ensuing level of competence. Tangential to his study on the etiology of child maltreatment, Belsky (1984) identified three domains of determinants of individual differences in general parental functioning: personal and psychological resources of parents, characteristics of the child, and contextual sources of stress and support. His model also assumed that parental competence is multiply determined. The model he generated from his review of relevant data presumed that parenting is directly influenced by forces coming from within the individual parent (i.e., personality and psychological well-being), within the individual child (i.e., child characteristics), and from
broader social relations (i.e., the marriage, social networks, and occupational experiences of parents). Belsky’s research concluded that it is the personal and psychological resources of the parent that are more effective in buffering the parent-child relationship from stress and that there exists an association between well-being and relationships to primary caregivers as well as the early development that proceeds from that relationship.

Studies examining adjustment to fatherhood

Roopnarine and Miller (1985) found that first-time fathers experience stress initially because pregnancy and child-birth are a major life-change for a young couple and as such, a normative developmental crisis which characteristically brings about stress. Anxiety is related to many practical realities such as the concern over the health of the fetus and newborn, the anticipated increased financial burden, and a change in life style and level of responsibilities. Additionally, however, the emotional experience that pregnancy and childbirth stimulate may also be attributable to other processes.

Among other studies that focused on subsets of Belsky’s interests and yet were more closely identified with fatherhood was the attempt by Feldman, Nash, and Aschenbrenner to classify and more clearly identify precursors of adjustment to fatherhood (1983). In assessing factors related to paternal satisfaction, these researchers found that marital happiness was by far the most compelling and consistent predictor, followed by low salience of job and the father’s tendency toward playful interactions with the child.
A variety of studies found that certain men experience a particular kind of response pattern known as *couvade* which is defined as a variety of physical and emotional symptoms experienced by men during their partners' pregnancies (Clinton, 1986; Clinton, 1987; Fawcett and York, 1986; Ferketich and Mercer, 1989; Gerzi and Berman, 1981; Shapiro and Nass, 1986; and Strickland, 1987). For example, some studies have identified factors that place expectant fathers at risk for a variety of physical and emotional health problems. Clinton (1986) found that the male's emotional responses directly related to his partner's pregnancy (both positive and negative emotions) are linked to his health status during the pregnancy. Income, ethnic identity, perceived stress, recent health prior to expectant fatherhood have also been identified as couvade correlates (Clinton, 1986).

In a general study of family environment and individual characteristics as they influence an individual family member's health status, Mercer, et al. (1986) found that antepartum stress, social support, self-esteem, sense of mastery, depression and anxiety form a complex interrelationship that predict the quality of the physical health of both the man and woman, the quality of the marital relationship, and family functioning. In a similar study designed to examine the influence of social support and stress on expectant mothers' and fathers' health, Brown found that social support and stress were useful in predicting health (1986). The earlier work of Atkinson and Rickel (1984) was confirmed by these results, however they added that the level of difference
between the infant's expected and real behavior was an added predictive factor of the level of physical symptoms and depression experienced by the parents.

Depression and early parental relationships

The study of depression and its correlates is vast. Depression in adulthood has been correlated with negative causal attributions (Abramson, et al., 1989; Hull and Mendolia, 1991; Metalsky and Joiner, 1992); recalled childhood experience (Brewin et al., 1992; Parker and Manicavasagar, 1986); parental characteristics (Parker, 1983), interpersonal processes (Coyne, 1990), and with several other more specific variables such as affective states (Zuroff and Mongrain, 1987), personality traits, life events and subjective well-being (Abramson et al., 1989; Block et al., 1991; Headey and Wearing, 1989; Hirschfeld, et al., 1976; Monroe et al., 1992; Phillips, et al., 1990; Roberts and Monroe, 1992; Robins, 1990; Robins and Luten, 1991).

There has been little if any research, however, that has attempted to examine the relationship between depressive symptomatology that men experience (at any time or developmental stage) and their mental representation of attachment relationships to their parents. The closest that any work identified in this review of the literature came toward researching this association was the early work by Blatt et al. (1979) in which they found a moderate relationship between the descriptions that normal but depressed young adults gave of their parents. Blatt and his associates found that young men's ratings of parents on a semantic differential as negative figures
correlated significantly with several measures of depression. Further, intensity of depression and types of depressive experiences were also significantly related to the qualities attributed to the parents and the conceptual level with which the parents were described in the open-ended procedure. Blatt et al. concluded that the finding offered some support for the idea that the content and the cognitive level of parental representations were factors in the etiology of depression.

In a meta-analysis of perceived parental rearing practices in depressed and anxious patients, Gerlsma et al. (1990) found that various types of phobic disorders were related to a parental rearing style of less affection and more control as compared to healthy controls. However, findings with regard to depression appeared to be less consistent. Burbach and Borduin (1986) offered more conclusive findings which suggested that specific patterns of parent-child relations may be involved in the etiology, maintenance, and/or expression depressive disorder in children, adolescents, and adults.

McCranie and Bass (1984) assessed current experiences of dependency and self-criticism in a sample of normal young women and correlated these variables with the subjects' retrospective reports of parental behavior in childhood. Their findings suggested that depression proneness in general was influenced by parental child-rearing practices that combine elements of rejection, inconsistent expression of affection, and strict control. Koestner et al. (1991) confirmed this finding by noting that adult women's reports of
parenting behaviors that reflect restrictiveness and rejection were related to the
development of self-criticism, a trait frequently correlated with the later
emergence of depression.

In one study that contradicted the above cited findings, however, Lewinsohn and Rosenbaum identified and used four groups of subjects (depressed, remitted depressed who had a history of depression but were not depressed during the study, cases who became depressed during the follow-up period, and never-depressed subjects) to measure the relationship between the recalled style of parenting and the incidence of depression. They found that recalling one's parents as having been rejecting and unloving was not a stable personality characteristic of depression-prone persons (1987). One factor that may account for the contradictory nature of these findings is the lack of report on the co-incidence of stress or developmental crisis being experienced as is the case in first-time fatherhood.

Depression and transition to parenthood

There has been little empirical study of depression and its relationship to the transition to parenthood. In one study on the prevalence and correlates of postpartum depression in first-time mothers, Campbell and Cohn (1991) found that among a large sample of married, primiparous, middle-class mothers of full-term, healthy infants, 9.3% met the modified Research Diagnostic Criteria for depression. Further, they found differences between depressed and
nondepressed women on measures of SES indicators and the occurrence of obstetric complications.

In a study of depression more relevant to this project, Gotlib et al. (1991) examined a number of psychosocial variables among women recruited during pregnancy and followed through one month postpartum. Among these variables were demographics, diagnostic status, perceived stress, marital satisfaction, perceptions of their own parents, dysfunctional cognitions, and coping style. Their findings indicated that the onset of depression in postpartum was predicted during pregnancy by the levels of depressive symptomatology and perceived maternal and paternal care during childhood.

Cognitive explanations for depression

There appears to be ample evidence that suggests that depression can be explained by a variety of theories. Most notably, and the subject of this brief review, both cognitive, psychoanalytic, object relations, and attachment theories offer reasonable and apparently empirically verifiable explanations for the etiology of depression. Negative cognitions (e.g., hopelessness, negative views of the self, self-schema, attributions, locus of control and cognitive distortions) are generally the focus of cognitive theory explanations for the adult experience with depression (Garber, 1992). Garber further attempts to identify the "necessary and sufficient conditions for the development of depressogenic thinking". She lists and discusses several psychosocial explanations which are possible. The first is the exposure of individuals
(children) to salient models who articulate such a cognitive (attributional) style. Individuals whose parents set excessively high standards and who internalize these perfectionistic self-standards are likely to have an increase in the frequency and magnitude of perceived failure experiences. Garber cited retrospective studies that showed that depressed adults recall their parents as having been lacking in support, guilt inducing, rejecting, and highly critical (i.e., demonstrating social rejection). She concedes however, that it is not clear whether and how these dysfunctional family and peer relationships cause negative cognitions, and whether these negative cognitions mediate the relation between these interpersonal difficulties and subsequent depression. Finally, Garber identified actual experience with chronic aversive life circumstances or a major negative event over which they had no control and that resulted in multiple, chronic, and severe other bad outcomes as potentially causal in the development of a negative view of the world, self, and future.

Prominent among cognitive theories is that of Aaron Beck (Beck et al., 1979). His theory differentiates between two levels of cognition pertinent to depression. The first level consists of automatic thoughts that tend to be available to one's awareness and fluctuate over time. These automatic thoughts consist of negative thoughts or images regarding oneself, the world, and the future, which Beck terms the cognitive triad. The second level of cognition consists of deeper structures (i.e., dysfunctional attitudes or
schemata). They are not in one's immediate awareness but evidence stability and are viewed as more central to vulnerability to depression.

Beck's model states that underlying dysfunctional attitudes are stable personality traits that are "latent" in vulnerable individuals. Briefly, when these individual experience a stressful life event that activates their belief, depressive symptoms result. Beck labeled two particular types of vulnerability sociotropy (or dependency) and autonomy. A person who believes "I am nothing if a person I love doesn't love me" is vulnerable to depression following the loss of an important relationship. A person who believes "If I fail at my work, then I am a failure as a person" is vulnerable to depression following failure at work.

To summarize, according to Beck's theory, depression is precipitated by an environmental event that impinges on an individual's specific cognitive vulnerability and activates the latent schema. These schemata are believed to be relatively stable, trait-like cognitive structures that form the basis for screening, encoding, and processing information pertaining to oneself, the world, and the future in a negative and distorted manner.

According to another cognitive theory, the learned helplessness theory (Abramson, et al., 1978), attributional style is a stable personality trait that determines the nature, duration, and generality of symptoms. A "helplessness depression" results when a person who experiences a negative life event (or fails to experience a desired positive event) perceives that he or she is helpless
to change the circumstances of the event and expects this helplessness to persist in the future. When this happens, the individual experiences the cognitive, motivational, and affective symptoms described by helplessness theory. If, in addition, the individual makes an *internal* attribution about the cause of the negative event ("I failed at medical school because I'm stupid"), then she will experience a loss of self-esteem. If she makes a *stable* attribution about the cause of the negative event -- that is, infers a cause (e.g., stupidity) that is likely to be stable over time, the depressive deficits are expected to persist over time. If she makes a *global* attribution (e.g., stupidity), the deficits are expected to affect many areas of her life.

**Psychoanalytic theory**

Because attachment theory was fundamentally derived by Bowlby from psychoanalytic theory, I thought there might be some heuristic value in reviewing psychoanalytic perspectives on depression in first-time fathers. While there has been little empirical research done from a psychoanalytic premise, some authors and researchers have noted that depression among first-time fathers may relate to the reactivation of unresolved conflicts with their fathers and the forced re-exploration of unmet dependency needs in relation to their fathers. As Ross has commented,

> psychological fatherhood stirs many strong and potentially disturbing currents hitherto submerged...evok[ing] once again a man's ambivalence towards his own father (1983).
The father-son connection holds great importance in view of the Ross' theoretical notion that a man's identification with manhood and fathering is determined by the relationship between the man and his own father.

Focusing on the personal characteristics of the father, Osofsky (1982), as a result of his obstetrical practice, noted that men in general undergo considerable stress during the course of a pregnancy and following the birth of a baby, especially if the child is the couple's first. He observed that their pressures seem to be related to "regressive pulls, unresolved conflicts, and their life circumstances...", suggesting that

...pregnancy itself brings up earlier conflictual feelings that need to be worked through and resolved within the individual and between the couple in order to reach a new level of maturation... (p. 221).

He concluded by hypothesizing that expectant and new fatherhood is both a crisis and a developmental stage with the potential for maturation and growth with the determinants of those outcomes yet unknown.

Arieti and Bemporad (1978) have theorized that

[t]he father generally reexperiences the trauma that he underwent when he was a child and the birth of a sibling caused what he interpreted then to be a partial or total loss of maternal love...He interprets the arrival of the baby as that of a usurper who will steal his wife's love from him. But more than that, the baby will demonstrate that he, the father, is not worthy of love - something that he had always suspected. Thus the father
experiences the loss of an acceptable self-image and undergoes a
catastrophically negative reevaluation of himself which is totally or
predominantly unconscious and quite irrational (p. 256).

Others doing clinical work with first-time fathers, have shared similar
observations. Peggy Shecket (parenting consultant to the Elizabeth Blackwell
Center, Riverside Hospital, Columbus, Ohio), Brad Sachs (director, Steven’s
Forest Professional Center, Columbia, Maryland), Mark Sullivan (therapist,
Willson Family and Child Guidance Clinic, Columbus, Ohio) and Jim Levine
(director, Fatherhood Project, New York, New York), have all agreed that
perhaps first-time fathers’ experience with depressive symptomatology
following the birth of their first child is related to their unconscious
reinvolvement with the memory of their fathers as well as their psychological
re-evaluation of unmet dependency needs (from personal communications with
the author).

