A psychosocial, attachment study of depression and well-being in Taiwanese women

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Declaration of Authorship

I, Lun Chi Chang hereby declare that this thesis and the work presented in it, is entirely my own. Where I have consulted the work of others, this is clearly stated.

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Date:

Abstract

The thesis examined psychosocial risks, and positive factors, in relation to depression and spiritual wellbeing in Taiwanese women. It also sought to replicate and extend UK-based attachment models in the Taiwanese context. Poor childhood care, unsupportive and conflictful relationships, negative self-esteem and insecure attachment style were examined in relation to models of depression. Positive aspects of such factors were examined in relation to spiritual wellbeing. Tests were performed for mediation and moderation effects involving attachment style. Relationships with birth family and family-in-law, as well as religious experience, were examined as additional cultural factors which might add to the explanatory models.

Method: The research utilised a cross-sectional quantitative analysis of 721 on-line questionnaires with Taiwanese women aged 18-55 using standardised self –report questionnaires translated into Mandarin. These were supplemented with the Attachment Style Interview on a small subset to explore the social context of experience.

Results: Logistic regression confirmed that childhood poor care, thoughts of partner separation, negative self-esteem and attachment insecurity provided the best model for depression outcome in women with a partner. For single women, age under 30 and negative self-esteem alone provided the best model. There was no evidence of mediation effects. Spiritual wellbeing was modelled by having a live-in partner, positive self-esteem, and security of attachment style. Limited evidence was presented for moderation effects. Case studies were used to outline the relationship and attachment experience of the Taiwanese women to look at the context of experience and cultural elements.

Conclusions: Whilst the basic psychosocial models of depression derived from UK research held, differences revolved around the wider range of family relationships important in Taiwan and important differences emerged in models for women under 30 without a partner which require further research. Attachment style was shown to hold in both risk and resilience models.

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Plan of the thesis

The project focused on an attachment approach to investigating relationships, self-esteem and childhood experience in relation to depression, and spiritual wellbeing in an online survey of Taiwanese women and a small number of face-to-face interviews.

The plan of the thesis is first to introduce Taiwan and Taiwanese culture as the backdrop to the study in chapter 1. This also seeks to set out the literature around risks for depression and experiences related to wellbeing in women, both in the West and in Asian cultures.

In chapter 2 the Attachment Framework is introduced and the relevant literature relating to early life experiences, adult attachment styles and problems in relationships, functioning and depression as well as factors promoting resilience.

In chapter 3 the study method is outlined, together with a description of the self-report measures used in the online survey, and the interview measure used for the small subsample interviewed. Here the reliability of measures, power calculations and plan of analysis are also covered.

The quantitative results are divided between two chapters. Chapter 4 analyses the risks for depression, those current and those in childhood. Mediation tests are provided to see if attachment insecurity mediates between poor care in childhood and adult depression. Chapter 5 examines spiritual wellbeing and contributory relationship and self-esteem experiences. In order to examine

moderation, the analysis in chapter 4 was revisited with secure attachment style examined as a moderating factor buffering the effects of childhood poor care on adult depression.

Chapters 6 and 7 are qualitative and both present case material from 4 contrasting interviews which examined close relationships and attachment style in women from the main sample. They illustrate factors analysed in the quantitative analysis and allow for more exploration of context of experience. The cases are selected according to type of attachment style, marital status and risk and resilience in relation to depression and spiritual wellbeing.

Chapter 8 summarises the main findings and discusses these in the light of the research literature. Strengths and limitations of the study are outlined and implications for policy and practice given.

Chapter 1 Introduction

1.1 Introduction

The project sought to understand more about family and support relationships in Taiwanese women and how these contribute to either risk of depression or to wellbeing. For this an attachment framework was chosen as a means of understanding how problem relationships with parents in childhood might add to risk of both unsupportive adult relationships and to emotional disorder such as depression, through the development of insecure attachment styles. In order to understand wellbeing, aspects of attachment security and support were invoked in relation to spiritual wellbeing associated with religious affiliation and practice. Variables associated with positive mental health, in terms of absence of symptoms, were also investigated. The study sought to investigate risk and resilience factors identified in the research literature, much of it developed in the West, to see if the factors held the same association in a Taiwanese sample where little comparative research on attachment or depression is available.

This chapter outlines the background to Taiwanese culture and the position of women and marriage in that culture as a preliminary to examining depression and wellbeing among women who live in Taiwan. It also outlines current risks and resilience associated with depression and wellbeing. First some general introduction to Taiwan is provided, with an outline of traditional Chinese/Taiwanese culture and the role of women.

1.1.1 General information about Taiwan

The main island of Taiwan is located in East Asia off the coast of mainland China, southwest of the main islands of Japan and north-northwest of the Philippines. It is bound to the east by the Pacific Ocean, to the west by the Taiwan Strait (see figure 1)

Figure 1.1 Location of Taiwan (Map of the world Information Services, 2007)

Taiwan's population in 2012 is about 23 million of whom 97% is of Han Chinese ethnicity. Of these, 87.5 % strongly identify themselves as descendants of early Han immigrants, known as "*native Taiwanese*." The remaining 7.6 % of Han Chinese identify themselves as the descendants from immigrants who arrived after the Second War World (Hakka Affairs Council, 2010) .There is low

immigration and ethnic minority status – only 2% constitute aborigines and 2% constituted mainly of foreign spouses from Mainland China, the Philippines, Indonesia and Vietnam.

Before World War Two in 1939, Taiwanese was colonised by Japan for around 50 years. When Japan was defeated by the Allied Command in 1945, Japanese military forces surrendered to troops from the Republic of China (ROC). In 1949, during the Chinese Civil War, ROC was defeated by Communists and retreated from Mainland China to Taiwan. Meanwhile in mainland China, the Peoples' Republic of China (PRC) was founded by the victorious Communists who declared PRC as the only representative of China. This included Taiwan, and the ROC government on Taiwan was identified as an illegal regime. From then on, there has been continued political tension between Taiwan and Mainland China.

From this period through to the 1980s, Taiwan has been governed by a single-party dominated autocratic regime with military rule of the country. However, in the 1990s, Taiwan gradually transformed into a democratic country and from 1996, every four years people can vote for the president in Taiwan.

The culture of Taiwan is a blend of Confucianism, Han Chinese culture, Japanese, American and global influences. After ROC retreated to Taiwan, the government highlighted the importance of traditional Chinese culture and students study Chinese culture, Chinese history and Confucianism in schools. Therefore during 1949 to 1990, traditional Chinese culture was the mainstream influence on Taiwan.

However, from the 1990s, in the changing political situation, Taiwan localization and cultural independence movement was launched. Taiwan's own cultural identity now can be seen in different areas; for example, politics, cuisine, opera, and music.

In terms of language, 80% of the people in Taiwan speak both Taiwanese and Mandarin, which is an official language. In addition, Mandarin Chinese is the primary language which is taught and used in schools. In terms of religion over 93% of Taiwanese are adherents of a combination of Buddhism, Confucianism, and Taoism; 4.5% are adherents of Christianity; and 2.5% are adherents of other religions.

For Taiwanese, Confucianism is a philosophy regarded as a moral standard for daily lives and serves as the foundation of both Chinese and Taiwanese culture. Confucianism is an inclusive philosophy and does not exclude other religions; on the contrary, it is often followed alongside other religions and is held as a moral criterion for most Taiwanese.

Taiwan has been through important changes over the last half of the 20th Century, but is a largely homogenous culture in terms of ethnicity, language and religion. It is in this context that the position of women in the 21st Century, and their roles in marriage and the family will be investigated.

1.1.2 Women in Taiwan

Taiwanese society is a complex one as it has not only traditional values influenced by Confucianism but also modern views affected by industrialisation. As a result, the status of Taiwanese women and the meaning of marriage in

Taiwan are gradually changing. Compared to Western countries, Taiwanese society could be seen as a traditional one. For example, there are few Taiwanese couples who cohabit without marrying: in 2000, only 2.7% Taiwanese women aged between 20 to 24 years are cohabiting. This compares with rates, for example, in New Zealand and France in this same age of 77% and 67% (Directorate of Accounting and Statistics, 2003a). As a result, Western countries have more children from unmarried families than in Taiwan. For example, in United States, there are 32% children born in unmarried families whereas there are only 3.6% in Taiwan (National statistics, 2003). In Taiwan, getting married is usually a social requirement before forming a family. Therefore issues about legally and religiously formalising relationships and ending them have more constraints than in the West.

In terms of their roles, Taiwanese women are usually responsible for most of the housework and childcare. Whilst this involves mothers, it also takes in to account the older generation of grandmothers. According to the investigation report of Taiwanese women's state of life (Statistics department, 2006), the primary source of housework in Taiwan is married women (84.1%) followed by as many as a quarter of their own parents (26.5%). In addition, women who have children under 12 years old are shown to spend 5 hours a day looking after them. Further, for those who are not employed, usually 6 hours a day is spent caring for their children (op cit). Around half (53.3%) of women are employed and women who are highly educated with computer skills are more likely to have jobs. However, their working hours are long; half of them (49.6%) work 8 – 10 hours a day. For those who are mothers and need to do housework and childcare after work, balancing their role as career women and also

mothers is a real challenge. This could be the reason why fertility rate in Taiwan has been decreased dramatically in recent decades. In 1980, the fertility rate is 1.885 (every woman of childbearing age has an average 1.8 child) and there were 414,069 new born babies in that year. However, in 2010, the fertility rate decreased to 0.895, becoming the fourth from the last in the world and there were only 166,473 new born babies in 2010. (Directorate of Accounting and Statistics, 2011)

In addition to house work, Taiwanese women also have an important role in caring for elderly parents. In 2006, there were 45% of Taiwanese women living with their parents or parents- in- law. Where there is a family member whose age is over 65, Taiwanese women will spend 4.17 hours a day looking after their elder relatives (Statistics Department, 2006). Therefore it can be seen that Taiwanese women generally have a high burden of domestic roles which include the housework, childcare and frequently elder care and in two generations of women. Therefore, having good support from marital partner, family and family-in-law and other social networks in these roles is likely to be significant for their daily lives and well-being.