Zayas (1987) hypothesized besides the real-life stresses involved in this
transition, unconscious, unresolved conflicts are aroused and that three core
intrapsychic dynamics emerge upon the onset of this transition:

...(1) the intensification of the man’s dependency needs, (2) the
unconscious perception of the child as a rival, similar to that of a sibling,
and (3) the reawakening of oedipal conflicts and strivings (p. 9).
**Object relations theory**

What has been presented among these theories on the psychological experiences of men in the transition to fatherhood is very much based on the construct of human relatedness, a concept that is fundamental to both object relations and attachment theories and an outgrowth of psychoanalytic theory. Object relations theory assumes that infants become emotionally attached to their caregivers in varying degrees and that this attachment governs later relational behavior. Object relations theorists study the intrapsychic origins of attachment behavior and are more interested than attachment theorists in the presumed intrapsychic origins of attachment behavior as opposed to the individual differences and cognitive/organizational properties of that behavior (Blatt and Blass, 1990; Fishler et al., 1990; Mahler, Pine, & Bergman, 1975).

Development is defined as a process in which maturation occurs not in the individual per se, but in the quality of his or her relationships. This relatedness becomes the major dimension by which the developmental process is measured. Object relations theorists assume that, although the infant has an inborn capacity for relationship development, the phases and way in which that capacity unfolds and progresses depends on the quality of early parenting. The quality of early parenting in turn is a factor in the nature of the internal object representations that form and govern later relational behavior. Characteristic ways in which object relation theorists measure the individual's attitudes toward and about others (i.e., internal representations of interactions),
which correspond less directly to actual relational behavior and styles, rely
mainly on projective techniques such as the Rorschach.

Attachment theory

Attachment theorists make their focus the individual differences and
cognitive/organizational properties of the individual’s behavior (Ainsworth,
Blehar, Waters, and Wall, 1978). Attachment theory can be traced in its
origins to John Bowlby, a psychiatrist whose work in residential facilities for
children and adolescents focused on the role that environment played in
development. As a student of psychoanalytic thinking, Bowlby was convinced
of the importance of the early relationship between the infant and the primary
caretaker in the development of the self and later social behavior (Bowlby,

Bowlby defined attachment as a bond developed with "some other
differentiated and preferred individual, who is usually conceived as stronger
and/or wiser" and is directed toward specific individuals. It is a bond
characterized by its long duration in service of the biological function of
survival, resulting in the person attaining or retaining proximity to an
attachment figure (1977a). Attachments have a strong positive emotional
component while they are being formed (falling love), maintained (security),
or renewed (joy) and a strong negative one when threatened (anxiety and/or
anger) or lost (sorrow and grieving).
As a result of frequent transactions with its attachment figures, the infant forms internal representations of both self and others. These "internal working models" (Bowlby, 1973) serve as a template for one's role in relationships and fundamental assumptions and beliefs about how others will behave. Once an attachment has been established, the infant uses the mother as a secure base from which to explore the environment and the exploratory system is said to be activated. In the event that danger is perceived, the infant reapproaches the caregiver to establish contact as the attachment system is reactivated. Once that presence has been established and safety reasserted, the infant moves away again and recommences exploration.

An inadequate attachment figure may result in a pronounced level of anxiety on the part of the infant/child. The anxiously attached child is said to become excessively clinging and jealous in relationships and may manifest this disturbance through expressions of anger and withdrawal or other forms of anxiety. Much of the clinically oriented literature on attachment has also focused on the results of separation from and loss of attachment figures. Attachment theory attempts to relate early interactions with caretakers to later development and to certain patterns of pathology (Bowlby, 1977a; Heard & Lake, 1986).

Attachment research findings

Empirical research has confirmed the importance of attachment theory as a construct for the conceptualization of many disorders. Attachment theorists
suggest that the young child develops an internal working model, i.e., a mental representation of attachment relationships that is of special relevance to the individual as it relates to that individual's adjustment in later life (Heard & Lake, 1986). The extent to which a felt sense of security, i.e., the "affectional bonds", is encouraged as well as the presence of parental respect for the child’s emerging autonomy determines the development of perceptions of self as competent and capable of initiating and maintaining rewarding adult relationships (Richman & Flaherty, 1987).

Research on attachment has been undertaken into such areas as failure to thrive and maternal bonding, the fear of personal death, and has helped reformulate conceptual underpinnings relating to infant temperament, internal models, maternal personality and disturbance, and caretaking style (Mikulincer, et al., 1990; Paterson & Moran, 1988).

In research done with regard to personality outcomes of the early infant-caregiver relationship, findings have consistently demonstrated that securely attached infants are more sociable with adults, show greater competence with peers, show markedly lower levels of psychopathology, and have higher self-esteem and ego strength (Arend, Gove, & Sroufe, 1979; Matas, Arend & Sroufe, 1978; Vaughn et al., 1992; Waters, Wippman, & Sroufe, 1979; Wolkind & Rutter, 1985).
Implications for adult functioning

There has also been an increase in the amount of research being done to effectively examine the link between early experience and later adult social functioning. Significant evidence has been accumulated in recent years that has been used to explain the relationship between an individual’s attachment experience in infancy and his/her later adjustment in life (Ricks, 1985). More specifically, there has been some research done based on the premise that pathological attachment leads to disorders (particularly depression or mania in adult life) in vulnerable individuals (Weiss, 1991).

One such study utilized the Adult Attachment Interview (AAI) and was undertaken for the purpose of examining the nature of the relationship between women who rated their parents as insecure and the attachment rating of their child (Main, Kaplan, & Cassidy, 1985). The findings indicated that these women and their children fell into three categories:

a.) women who were dismissing of the importance of attachment and who tended to have insecure-avoidant children,

b.) women who were preoccupied with and often idealizing their relationships with their own parents, and

c.) those who had experienced the death of their attachment figure in childhood and had not successfully resolved this loss.

These later two groups were parents of insecure-disorganized/disoriented infants. Adults rated as detached dismissed attachment relationships as being
of little concern, value, or influence and had some difficulty recalling early experiences. When they did, however, they tended to generalize and idealize the memories of these relationships. Enmeshed adults seemed to be preoccupied with dependency feelings toward their own parents and appeared to be still actively trying to please them. Their early memories lacked integration and a realistic perspective. As such this study demonstrated from an attachment theory perspective the transgenerational nature and power of attachment effects on pathology. They also found that instances where the infant avoided the parent after separation in the Strange Situation Test (Ainsworth, 1983) were related to reports by the parent of rejection in their own childhood. Conversely, those parents who rated their childhoods as secure were observed to have secure attachments with their infants (Main, Kaplan, and Cassidy, 1985).

Using the Parental Bonding Instrument, Flaherty and Richman (1986) examined the relationship between medical students' perceptions of their earlier relationships with their parents with the perceived quality of their current social support networks. These researchers found that perceived parental affectivity in childhood was significantly related to the adult's capacity to form supportive relationships.

In a study of socio-economically diverse Australian couples, Kotler and Omodei (1988) attempted to examine the processes linking quality of early attachment relationships to later adult functioning. More specifically, they
measured marital quality, taking account of socio-emotional health, social support, and experienced stress. By integrating empirical and theoretical literature, a comprehensive "continuity" model was presented as a path diagram. The authors claimed that as adults "fall in love", an attachment bond is formed subjecting the adult to the similar kinds of experiences with comfort, anxiety, protestation, despair and anger. The depth of these attachment-like emotional responses depends on the level of security or insecurity experienced in the romantic relationship. They found that there was moderate support for a "continuity model of socio-emotional health" as determined by the quality of relations with family and significant others along with family stress. These variables were found to contribute moderately to psychological health prior to marriage both for men and women.

Similarly, Shaver, Hazan, and Bradshaw (1988) compared adult romantic love with attachment and considered love as an integration of three "behavioral systems": attachment, caregiving, and sexuality. These authors conducted two studies of love as attachment and found parallels in both instances between the mental representations of parents and these now adult children's long-term attachment styles (i.e., adult love measures).

Hazan and Shaver (1987) and others using their instrument (e.g., Collins & Read, 1990; Hazan and Shaver, 1990) explored the relationships between attachment styles and romantic love, the quality of dating relationships, and work as well as the possibility that romantic love is an attachment process.
from the premise that affectional bonds are formed between adult lovers as they are in infancy. They hypothesized that a person's attachment style is determined in part by childhood relationships with parents and administered two questionnaires to test their hypothesis. The authors found that there existed a continuity between the attachment styles of adulthood and infancy, that the adult styles predict the way in which adults experience romantic love, and that the adult attachment style is meaningful related to the mental models of self, parents, and others.

Richman and Flaherty (1987) hypothesized that internal parental representations relate to subsequent depressed mood and that psychosocial assets mediate the relationships between parental representations and mood states. Using medical students and the Parental Bonding Instrument (PBI), the authors found that earlier paternal affectivity and maternal and paternal over-control predicted depressive symptomatology although they were quick to clarify that it was not clear whether these personality characteristics were antecedents or consequences of depressed mood.

Also supported by Kestenbaum's psychoanalytic approach, in the absence of an incorporated and internalized self and an early identification of self and object relationships, some individuals are not able to achieve a sense of an internally stable and autonomous self (1984). The inability of these individuals to achieve a secure and stable attachment with their primary caretakers has
interfered with their ability to develop assertiveness, independence, courage, self-confidence, and creativity.

Attachment and depression

There has been some general theoretical work on the nature of relations between attachment and depression authored by Cummings and Cicchetti (1990). These authors posited that loss, whether actual or perceived, is integral to formulations of depression and attachment. They contended that the characterization of internal working models of insecure attachments and adult cognitive patterns of depression are significantly similar and complementary. Cummings and Cicchetti attempt to develop a scheme for characterizing the processes whereby an insecure attachment may result in depression. Insecure early attachment relationships are thought to render children more vulnerable to depression by leaving them with low internalized feelings of felt security. When stressed, these children may easily be susceptible to lowered self-esteem, heightened feelings of insecurity, and depressed affect. In addition, insecurely attached children, focusing on their own unacceptability and centering on loss issues as they do, are somewhat preconditioned in this manner toward the development of depressive affect and cognition.

Blatt and Homann (1992) reviewed findings from three approaches to the study of parent-child interactions in an effort to consider how particular types of parent-child interaction patterns can create a vulnerability to depression in adulthood. Those three types of research strategies are: (a) the study of secure
and insecure attachment patterns in infants and young children; (b) the study of depressed mother-child interactions based on the assumption that the caring patterns in these families of children at risk for depression could contribute to the understanding of the etiology of depression; and (c) the study of normal and depressed adults’ retrospective accounts of early caring experiences with their parents. The authors found that each of the three methodologies concluded that mental representations (or internal working models of attachment) of care-giving relationships are central constructs in understanding the development of a vulnerability to depression.

Blatt and Homann further investigate the degree to which depressions that focus on issues of interpersonal relatedness or of self-definition (i.e., dependent or self-critical depressions) may each have their antecedents in disrupted parent-child relationships and thus be the results of insecure attachment with caregivers and the consequent impairments at certain stages in the development of object representations. The authors conclude that anxious or ambivalent insecure attachment may lead to a depression focused on issues of dependency, loss, and abandonment, whereas an avoidant insecure attachment may result in a depression focused on issues of self-worth and self-criticism, with angry feelings directed toward both the caregiver and toward the self.

More specifically, for example, Pearson et al. (1993) assessed adult attachment status, concurrent and early relationships with parents and
depressive symptoms in 53 adults (male and female) using the Adult Attachment Inventory, a stressful life events inventory to measure subjects' current relationships with parents, and the CES-D to assess current depressive symptoms. Findings indicated that depressive symptoms were associated with negativity in both recalled and current relationships with parents, but were not correlated with coherence of narratives.

Anderson and Stevens (1993) conducted a study for the purpose of exploring the impact of early experiences with parents on health and well-being in old age. A representative sample of 267 elderly community residents in the age group 65-74 were interviewed and measures obtained for health, self-esteem, anxiety, depression, and loneliness as dependent variables. The authors concluded that early experiences with parents have an impact on the well-being of elderly persons. The effect was found to be stronger among those older persons who lack a current attachment figure in the form of an affectionate partner.

In a study of psychiatric outpatients (N=293), Persons et al. (1993) found support for a link between attachment beliefs and anxiety symptoms they experienced. No support was found for a relationship between attachment beliefs and depressive symptoms.

Carnelly et al. (1994) examined depressives' working models of others and the relative contribution of these models and depression to relationship functioning. Respondents reported on their childhood relationships, adult
attachment style, and relationship functioning. Findings indicated that relationship functioning was predicted more strongly by adult attachment style than by depression status. The authors also found that positive experiences with mother were linked to better relationship functioning as mediated by attachment style and depression status.

Birtchnell (1993) drew data from two community samples: a younger sample of 25-34 year old married women, and an older one of 40-49 year old women. Data were also drawn from the husbands of the younger sample of women. Both sets of data focused on the recollection of poor maternal care. Between the depressed and non-depressed subsets, it was found that the recollection of poor early care was associated with poor relating along with lower age at marriage, poor quality marriage and divorce from first marriage.

Barnes et al. (1991) examined elderly women's (65-87 years of age) attachments to their children. Findings indicated that women with insecure attachments more often evidenced relatively extreme negative scores on measures of social, psychological, and physical well-being and reported using more strategies in coping with stress. In addition, insecurely attached women more often scored in the clinical range on depression and reported more responses in coping with stress.

In a study by Pearson et al. (1994), the secure working model classification of adult attachment was considered in terms of *earned-security* and *continuous-security*. Earned-security was a classification given to adults
who described difficult, early relationships with parents, but who also had current secure working models indicated by high coherency scores.