However, in other aspects Taiwanese society is a modern one, one that is changing rapidly with industrialisation. Thus Taiwanese women have higher status than in many other Far Eastern countries. For example, in 2001, 51% of university students were women (Directorate of Accounting and Statistics, 2003b). This is only slightly lower than the United Kingdom (57%) and the United States (56%), and is somewhat higher than South Korea (37%), Japan (45%) and mainland China (47%) (op cit). The number of female graduate

students has also increased rapidly in Taiwan; in 1996, only 29% students who studying master degree were female but the rate has increased to 43% in 2012. In 1996, only 19% of PhD students are female but the rate has risen to 30% in 2012. (Statistics department, 2013)

In accordance with higher education, more and more Taiwanese women have professional jobs and play an important role in society. In 2011, 30.3% of legislators in Taiwan were female; this rate is higher than in Japan (13.6%), USA (16.8%) and UK (21.0%). In addition 28.8% of executive officers in government in Taiwan are women (Directorate of Accounting and Statistics, 2013).

It could be argued that Taiwanese society is at a turning point with the traditional values of marriage and family beginning to change. Taiwanese women are facing new situations and challenges – conflicts between traditional and modern values and discrepancies between self-expectations and domestic role. The impact of this change on the quality of marital relationships, other family relationships and emotional wellbeing therefore need exploring while these changes are occurring.

1.2 Marriage and divorce in Taiwan

In 1991, the average age of marriage for Taiwanese women was 26 years old going up in 2007, to 27.7 (Directorate of Accounting and Statistics, 2009). The tendency for Taiwanese women to marry later is consistent with Western patterns (Office for National Statistics, 2010). In addition, from 1991 to 2001,

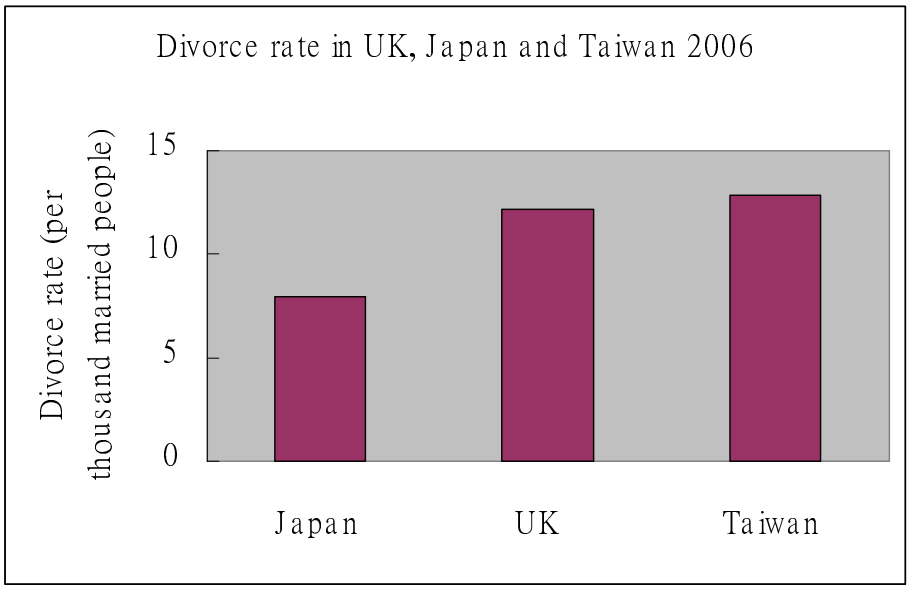
the number of single Taiwanese women increased 22% from 2.171 million to 2.619 million. This is higher than the rate for Taiwanese men, where the number for single males has only increased by 13.3% during this period. As a result, every year the number of Taiwanese newly-wed couples has decreased steadily. Compared to 2006, the number of newly-wed couples in 2007 decreased by 7.7% (Directorate of Accounting and Statistics, 2009). To look at the data in detail, in 1995, the marriage rate for women between 25 to 29 years old was 57.7% but the number decreased to 34.5% in 2005. For women aged 30 to 35, the marriage rate in 1995 was 63.4% but the figure went down to 29.9% in 2005. Therefore the marriage rate has dropped in recent decades and marriage is happening less often for women, and at a later age. Some researchers have argued that having higher education delays the age of getting married. In addition, the increasing divorce rate also contributes to the decreased rate of women in marriage. However, more investigation is needed to explore how the changing marriage rate and age of marriage may impact on Taiwanese women's' mental health and wellbeing.

The divorce rate has increased 80% in Taiwan from 1996 to 2006. In 1996, there were 35,875 Taiwanese couples getting divorced but in 2006, 64,540 a rise of 53% (Department of household registration, 2008).

As regards age of divorce this is most common in Taiwanese women between 30 to 34 years of age (op cit). Whilst Taiwan has a similar marriage rate to Japan (56% vs 58%) the divorce rate is considerably higher. In 2006 Taiwan had a divorce rate of 12.86 (per thousand married people) which is the highest one within Far Eastern countries, higher than Japan (7.96) and similar to the

UK (see figure 1.2) (Department of household registration, 2008; Office for National Statistics, 2007; Statistic bureau, 2007).

Figure 1.2: Divorce rates in UK, Japan and Taiwan in 2006



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The number of one-parent families in Taiwan has also increased considerably during the period 1988 to 2004. In 2004 Taiwan had 548 thousand one-parent families, twice as high as in 1988 with an increase of 53 thousand, but these were nearly all mothers, with an increase of single-fathers only two thousand during this period. To compare with UK figures, the number of single mother families in 1996 was 2 million and in 2006, 2.2 million with the increase rate of 10% whereas the number of single father family in 2006 remain constant with 1996 around 0.34 million.

With the growth of industrialisation, Taiwanese society has changed and the values of marriage have also changed to emphasise reciprocity, equality and as a way to pursue happiness, rather than fulfilling social obligations (Jian, 2009).

Since Taiwanese women are in the main responsible for housework and childcare, getting married brings many challenges, particularly for those who want to pursue employment or careers (Huang, 2011b). There are inequalities in marriage, which might account for the high divorce rate, and potential psychological risks around poor marital support. A study by Lu & Kao (2006) explored how traditionality and modernity affected Taiwanese marital adjustment. 'Conjugal congruence' was identified as the degree to which a couple shares values, attitudes, emotions and behavioural intentions. The findings showed that conjugal congruence was related to marital adjustment. Where husbands' were high on traditionality and felt superior to their wives, this was associated with worse marital adjustment in the couple (Lu & Kao, 2006) . Since it is argued that a good marriage requires both husband and wife to make adjustments, males who are traditional pose a challenge for Taiwanese women and their expectations of marriage. Marital relationships also need to be considered in relation to wider family relationships in Taiwanese society.

1.3 Family relationships in Taiwan

In Taiwan, the family plays a significant role in individual life. Whilst this is true in most cultures, and is a founding principle of attachment and other psychological theories, in Taiwan it is also bound by notions of harmony and by the collectivism whereby individuals' first loyalty is to the group.

Within traditional Chinese culture, every effort is made to maintain harmony with the world and with others in order to attain peace of mind (Yang, 2001).It is thought beneficial to the world collectively and individual's are believed to

benefit. Thus keeping individuals in a routinised and regulated lifestyle is deemed important to preserve order. The ideal is for every member of society to work together with one 'heart' in order to make society better. As a result, in Chinese society making efforts for personal gain would be criticised as individualistic, but sacrificing oneself for society would be applauded. Thus individuals are pressured to compromise with others and the environment in order to achieve peace of mind. The essential motto of being a human in Chinese tradition is being compromising, being restraining and moderate. Whilst this is can be seen as conducive to harmony, problems arise in situations of conflicting need or exploitation when an individual feels oppressed by their situation. Women in such situations expressing their needs may prevent feeling emotional distress and depression. The constraints against such self-expression and barriers to autonomy are potentially great, given the Taiwanese process of socialisation (Lin, 2006).

Other aspects highlighted in traditional Chinese society as upheld in Taiwan, concern the emphasis on the family, especially on the harmony and honour of the family and the importance of producing descendants. Chinese usually define themselves specifically by their roles in different interpersonal relationships (Yang 1993). Another defining characteristic is the requirement to obey authority. Chinese are argued to be very sensitive and respectful to authority, often viewed as uncritical and reliant on authority. Also, Chinese value others opinions highly, have a high need for acceptance and need to be well-thought of by others (op cit). They usually try to act and think like others in order to be accepted by society. As keeping harmony and obeying authority are highly valued in Chinese culture, this drive for a compliant society

highlights some of the constraints for women in difficult marriages and in their need for self-expression. As self-expression sometimes involves negative and strong emotions, in Chinese culture this can be viewed as damaging to family harmony and resistant to authority. Under such circumstance, women with unhappy marriages find it even harder to work out solutions for their marriage and their lives. In addition, since in Chinese culture as already outlined, being accepted by others is important for interpersonal relationships and social life; women may need to subjugate their own needs to fulfil social expectation. Furthermore, for those women who get divorced, and are viewed as destroying the harmony of the family, there is always a social stigma attached which they may have to carry for the rest of their lives.

1.3.1 Familial collectivism

According to Yu (1991), there are two main characteristics in Chinese interpersonal relationship: Symbiosis and Collective (Yu, 1991). “Symbiosis” means everyone who is in the relationship obeying the rule of reciprocity and closely attaching to each other, whilst “collective” means everyone should play a proper role in the group and if necessary, also should suppress need in order to achieve harmonic relationships with others.

Another important interpersonal relationship characteristic emphasised by Confucianism is filial piety (Ye, 1998). In Confucianism, filial piety is a basic moral requirement and as long as it is achieved, the individual can have great virtue and respect. However, some ancient philosophers, for instance, Mencius describe filial piety in an extreme way, stating that children must be obedient to

their parents no matter whether parents love them or not, treat them well or not. This is exemplified by a famous Chinese proverb – 'there is no bad parent in the world'. This gives undue power to parents and is controversial in situations of parental neglect or abuse where the child effectively has no voice. In addition, Chinese culture puts the father-son relationship before the husband-wife relationship, with emphasis on 'continuity' and 'authority'. It is suggested that filial piety is the outcome of these two characteristics, and ensures that the harmony in the family and the authority of the family will not be challenged.

1.4 Relationship with family in law

1.4.1 Being a daughter-in-law in Taiwan

It is common for three generations to live together when a married woman moves in with her family-in-law, often with negative impacts on daughters-in-law (Hu, 1995). Hu points out that as Chinese/Taiwanese society is a patriarchal one; three generations living together (parents, son and daughter-in-law, and their children) can create difficult issues for the daughter-in-law immediately after getting married. First, she has to attune herself into a new family and tension with her mother- in-law is common. Second, a daughter-in-law usually has to leave her hometown and lose support from her family of origin and friends. Third, getting pregnant and having a son becomes her primary obligation and duty. If she fails to do so, she may not be accepted by her family-in-law. The issue of how daughters-in-law adapt to this situation, particularly for those in unsupportive marriages, is therefore an

important issue to research, and one specific to such cultures and issues of wellbeing and psychological adjustment.

1.4.2 Relationship between mothers-in-law and daughters-in-law

There are a number of studies on the relationship between mothers- and daughters-in-law which emphasise relational conflict e.g. (Huang & Hsu, 2006) . One study used a dynamic model to explore the harmonization process and conflict transformation mechanisms between mothers- and daughters-in-law (op cit). The results identified three levels of relational transformation (termed as 'superficial' to 'genuine'). In the early stage of the relationship all participants maintained harmonious relationships with their mother-in-law or daughter-in-law. Thus, when mutual obligations as mothers- and daughters-in-law were fulfilled, their relationship became genuinely harmonious. However, if mutual obligations were ignored or unmet, their relationships were characterized as having 'superficial' harmony. In the second stage, if mothers-in-law and daughters-in-law were able to fulfil their mutual obligations and develop a true affection to each other, a genuinely harmonious relationship could be sustained. In the third stage, if the role of being mothers-in-law and daughters-in-law could be redefined and become flexible, no longer being restricted by traditional culture, they could enjoy a really good relationship.

Another study examining the interaction between mothers- and daughters-in-law (Kung, 1999) showed daughter-in-laws usually had complaints about interference with parenting of children, lack of respect for

privacy, overt favouritism of the mother-in-law's own sons and daughters and over-control of the daughter-in-law's life. Some common complaints from mothers-in-laws included a heavy loading of housework and childcare where their daughters-in-law were in careers, as well as complaints on squandering of money. Researchers also found the husband's attitude had a significant impact on the relationship between mother- and daughter-in-law. If the husband tried to ignore conflicts between his mother and wife, the conflicts and tensions become serious. However, if he tried to deal with it and become the communication bridge then the relationship was improved (op cit).

1.5 Depression and wellbeing in women

Supportive relationships in marriage and in the family are known to be an important element in wellbeing and in protecting against depression (Newton, 1988). Conversely those vulnerable to depression lack close confiding support, have negative interaction with their partner's and have poorer relationship skills and poorer self-esteem (Brown, Andrews , Adler , & Bridge 1986). Such factors interact with stressors to bring about episodes of depression. These factors need to be examined for Taiwanese women, given the cultural and social factors described above. The issue of depression and wellbeing is now discussed.

1.5.1 Defining depression

Depression is recognised worldwide as a major and increasing health concern by the WHO (World Health Organisation, 2012). It is diagnosed at clinical

level as major depression and at subclinical level as minor depression (American Psychiatric Association, 1994). Its key symptoms are depression mood and loss of interest, but the disorder also incorporates a number of cognitive-emotional and physical symptoms (see table 1.1 for the Diagnostic Statistical Manual – DSM definition).

Major depression is a debilitating disorder which lasts on average 3-months or so but in a number of individuals can last 12-months or longer (Nolen-Hoeksema, 1991) and in a proportion occurs recurrently over the life course starting in adolescence (Harrington, Rutter, & Fombonne, 1996). Treatments for depression include those therapeutic (such as Cognitive Behaviour Therapy – CBT) as well as those pharmaceutical involving Selective Serotonin Reuptake Inhibitors (SSRIs) and other anti-depressants (Barkham & Hardy, 2001). It is generally considered highly treatable with good recovery rates (Bateman & Fonagy, 2000) and with early intervention considered an effective approach to reducing risks in the population (Newton, 1992).

Table 1.1 Defining depression

DSM IV Major Depressive Episode
A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure. (1) Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). **Note:** In children and adolescents, can be irritable mood. (2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others) (3) significant weight loss when not dieting or weight gain (e.g., a change of more than

5% of body weight in a month), or decrease or increase in appetite nearly every day.
Note: In children, consider failure to make expected weight gains.
(4) insomnia or hypersomnia nearly every day
(5) psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
(6) fatigue or loss of energy nearly every day
(7) feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
(8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
(9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

1.5.2 The prevalence of depression in Taiwan

In 2002, the Bureau of Health Promotion in the Taiwanese Department of Health conducted a survey of depression prevalence in Taiwan which showed 5.2% of Taiwanese aged between 15 - 65 had major depression in a three-month period (Bureau of Health Promotion, 2002). The prevalence of depressive episodes yearly for women was 10.9%, rather higher than the male rate of 6.9%. According to the annual report of national health insurance in 2006, the number of female patients who approach psychiatric services was twice that of males (National Health Insurance, 2006). Thus in Taiwan, as in other countries, depression is a highly prevalent disorder and more common in women (Bebbington, Dean, & Der, 1991; Maciejewski, Prigerson, & Mazure, 2001; Nolen-Hoeksema, 1987)

1.5.3 Risks for depression

Current risk factors for depression are known to be psychological, social and biological in origin. Researching the psychological (e.g. Aaron Beck) and social (eg George W Brown) occurred during the 1970s-1990s with the most recent studies adding to the genetic, neuro-scientific (Caspi, Hariri, Holmes, Uher, & Moffitt, 2010) and endocrinological (Goodyer, Herbert, Moor, & Altham, 1991) contributions. The focus in this thesis is on the social and psychological since this is the model most easily transported for cross-cultural investigation and therefore only a brief summary of the biological factors in depression is outlined after the social and psychological factors.

In terms of social and demographic factors in Western studies, depression is known to be higher in women, in those married, in mothers and in younger adult age groups (Gotlib & Hammen, 2010). It is also higher in those from lower social classes and those socially excluded, with the relationship between marital status and depression also well documented in women (Bebbington, Dean, & Der, 1991; Horwitz & White, 1991; Uebelacker, Courtnage, & Whisman, 2003) with those married consistently showing more vulnerability.

Episodes of depression are known to be triggered by stress, with studies of life events indicating how stressful circumstances increase risk of disorder (Brown & Harris, 1978). These include social conditions involving poverty, poor housing and unemployment, in addition to interpersonal difficulties. Much of the literature focuses on the quality of the marital relationship, with uneven distribution of tasks within the home contributing to differential experience of dissatisfaction in the relationship (Brown & Harris, 1978) and role conflict contributing to risk (Brown, Bifulco, & Harris, 1987). Given the role of doing

the housework, traditionally falls to women (Glass & Fujimoto, 1994), for employed or career women, the burden imposed together with childcare causes greater pressure and potential difficulty and cost in energy and time (Allen, Herst, Bruck, & Sutton, 2000).

There is a large literature on the relationship between negative marital events and depression. The extensive research by Brown and colleagues documents how negative interaction with a marital partner creates vulnerability for new onset of disorder (Brown, Andrews, Adler, & Bridge,1986). Christian-Herman and colleagues and Cano and O'Leary also found that women who have had negative marital events including separation or divorce, extramarital affairs and physical aggression had higher rate of major depression than those without such negative marital events leading to lowered self-esteem and lack of support both highly related to major depression (Cano & O'Leary, 2000; Christian-Herman, O'Leary, & Avery-Leaf, 2001). As discussed earlier, married women in Taiwan have these and additional challenges to deal with and some of these may make them more vulnerable to depression. Exploring the relationship between marriage and psychological disorder or well-being in women is a crucial issue not only in Western but also Asian countries where considerably less research has been undertaken.

Psychological approaches to depression have largely focused on cognitive factors originally identified by Aaron Beck as the cognitive triad of helplessness, hopelessness and inferiority. These lnk to the negative view of self, environment and future common amongst depression sufferers (Beck , Brown, Berchick, Stewart, & Steer, 1990; Beck, Steer, Beck, & Newman, 1993).

Seligman's helplessness hypothesis, and the identification of attribution styles whether internalised or externalised has also contributed to the vulnerable profiles (Seligman, 1975). However, the issue of self-esteem has been given greater attention in relation to depression vulnerability (Brown , Bilfulco , Veiel , & Andrew 1990; Lewinsohn, Mischel, Chaplin, & Barton, 1980). Self-esteem is known to be generally lower in women (Kling, Hyde, Showers, & Buswell, 1999) and to emerge in those with problem relationships and in relation to childhood adverse experience (Gross & Keller, 1992; McCauley , Kern, & Kolodner, 1997).