Continuous-security referred to a classification in which individual described secure early attachment relationship with parents and current secure working models. The sample utilized in their study consisted of a sample of 40 parents of preschool children. Comparisons among the classifications (earned-secure, continuous-secure, or insecure) were conducted on a measure of depressive symptoms. Adults with earned-secure classifications had comparable depressive symptomatology to insecures (40% and 30%, respectively) while only 10% of the continuous-secures had scores that exceeded the clinical cut-off.

There have been no empirical studies that have examined the relationship between depression among first time fathers and their mental representation of attachment relationships, per se. The most relevant data concerning depression and first-time parenting is based on two studies of women. One study in progress at the Tavistock Clinic in London has found that women who have a attachment classification of "dismissing" are significantly more likely to suffer from episodes of clinical depression (personal communications of Dr. Ellen Hock, Ohio State University, with Peter Fonagy, October, 1992, Tavistock Clinic, London, UK.) The other study, conducted in the United States by Professor Mary Dozier, obtained similar results (1990).

Assessment of mental representation
The recent increase in the use of assessment techniques used to measure adult behavior and mental representation of attachment has been the result of the work of researchers of primarily two theoretical orientations, i.e., object relations and attachment theories (Fishler, et al., 1990). The following is a brief review of the major instruments being used and developed by both approaches.

Assessment techniques designed to measure object relatedness and mental representation have been categorized in a number of different ways:

(1) by open-ended exploratory or semi-structured interviews;
(2) by naturalistic observations and recording audiovisually those elicited attachment and related behaviors;
(3) by projective or semiprojective methods that elicit responses relating to attachment issues; and
(4) by structured interviews or questionnaires that center on inquiries into the subject's attachment figures, their availability and responsiveness, etc.

Several of these methods have been found to be reliable, codable, and subject to quantification and statistical analysis (Pottharst, 1990). This confirms the work of Brewin et al. (1993) who conducted an evaluation concerning claims about the lack of validity and the unreliability of retrospective reports. The authors identified the sources of error related to this kind of reporting as those related to (1) low reliability and validity of
autobiographical memory in general, (2) the presence of general memory impairment associated with psychopathology, and (3) the presence of specific mood-congruent memory biases associated with psychopathology. Following an analysis of evidence, the authors conclude that claims about the general unreliability of retrospective reports are exaggerated and memories of early experiences can be assumed to be accurate provided that structured investigative methods that minimize unrealistic demands on subjects' memories are utilized.

Among the earliest attempts to measure empirically the quality of object relations are those obtained from interpreting Rorschach responses. Most authorities examine either the human content score (H) or the human movement response (M) to evaluate some aspect of interpersonal relationships as well as self and object representations (Blatt and Lerner, 1983). Analysis of themes from early memories and the manifest content of dreams through specially developed measures such as the Bell Object Relations Inventory and correlates of the MMPI Social Extroversion and Family Attachment factors, for example, have also been utilized (Fisher, et al., 1990).

The Bell Object Relations Inventory is based on the premise that object relations involve the capacity of individuals for human relatedness. This 45-item self-report (true-false) measure yields a score on each of four statistically validated subscale factors: alienation, insecure attachment, egocentricity, and social incompetence.
Using both an open-ended description of parents and a more structured rating procedure called the Osgood semantic differential, Blatt et al. (1979) assessed the relation of descriptions of parents to aspects of depression in a sample of normal young adults. Both female and male college students were administered both the questionnaire designed to obtain descriptions of their parents and the semantic differential measure. The findings indicated that the perception of the parents as lacking in nurturance, support, and affection related to depression rather than perception of parents as striving, harsh, and judgmental.

After a review of studies concerning the parental contribution to a parent-child bond, Parker, Tupling and Brown (1979) developed "the Parental Bonding Instrument", a measure theoretically linked with object relations theory. Their findings indicated that the parental contribution to bonding may be influenced by two primary source variables: a care dimension and a dimension of psychological control over the child or overprotection. The first factor (caring) involved one pole defined by affection, emotional warmth, empathy and closeness, and the other by emotional coldness, indifference and neglect. The second factor (control/overprotection) has one pole defined by control, overprotection, intrusion, excessive contact, infantilization and prevention of independent behavior, and the other defined by items that suggest allowance of independence and autonomy.
In addition, these authors identified five types of parental bonding: average, high care-low overprotection (optimal bonding), low care-low overprotection (absent or weak bonding), high care-high overprotection (affectionate constraint), and low care-high overprotection (affectionless control). The authors felt that the instrument could be useful for considering optimal parental bonding and for examining the influence of parental distortions on psychological and social functioning of recipients.

Two instruments currently under development are the Inventory of Adult Attachment (INVAA) (Lichenstein & Cassidy, 1991) and the Berkeley-Leiden Adult Attachment Questionnaire (BLAAQ) (Hesse & van IJzendoorn, 1991). As are other measures of attachment, the INVAA is comprised of 60 statements designed to assess an individual's perceptions of his/her early childhood experiences with a primary caregiver as well as the individual's present state of mind with respect to attachment. Due to the fact that efforts to validate the inventory were still underway at the time this proposal was formulated, the INVAA was not considered for use.

The BLAAQ is a self-report adult and adolescent attachment inventory being developed jointly at Berkeley and in Leiden, Holland. Scales representing dismissing, preoccupied and traumatized states of mind with respect to attachment, as well as several cognitive scales and those representative of experience were developed and refined and are being tested against both the adult attachment interview and infant strange situation
behavior in Berkeley and in Leiden, Holland (Hesse and van IJzendoorn, 1991).

West, Sheldon and Reiffer (1987) also developed scales using five criteria of attachment, naming them proximity seeking, secure base effect, separation protest, anticipated permanence of the relationship, and reciprocity. These scales of attachment, however, were designed to measure the attachment relationship between adults rather than an adult’s mental representation of the attachment relationship developed between an adult child and parent.

Bartholomew and Horowitz (1991) proposed a 4-group model of attachment styles in adulthood (see figure 1). Using combinations of a person’s self-image (positive or negative) and image of others (positive or negative), the authors developed an interview that yielded continuous and categorical ratings of four attachment styles that were intercorrelated and validated.
Figure 1
Model of Attachment Styles in Adulthood
(from Bartholomew and Horowitz, 1991)

Fifteen dimensions rated in the attachment interview were used to identify profiles of correlates for each of the four attachment prototypes. The secure prototype was characterized by a valuing of intimate friendships, the capacity to maintain close relationships without losing personal autonomy, and coherence and thoughtfulness in discussing relationships and related issues. The preoccupied prototype was characterized by an overinvolvement in close relationships, a dependence on other people’s acceptance for a sense of personal well-being, a tendency to idealize other people, and incoherence and exaggerated emotionality in discussing relationships. The dismissing prototype was characterized by a downplaying of the importance of close relationships, restricted emotionality, an emphasis on independence and self-reliance, and a lack of clarity or credibility in discussing relationships. The fearful prototype
is characterized by an avoidance of close relationships because of a fear of rejection, a sense of personal insecurity, and a distrust of others. The internal structures of the interview ratings, self-report and friend-report ratings of the four attachment styles were consistent with the proposed model.

Most prominent and well-known among those measures of adult attachment is the Adult Attachment Interview (AAI) developed by George, Kaplan & Main (1985; Main, 1990; Main and Goldwyn, 1985). The AAI has permitted classification of adult states of mind with respect to attachment into four major categories (secure, dismissing, preoccupied, and traumatized) and has expanded notions about the nature of attachment organization across the lifespan.

The Adult Attachment Interview lasts about one hour and follows a protocol developed by the authors. Independent raters blind to other measures rate transcripts in three steps. First, they rate the subject’s relationship with each parent with respect to three nine-point scales: rejection by parent, role-reversal in childhood with parent, and loved versus unloved in childhood. Next the subject’s coherence and integration of specific memories with more general statements about the parent-child relationship are rated on three nine-point scales: idealization of parent, persistence of not remembering, and coherence of the interview (with respect to the subject’s ability to acknowledge and integrate contradictory experiences and memories). Questions address such relevant attachment experiences with parents as: feelings of rejection;
experiences of being hurt, upset, or ill; and experiences of separation or loss. The manner in which participants provide information on relationship aspects, and their explanations for their parents' behavior, how they themselves may have contributed to the relationship quality, and how the relationships evolved over time, serve as the basis for ratings of the interviewee's state of mind. The clarity, openness, or "freshness" with which the individual describes attachment behavior is the basis for the coherency of mind rating. Raters render a final classification for each subject according to a system of patterns of scale ratings that correlate to various states of attachment, i.e., secure, avoidant, and resistant for childhood attachment.

Main identified four major patterns. Adults who were rated as secure viewed their attachment relationships as influencing the development of their personality. They had balanced and objective descriptions of particular attachment relationships. These individuals were able to discuss these relationships freely and openly (without apparent distortion) and tended to value their attachment relationships. Main found that adults who rated as insecurely attached were broken down into two types: those who either discounted the importance of attachment relationships, or seemed to overvalue these relationships and were found to be entangled in ongoing dependency struggles with their attachment figures. The fourth and last group that was identified as a group of individuals were had experienced the loss of an
attachment figure before they reached maturity and were still in the process of mourning that loss.

Kobak, et al. (1991, and in press) developed a Q-set and dimensional prototypes for security/anxiety and repression/preoccupation in order to assess adolescents' interviews using the AAI. This methodology allows raters to describe attachment strategies across multiple domains, such as depictions of self and parents, information processing, and emotional regulation. Kobak, et al. developed prototypes of attachment dimensions (e.g., security/anxiety and repression/preoccupation) for comparison and assignment purposes. Preliminary tests of agreement between the q-sort method of scoring and the Main and Goldwyn's categories have been favorable (Kobak, et al., 1991). See "Methodology" and "Instrumentation" sections for a more complete description of this instrument.

In making a determination as to which measure would be used for purposes of this study, a comparison of instruments was made using the criteria listed in the following chart. For reasons of the AAI's attachment orientation, its ability to measure the mental representation of attachment relationships of adults to their parents from childhood, and its status as a valid and reliable instrument, it was chosen for use along with the Q-sort method of scoring developed by Kobak, et al. The Q-sort method was chosen because it represents a more efficient and less costly way of scoring the AAI as opposed to the Main and Goldwyn method.
The following table was developed by the author as a means of comparing the instruments being considered for use, the theoretical base for each instrument (if any), and the population for which the instrument was developed.

<table>
<thead>
<tr>
<th>Instrument</th>
<th>attachment vs obj relation measure</th>
<th>designed to measure adult to child attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rorschach</td>
<td>obj rel</td>
<td>open</td>
</tr>
<tr>
<td>Bell Object Relations Inventory</td>
<td>obj rel</td>
<td>open</td>
</tr>
<tr>
<td>MMPI</td>
<td>either</td>
<td>open</td>
</tr>
<tr>
<td>Osgood Semantic Differential</td>
<td>obj rel</td>
<td>open</td>
</tr>
<tr>
<td>Parental Bonding Instrument</td>
<td>obj rel</td>
<td>yes</td>
</tr>
<tr>
<td>West, Sheldon and Reiffer (1987)</td>
<td>attachment</td>
<td>no</td>
</tr>
<tr>
<td>Bartholomew and Horowitz (1991)</td>
<td>attachment</td>
<td>no</td>
</tr>
<tr>
<td>INVAA</td>
<td>attachment</td>
<td>yes (reliability &amp; validity not yet determined)</td>
</tr>
<tr>
<td>BLAAQ</td>
<td>attachment</td>
<td>yes (reliability &amp; validity not yet determined)</td>
</tr>
<tr>
<td>AAI</td>
<td>attachment</td>
<td>yes</td>
</tr>
</tbody>
</table>

Figure 2
Comparison of Potential Measures
CHAPTER III
METHODOLOGY

Subject selection and description

A sample of men studied in this project were randomly selected from a large pool of families who were participants in the "Transition to Motherhood Project", a research project under the direction of Dr. Ellen Hock. These men were asked to participate in this more intensive study involving the assessment of the mental representations of attachment. Participants of the "Transition to Motherhood Project" (the large study) were originally recruited (along with their spouses) from three large hospitals in the Columbus, Ohio area after the delivery of their healthy first-born children.

The sample consisted of fifty men who were 25 years of age or older. One hundred percent of the sample was Caucasian. The mean age of the men was 34.1 years (range: 25 to 45 years, SD=4.389) and their mean level of education was 15.5 years (range: 10 to 20 years, SD=2.159). Combined family income ranged from $14,760 to $110,000 with a mean family income of $55,792. Father income ranged from $6,000 to $72,000 with a mean father income of $37,614. Using the revised Duncan Prestige Scale (Stevens & Featherman, 1980) to determine the socioeconomic status of the men in the sample, it was determined that the mean prestige rating was 46.69 (range: 0
sample, it was determined that the mean prestige rating was 46.69 (range: 0 to 79, SD = 19.677). This is an indication that there was representation from all levels of socioeconomic status.

Procedure

Fathers who participated in the "Transition to Motherhood Project" were recontacted by telephone to request their involvement in the current study (see solicitation script, Appendix D). Those who agreed were scheduled for the Adult Attachment Interview. The entire interview was audio taped with their knowledge and consent. The audio tapes were then transcribed for scoring purposes. The AAI was utilized to provide an assessment of the adult's mental representation of attachment relationships through a retrospective examination of early attachments and an assessment of current attitudes toward attachment. In addition, subjects were given a questionnaire (the CES-D) which they were asked to complete in order to assess the level of depressive symptomatology and the Mother-Father-Peer Scale. The MFP was administered to assess childhood memories of relationships with parents.