Childhood experience is also recognised as an early life risk factor for depression. The findings from the Brown and Harris team about early parent loss increasing risk for depression were followed by those showing lack of care, and abuse to increase risk (Bifulco , Brown, Moran, Ball, & CampbellL, 1998). This is now substantiated in a range of studies (Hill , Pickles, Burnside, & Byatt, 2001). Early adversity impedes development and reduces educational and social opportunities. It also increases risks for adolescent difficulties in relation to conduct problems, teenage pregnancy, school-drop out, substance abuse and other such behaviours (Henry, Moffitt, Robins, & Earls, 1993; Moffitt & Caspi, 2001). This then forms a risk pathway to depression.

In the next section biological risk factors for depression will be outlined.

1.5.4 Biological factors and depression

In the last two decades there has been substantial advance in understanding the biological causal factors in depression, complementing the known

psychological and social risks. There are two main biological systems involved, those involving the production of serotonin and cortisol. These have been examined both in relation to genetic contributions and early life stressful experience.

Serotonin acts as a neurotransmitter, to help deliver signals from one area of the brain to another. Because it is widely distributed, it is believed to have impact on many psychological and other body functions, including mood, appetite, sleep, learning, memory, temperature regulation and social behaviour. Unbalanced serotonin levels can influence mood which leads to depression. Antidepressant medications that work on serotonin levels - SSRIs and SNRIs (serotonin and norepinephrine reuptake inhibitors) -- are shown to reduce symptoms of depression.

A gene variant has been identified as related to serotonin production, and this in interaction with life events has been related to depression (Caspi , Sugden, Moffitt, & Taylor, 2003). The prospective Dunedin cohort study by Caspi and colleagues tested the relationship of stressful experience and depression in relation to genetic vulnerability. A functional polymorphism in the promoter region of the serotonin transporter (5-HTT) gene was found to moderate the influence of stressful life events on depression. Individuals with one or two copies of the short allele of the 5-HTT promoter polymorphism exhibited more depressive symptoms, diagnosable depression, and suicidality in relation to stressful life events than individuals homozygous for the long allele. Evidence of a gene-by-environment interaction, in which an individual's response to environmental stress is moderated by his or her genetic make-up was shown.

This study has been replicated (Wilhelm , Mitchell, Niven, & Finch, 2006), and the literature reviewed (Caspi , Hariri, Holmes, Uher, & Moffitt, 2010). Another contributor is the toxic stress which arises from prolonged and intense adverse occurrences in childhood also has long-term biological impacts. In a research study conducted by National Scientific Council on the Developing Child in USA, children who had experienced severe and long-term abuse had smaller brain sizes and with lesser amounts of severe stress the stress response system of children was changed with dysregulated stress hormone (cortisol) resulting meaning the children were more reactive to a wider variety of later stressors (Centre on the developing child, 2005). Although these effects were not always permanent, children who had experienced stressful situations had intellectual and social problems after four to six months (Gunnar & Barr, 1998).

Other gene-environment approaches have investigated why some individuals with childhood adversity are vulnerable to depression and others not in terms of sensitivity to the environment (Belsky & Pluess, 2009). It is argued that malleable individuals who carry more 5-HTTLPR (serotonin-transporter-linked polymorphic region) and DRD4 (Dopamine receptor) are sensitive to both negative and positive circumstances; thus they are more vulnerable to childhood adversity but show increased positive development in a benign environment (Belsky, Bakermans-Kranenburg, & van IJzendoorn, 2007). This opens up the area of both risk and resilience in the development of biological mechanisms.

Herbert provides a review of studies showing the relation of cortisol stress hormone to depression (Herbert, 2012). Elevated cortisol secretion is argued to be related to decreased serotonin and increased depression risk. Similarly

raised cortisol levels related to socio-environmental stress can reduce brain 5-HT (5-hydroxytryptamine - a monoamine neurotransmitter) function and this can result in the manifestation of depressed symptoms (Cowen 2002). The abnormalities of cortisol secretion and 5-HT function may then be bound into a causal chain in which cortisol is the significant biological mediator between severe life stress and brain 5-HT function, therefore resulting in depressed symptoms in individuals.

Harris and her colleagues have investigated the relationships between life events, psychosocial vulnerability and cortisol (Harris, Borsanyi, Messari, Stanford, & Brown, 2000). In a non-depressed community sample of women, they collected salivary cortisol in the first contact in order to assess baseline levels of cortisol as a potential vulnerability factor for onset of major depression in a 12-month follow-up. They found no association between cortisol and severe life events and psychosocial vulnerability; however, women with abnormal levels of cortisol had higher rates of depression than those without with this contributing a separate risk element. to a depression model.
Therefore biological underpinnings to depressive vulnerability are increasingly being identified in their interaction with social and psychological risk factors.

1.5.5 Brown and Harris psychosocial model of depression

The literature reviewed so far has identified a variety of cognitive, interpersonal, childhood and biological factors which all confer risk of adult depression. The psychosocial model which influences the current study, was developed by Brown and Harris in the UK and involved the effect of both stress (severe life

events) and ongoing vulnerability (such as poor support) in provoking the onset of clinical disorder in community women in London (Brown & Harris, 1978). This was initially investigated in the early 1970s in South London in over 400 community women and found that working class women were more likely to be depressed than middle class women. Women with psycho-social and demographic risk factors, for instance, loss of mother before age 11, having more than three children aged under 14 in the household, lack of a confiding relationship with partner and being unemployed were more vulnerable to depression. In the model developed Brown and Harris also identified a key role for severe life events as provoking agents for the onset of depression. Women with severe life events had a higher depression rate (19%) compared with those without life events (4%) and most episodes of depression were preceded by a severe life event. For vulnerable women (with the psycho-social risk factors listed above), experiencing a severe life event increased their depression rate three-fold, indicating an interaction effect. The model identified interactions between severe life events and psychosocial vulnerability as the best model of depression.(Brown & Harris, 1978).

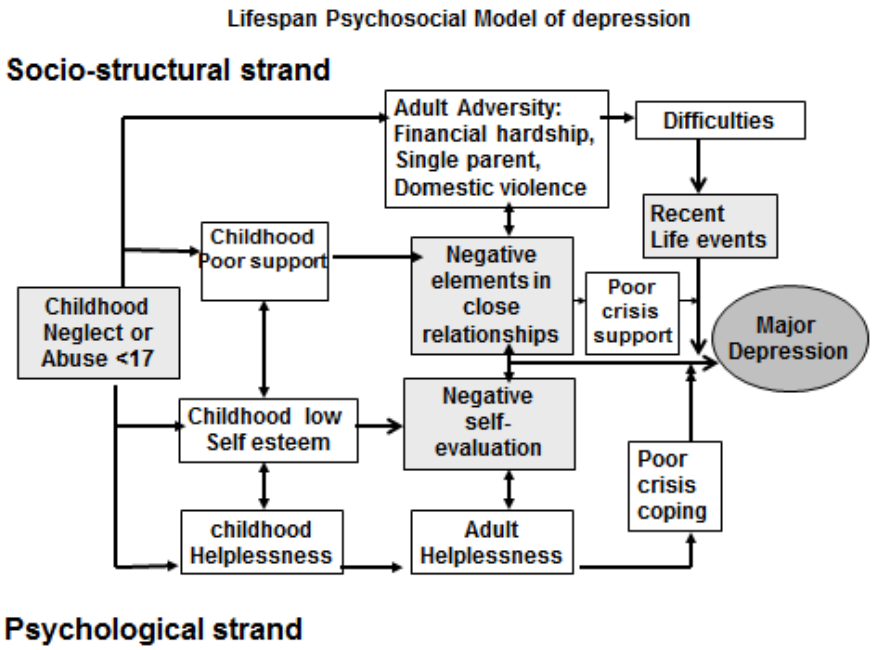
Whilst the initial research had a large focus on the effects of stressors and lower social class position on depression, subsequent research by the same team has investigated longer-term vulnerability for disorder in lifespan models including psychological and early life risk factors. The first Islington study (Brown, Bilfulco, Veiel ,& Andrew,1990) recruited 303 women registered with local GPs who were at raised risk of depression in terms of having at least one child living at home and who were working class, but free from depression at first contact. The study aim was to determine their psychological and social

vulnerability through intensive interview measures in relation to onset of depression measured prospectively. This showed that negative elements in close relationship (negative interaction with children, with partner or lack of support for those with no partner) and negative evaluation of self (involving personal attributes, role competence or self-acceptance) provided the best predictors, particularly in combination (Brown, Bilfulco, Veiel ,& Andrew,1990).

This research was then repeated in vulnerable women to replicate the findings and further investigate the role of childhood experience (Bifulco, Brown, Moran, Ball, & Campbell, 1998). All of the 105 women selected again from GP surgery lists, following screening questionnaire, were free from depression at first contact but had negative elements in close relationships or negative evaluation of self. The basic model was replicated with three times the rate of depression onsets found compared with the earlier representative series. Childhood adversity was measured using the Childhood Experience of Care and Abuse (CECA) interview (Bifulco, Brown, & Harris, 1994) to examine interviewees' childhood experience of neglect, physical abuse or sexual abuse. More than half the women (60/105) reported having at least one of these types of childhood adversity before age 17; double the rate in the prior representative sample (29%) and this was associated with a doubling of depression onset. Childhood adversity also related to lifetime recurrent depression, teenage onset, and higher lifetime adversity (Bifulco, Bernazzani, Moran, & Ball, 2000). On the basis of these findings a lifespan model of depression was developed (see figure 1.1) which showed childhood adversity related through both social adversity and inter-personal difficulties and through psychological factors involving negative self-evaluation and poor coping with stress (Harris, 2003).