Data collection timetable

Data collection took place between 6/14/93 and 1/31/94. The interviews and other data were scored and analyzed by 1/1/95.

Instrumentation

*The CES-D Scale* (Appendix A). The CES-D is a 20-item self-report inventory designed to assess current depressive symptomatology in community
populations (Radloff, 1977). The items on this scale were chosen to represent major components of depressive symptomatology: depressed mood; feelings of guilt and worthlessness, feelings of helplessness and hopelessness; loss of appetite; sleep disturbance; and psychomotor retardation. It is widely used and has adequate reliability and validity. The CES-D differs from other inventories because it allows the assessment of mild to moderate levels of depression. Possible scores range from zero to 36; a score of 16 indicates clinical depression.

*The Mother-Father-Peer Scale (Appendix B).* Although the early work on the AAI has received wide acclaim and respect in the literature on attachment, it was determined that for added depth of analysis and corroboration of results Seymour Epstein's "Mother-Father-Peer Scale" would also be used to measure relations between subjects, their parents, and peers. The Mother-Father-Peer Scale includes dimensions of acceptance-rejection (by mother, father, and peers), independence/overprotection (by mother and father, and defensive idealization (of mother and father). This 70-item self-report 5-point Likert style questionnaire was designed to assess dimensions of recollections of childhood relationships with both parents and peers. Reliability data indicate that internal consistency coefficients for the Father and Mother Encouraged Independence scales are .82 and .88, respectively; and .91 for both the Mother and Father Acceptance scales.
The questionnaire was originally developed to assess three bipolar dimensions: acceptance-rejection by mother, father, and peers; independence-overprotection by mother and father; and idealization of mother and father. The acceptance dimension reflects the degree to which the respondent recalls the parent communicating love and acceptance. The rejection dimension reflects the extent to which the respondent remembers being viewed as undesirable, a nuisance, and a source of unhappiness or disappointment. The overprotection dimension represents the degree to which the respondent remembers the parents as overprotective and having failed to teach the child to function independently. Examples of items on these scales include, "When I was a child, my mother could always be depended on when I really needed her help and trust" (mother acceptance), "When I was a child, my mother often said she wished I'd never been born" (mother rejection), and, "My mother was close to a perfect parent" (defensive idealization).

The Adult Attachment Interview (Appendix C). For the purpose of obtaining transcripts used in scoring results, the Adult Attachment Interviews were audiotaped. Interviewees were asked first to choose five adjectives to describe their relationship to both parents and to then elaborate on the meaning of those adjectives. As the interview proceeded, they were asked what they did when they were upset in childhood, whether they ever felt rejected by their parents, and if so, why they thought their parents acted in the manner in which they did. In addition, the respondents were asked to describe any experience
they have had with separation from their parents, any changes in relationships that have occurred since childhood, how they felt about their parents currently, and how these experiences had influenced their adult personalities.

The Attachment Q-Set. Using transcripts from the Adult Attachment Interview (Main and Goldwyn, 1991), levels of adult attachment mental representations can be measured through a particular technique called the "Q-sort". This method follows the general scheme put forth by the Main and Goldwyn but employs a Q-sort strategy developed by Kobak et al. (1991, and in press). After reading the transcripts of the interviews of adults concerning their attachment history, raters distribute 100 descriptive statement cards into one of 9 columns (on a continuum from less characteristic to most characteristic). Each card contains a statement which describes an attachment state and its opposite. These columns "hold" a certain predetermined number of cards which, when organized and filled to capacity, resemble the "bell" or normal curve. Each card then is assigned a value depending on its placement and when calculated in relation to the total set of cards derives an attachment score for the subject. The score then determines the nature of the mental representation present in the adult, whether secure, dismissing or preoccupied.

The sorts were completed by two raters except in those circumstances with inter-rater reliability falls below .60 (Spearman-Brown formula). In those instances a third rater was used and the two raters' best correlation was used to form a composite q-description.
Data analytic strategies

Descriptive and correlational analyses were carried out in order to evaluate associations and tendencies among the three primary variables studied in this project: mental representations of attachment classifications, presence of depressive symptomatology, and scores from the Mother-Father-Peer (MFP) Scale. Comparisons were made between the two MFP scoring methods (Epstein’s and Ricks’ scoring methods) to determine comparability. Multiple regressions were conducted in order to determine the relative contribution of certain MFP scores to specific dependent variables being analyzed (e.g., depressive symptomatology and mental representation of attachment).

Attachment scores were rated in two different ways. First, they were scored using Kobak’s Q-sort method to derive Q-sort categories. This Q-sort methodology scoring technique resulted in scores that were continuous (between -1 and +1). These Q-sort continuous q-sort scores were labelled as dismissing, preoccupied, repressing/preoccupied, secure/anxious, and secure.

Second, each subject was given either a 0 or a 1 in order to derive attachment categorical q-sort scores. These classification scores were either dismissing, preoccupied, or secure. Spearman-Brown correlations were generated for the attachment scores for each subject and these were in turn transformed into standard scores for use in statistical analyses.

Because the number of subjects classified as dismissing and preoccupied was small, these two groups were combined into one (insecure) group for
additional analytic purposes. Chi-square analyses and t-tests were used as well in order to determine the significant differences between secure and insecure groups of fathers. The chi-square statistic is generally used in order to make inferences about data that can be reduced to proportions or frequencies. The statistic provides an indication of the discrepancy between expected and observed frequencies (Levin, 1977). The t-test is useful in testing differences between means derived from samples. Those samples, however, must be randomly selected and follow a normal distribution. The statistic is normally not affected by violations of the assumptions of normality and homogeneity of variance unless the population distribution is seriously skewed or the samples are extremely small (Levin, 1977).
CHAPTER IV

RESULTS

The results of the study are discussed beginning with an examination of the findings from analyses as they relate to the study's hypotheses. Data collection and analytic procedures utilized for this study are discussed with respect to the information obtained.

Correlational analyses were conducted first to explore the interrelationships among the major variables of this study. Multiple regression analyses were used to identify the relative importance of the independent variables in explaining the contribution of each to depressive symptomatology; the mental representation of attachment status of these first time fathers; and the nature of relations (between mothers, fathers, and peers) as derived from the MFP Scale.

Measurement of mental representation of attachment

Using the Q-sort strategy developed by Kobak et al. (1991), attachment classifications and scores for each of the fifty subjects were obtained. These were derived by first reading the transcripts of the interviews of the subjects concerning their attachment history. In order to establish the reliability of the
attachment scores, two raters were used for scoring each transcript. The raters independently distributed the one hundred descriptive statement cards from each transcript into one of nine columns (on a continuum from least characteristic to most characteristic). The final q-sort description has a forced bell-shaped distribution with eighteen items in the "Neither Characteristic or Uncharacteristic" (middle) rating category and five items in each of the extreme rating categories (Kobak, 1991). Each card was assigned a value depending on its placement.

*Continuous q-sort* scores were then generated and given to each subject through a computer program that used the values assigned to each of the one hundred descriptive statement cards. Scores were derived for each subject in each of five attachment categories: dismissing, preoccupied, repressing-preoccupied, secure-anxious, and secure. Scores were continuous between 1 and -1 and indicated the relative strength for each type of mental representation of attachment for each subject.

These continuous q-sort scores were correlated to determine the inter-rater reliability. As employed in other studies using Kobak's Q-sort method of scoring the Adult Attachment Interview (AAI), the minimum correlation coefficient accepted for use was set at the .600 level (Kobak, 1991; Lutz, 1993). The mean inter-rater reliability was determined to be .747. The standard deviation = .077; minimum = .605; maximum = .869.
In addition to these five continuous q-sort scores, a second set of scores was given to each subject. Based on the continuous q-sort scores, each subject received three coded categorical q-sort scores, i.e., a "0" or "1" for each of three attachment classifications (preoccupied, dismissing or secure). A score of "1" was assigned for the preoccupied categorical q-sort score if the subject's preoccupied or repressing-preoccupied continuous q-sort score was highest. The remaining two categorical q-sort scores (secure and dismissing) were given zeroes. Similarly, a score of "1" was assigned for the secure categorical q-sort score if the subject's secure or secure-anxious continuous q-sort score was highest. The remaining two categorical q-sort scores were coded as zeros. The same pattern of scoring was followed for subjects whose continuous q-sort score for dismissing was highest.

Due to the exploratory nature of this project, analyses were conducted on both the continuous and categorical scores. Unless otherwise noted, categorical q-sort scores are the primary statistic referenced in data analysis and discussion that follows. Statistical and conceptual distinctions between the secure and secure-anxious as well as the preoccupied and repressing-preoccupied categories within the set of continuous q-sort scores proved to be of little value to this study. For this reason, when references include the set of continuous q-sort scores, they will be confined to the same trio of mental representations used in the categorical q-sort set scores, i.e., secure, dismissing, or preoccupied.
Using these procedures, the fifty subjects in this study were classified according to the mental representation of their attachment. Those subjects classified as secure totalled twenty-seven (54%). Ten subjects (20%) were classified as preoccupied and thirteen (26%) were classified as dismissing. Combining preoccupied and dismissing subjects into one category, insecure subjects comprised an N of twenty-three, or 46% of the total sample.

**Measurement of recollections of childhood relations**

The Mother-Father-Peer Scale was also administered in order to assess dimensions of recollections of childhood relationships with both parents and peers with respect to acceptance-rejection, independence-overprotection, and idealization. Scores assessing these three bipolar dimensions were computer generated and were utilized in data analytic procedures.

Two methods of scoring the MFP have been used. Epstein's method uses the three bipolar dimensions discussed above (1983). Ricks (1985) developed an alternate method which separates each bipolar dimension further so that a grand total of twelve scales are derived. These scales represent specific additional postulates about relationships during childhood with parents and peers.

When comparing the pattern of associations for the two MFP scoring methods, few significant differences were found. For this reason, discussion in the remaining chapters will focus primarily on one set of MFP scales,
Ricks' scales, and will only reference the Epstein scale in instances where the differences are conceptually meaningful.

Measurement of symptoms of depression

Subjects also completed the CES-D. As described earlier, the CES-D is a 20-item self-report inventory designed to assess current depressive symptomatology in community populations (Radloff, 1977). Results indicated that 10 (20%) of the 50 subjects were classified as experiencing clinical levels of symptoms of depression as determined by a CES-D score of 16 or higher (maximum score = 36).

For some forms of data analysis, subjects were divided into two additional groups as determined by their CES-D scores. Those subjects with a mean depression score $\leq 16$ were classified as non-depressed; those with a score greater than 16 were classified as depressed. The mean depression score for the 40 non-depressed subjects (CES-D $\leq 16$) was 6.00 while the mean depression score for the ten depressed subjects was 22.70.

What follows in this portion will be a reiteration of hypotheses with a presentation of the results of data analysis.

**Hypothesis 1:** Fathers having higher levels of depressive symptomatology will have an insecure mental representation of their attachment relationships to their parents.

As indicated by Table 1, secure subjects were less likely to experience clinical symptoms of depression (as indicated by a CES-D score of 16 or
higher) than insecure subjects. That is, only 5 of 27 (or 18.5%) secure subjects were found to be experiencing depressive symptomatology while 5 of 23 (or 21.7%) insecure (preoccupied and dismissing combined) subjects had CES-D scores at 16 or higher.

Table 1

Attachment Classifications by Depression Status

<table>
<thead>
<tr>
<th></th>
<th>Secure</th>
<th>Preoccupied</th>
<th>Dismissing</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Non-depressed</td>
<td>22</td>
<td>7</td>
<td>11</td>
<td>40</td>
</tr>
<tr>
<td>TOTALS</td>
<td>27 (54%)</td>
<td>10 (20%)</td>
<td>13 (26%)</td>
<td>50</td>
</tr>
</tbody>
</table>

To further evaluate these results with respect to this hypothesis, an analysis of variance was conducted in order to test for significance among differences between secure and insecure groups with respect to the presence of depressive symptoms. As indicated in Table 2, differences approaching significance were noted. Among secure subjects a trend toward an overall lower CES-D score was found as compared to the CES-D score for insecure subjects.
Table 2

Mean Depression Scores for Insecure and Secure Subjects

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>Std Dev</th>
<th>Std Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insecure</td>
<td>23</td>
<td>11.087</td>
<td>9.184</td>
<td>1.915</td>
</tr>
<tr>
<td>Secure</td>
<td>27</td>
<td>7.852</td>
<td>6.643</td>
<td>1.278</td>
</tr>
</tbody>
</table>

[F(22,26) = 1.91, p=.1679]

Among insecure subjects, of those with preoccupied categorical scores, 42.9% were classified as evidencing clinical symptoms of depression while only 18.2% of those classified as dismissing had CES-D scores of 16 or greater. Thus, among insecure subjects, preoccupied subjects showed the greatest incidence of depressive symptomatology.

As a further elaboration on this finding and to assess attachment specific classification effects on the level of depressive symptomatology, additional one-way analyses of variance (ANOVA) were conducted. As Table 3 indicates, while the differences between mean CES-D scores for the three attachment groups were not significant, an ANOVA did reveal significance between the mean CES-D scores for preoccupied subjects and all others.
Table 3
Mean Depression Scores by Attachment Classification

<table>
<thead>
<tr>
<th>Attachment Classification</th>
<th>Mean Depression Score</th>
<th>N</th>
<th>Std Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preoccupied</td>
<td>14.500</td>
<td>10</td>
<td>11.427</td>
</tr>
<tr>
<td>Dismissing</td>
<td>8.462</td>
<td>13</td>
<td>6.293</td>
</tr>
<tr>
<td>Secure</td>
<td>7.851</td>
<td>27</td>
<td>6.643</td>
</tr>
</tbody>
</table>

\[F(9,39) = 3.42, p > .05\]

**Hypothesis 2:** Men who exhibit depressive symptomatology during the transition to fatherhood will evidence relationships with their parents characterized by:

a.) rejection

b.) defensive idealization

c.) overprotection

d.) low acceptance and

e.) low encouragement of independence.

Before data analyses were conducted using MFP scores, a comparison between the results of the two methods (Epstein’s and Ricks’) of scoring was conducted. Table 4 indicates that outcomes between the two methods are comparable.
Table 4

Comparison between Epstein's and Ricks' MFP Scale Scores

| Mother-Father-Peer (MFP) Scales | Fath Acpt | Mo Acpt | Fa Acpt | Mo Rej | Fa Rej | Mo Idl | Mo Ind | Fa Idl | Mo Ovp | Fa Ovp | Mo Acpt | Pr Acpt | Pr Rej |
|--------------------------------|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Epstein's MFP Scales          | -.168    | -.133  | n/a    | -.111  | -.111  | -.270  | -.041  | n/a    | -.341  | n/a    | -.341  | n/a    |        |        |
| Ricks' MFP Scales             | -.276*   | -.133  | .052   | -.111  | -.106  | -.270  | -.063  | .136   | .001   | -.341  | .145   |        |        |        |

*p<.05  t=trend

Because Epstein's and Ricks' MFP Scale scores were comparable, the remaining discussion on MFP Scale scores will focus on Ricks' Scales unless otherwise noted.

Table 5 below presents a brief overview of hypotheses and findings regarding hypothesis 1. Where a positive correlation was hypothesized between variables, a "+" sign was indicated. Where a negative correlation was hypothesized between variables, a "-" sign was indicated. Where the finding was not significant, "n.s." was entered in the corresponding cell. When the significant MFP Scale score was the father score, an "F" was entered in the corresponding cell while "M" was entered for mother significant scores and "P" for peer.
Table 5
Hypotheses and Findings on Depression Scores and MPP Scores

<table>
<thead>
<tr>
<th>Hypoth</th>
<th>Finding</th>
<th>Hypoth</th>
<th>Finding</th>
<th>Hypoth</th>
<th>Finding</th>
<th>Hypoth</th>
<th>Finding</th>
<th>Hypoth</th>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed</td>
<td>+</td>
<td>n.s.</td>
<td>+</td>
<td>n.s.</td>
<td>+</td>
<td>n.s.</td>
<td>-</td>
<td>.m**P&lt;.01</td>
<td>-</td>
</tr>
</tbody>
</table>

* = Mother  
F = Father  
P = Peer

*p<.05  **p<.01  ***p<.001  t=trend
In order to test for associations between depressive symptomatology, rejection, defensive idealization, and overprotection, Pearson r statistics were calculated. These results, presented in Table 6, indicate that the lower the depression score, the greater the father acceptance ($r = -0.260$, $p = .07$). Similarly, the lower the depression score, the greater the peer acceptance ($r = -0.396$, $p = .004$). In addition, the greater the father independence score, the lower the depression score ($r = -0.285$, $p = .05$). Otherwise, there were no significant associations between CES-D scores and other MFP variables.
Table 6

Associations between Depressive Symptomatology and MFP Scale Scores

<table>
<thead>
<tr>
<th></th>
<th>Fa Acpt</th>
<th>Mo Acpt</th>
<th>Fa Rej</th>
<th>Mo Rej</th>
<th>Fa Ideal</th>
<th>Mo Ideal</th>
<th>Fa Indep</th>
<th>Mo Indep</th>
<th>Fa Ovprt</th>
<th>Mo Ovprt</th>
<th>Pr Acpt</th>
<th>Pr Rej</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression Score</td>
<td>-.260*</td>
<td>-.105</td>
<td>.119</td>
<td>.159</td>
<td>.003</td>
<td>.075</td>
<td>-.285*</td>
<td>-.138</td>
<td>.151</td>
<td>.134</td>
<td>-.396**</td>
<td>.202</td>
</tr>
</tbody>
</table>

*p < .05  **p < .01  p < .001  t = trend

E = Epstein score
**Hypothesis 3:** There will be a significant correlation between the scores of the Mother-Father-Peer (MFP) Scale and the Adult Attachment Interview using the Q-sort method of scoring. Specifically, it is predicted that

a.) insecure first time fathers (i.e., those labelled as dismissing of or preoccupied with attachment relations) will have MFP scores that evidence

(i.) high parental and peer rejection

(ii.) high defensive idealization of parents

(iii.) high overprotection by parents

(iv.) low parental and peer acceptance, and

(v.) low encouragement of independence from parents.

In order to test for these relationships, the continuous q-sort scores (scores that ranged between -1 and 1), were used. A summary of hypotheses and findings is presented in Table 7 below.
Table 7

Hypotheses and Findings on Attachment Scores and MFP Scores

<table>
<thead>
<tr>
<th></th>
<th>Rejection</th>
<th>Idealization</th>
<th>Overprotection</th>
<th>Acceptance</th>
<th>Independence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hypoth</td>
<td>Finding</td>
<td>Hypoth</td>
<td>Finding</td>
<td>Hypoth</td>
</tr>
<tr>
<td>Dismiss</td>
<td>+</td>
<td>+^*</td>
<td>+</td>
<td>+</td>
<td>n.s.</td>
</tr>
<tr>
<td>Preoccup</td>
<td>+</td>
<td>+^*</td>
<td>+</td>
<td>+</td>
<td>+^*</td>
</tr>
<tr>
<td>Secure</td>
<td>-</td>
<td>+^*</td>
<td>-</td>
<td>+</td>
<td>+^*</td>
</tr>
</tbody>
</table>

^* = Mother  
^P = Father  
P = Peer
More specifically, it was found that the higher the dismissing scores the higher was father rejection ($r=.322, p=.02$), the lower were scores for father idealization ($r=-.267, p=.06$), the lower were father acceptance scores ($r=-.380, p=.005$), and the lower were father encouragement of independence scores ($r=-.371, p=.07$).

Preoccupied scores were significantly positively correlated with father rejection scores ($r=.312, p=.03$), and mother overprotection scores ($r=.288, p=.05$). Preoccupied scores were significantly negatively correlated with father idealization scores ($r=-.278, p=.05$), mother idealization scores ($r=-.403, p=.004$), father acceptance scores ($r=-.371, p=.008$), mother acceptance scores ($r=-.359, p=.05$), peer acceptance scores ($r=-.286, p=.044$), father encouragement towards independence scores ($r=-.333, p=.018$), and mother encouragement towards independence scores ($r=-.459, p=.0008$).

The second part of this hypothesis predicted that
b. secure first time fathers would have MFP scores that evidence
(i.) low parental and peer rejection
(ii.) low defensive idealization of parents
(iii.) low overprotection by parents
(iv.) high parental and peer acceptance, and
(v.) high independence from parents.
Secure scores for all subjects were significantly correlated with low father rejection ($r = -0.369$, $p = 0.008$), high father idealization ($r = 0.357$, $p = 0.01$), high father acceptance ($r = 0.435$, $p = 0.002$), high mother acceptance ($r = 0.287$, $p = 0.043$), and high father encouragement of independence ($r = 0.460$, $p = 0.0008$). These findings are elaborated in Table 8 below.
Table 8

Associations between MFP Scales and Attachment Continuous Q-sort Scores

<table>
<thead>
<tr>
<th></th>
<th>Father accept</th>
<th>Mother accept</th>
<th>Father reject</th>
<th>Mother reject</th>
<th>Father ideal</th>
<th>Mother ideal</th>
<th>Father indep</th>
<th>Mother indep</th>
<th>Father overprot</th>
<th>Mother overprot</th>
<th>Peer accept</th>
<th>Peer reject</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dismissing</td>
<td>-.380**</td>
<td>-.209</td>
<td>.322*</td>
<td>.210</td>
<td>-.267*</td>
<td>-.096</td>
<td>-.371**</td>
<td>-.072</td>
<td>.239*</td>
<td>.100</td>
<td>-.124</td>
<td>-.019</td>
</tr>
<tr>
<td>Preoccupied</td>
<td>-.371**</td>
<td>-.359*</td>
<td>.312*</td>
<td>.230*</td>
<td>-.278*</td>
<td>-.403**</td>
<td>-.333*</td>
<td>-.459***</td>
<td>.087</td>
<td>.288*</td>
<td>-.286*</td>
<td>.142</td>
</tr>
<tr>
<td>Secure</td>
<td>.435**</td>
<td>.287*</td>
<td>-.369**</td>
<td>-.246*</td>
<td>.357**</td>
<td>.246*</td>
<td>.460***</td>
<td>.213</td>
<td>-.272*</td>
<td>-.203</td>
<td>.230*</td>
<td>-.105</td>
</tr>
</tbody>
</table>

*p < .05  **p < .01  ***p < .001  t=trend
To test the relative contribution of father, mother, and peer MFP scores to both CES-D score and the attachment status, multiple regressions were conducted. Tests were conducted by removing mother and father variables for each pair of MFP scores (acceptance, rejection, idealization, independence, and overprotection). The peer score was tested for acceptance and rejection - the only instances in which peer scores are reported on the MFP. Each analysis yielded different results.

The only significant MFP scores that emerged to explain the incidence of depression (above an R² value of .10) was the presence of mother, father and peer acceptance. These results were found to be significant at the 0.10 level. Among the three acceptance scores, the peer acceptance score was found to contribute the most. Specifically, for every point lower on the rating scale for peer acceptance, depression scores increased by .85 points (b = -.849). Together these variables explained a moderate 16.48 percent of the variance of depression in first time fathers (see Table 9).
Table 9
Regression of CES-D on MFP Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>β</th>
<th>Partial R^2</th>
<th>Model R^2</th>
</tr>
</thead>
<tbody>
<tr>
<td>father acceptance</td>
<td>-.094</td>
<td>.0074</td>
<td>.0074</td>
</tr>
<tr>
<td>mother acceptance</td>
<td>-.041</td>
<td>.0007</td>
<td>.0081</td>
</tr>
<tr>
<td>peer acceptance</td>
<td>-.849</td>
<td>.1567</td>
<td>.1648</td>
</tr>
</tbody>
</table>

N=50
p=.10 significant level

Interesting to note is the number of instances where the contribution of the father MFP variables to the attachment score was greater than the mother MFP variables. In twelve out of a possible fifteen instances where comparisons were possible, the father MFP variables had contributed the most. Among secure and dismissing subjects, the father variables contributed the most across each MFP dimension. Among preoccupied subjects, the mother overprotection, idealization, and encouragement of independence variables contributed most to the variance while father acceptance and rejection were the most significant contributors.
Models where $R^2$ is greater than .15 for regressions of CES-D on MFP variables are presented in the Tables 10 through 14.

Table 10
Regression of Secure Attachment Scores on Acceptance

<table>
<thead>
<tr>
<th>Variables</th>
<th>$\beta$</th>
<th>Partial $R^2$</th>
<th>Model $R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>mother acceptance</td>
<td>-.004</td>
<td>.0030</td>
<td>.0030</td>
</tr>
<tr>
<td>peer acceptance</td>
<td>-.011</td>
<td>.0113</td>
<td>.0143</td>
</tr>
<tr>
<td>father acceptance</td>
<td>-.017</td>
<td>.1860</td>
<td>.2034</td>
</tr>
</tbody>
</table>

$N=50$

$p=.10$ significant level

Table 11
Regression of Secure Attachment Scores on Independence

<table>
<thead>
<tr>
<th>Variables</th>
<th>$\beta$</th>
<th>Partial $R^2$</th>
<th>Model $R^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>mother independence</td>
<td>.002</td>
<td>.0025</td>
<td>.0025</td>
</tr>
<tr>
<td>father independence</td>
<td>.026</td>
<td>.2118</td>
<td>.2143</td>
</tr>
</tbody>
</table>

$N=50$

$p=.10$ significant level
Table 12
Regression of Preoccupied Attachment Scores on Acceptance

<table>
<thead>
<tr>
<th>Variables</th>
<th>β</th>
<th>Partial R²</th>
<th>Model R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>peer acceptance</td>
<td>-.009</td>
<td>.0215</td>
<td>.0215</td>
</tr>
<tr>
<td>mother acceptance</td>
<td>-.007</td>
<td>.0407</td>
<td>.0622</td>
</tr>
<tr>
<td>father acceptance</td>
<td>-.005</td>
<td>.1324</td>
<td>.1946</td>
</tr>
</tbody>
</table>

N=50

p=.10 significant level

Table 13
Regression of Preoccupied Attachment Scores on Idealization

<table>
<thead>
<tr>
<th>Variables</th>
<th>β</th>
<th>Partial R²</th>
<th>Model R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>father idealization</td>
<td>.001</td>
<td>.0002</td>
<td>.0002</td>
</tr>
<tr>
<td>mother idealization</td>
<td>-.017</td>
<td>.1628</td>
<td>.1630</td>
</tr>
</tbody>
</table>

N=50

p=.10 significant level

Table 14
Regression of Preoccupied Attachment Scores on Independence

<table>
<thead>
<tr>
<th>Variables</th>
<th>β</th>
<th>Partial R²</th>
<th>Model R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>father independence</td>
<td>-.006</td>
<td>.0338</td>
<td>.0338</td>
</tr>
<tr>
<td>mother independence</td>
<td>-.009</td>
<td>.2093</td>
<td>.2431</td>
</tr>
</tbody>
</table>

N=50

p=.10 significant level

An additional research question that was posed was: What is the relationship among MFP, depression, and attachment scores and demographic variables?
Results of correlational analyses revealed no significant findings associating demographic variables with all other variables measured in this study except for the following. Father income for all subjects was significantly correlated with the CES-D scores ($r=-.315, p=.04$) and low father independence ($r=.279, p=.07$). There was a mild trend towards an association between father income and low father rejection ($r=-.247, p=.11$).