This approach to depression has had a major impact on the field in terms of both understanding of disorder but also in terms of intervention and prevention approaches (Newton, 1988). However the original research was limited in terms of focusing on mothers and those in partnerships and those working-class and in inner cities. There has been less development of models of depression in middleclass women and those without partners or children. However, intergenerational investigation of risk in the same team has identified risk factors in adolescent and young adult males and females (Andrews , Brown , & Creasey 1990) (Bifulco, 2009a). This shows even greater association of depression with childhood experiences of antipathy, neglect or physical abuse in particular leading to a 5-fold increase in risk compared with the 3-fold increase in adults. Negative evaluation of self is also associated with depression in the young people, together with peer problems (Bifulco, 2009b; Bifulco & Thomas, 2013).

Figure 1.1 Lifespan psychosocial model of depression (Harris, 2003)



Later investigation has focused on lifetime chronic depression. Brown and colleagues showed that childhood maltreatment plays a significant role in adult chronic depression (Brown, Craig, Harris, Handley, & Harvey, 2007a). Utilising a high risk community sample of pairs of sisters, and using the Childhood Experience of Care and Abuse interview to collect data concerning early life parenting behaviour. They found maternal neglect and maternal rejection, rather than paternal behavior or any abuse, were the key factors predicting chronic depression in women. It concluded that parenting behavior by mothers' was particular important for their daughters' adult depression. In a second analysis they considering the impact of child-specific risk factors and family-wide risk factors on the women's chronic depression (Brown, Craig, Harris, Handley, Harvey, & Serido, 2007). Child-specific risk factors included parental maltreatment, maternal lax control, childhood shame-withdrawal, childhood conduct problems, childhood depression and childhood rebelliousness; Family-wide risk factors included parental discord, financial hardship and mother's depression. It found mother's lax control and mother's rejection or physical abuse contributed to daughter's childhood conduct problems. Childhood conduct problems and childhood shame-withdrawal significantly channeled the long-term effect of parental maltreatment on adult chronic depression. The authors argued that childhood shame-withdrawal is potentially the reflection of children's insecure attachment style and also the result of maltreatment received by their parents. Thus childhood shame-withdrawal is an important channeling factor between parental maltreatment and adult chronic depression.

In a study of 303 community women proximal risk factors were examined in

investigating the association between childhood maltreatment and adult chronic depression.(Brown, Craig, & Harris, 2008). A two-stage depression model was postulated – first the factors leading to onset of depression and second factors leading to its chronic course. For the first stage, low self-esteem and background interpersonal difficulties were the vulnerabilities and their interactions with severe life events triggered the onset of depression. In the second stage, the presence of an interpersonal difficulty which usually involved a partner onset raises the risk of the depression having chronic course. Childhood maltreatment has an indirect contribution on the first stage as women suffering from maltreatment have lower self-esteem, more background interpersonal difficulties and more severe life events. However, childhood maltreatment also has a direct contribution to the chronic course of depression in the second stage and the researchers involved argue it might work through cognitive mechanisms, for instance, the way women recalling their childhood memories, which invokes an attachment approach. Thus in investigating risk for depression in women, maternal lack of care is a key factor to include as well as problem partner relationships.

In the next chapter, attachment approaches to depression will be examined and a model which incorporates the psychosocial elements described above encompassed. First the concept of wellbeing will be discussed.

1.6 Wellbeing

Following Seligman's development of positive psychology (Seligman & Csikszentmihalyi, 2000) a new emphasis on issues of quality of life, positive

meaning and psychological health has been studied to balance that of risk and disorder. This fits with other recent social concerns about quality of life and prevention of both risk and disorder in the population which has influenced early interventions in the UK around Sure Start (Glass, 1999).

Wellbeing is a general concept which includes elements of positive relationships, positive self-esteem and coping, as well as meaningfulness of life and spirituality. In addition, research has found well-being is related to goal achievement and personal striving (Brunstein, 1993) and satisfaction with life (Emmons, 1986).

The question of whether different cultures develop different qualities indicating wellbeing is also relevant to this study. Some differences are found: for example self-esteem is less significantly related to life satisfaction in collectivistic cultures including those in the Far East, than individualistic cultures such as the West (Diener & Diener, 1995), and interpersonal support and harmonic relationship more strongly related to life satisfaction in Asian countries (Kwan, Bond, & Singelis, 1997). However, there are many similarities, for example in a study comparing participants from USA and South Korea, Sheldon and colleagues found autonomy, competence, relatedness and self-esteem were all listed as the first four significant psychological needs for well-being (Sheldon, Elliot, Kim, & Kasser, 2001). They interpreted this finding in accordance with self-determination theory: that being autonomous or having perceived choice are universal needs required for wellbeing. But there were also meaningful differences between the groups. For Korean participants, feeling of relatedness was the most significant psychological aspect whilst in American participants

self-esteem played the most important role. The authors argue that the same set of psychological needs are relevant, indicating the universal characteristics of psychological needs, but different hierarchies of such need apply in different cultural contexts.

The concept of resilience in Chinese societies, in particular marital resilience, has been investigated (Li, 2006). In studying 378 married Taiwanese who were asked to define marital resilience, Li found that self-repression, making concessions to the other, expanding personal capacity, tolerance and consideration were identified as required to maintain a satisfying marital relationship. In exploring a subgroup who believed they had satisfactory marriages despite adversity in their lives, the study showed two positive characteristics in Taiwanese marriage: having faith or optimism when dealing with challenges in marriage and tolerance. Thus tolerance, concession and suppression of personal need are common strategies which Taiwanese couples use in dealing with conflict and challenge in their marriages.

Related to the concept of wellbeing is that of resilience, which is wellbeing achieved despite adversity. This will be outlined below.

1.6.1 Resilience

In past decades, many psychological researchers have focused on investigating risk and disorder but given only probabilistic associations which don't extend to all individuals, recent studies have instead investigated resilience and how individual's manage to survive adversity. There

have been extensive debates about the definition and operationalisation of resilience. A common definition is that resilience involves the individual's patterns of positive adaptation in the context of significant risk or adversity (Goldstein & Brooks, 2006; Luthar , Cicchetti, & Becker, 2000).

There are two necessary criteria for resilience; first, the existence of risk, threat or adversity, second, the individual's positive adaptation and adjustment despite such threat. There are various different types of moderation; these include *protection* were the quality of a person or context serves as a buffer against adversity and predicts better outcomes, *prevention* involving decreasing the level of exposure to adversity and *counteracting* where resources offset the impact of adversity by improving the motivation (op cit) (Bifulco, 2009a). Moderation will be discussed in more detail in the next chapter as a central concept in wellbeing

Researchers have examined different outcomes in resilience research. Whilst some involve the absence of psychological disorder, others involve more defined positive outcomes such as psychosocial competence, and being able to fulfill developmental tasks appropriate to age, society and cultural context (Luthar, 2003). Whether resilience is a trait or state is also in dispute. Most now accept it is a juxtaposition of circumstance and adaptation rather than a long term trait (Rutter, 1993).

1.6.1.1 Person-focused approaches to resilience

Both high self-esteem and religious belief are identified as personal resilience factors associated with wellbeing. As regards self-esteem, one study focused on self-esteem and its relationship with the bereavement process of elderly people losing a spouse (Johnson, Lund, & Dimond, 1986). A one year prospective study examined coping at three points in the year following the loss and found for those with initial positive self-evaluation their early bereavement stress was significantly lower.

The role of self-esteem as a resilience factor has also has been investigated for children who are born to teenage mothers, usually at increased risk in terms of development (Dubow & Luster, 1990). In a US national data set (National Longitudinal Survey of Youth – op cit) of 721 children aged between 8-15, family poverty and mothers' low self-esteem were related to lower academic achievement and behavioural maladjustment of the children. However, high levels of intelligence and high self-esteem in the children served as protective factors for children and aided improved adjustment and academic performance, even in such deprived contexts. It is argued that children' positive self-concept and good intelligence can buffer negative effects from their adverse situations and improve their adjustment in academic and behavioural domains.

Religious belief is another factor associated with resilience. In a study focused on the impact of religious belief when individuals encountered bereavement or stressful life events, Park and Cohen (1993) found that those who used religious belief in relation to a recent bereavement were less likely to show

distress. Belief in God and describing a personal relationship with God has been shown to have a protective effect in terms of being negatively related to depression in other studies also (Park & Cohen, 1993). It is argued that religious attributions provide a vision of the world as a just one and increase the value and meaning attached to events. Such positive cognitions can serve to decrease the level of perceived threat of adverse life events and play a protective factor and thus increase wellbeing.

1.6.1.2 Interpersonal-focused approaches to resilience

Other approaches have looked at interpersonal and social factors in resilience, particularly in relation to development. For example, in a study of nearly three hundred children in single parent families, aged between 7 -15 years old despite high levels of stressors and difficulties, good adjustment occurred when mothers showed concern about their lives and support (Brody, Shannon , Forehand, & Armistead, 2002). This study also showed that school classroom experience can have a positive impact on children's adjustment and help them develop emotional self-regulation. The more organized and student-involved classroom processes are, the better the adjustment of children. This proved to be protective in the absence of maternal support (op cit).

In a study of five-year old children from 585 families with social disadvantage, marital violence and strict discipline, ways in which children develop their resilience in difficult situations (Criss, Pettit, Bates, Dodge, & Lapp, 2002). Children's behavioral problem, such as aggression was examined in relation to the family social economic status, violent marital conflicts and disciplinary

practice. The study found peer acceptance/ friendship moderated all three adverse situations as a protective factor against strict discipline and reduced behavioural disorder. It is argued that interpersonal support and friendship can provide a buffer and serve as a protective function for children in adverse family situations.

Similar findings held for adults. In a research study of childhood maltreatment and adult depression, Powers and colleagues found that for female survivors of childhood maltreatment, strong friendship and support was highly predictive of lower levels of adult depression symptoms. It was argued that although early childhood adversity puts individual in a risk of developing psychopathology, friendship support can serve a protective function particularly for females and decrease the possibility of suffering depression in adulthood (Powers, Ressler, & Bradley, 2009)

The research described here explores the experience of Taiwanese women in relation to their risk of depression or their wellbeing. Factors such as self-esteem, quality of partner, family and friend relationships, religious behaviour and early life experience will be examined, in addition to considering cultural factors around family life, which may hold additional challenges or resources for women in Taiwan.

1.7 Summary

This chapter introduces the study of Taiwanese women's experience. The focus is on depression and spiritual wellbeing outcomes to examine both risk and resilience factors.

1. A description of Taiwanese context was provided with information about traditional cultural elements such as patriarchy, collectivism, gender inequality and the importance of family, and for married women, that of family-in-law. More recent demographic risks include the rates of divorce and female employment.
2. The chapter outlined the clinical definition of depression and contributing risk factors including those biological, psychological and social. This includes brain and hormone functions, early childhood adversity, low self-esteem, life events and poor support including partner relationship. Specific focus was made of the research of the Brown and Harris team in their psychosocial, vulnerability-provoking agent model.
3. The chapter also outlined the study of wellbeing. This was defined both as positive psychological outcomes such as competence or meaningfulness of life, or in terms of absence of symptomatology. Factors associated were positive psychological characteristics such as self-esteem, positive supportive relationships and religious behaviour.

The next chapter will examine attachment frameworks in relation to depression and wellbeing outcomes.

Chapter 2 Review of Attachment theory and close relationships

Following from the review in the last chapter of the importance of marital and family relationships to the mental health of Taiwanese women, this chapter seeks to understand these factors in the light of attachment theory and its approach. Several aspects which influence adult attachment style and which link with relationship issues relevant for mental health will be outlined; these include for instance, childhood experience, partnership relationships and self-esteem, as well as the childhood experiences which may underpin these. These issues will be outlined in this chapter for a comprehensive understanding of the attachment approach with relevance for the study undertaken. As attachment theory was derived in a Western cultural context and the main theme of this project is testing an attachment model on Taiwanese women, the cultural issues and potential differences of adult attachment cross-culturally will also be discussed. The study aims will then be outlined as emerging from themes in this and the last chapter. The detailed hypotheses will be outlined in the following chapter.

2.1 Introduction to adult attachment

Attachment theory is an inter-personal theory which aims to explain individuals' capacities in relation to forming and maintaining relationships throughout the life course. It has a focus was on child and lifetime development, and on clinical outcomes. Although John Bowlby's first formulation of attachment theory mainly focused on the parent-child relationship and the bonds between them (Bowlby, 1979) from the 1980s researchers have extended this to adult romantic

relationships, especially through the function of attachment bonds (Feeney 1999). For instance, concepts such as “proximity maintenance” and “separation protest” relating to a child’s needs to maintain closeness with his or her attachment figure with pain experienced on separation, are also applied to adult attachments through desire for closeness and distress at separation. Furthermore, the key childhood concepts of “secure base” and “secure haven” which are the ways in which children receive security transmitted through the parental bond, also have a significant function for adults in their close relationships. The secure base provides the child with a base for exploring the environment and a shelter when the child feels threatened and needs comfort. It also provides a similar symbolic and emotional function for adults. Weiss (1991) argued that these essential functions of parent-child attachment bonds can also be found in most marital and committed adult romantic relationships (Weiss, 1991). In other words, an adult individual needs comfort and security from their partner or other close attachment figures particularly when stressed or in discomfort and feels distress at any threats to the relationship or the other leaving. Such close bonds whilst often focussing on the partner are also extended to close support figures and adult family members (Bifulco, Moran, Ball, & Lillie, 2002).

Bowlby highlighted the influence of early childhood experience on later development and relationships in adulthood (Bowlby, 1973). He argued that early childhood experiences, especially those related to attachment behaviours, form future expectations of attachment figures behaviour throughout life. Bowlby formulated the ‘internal working model’ as a cognitive template for holding information on past attachment experiences and expectations of future ones.

The internal working model is an essential part of an individual's attachment system and provides continuity with adult attachment cognitions and behaviour formed by childhood experiences and relationships with caregivers into later life (Bowlby, 1973). It comprises both a model of self and a model of other which when combined form individuals' distinct expectations and attitudes to others in their social life, for example whether the self is lovable and whether others will provide love and care. Collins and Read have developed the construct further, arguing that internal working models for adult attachment are hierarchical and consists of three different levels for different relationships (Collins & Read, 1994). The bottom of the hierarchy is a set of general models for acquaintances and those considered less close. In the middle are models for closer relationships, for instance siblings and peers. At the top of the hierarchy are models for closest relationships, such as spouse and parent. These latter constitute true attachment relationships. Collins and Read also identify four main elements in the internal working model (op cit). The first consists of *memories* in relation to attachment experiences, especially those with parents and other important figures and the way that these influence the cognitive 'representations' of parent figures. Whether or not the memories are unfavourable, the way individuals' view these memories are of importance and argued to have profound effect on forming their internal working models. The second element concerns individuals' *beliefs* and expectations related to attachment. Although most beliefs and expectations are formed by individuals' experiences in only a few particular relationships, these beliefs are generalized and applied to other relationships. The third element concerns individuals' *needs* and objectives related to attachment which can vary for example, in relation to balancing intimacy and autonomy. This varies by attachment style which is described below. The last

element of internal working model is the method and plans which individuals use to attain these goals.

Although early childhood attachment experiences have important influence on the formation of individuals' internal working model, other later attachment experiences can also lead to change. This can be positive (for example through supportive adult romantic relationships) or negative (for example through adult trauma and loss) (Davila & Cobb, 2003; Hesse, 2008a).There is debate about the level of change possible to internal working models, but evidence is growing that life experiences can lead to substantial change. This is discussed later in this chapter. The next section will describe attachment theory related to culture given the study focus on Taiwanese women.

2.2 Attachment and culture

For the proposed study, the issue of culture and attachment style is central, since investigating the importance of close relationships for women in an Oriental culture may be based on different precepts from those in the West. There has been extensive debate on the issue of culture in attachment theory, and the extent to which it can apply in non-European contexts. This arises first from Bowlby's initial insistence on mother-baby bonding, which was originally taken to exclude bonding of the baby with other caregivers, a more common occurrence in non-Western cultures. However, Mary Ainsworth's mother-baby observations prior to identifying attachment styles were based on families in Uganda suggesting some universality in attachment elements (Ainsworth 1967). Thus attachment theory has since been expanded to incorporate less traditional family structures with a wider range of main carers including fathers

as primary attachment figures (Bernier, 2009; Fox, Kimmerly, & Schafer, 1991). There has also been considerable investigation of attachment theory particularly in relation to parenting practice and the frequency of insecure attachment style among mother and infants in different cultures, including in the pan-European context which has begun to show its greater reach (Grossmann, Grossmann, Spangler, Suess, & Unzner, 1985) (van IJzendoorn & Kroonenberg, 1988).

One such research study looking attachment cross-culturally in relation to parenting and mother-infant attachment has been undertaken as a meta-analysis of a range of non-European studies, including those Oriental by van Ijzendoorn and Sagi (1999). Whilst differences in parenting are shown, there is consistency in the three-fold classification of secure, insecure-avoidant and insecure-anxious styles as recognisable across the cultures, with secure being consistently related to more sensitive parenting (Van IJzendoorn & Sagi, 1999). However, the authors argue that a wider range of relationships should be included in studies of attachment style in non-European contexts, for example in adults this should reflect relationships with a broader network of family and friends than in Western cultures. Further cross-cultural study is needed to test Attachment-based hypotheses on the origins of problem relationships, utilising not only partner, but family of origin and in-law relationships to test support capacity and relating ability. This point is noted in the research undertaken in this thesis.

Another approach to examining the effect of culture on the mother-daughter relationship in adulthood has been undertaken in the US to extend the understanding of attachment in later relationships and development (Rastogi & Wampler, 1999). The researchers investigated three different ethnic groups –

European-American, Asian or Indian-American, and Mexican-American to understand the differences in adult daughters' perception of their mother-daughter relationships. Questionnaires were utilised to assess three dimensions of mother-daughter relationship: closeness, reliability and collectivism. Compared with the European-American daughters, Asian or Indian-American daughters were found to be closer to their mothers who were also perceived as more reliable than the other groups. Thus the cross-cultural element indicated higher attachment function in those from non-European backgrounds in this comparison.

A comparable study but with younger children examined fathering and the way children attach to their fathers comparing Taiwan and US families (Newland, Coyl, & Chen, 2010). Researchers recruited 274 fathers and their children aged between 8 to 11 years old from communities in both countries. Fathers completed questionnaire regarding their stress, social support, their internal working model to their own parents and partners. Children reported their fathers' parenting style - in terms of behaviour control, enhancing psychological autonomy and warm involvement. They also completed a relationship attitude measure to show their avoidant and ambivalent attachment attitudes. Children also completed measures regarding their emotions and self-perceptions. The study found that Taiwanese fathers had higher scores on ambivalent and avoidant attitudes in their internal working models and exerted more behavioural control but less warm involvement toward their children. American children reported more warm involvement and psychological autonomy enhancement from their fathers and reported have higher self-esteem and better interpersonal relationships than Taiwanese children. It was argued that the cultural differences between Eastern and Western, for example focusing on

either individualism or interdependence may have had an influence on the parenting style and thereby to the children's attachment to their father. This in turn has an impact on the children's social emotional outcomes. Whilst indicating cultural difference, however, this study implies that attachment measures can be used usefully in such cross-cultural contexts.