Subject age was significantly correlated with low father rejection ($r=-.267, p=.06$), high father income ($r=.618, p=.001$) and high total income ($r=.564, p=.001$). Trends emerged between subject age and high father acceptance ($r=.229, p=.11$) and low mother independence ($r=-.243, p=.09$).

Subject socioeconomic status was significantly correlated with low dismissing scores ($r=-.28, p=.05$) with a trend towards significance with high secure scores ($r=.250, p=.08$).

**Clinical impressions**

The following clinical observations are included in this section because it was felt that in addition to the statistical analysis, a more general impressionistic evaluation of the content of subject interviews might be helpful in deriving conclusions relevant to the research questions being addressed. Three subjects who were securely attached, one subject classified as dismissing, and two subjects classified as preoccupied were identified for this clinical description.
Subject number one (81) although classified as secure, evidenced some lack of coherence and tangentiality in his thinking. He described his relationship with his mother as one in which she took care of his needs, was loving and caring, the spiritual leader, nurturer, and one on whom he was most dependent. He felt he was able to confide in his mother. His relationship with his father (who was a blue collar worker) was not very affectionate or close due to his work schedule. Although at one point in the interview the subject described his father as intimidating, at another point he also characterized him as being loving, strong, a good provider, moral, and a hard worker. He reiterated, however, that he was largely not available. He stated "I wished I had more time with my dad." This subject experienced no early loss. He was the "baby in the family." As he reflected on his childhood experiences, this subject indicated that he would try to be a better dad than his dad was for him. "I would try to be more available." As an apparent reaction to having witnessed his parents show some disappointment towards another significant person in the family, he also stated that he vowed as a child that he would not be a disappointment to his parents. This was his own internalized "push toward achievement."

Secure subject number two (93) saw himself as doing things as a parent different from the way his parents did things for him. He expressed his relationship to his mother in terms of being very close to her, she was his "friend;" she was very supportive and understanding. She was also a good
listener and he remembered being held by her. She was not particularly achievement oriented. He was very distant in relationship to his father and experienced lots of conflict with him. He felt as though he were treated differently by his father. The only positive experience with his father that he could recall was playing euchre with him. His father he described as being perfectionistic, critical, abusive, would humiliate him from time to time, was violent when drunk and the subject felt "nervous and scared around him." He viewed his father as a "strong and powerful man". His father would on occasion refuse the subject medical care when the subject felt it was needed. The subject felt threatened by his father. The subject experienced no losses during childhood. He was one of eight siblings - second to last. His parents divorced when he was between the ages of twelve and thirteen. He characterizes his upbringing as "very strict."

Secure subject number three (114) experienced losses in terms of his grandparents and uncle. He expressed that he had a great deal of respect for his parents and had a very close family, although occasionally he would receive "whippings." He described his mother as a "great person . . . wonderful . . . caring . . . loving . . . strict . . . very religious." He was very close to her and worked together with her. He described his father as "my buddy" and as someone with whom he could kid around. His dad and he had good times together, worked together a lot, and enjoyed bowling together. He described his father as being strict, loving, jolly, and tough. This subject
stated that he, however, has re-evaluated his parenting practices and intends to do the job of parenting differently than his parents did. He was somewhat tangential in his thinking, changing subjects frequently. He experienced hugs from his mother but not from his dad. He expressed also having difficulty meeting his dad’s expectations. He demonstrated very little understanding about why his parents behaved the way that they did.

The one subject (90) who was classified as depressed and dismissing characterized himself as being a loner. He felt that he was closer to his mother than his father. He described his parents as having had problems from time to time. His parents were not demanding and gave very little structure and/or guidelines to him. He described his mother as being very loving, caring, supportive but had no specific memories about his mother. He described his father in stereotypic fashion as a disciplinarian but gave little information about his father other than that. He expressed having had some concerns as a child about whether or not his parents would get divorced due to the many arguments that they had while he was growing up. He described himself as never having had anyone to talk to and as having experienced some isolation while growing up. The sense of isolation continues to today with his wife and others. He expressed wishing that his parents would have pushed him more, i.e., made more demands on him. He also stated that he wished he could talk to his father. The only significant loss he experienced was the loss of a grandparent.
Of the two preoccupied subjects who were classified as depressed, the first one (33) described his experience with his mother as being "co-dependent," i.e., "a rescuer". The subject was the only child in his family. He described himself as being more distant from his mother. He described her as "hypertensive", short-fused, devoted, compulsive, and a person who got in lots of arguments with her husband. He described his father (who died five years ago) as a blue collar worker, an alcoholic, loving, "a man's man", active in sports and in the subject's involvement in athletic activities. The subject described an incident in which at one time he was embarrassed by his father's behavior at one of his ball games because his father was intoxicated. His father never hit him but the subject described his father as "getting psychotic" and losing control of his emotions and thoughts as he grew older. He experienced stressful family relationships due to argumentativeness. He felt closest to his father when he was younger but later he was closer to his mother. He did not have very many memories of being touched.

The second subject classified as depressed and preoccupied (166) was raised by his aunt and uncle ever since he was two months old. He knew his biological mother more as an aunt. He had some visitation with his parents but did not like those experiences and preferred to return to his aunt and uncle. He described his relationship with his parents as not being very close. He described his relationship to his aunt and uncle as being much closer. His mother he described as uncaring, self-centered, insensitive, "wasn't a mother."
He described his relationship with his father as one in which there was no bonding. His father was more sensitive than his mother but he was also very aggressive. He described his relationship to his aunt and uncle as being loving, caring; he described them as being respectful, kind and generous. He had very positive thoughts and feelings about his aunt and uncle. While his uncle and aunt were never threatening to him in any way, his biological father was threatening to him physically. The subject also describes himself as "not being very independent" while growing up. His aunt and uncle, however, supplied all of his needs in a very generous fashion. "I always had everything I ever wanted."

Among subjects who were classified as secure and non-depressed, one (85) indicated that his experience with his mother was characterized by emptiness, uncertainty, loneliness, although she also gave parental guidance and care. She also set a good example in other respects. He cared primarily for himself (did not receive much from his mother) and dreamed about receiving better care. His father he described as "interesting and exciting". The subject concluded his discussion about his father by saying "That's all I want to remember about him." His dad died when he was six years old and after that his mother became an alcoholic. He spent lots of time with the babysitter. He was closer to his dad than his mother during the years that his father was alive. He remembers being held by his father. His biggest setback was his father's death.
Another subject who was classified as non-depressed and secure (060) described his mother as being caring, thoughtful, understanding, supportive, and loving. His father he described as being very supportive, a good friend, very opinionated, protective, domineering and a teacher. Even though his relationship to his father was conflictual, he described himself as being closest to his dad during his childhood. He remembers being held by his parents. He remembers his mother had a nervous breakdown when he was seven or eight years of age. His biggest setback was being held back a grade while in elementary school. His biggest loss was the death of his father. Following that his relationship with his mother worsened because she would attempt to use guilt to manipulate him. His father's death occurred when he was a young adult.

A third secure, non-depressed subject (002) described his mother as pleasant, loving, close, protective. He remembers being held by her. He describes his relationship to her as having been too close although it was comfortable. He felt he was overprotected by his mother and that she did not push him towards achievement. His father was "the enforcer." He did not feel as if he were as close to his dad as his mother. He described his father as being strong, determined, easy going, less patient, threatening, and as a person who would occasionally "over punish." He never felt rejected by either of his parents however, he was one of seven children.
Thus, these observations regarding this sample seem to corroborate hypotheses of this study regarding the nexus between measures of the MFP and attachment theory. More specifically, for example, differences that appear to. The most significant factor that seems to differentiate depressed subjects with different attachment classifications appears to be the presence (or absence) of a significant, nurturing relationship with mother or father. In the case of depressed secure subjects, it appears that the most salient factor was the absence of an affectionate relationship with the father. The father in most cases appeared to be if not intimidating, at least distant. Two out of three depressed secure subjects indicated that as parents themselves they would do things differently than their own parents, particularly their fathers. What seems to have contributed and compensated towards their secure attachment status, however, was their closer relationship with their mothers.

What seems to distinguish the depressed preoccupied subjects from the others was the presence of distance in relationship to both mother and father. The most distinguishing characteristic of the depressed dismissing subject was an unusual admixture of a nurturing, loving, and supportive mother, idealization but without feelings of closeness to her. This subject described his mother as not very demanding and providing little structure and guidance.
CHAPTER VI
DISCUSSION

Of studies that have been done on the adjustment of parents to first time parenthood, most have attempted to interpret that adjustment within the context of personal and psychological resources of parents, characteristics of the child, and contextual sources of stress and support (Belsky, 1984). In addition, few studies have examined the adjustment to first time parenthood from the standpoint of fathers. Of those studies that have, none known to this writer have explored this transition from the vantage point of the relationship between the first time father's mental representation of his attachment relationship to his own parents (along with characterizations of those relations) in tandem with the incidence of depressive symptomatology. This study was an attempt to examine the transition into first time fatherhood from those perspectives.

In addition, this study has attempted to evaluate the experience of first time fatherhood from the perspective of a developmental transition. Like many other developmental transitions, the entrance into parenthood is often
precipitated by a sense of crisis. Crises are usually accompanied by a reappraisal of roles and identity as well as by a state of disequilibrium. Often, when confronted with the demand for new growth and development, individuals will recapitulate and revisit prior developmental work and milestones. These turning points are often recounted for use as templates or guides for the achievement of the current stage (Zayas, 1987). As a result, there emerges with the particular developmental crisis the potential for a revival of the conflicts and ambiguities which accompanied childhood (Jarvis, 1962). It is this reappraisal, recapitulation and their subsequent effects that has been examined in this study.

Thus, the theoretical model hypothesized in this study is one which seeks to explain the incidence of depressive symptomatology among first time fathers by factors other than those directly related to the immediate postpartum experience. Rather, it was proposed that the nature of the first time father's mental representation of his attachment relationship with his parents and its activation would be major factors in determining the extent of any depressive symptomatology experienced during this transition.

Following these assumptions, the research objectives of this study were:

1. To describe the character of mental representations of attachment relationships in a population of men who are first time fathers.
(2) To understand the relationship between depressive symptomatology in first time fathers and their mental representations of attachment relationships (as assessed by the AAI using the q-sort method of scoring).

(3) To determine the nature of relationships between the "Mother-Father-Peer Scale" (MFP) and the three classifications of the "Adult Attachment Interview".

(4) To determine the nature of relationships between the "Mother-Father-Peer Scale" (MFP) and depressive symptomatology in first time fathers.

What follows is discussion of the results of this study of research objectives.

The character of mental representations of attachment relationships in first time fathers

The character of mental representations of attachment relationships in this sample of first time fathers is not unlike patterns of attachment relationships discovered in other studies. Most frequently, secure subjects make up between one-half and three-fourths of the sample being studied while the remaining portion is divided between the dismissing and preoccupied subjects (Lutz, 1993; Main, M. & Goldwyn, R., 1985). For example, as a result of an analysis of relations between AAI outcomes and data from questionnaires on attachment style, temperament, and memories of parental caregiving behavior, De Haas, et al., found that mothers of 1-year olds were classified as 55% secure, 20% preoccupied, and 24% dismissing (1994). Benoit and Parker, following an assessment of the stability of adult attachment and transmission of
attachment across three generations, found that 71% of their study’s subjects were classified as secure, 21% as preoccupied, and 7% as dismissing (1994).

In another study of the stability and discriminant validity of the AAI involving both male and female Israeli students, Sagi et al. found 70% of subjects were classified as secure, 7% preoccupied, and 24% dismissing. Based on these data, the subjects of this study can be said to be fairly representative of the general population of persons who have been evaluated using the AAI. A comparison of these results is summarized in Table 15 below.

Table 15

Comparison of Distribution of AAI Classifications

<table>
<thead>
<tr>
<th></th>
<th>Secure</th>
<th>Preoccupied</th>
<th>Dismissing</th>
</tr>
</thead>
<tbody>
<tr>
<td>De Haas et al. (1994)</td>
<td>55%</td>
<td>20%</td>
<td>24%</td>
</tr>
<tr>
<td>Benoit &amp; Parker (1994)</td>
<td>71%</td>
<td>21%</td>
<td>7%</td>
</tr>
<tr>
<td>Sagi et al. (1994)</td>
<td>70%</td>
<td>7%</td>
<td>24%</td>
</tr>
<tr>
<td>Wojniak</td>
<td>54%</td>
<td>20%</td>
<td>26%</td>
</tr>
</tbody>
</table>

Depressive symptomatology among first time fathers

A notable finding of this study is the relatively high incidence of depressive symptomatology among this group of first time fathers. Previous research on prevalence has shown that there is an expected range of occurrence of a clinical diagnosis of depression for between 10 and nearly
15% of men. The work of Maxmen and Ward has indicated that at least 10% of normal men will suffer a major depressive episode (MDE) during their lifetime (1995). In a study of sex differences in DSM-III-R major depressive episodes, Kessler et al. reported that 12.7% of men experienced a lifetime occurrence of at least one major depressive episode. Further, these researchers found that this percentage of lifetime MDE occurrence varies somewhat depending on the age of the men studied. For men between the ages of 25 and 34, the rate is 13.1%; for men between 35 and 44, the rate is 14.7%. Using DSM-III-R criteria, in another study of sex differences in lifetime depression rates, Wilhelm and Parker reported similar findings (12.3%) for lifetime episodes of MDE (1994).