However, these studies all concern parenting, which is a major theme in attachment theory, but not adult and partner relationships. There is agreement that additional cross-cultural study is needed to test Attachment-based hypotheses on the origins of problem relationships in adults, utilising not only partner, but family of origin and in-law relationships to test support capacity and relating ability. This point is noted in the research undertaken in this thesis. There are however some studies which tackle this issue.

One research study regarding culture and attachment style was conducted in Hong Kong (Cheng & Kwan, 2008). It involved 154 college students, 67 of whom were Caucasians (e.g. American, Canadian and Australian) and 87 Chinese Asians. They all completed a brief version of the Experiences in Close relationship (ECR) Scale (Brennan, Clark and Shaver, 1998) to assess secure, anxious or avoidant attachment style and a self-esteem scale to assess their attachment style and their self-worth level. The study found that attachment style of the Asians was more likely to be scored as insecure (either Avoidant or Anxious style) than secure, with both styles also relating to low self-esteem and lack of social support. A cultural explanation involved first that individuals from the collective cultural backgrounds, such as Chinese, with an imperative intent on maintaining social harmony individuals, will seek others' approval to enhance harmony which could reflect an anxious style of relating with greater

proximity-seeking. The higher rate of avoidant style is harder to explain in these terms, although it could be argued that with less self-disclosure due to suppression of need and to avoid conflict, individuals who don't fit the mainstream collective view emerge as more avoidant in relating to others. The Caucasians in the study were more likely to be rated as Secure with higher self-esteem and support than the Chinese. Whilst the links to culture are persuasive given the association with self-esteem and support, the issue of whether the measurements are validated for Asian cultures is also something which needs to be determined.

Another study exploring different ethnic groups and attachment styles in students was carried out in United States (Wei, Russell, Mallinckrodt, & Zakalik, 2004) comparing. Four ethnic groups of college students were compared; those are Asian-American, African-American, Hispanic-American and Caucasian. They completed 831 online questionnaires regarding their adult attachment attitudes and their negative mood. It was found that Asian- American and Hispanic-American students scored higher in anxious attachment attitudes while Asian-American and African-American students showed greater avoidant attachment attitudes than their Caucasian peers. In addition, the association between attachment anxiety and negative mood were found in all four ethnic groups but were significantly higher in the Asian-American group. It is argued that in Asian and Hispanic culture, interdependence and family harmony are highly valued with meeting other's needs and seeking acceptance is important in social lives. These behaviours and attitudes reflect the characteristics of anxious attachment styles. Different cultural family patterns for example in terms of more single-parents may indicate greater self-reliance and more avoidant attachment in African-American families.

There is also some cross-cultural evidence showing attachment style is associated with self-esteem more universally. In a research study which investigated self-esteem and adult attachment among community and student samples over 53 countries, the Rosenberg self-esteem scale was utilised in 28 languages to evaluate individuals' self-value and the Relationships Questionnaire (RQ) (Bartholomew & Horowitz, 1991) was used to measure adult romantic attachment (Schmitt & Allik, 2005). In most of the 53 countries, (49) self-esteem was shown to be significantly correlated to attachment categorisation. This provides some backing to an essential element of attachment theory – that the internal working model influences the view of self and other in a lawful way. Also that early relationships with important others which has influence on the self-view holds across cultures.

In terms of adult self-report measures of attachment style and depression cross-culturally, the Vulnerable Attachment Style Questionnaire (VASQ) (Bifulco , Mahon, Kwon, Moran, & Jacobs, 2003) has been used in a Malaysian Moslem sample of mothers and significantly associated with self-reported depression as well as negative self-evaluation and poor support from partner and close other (Abdul Kadir, 2009b) (Abdul Kadir & Bifulco, in press). It also related to depression. This replicated aspects of the Brown and Harris model described in chapter 1 in a self-report survey study of over a thousand women and showed that insecure style as measured by the VASQ added to risk (Abdul Kadir & Bifulco, 2011). Aspects of this study will be repeated in the study reported here.

The issue of whether attachment style can be measured in non-Western cultures also raises the issue of how attachment styles are categorised and the properties of the measures used. This will be addressed next.

2.3 Classification and Measures of adult attachment style

The adult attachment styles were largely derived from the classification of mother-baby attachment style which were developed by Ainsworth and her colleagues in the 'Strange Situation Test'- observing mother-baby interaction and classifying the baby's attachment style into secure, anxious and avoidant styles (Ainsworth, Blehar, Waters, & Wall, 1978).This classification of baby's attachment styles has been extended into adulthood with parallel styles being defined in the context of adult relationships. In adults these are viewed either in relation to partner and other adult relationships or in relation to perceptions of key attachments in childhood. Thus adult attachment styles usually involve a distinction between Secure and two insecure styles: Anxious and Avoidant. Whilst there is agreement on these basic categories, in fact a number of different styles are incorporated within these (for example Enmeshed, Fearful and Dismissive) and these are labelled differently according to the measure used. In addition to different subtypes of insecure attachment, investigation of attachment has also been influenced by self-report versus interview measures which have given rise to dimensional versus categorical approaches. Another key distinction in attachment research has arisen through differences in the social and psychodynamic approaches followed. These approaches have developed independently and have used very different measures in assessing attachment style. The Social attachment approach was initiated first by Hazan & Shaver who looked at partner relationships in terms of Secure, Anxious and

Avoidant Styles through a brief self-report questionnaire. Whilst interviews are used less often in the social psychological approach, the Attachment Style Interview (ASI) which used current quality of relationships as a basis for categorising inter-personal style mirrors the style categorisation found in the commonly used questionnaires (Bifulco, Moran, Ball, & Bernazzani, 2002). The psychodynamic approach to measurement was led by Mary Main and colleagues who used intensive interviews to categorise attachment style through reference to defensive processes and styles of reporting of childhood experience (Adult Attachment Interview, AAI) (George, Kaplan, & Main, 1985). The current research draws more on the former approach with its focus on current partner and support relationships. However, including measures of childhood experience and interviewing a subgroup allows for a more dynamic exploration of some of the findings. Attachment measures will be described in more detail below, first to indicate choice of measure for the current study, but also to clarify the use of different attachment labels which occur in the different approaches.

2.3.1 Self-report attachment measures

Hazan and Shaver (1987) were among the first researchers to classify adult attachment in romantic relationships in terms of a self-report questionnaire, and they stayed with the three-fold classification (the Attachment Questionnaire, AQ) of secure, avoidant and anxious-ambivalent. Their self-report, forced-choice measure comprised three paragraphs or vignettes describing major characteristics of three attachment styles. Respondents had to choose one of the three paragraphs as the most suitable description of their romantic relationships. The sample collected were volunteers responding to a local

newspaper advert, and an undergraduate student sample. The results of the research paralleled the main points of attachment theory with the attachment groups differentially associated with childhood relationships with family and also with their experiences in adult love relationships. However, there are some limitations of this measure. First, adult attachment style assessed by this measure is based on only one romantic relationship which the respondent considers the most important one. This may reflect a single attachment bond rather than a more generalised style. Second, a respondent's adult attachment style is classified by agreeing with only one item therefore its psychometric properties are limited particularly around its analysis as a continuous scale. Third, the measure is of a forced-choice format and thus could artificially make the three styles exclusive to each other and not include any joint styles (Feeney 1999). The other major criticism is that accurate completion of self-report questionnaires depends on a degree of insight into one's own behaviour and attachment style. Where there is a lack of insight, the individual may wrongly ascribe a style. Despite these limitations, the three-vignette measure is still popular in survey research into attachment because of its simplicity and speed of completion. The measure has been used to test its association with psychopathology and a general association of both insecure styles to disorder found (Mickelson, Kessler, & Shaver, 1997).

The three-fold scheme utilised by Hazan and Shaver was further developed into a four-fold scheme by Kim Bartholomew and colleagues in order to incorporate an additional Fearful Style, in addition to Avoidant and Ambivalent style (Bartholomew & Horowitz, 1991). They proposed a four-group model of adult attachment based on Bowlby's concept of the internal working model, to add in the view of self as well as others (Bowlby, 1973) (see also the discussion under

the self-esteem section). In order to investigate the four-group model of adult attachment, Bartholomew and Horowitz developed measures to assess adult attachment styles. First, they adapted the Hazan and Shaver measure, to include a further fourth paragraph/vignette characterising four different attachment styles, in the Relationship Questionnaire (RQ). In this four-group classification, secure subjects were described as independent and comfortable with intimacy, preoccupied adults as overly dependent. Subjects classified into dismissing styles were avoidant and the new fearful category reflected those afraid of rejection. They then administrated semi-structured interviews to obtain ratings on the four styles of attachment. In the interview, respondents were asked to talk about their relationships with friends and partners and to evaluate their close relationship. In addition, their attitudes towards social life were also explored in the interview. For example, they were asked their view about shyness, loneliness and to what degree that they trust others. With the information collected in interview, self-report and friend rating measures, researchers were able to classify subjects' attachment styles triangulating on the different information.

Thus the development of the RQ took the initial three styles (secure, avoidant and ambivalent) and developed them into four (secure, preoccupied, dismissing and fearful). In a study investigating attachment styles and gender, the two questionnaires were compared and both identified secure and ambivalent individuals, with those Fearful in the RQ more likely to be reflected as an Avoidant group in Hazan and Shaver's measure (Brennan, Shaver, & Tobey, 1991).