The results of this study, however, indicated a higher level (20%) of first time father participants experiencing symptoms of depression at or above the clinical level. This finding is meaningful at least two levels. First, it validates earlier findings that have shown the potential for men at this stage to experience an increased vulnerability to symptoms of depression (Atkinson & Rickel, 1984; Clinton, 1986; Feldman, Nash, & Aschenbrenner, 1983; Ferketich & Mercer, 1989; and Roopnarine & Miller, 1985). Second and most importantly, it expands the framework that has been used to explain the stress experienced by men at this developmental stage. Heretofore, the emotional encounter undergone by men at this transition has been attributed to processes related to the increased financial burden, changes in life style and
level of responsibilities, changes in marital interaction and relationship, paternal satisfaction, etc. The findings of this study lend support to what has to this point only been a theoretical perspective on the experience of first time fathers. With the results of this study we now have data that supports the notion of a dynamic relationship between early life attachment experience and vulnerability to the development of depression at and during the transition to fatherhood.

Depressive symptomatology and working models of attachment

As reported earlier, the mean CES-D scores for insecure subjects was 11.087; for secure subjects, it was 7.852. Although the differences was not as high as expected (p=.1679), they can be considered trends. This difference is consistent with prior research and theory. The findings of this study lend support to the conceptual linkage between pathological attachment and the development in later life of mood disorders such as depression. They also corroborate prior research that has demonstrated the relationship between secure attachment and less severe forms of psychopathology (Arend, Gove, & Sroufe, 1979; Matas, Arend & Sroufe, 1978; Vaughn et al., 1992; Waters, Wippman, & Sroufe, 1979; Wolkind & Rutter, 1985).

Interesting to note, however, is the finding that there was no significant difference between the CES-D scores for subjects classified as secure and dismissing. Two possible explanations may be given regarding this finding. On a positive note, the dismissing attachment status may not predispose a
person as much towards an unhealthy, pathological personality development as the preoccupied attachment status might, especially when it pertains to symptoms of depression. The coping strategies of dismissing adults may be such that these individuals are better able to minimize the effects of the insecure attachment on present day functioning with the result that they in fact experience a lower incidence of depressive symptoms. Persons with a dismissing mental representation of attachment may be better able to relegate whatever negative experiences they had in childhood to a less influential role in terms of their current adult functioning.

The other possible explanation for the low levels of depressive symptomatology in dismissing subjects may be more related to the manner in which these subjects report their current functioning. More consistent with the definition given to the dismissing form of attachment by Main, Kaplan, & Cassidy (1985), the dismissing adult may report on their current functioning more as a function of their tendency toward denial, idealization, the devaluation of the meaning of experience and relationships, and the characteristically difficult time these persons have in remembering. Given this possible explanation, a person with a dismissing tendency might actually be less healthy than determined by an assessment such as the CES-D.

Consistent with this theory, Hazan and Shaver found that adults rated as dismissing in their mental representation of attachment relationships continue to function in a manner that exhibits little concern, value, or influence in
current day to day experiences (1987). One might therefore expect that the ability of dismissing persons to accurately report on current functioning might present reliability and validity problems. Their ability to report on their functioning might be "depressed" as a function of their working style of attachment.

The finding of high rates of incidence of depressive symptomatology among subjects classified as preoccupied is consistent with prior research. Clinical representations of depressed persons frequently define their processes of interpersonal relatedness and self-definition in terms of dependence and enmeshment. The extremely high rate of depression among first time fathers who were classified as preoccupied (42.9%) as compared to the other attachment statuses (secure and dismissing, 18.5% and 18.7, respectively) underscores the conceptual relationships between attachment status and an experience with symptoms of depression.

**Attachment and MFP scale scores**

An additional research question examined by this study had to do with an evaluation of the nature of relationships between the Mother-Father-Peer scale and the three classifications of the Adult Attachment Interview. There were several interesting findings related to this research question.

First, relationships between the rejection scale scores and attachment status were as expected. High scores on the rejection items were highly associated with both the dismissing and preoccupied attachment scores. The
rejection scores were also negatively associated with the secure attachment scores. Similarly, the acceptance scores were negatively correlated with the insecure attachment statuses and positively correlated with the secure attachment status as predicted.

The high level of father idealization associated with the secure attachment status represents somewhat of an ambiguous finding inasmuch as prior theoretical discussion by Main (1985) associates idealization with a more pathological status. It was predicted in this study that an insecure attachment score would be positively correlated with an MFP score of high-defensive idealization of parents. That is, the respondent would be considered to be denying and/or misrepresenting the parent and the relationship. The results obtained, however, did not follow the hypothesis.

These results obtained suggest that this particular scale and relationship (idealization) may be subject to another interpretation. An alternative explanation might be that a high idealization score may be indicative of a healthier, more positive parent and relationship than originally conceived. A high score on this scale may be reflective of a truly good parent, i.e., a parent whose qualities may be highly esteemed (and rightfully so) by the respondent. With this conception of idealizing, a dismissing or preoccupied score would be negatively correlated with a high idealizing score. The findings reported in this study tend to support this interpretation of idealizing.
The encouragement of independence scale score was negatively correlated with the insecure attachment statuses and positively correlated with the secure attachment status. Predictably, a high score for encouragement of independence encourages the development of self-sufficiency, competence, and other qualities that are emblematic of a secure mental representation of the attachment relationship. Encouragement of independence is conceptually very similar to Bowlby’s exploration of the environment from the secure base. A child who feels secure in relation to the caregiver will proceed with exploration of the environment (independence). A child who feels insecure due to a lack of secure base will likely remain dependent (Bowlby, 1977a).

These findings are consistent with the work of Richman and Flaherty (1987) who found that affectional bonds between parent and child encouraged the child’s emerging autonomy which in turn helps the development of self-perceptions as confident and capable of initiating and maintaining interpersonal relationships. Other research also indicates that infants identified as more sociable with adults show greater levels of competence with peers (Arend, Gove & Sroufe, 1979; Matas, Arend & Sroufe, 1978; Vaughn et al., 1992; Waters, Wippman & Sroufe, 1979; and Wolkind & Rutter, 1985).

Relations between depression scores and MFP variables

An additional hypothesis of this study postulated that a low incidence of depressive symptomatology would be associated with parent-child relationships characterized by high acceptance, low defensive idealization, low
overprotection, low rejection, and high encouragement of independence. Only the father and peer acceptance scores as well as the father encouragement of independence score bore any relationship to the level of depressive symptoms, however.

Consistent with the finding of this study that linked parental (and peer) acceptance with a low incidence of depressive symptomatology, Blatt et al. (1979) found a moderate relationship between the descriptions that normal but depressed young adults gave of their parents. Their findings indicated that intensity of depression experienced by these subjects was significantly related to the nurturant and accepting qualities attributed to the parents. This was also conceptually confirmed by Buri, Kirchner and Walsh (1987) who found that the effect of parental nurturance on self-esteem was significant. Cummings and Cicchetti (1990) also found that children's felt sense of self-unacceptability (a self-concept derived from and by the conceptions of others about the self) contributed significantly towards depressed affect. The fact that father acceptance (and not mother acceptance) approaches significance in explaining the CES-D score may relate to findings later discussed in this chapter as they pertain to the significance of father versus mother MFP Scale scores.

McCrannie and Bass (1984) also published findings that suggested that depression proneness was influenced by parental child-rearing practices that combine elements of rejection, inconsistent expression of affection, and strict control. Strict control can be viewed as conceptually compatible with
discouragement towards independence. Beck et al. (1979) also identified sociotropy (or dependency) as instrumental factors that create vulnerability to depression.

**Salience of father versus mother on the MFP**

Although the results need to be treated with caution, the findings that relate to the number of father MFP variables that were significant in contrast to the number of mother MFP variables were interesting. This finding contrasts with one cited earlier (Camelly et al., 1994) which found that positive relationships with mothers (rather than fathers) were linked to better relationship functioning.

One variable that might be of value in explaining this finding is the presence of father during subjects' childhood and adolescent years. One of the most significant differences between depressed subjects of differing attachment status appears to have been the nature and extent of a significant, nurturing relationship with mother or father. In the case of depressed secure subjects, it appears that the most salient factor was the absence of an affectionate relationship with the father. The father in most cases appeared to be if not intimidating, at least distant. Two out of the three depressed secure subjects indicated that as parents themselves, they would do things differently than their own parents, particularly their fathers.

In contrast, what seemed to distinguish the depressed preoccupied subjects from the other subjects was the significance of the relationship to the mother.
The mother's contribution to the preoccupied attachment score was greater for overprotection, idealization, and encouragement of independence, i.e., more significant and more predictive of the preoccupied score than the relationship to father in these areas. This might lead an observer to conclude that the primary relational disturbance for persons who present a preoccupied mental representation of attachment relationship lies in relationship to the mother rather than the father. In contrast, the most significant and influential relationship in both the secure and dismissing statuses appears to be the father.

Among the more significant findings relating to demographic variables are the associations found between income and father encouragement of independence. This might be suggestive of the influential impact that the father relationship has on later life competence (material productivity).

**Summary and implications**

The central premise of this study has been that becoming a parent, as with other developmental crises, often precipitates a reappraisal of roles and identity and can provoke a state of disequilibrium. Based on the emergence of this state of crisis, the adult engages in an effort to regain prior sense of emotional and psychological well-being and stability of purpose. In this study, based on a presumed dynamic relationship between the early life attachment experience and later life potentialities for the development of depression, it was predicted that at this transition men who have a secure mental representation of attachment to their parents will not show a heightened level
of depressive symptomatology. It was also predicted that men who have an insecure mental representation of the attachment relationship to their parents will demonstrate a higher level of depressive symptomatology.

The findings of this study corroborated this prediction by substantiating a trend toward a lower level of depressive symptomatology. In addition, this study added yet another possible explanation for the relatively high level of depressive symptomatology among first-time fathers. A variety of other frameworks propose that the adjustment of men to the transition into parenthood is directly influenced by child characteristics, marital experience, financial considerations, income, role changes, social support, and family functioning. Inasmuch as development follows coherent, understandable and consistent patterns and can be traceable to certain antecedent and causal factors, it is assumed that as with most transitions into new developmental stages, there is some recapitulation. The extent to which this dynamic exerts long term influence on the passage into new developmental stages in regard to first-time fathering has been largely unresearched.

The findings of this study support research and hypotheses that propose that this transition into fatherhood increases men’s vulnerability to depressive symptomatology. The study’s findings also support the presumed relationship between attachment status and the incidence of depressive symptomatology as an alternative explanation for the existence of high levels of depressive
Finally, the study examined and illuminated measurement differences between the AAI and MFP Scale.

This study helped distinguish the differing approaches that persons with preoccupied and dismissing mental representations of attachments reported their current well-being with respect to depressive symptomatology and MFP relations. Differences between the relative contribution of father versus mother on the MFP were also found. The findings indicated that persons with primarily a preoccupied attachment status experienced more significant influence by mothers than fathers. Secure and dismissing attachment scores were more highly correlated with father MFP scores than mother.

Since a large proportion of the variance remains unexplained, more elaborate models are needed for understanding the complex construct of mental health in first-time fathers. Though the findings of this study indicate that the quality of mental representations of parents is associated with depression, the results do not fully explain the etiology or course of depression. That is, the actual experience with depressive symptoms may in fact be continuous through the life of these first-time fathers. Their onset or existence may in actuality have little or nothing to do with the commencement of fatherhood.

The data of this study are largely correlational and based on self-report, and it is therefore difficult to know whether the representations of the parents are distorted because of depressive symptomatology or whether they reflect a general predisposition that leaves the individual vulnerable to depression.
The findings of this study, as meaningful as they may be, are limited, however, primarily to Caucasian, well-educated, and relatively young men. The conclusions of this study are not particularly generalizable to men of more diverse sociocultural and racial/ethnic backgrounds.

The findings of this study may be extended further into the study of additional variables that create differences between the nature and causes of depression among men of different working models of attachment. Additional study is needed into the nature and dynamics of the relative contributions of fathers and mothers toward the attachment and depression status of first-time fathers. While this study discovered some interesting differences concerning those contributions, more exploratory research into this area is needed.
Appendix A
The CES-D Scale
(Inventory of Parental Feelings)

CIRCLE THE NUMBER FOR EACH STATEMENT WHICH BEST DESCRIBES HOW OFTEN YOU FELT OR BEHAVED THIS WAY—DURING THE PAST WEEK.

<table>
<thead>
<tr>
<th>Number</th>
<th>Statement</th>
<th>Rarely or None of the Time (Less than 1 Day)</th>
<th>Some or a Little of the Time (1-2 Days)</th>
<th>Occasionally or a Moderate Amount of Time (3-4 Days)</th>
<th>Most or All of the Time (5-7 Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I was bothered by things that usually don't bother me</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>I did not feel like eating; my appetite was poor</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>I felt that I could not shake off the blues even with help from my family or friends</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>I felt that I was just as good as other people</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>I had trouble keeping my mind on what I was doing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>I felt depressed</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td>I felt that everything I did was an effort</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>I felt hopeful about the future</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>I thought my life had been a failure</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>I felt fearful</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>My sleep was restless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12</td>
<td>I was happy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13</td>
<td>I talked less than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14</td>
<td>I felt lonely</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15</td>
<td>People were unfriendly</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16</td>
<td>I enjoyed life</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17</td>
<td>I had crying spells</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18</td>
<td>I felt sad</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19</td>
<td>I felt that people disliked me</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20</td>
<td>I could not get &quot;going&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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Appendix B
The Mother-Father-Peer Scale

Indicate the extent to which the following statements describe your childhood relationship with the person indicated by using the following scale:

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Uncertain</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

WHEN I WAS A CHILD, MY MOTHER (OR MOTHER SUBSTITUTE):

1. Encouraged me to make my own decisions.
   1 2 3 4 5

2. Helped me learn to be independent.
   1 2 3 4 5

3. Felt she had to fight my battles for me when I had a disagreement with a teacher or a friend.
   1 2 3 4 5

4. Was close to a perfect parent.
   1 2 3 4 5

5. Was overprotective of me.
   1 2 3 4 5

6. Encouraged me to do things for myself.
   1 2 3 4 5

7. Encouraged me to try things my way.
   1 2 3 4 5

8. Had not a single fault that I can think of.
   1 2 3 4 5
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9. Did not let me do things that other kids my age were allowed to do.
   
   1 2 3 4 5

10. Sometimes disapproved of specific things I did, but never gave me the impression that she disliked me as a person.

   1 2 3 4 5

11. Enjoyed being with me.

   1 2 3 4 5

12. Was an ideal person in every way.

   1 2 3 4 5

13. Was someone I found very difficult to please.

   1 2 3 4 5

14. Usually supported me when I wanted to do new and exciting things.

   1 2 3 4 5

15. Worried too much that I would hurt myself or get sick.

   1 2 3 4 5

16. Was never angry with me.

   1 2 3 4 5

17. Was often rude to me.

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<td>20.</td>
<td>And I never disagree.</td>
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<td>Would often do things for me that I could do for myself.</td>
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<td>Let me handle my own money.</td>
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<td>23.</td>
<td>Could always be depended upon when I really needed her help and trust.</td>
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<td>24.</td>
<td>Gave me the best upbringing anyone could ever have.</td>
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<td>25.</td>
<td>Did not want me to grow up.</td>
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<td>26.</td>
<td>Tried to make me feel better when I was unhappy.</td>
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<td>27.</td>
<td>Encouraged me to express my own opinion.</td>
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28. Never disappointed me.

1 2 3 4 5

29. Made me feel that I was a burden to her.

1 2 3 4 5

30. Gave me the feeling that she liked me as I was; she didn’t feel she had to make me over into someone else.

1 2 3 4 5

WHEN I WAS A CHILD, MY FATHER (OR FATHER SUBSTITUTE):

31. Encouraged me to make my own decisions.

1 2 3 4 5

32. Helped me learn to be independent.

1 2 3 4 5

33. Felt he had to fight my battles for me when I had a disagreement with a teacher or a friend.

1 2 3 4 5

34. Was close to a perfect parent.

1 2 3 4 5

35. Was overprotective of me.

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<td>36. Encouraged me to do things for myself.</td>
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<td>37. Encouraged me to try things my way.</td>
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<td>38. Had not a single fault that I can think of.</td>
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<td>39. Did not let me do things that other kids my age were allowed to do.</td>
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<td>40. Sometimes disapproved of specific things I did, but never gave me the impression that he disliked me as a person.</td>
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<td>41. Enjoyed being with me.</td>
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<td>42. Was an ideal person in every way.</td>
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<td>43. Was someone I found very difficult to please.</td>
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<td>44. Usually supported me when I wanted to do new and exciting things.</td>
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<td>Was never angry with me.</td>
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<td>47.</td>
<td>Was often rude to me.</td>
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<td>Rarely did things with me.</td>
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<td>51.</td>
<td>Would often do things for me that I could do for myself.</td>
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<td>Let me handle my own money.</td>
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<td>56. Tried to make me feel better when I was unhappy.</td>
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<td>58. Never disappointed me.</td>
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<td>59. Made me feel that I was a burden to him.</td>
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**WHEN I WAS A CHILD, OTHER CHILDREN:**

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<td>61. Liked to play with me.</td>
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<td>62. Were always criticizing me.</td>
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<td>63. Often shared things with me.</td>
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<td>64. Were usually friends with me.</td>
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<td>65. Often picked on me and teased me.</td>
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<td>66. Would usually stick up for me.</td>
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<td>67. Liked to ask me to go along with them.</td>
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<td>68. Wouldn't listen when I tried to say something.</td>
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<td>69. Were often unfair to me.</td>
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<td>70. Would often try to hurt my feelings.</td>
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Appendix C

The Adult Attachment Interview

1. Could you start by helping me get oriented to your early family situation and where you lived and so on? *(Can share personal biography/comments.)*
   
   - If you could start out with where you were born, whether you moved around much, what your family did at various times for a living?
   - Did you see much of your grandparents when you were little? How old was (the grandparent - she/he) at that time, do you know?
   - Did you parent(s) tell you much about this grandparent?
   - Where there brothers and sisters living in the house, or anybody besides your parents? Are they living now or is your family pretty scattered?

2. I'd like you to try to describe your relationship with your parents as a young child...if you could start from as far back as you can remember?
   
   *(Encourage subject to remember very early - at least age 5.)*

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3. Now I'd like to ask you to choose five adjectives that reflect your childhood relationship with your mother. I know this may take a bit of time, so go ahead and think for a minute...then I'd like to ask you why choose them.

• Okay, now let me go through some more of my questions about your description. You say she was (you used the phrase) ____. Are there any memories or incidents that come to mind to with respect to her (being) ______? (Continue through each phrase or adjective chosen by the adult. Get as many adjectives as possible!)

4. Now I'd like you to choose five adjectives that reflect your childhood relationship with your father. I'm going to ask you again why you chose them.

• Queries as above.
5. To which parent did you feel the closest, and why? Why isn’t there this feeling with the other parent? *(The answer to this one may be obvious, and you may want to remark on that by saying "I think I know the answer to this next question, but I’d like to ask it briefly anyway...")*

6. When you were upset as a child, what would you do?
   - When you were upset emotionally when you were little, what would you do? Can you illustrate with specific incidents?
   - Can you remember what would happen when you were hurt a bit physically? Again, do any specific incidents come to mind?
   - Were you ever ill when you were little? Do you remember what would happen? *(Be sure to get answers to every question.)*
   - Were you held by the parent, and if so, how

7. What is the first time you remember being separated from your parents? How did you or they respond? Are there any other separations that stand out in your mind?
8. Did you ever feel rejected as a young child? Of course, looking back on it now, you may realize it was not really rejection, but what I'm trying to ask about here is whether you remember ever having felt rejected in childhood. 

(Give an example from own life or earlier interviews, if necessary.)

- How old were you when you first felt this way, and what did you do?
- Why do you think your parent did those things—do you think he/she realized he was rejecting you?

9. Were your parents ever threatening with you in any way,—maybe for discipline, or maybe just jokingly?

- Some parents have told us for example that their parents would threaten to leave them or send them away from home. A few of our parents have memories of some kind of abuse.
- Did anything like this ever happen to you, or in your family?
- How old were you at the time? Did it happen frequently?
- Do you feel this experience affects you now as an adult? Does it influence your approach to your own child?

9a. Were you ever frightened or worried as a child?
10. How do you think these experiences with your parents have affected your adult personality? Are there any aspects to your early experiences that you feel were a set-back in your development? *(Some subjects may have already answered this question; if so, indicate that you would like their response anyway for the record.)*

11. Why do you think your parents behaved as they did during your childhood?

12. Were there any other adults with whom you were close, like parents, as a child? Or any other adults who were especially important to you, even though not parental? *(Be sure to find out ages, whether this person lived with the child, or had any caregiving responsibilities, and the significance of the relationship.)*

13. Did you experience the loss of a parent or other close loved one (sibling, or close family member), while you were a young child?
   - Could you tell me about the circumstances, and how old you were at the time?
How did you respond at the time? Was this death sudden or was it expected?

Can you recall your feelings at that time?

Have your feelings regarding this death changed much over time?

* If not volunteered earlier: Were you allowed to attend the funeral, and what was this like for you?

* If loss of parent or sibling: What would you say was the effect on (other parent or) household, and how did this change over the years?

Would you say this loss has had an effect on your adult personality?

How does it affect your approach to your own child?

14. Did you lose any other important persons during your childhood? (Same queries.)

14b. Have you lost other close persons, in adult years? (Same queries.)
15. Have there been many changes in your relationship with your parents (or remaining parent) since childhood? I mean from childhood through until the present? *(Need to find out indirectly whether there has been a period of rebellion from the parents, and whether the subject may have re-thought early unfortunate relationships and "forgiven" the parents. Probe sufficiently to find out, but do not ask about forgiveness directly.)*

16. What is your relationship with your parents like for you now as an adult? *(Try to find out, indirectly if possible, how much contact the subject has with her parents at present, what the relationship is like currently, sources of satisfaction and dissatisfaction.)*

17. How do you respond now, in terms of feelings, when you separate from your child? *(Then ask, once enough time to respond to first part:)*

- Do you ever feel worried about child?

18. If you had three wishes for your child twenty years from now, what would they be? I'm thinking partly of the kind of future you would like to see for your child. I'll give you a minute to think about this one.
19. Is there any particular thing which you feel you learned above all from your own childhood experiences? What would you hope your child might have learned from his/her experiences of being parented?
Appendix D

The Solicitation Script

Hello, my name is Ed Wojniak. I'm a doctoral student associated with Dr. Ellen Hock from the Ohio State University, the "Transition to Motherhood Project". You may be familiar with the project because we've talked to your wife but we haven't yet talked to the men very much if at all. If you recall, the reason we had spoken with your wife has been to learn more about the adjustment that women undergo as they experience first-time motherhood. Now we would like to learn more about the adjustment of men to fatherhood. And so I would like to speak with you. Is this a good time to talk?

Let me take a moment to explain what my study is all about in a little more detail and why I'm interested in talking with you. As I just mentioned, I'm a Ph.D. student in Family Relations and Human Development and I'm studying men and their transition to fatherhood. There has been a lot of study concerning the transition to parenthood that women undergo but the father's perspective has not been well understood. As a father myself, I know that men can go through a lot during this transition but that has not been well documented in the literature. What interests me in particular about this transition is discovering what connection if any exists between a man's
adjustment to fatherhood and the kind of relationship he experienced growing up with his parents or parent figures.

In order to get a better sense about this association and about what men in general experience as they enter parenthood, I'd like to talk with you at either your home or your office for about an hour (when and where it's convenient for you). I'd like to ask you some questions about your childhood and later life experiences and relationship with your parents.

The interview would be at a time and place that's convenient for you. It would be tape recorded but we will keep the tapes confidential and destroy them after the research project has been completed. The data will be used for research purposes only and will be kept confidential. In fact, we plan to use only the averages of the scores so that the information from each individual is never identifiable. Also, you may withdraw from the study at any time or decline to respond to any particular question.

After we talk I'll ask you to fill out two relatively short questionnaires. The first one is called the "Inventory of Parental Feelings" and is a brief questionnaire. The second questionnaire is called the "Mother-Father-Peer Scale". This has 70 questions designed to measure your recollections of childhood. Altogether these two questionnaires would take about 20 minutes to complete. After you're finished with them, either I or my assistant will come to your home or office to pick them up from you or I'll provide you with a stamped, addressed envelope in which you can send them back to me.
Do you have any questions? Would you like to participate? When can I schedule an interview with you? Where would you like to do the interview? Will we have a reasonable amount of privacy for about an hour? What's your home (and/or work) address (work telephone number)? I will send you a written copy of the information I've given you about the study.

Again, my name is Ed Wojniak. My daytime telephone number is 361-6002. My evening telephone number is 267-6611. Or, you can reach Dr. Hock during the day at 292-7705. Call us if you have any questions.
Appendix E

Consent to Participate

I consent to participate in the research project entitled "Depression in Men Who are Fathers of Young Children: An Attachment Theory Perspective." Either Dr. Ellen Hock or her authorized representative has explained the purpose of this study, the procedures to be followed, and the expected duration of my participation. Possible benefits of the study have been described as have alternative procedures, if such procedures are applicable and available.

I acknowledge that I have had the opportunity to obtain additional information regarding the study and that any questions I have raised have been answered to my full satisfaction. Further, I understand that I am free to withdraw at any time and to discontinue participation in the study without prejudice to me. Finally, I acknowledge that I have read and fully understand the consent form. I sign it freely and voluntarily. A copy has been given to me.

Signed: ___________________________  Date: ___________________________
(Participant)

Signed: ___________________________  Date: ___________________________
(Principal Investigator or Authorized Representative)

Witness: ___________________________  Date: ___________________________
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