There are also a number of other dimensional measures of attachment style although these do not differentiate the same full range of styles. The most developed is the Experience of Close Relationship (ECR) by Brennan and colleagues and is focused on attachment style in relation to partnership (Brennan, Shaver, & Clark, 1998). This was devised by taking items from a range of other attachment questionnaires and undertaking a meta-analysis to find the most parsimonious number of items needed. The measure has two dimensions confirmed by factor analysis, of Avoidance and Proximity-seeking, with Secure attachment style identified as a low score on both. It has good reliability and validity. The ECR has been used extensively in investigating individuals' behaviour, for example, the relationship between attachment styles and inclination for forgiveness (Burnette, Taylor, Worthington, & Forsyth, 2007). Further, it also has been used to explore parent-child relationships, for instance, how parental rearing and parental overprotecting relate to adolescent well-being (Yang , Wang, Li, Teng, & Ren, 2008). Its main disadvantage is that it responses are tied to items about partner relationship, thus it has restricted use in studies of those single.

Another self-report attachment scale designed to identify vulnerable attachment style in relation to depression is the Vulnerable Attachment Style Questionnaire (VASQ) (Bifulco , Mahon, Kwon, Moran, & Jacobs, 2003). The VASQ contains 22 items derived from the Attachment Style Interview (ASI) against which it is validated (Bifulco , Moran, Ball, & Bernazzani, 2002). Unlike the ECR it is not focused on partners, but on attitudes to relationships in general. Factor analysis identified two factors labelled as 'insecurity' and 'proximity-seeking' and the scoring reflects the total scale as well as these two components. In a community study examining VASQ and depression, the total

score and the insecurity score were both related to disorder, but not the proximity-seeking scale. When these examined in relation to the interview-based categories the insecurity dimension was associated with both Fearful and Angry-dismissive styles, whilst the proximity-seeking scale was associated with Enmeshed style. The VASQ has good concurrent validity with the Relationship Questionnaire (RQ), good test-retest reliability and was significantly associated with depression. Its advantages include its use in both partnered and single individuals; its disadvantages include the fact that the full range of attachment styles is not reflected.

The next section will look at attachment style categorisations in relation to interview measures.

2.3.2 Interview measures and adult attachment style categorisation

The Adult Attachment Interview (AAI), developed by Mary Main and colleagues (George, Kaplan, & Main, 1985) was the first interview measure to assess adult attachment and is probably the best known, being used extensively. It is a semi-structured interview which contains 18 questions on individuals' childhood experiences and their early relationship with their parents. The AAI classifies individuals' attachment style into three categories: secure, dismissing (avoidant) and preoccupied (anxious-ambivalent) based on the interviewees representation of childhood attachment experience and the coherence of their narrative. Secure individuals give coherent narratives of their childhood experiences. For dismissing individuals, remembering specific attachment experience is difficult and they tend to have brief discourse and depreciate attachment relationships. Preoccupied individuals in the AAI are characterised

by their incoherent and confused narrative about their attachment experiences with idealisation of attachment figures. There is also a category of unresolved loss associated with incoherence around describing lifetime trauma experience and in some ways linked to infant Disorganised attachment. Advantages of the measure include its extensive validation and use in intergenerational parenting studies along with the SST for infants. Disadvantages include its very complex and expert scoring and its lack of context on any current attachment figures.

The Attachment Style Interview (ASI) is an alternative interview approach, developed to measure adult attachment style based on information about relationships with partner and close support others together with attitudes to autonomy, closeness, fear and anger (Bifulco, Moran, Ball, & Lillie, 2002). Individuals' ability to maintain relationships and their attachment attitudes determine their attachment style. The ASI not only classifies interviewees' attachment style into five styles (Enmeshed, Fearful, Angry-dismissive, Withdrawn and Clearly Secure) but also can recognise the degree of insecurity of the style (markedly, moderately, mildly or not insecure) as well as identifying Dual or Disorganised styles. The ASI provides a socially-based categorisation of attachment style based on the current context of relationships and attitudes (Bifulco & Thomas, 2013). It is described in more detail in the next chapter, and used in this study.

Thus it can be seen that while most attachment measures reflect secure, anxious or avoidant elements, the particular differentiation of style is very dependent on the measure being used and only the interview measures reflect aspects of disorganised, unresolved or 'difficult to classify' styles.

2.3.3 Prevalence of insecure attachment style

For the current study, understanding insecure attachment style in relation to psychological disorder and psychosocial risk factors is an important element. However, first it is worth identifying both the prevalence of insecure versus secure styles and the demographic factors associated with the different styles to emphasise the social risk patterns which emerge. Secure attachment style is highly prevalent in the population with 55%–60% of adults secure in their attachment style (Shaver & Clarke, 1994; Shaver & Hazan, 1993). A large survey looking at adult attachment in a US nationally representative study of clinical disorder (National Comorbidity Study -NCS) found prevalence rates of 59% secure, 25% avoidant, and 11% anxious using the AQ which are consistent with other findings on attachment style (Mickelson, Kessler, & Shaver, 1997). Adult attachment style was associated with several demographic variables (e.g., income, age, race). Thus secure attachment style was associated with being White, female, well-educated, middle class, married and middle-aged. Those with anxious attachment style were more likely to be under 25, previously married, Black or Hispanic, less well educated and less well-off financially. Those with avoidant style tended to be male, older, married or previously married, also to be from Black or other ethnic background (op cit). The NCS study found 61% of females reported secure style compared with rather fewer (57%) males. It also showed avoidant styles to be more common in males but with anxious rates similar across gender (Mickelson, Kessler, & Shaver, 1997). Using other approaches, gender was also examined using the ASI in a low-risk Portuguese study of couples expecting a baby (Conde, Figueiredo, & Bifulco, 2011) and showed that women had somewhat higher rates of secure style (65%) than men (52%) but not at significant levels. Men were found twice as likely to

have an avoidant style and women three times more likely to have an anxious style this mirroring the US study.

The next section will outline childhood experience and adult attachment style.

2.4 Adult attachment style and childhood experience

Whilst in this study a largely social approach is taken to investigating attachment style in relation to partner, family and support, the origins of both attachment style and psychopathology in childhood experience needs to also be accounted for. Early attachment relationships are argued to form the foundation for future intimate relationships and their quality, and security of attachment (Bowlby, 1973). Attachment relationships have significant influence on individual's long term development, from the 'cradle to the grave' (Bowlby, 1979). In this section, the impact of childhood relationships on adult relationships and attachment style will be outlined. Such childhood experiences range from poor interactions with caregivers to overt neglect and abuse experience.

In their early research, Hazan and Shaver found that respondents with secure style experienced trust, friendship and positive emotion and they also reported their mothers as responsive and caring in childhood (Hazan & Shaver, 1987). Individuals with avoidant style who lacked trust and were afraid of closeness in current love relationships were more likely to report their mothers as cold and rejecting in childhood. For the individuals with ambivalent styles, fathers were reported as treating them unfairly. Hazan and Shaver proposed that in romantic relationships, internal working models of individuals differ according to their attachment styles based on different childhood experience.

In the NCS US study described earlier, insecure attachment style was highly related to childhood adversity in regression models with demographic controls applied (Mickelson, Kessler *et al.* 1997). For childhood separation from parents only secure style showed a negative association. Most of the interpersonal traumas were significantly related to the attachment ratings. Physical abuse, serious neglect, being threatened with a weapon, perceiving parents' marital quality as poor, and witnessing violence between parents, were all related negatively to the secure attachment style rating. All nine interpersonal traumas were also related positively to the avoidant rating, and all but serious assault related positively to the anxious rating. None of the analyses involving the avoidant-anxious difference were significant. In general, the effects in the interpersonal traumas were mostly due to differences between securely and insecure attachment styles, with little evidence of specificity of insecure style.

Hill and colleagues carried out a research study to investigate the relationship between childhood adversity, attachment security and adult relationships (Hill, Young, & Nord, 1994). They recruited 40 young adults to measure their attachment style, different types of childhood adversity (parental divorce, less nurturing parents, social economic status, and abusive punishment) and adult relationships, including partnership and social adjustment. Half of those insecure had three or more childhood adversities compared with 8% of those secure. In addition, compared with insecure individuals, secure participants had better social relationship in adulthood – having more married/cohabiting relationship, less interrupted relationships and better social adjustment. Thus childhood adversity and insecure attachment style was confirmed with problem relationships an additional related feature in adulthood.

Another research study investigated the effect of childhood sexual abuse, attachment and personality disorder, including avoidant, dependent, self-defeating and borderline personality disorders (Alexander, 1993). Among 112 women who had suffered from sexual abuse in childhood, only 14% described themselves as secure, 58% of them were reported as fearful style, 16% as dismissing and 13% as preoccupied using the RQ. The research found an association between different attachment styles and personality disorders; with preoccupied attachment style related to dependent and borderline personality disorder. Fearful attachment style was associated with avoidant and self-defeated disorders and dismissing attachment to denial of feelings of dependency.

Thus it can be seen that childhood adversity, including neglect (lack of good parenting), poverty, parental divorce, abusive punishment and sexual abuse have significant influence on individuals' attachment style, especially a tendency to having insecure style. These childhood adversities also have great negative impact on building good interpersonal relationships in adulthood, social adjustment and mental health.

A London community sample of women examined attachment style (using the ASI) in relation to childhood experience as measured by the Childhood Experience of Care and Abuse (CECA) interview. It showed that of those with either neglect, physical or sexual abuse at severe levels before age 17, 58% had an insecure style as adults compared with 28% of those without (Bifulco, Moran, Ball, & Lillie, 2002). When the relationships were explored in more detail, those with poor care in childhood were more likely to have anxious styles (Enmeshed or Fearful) and those with abuse in childhood to have either Angry-dismissive or

dual/disorganised styles (Bifulco & Thomas, 2013). These findings were partly replicated in a study of high risk adolescents/young adults, but with the parent responsible also having an impact on attachment style, with the anxious styles relating to maternal neglect, antipathy or physical abuse and fathers similar parenting to angry-dismissive styles (op cit).

2.4.1 Mediation models of attachment style

In examining the relationship of childhood adversity, attachment style and disorder the issue of mediation becomes important. This is needed in developing causal and lifespan models of attachment whereby early experience develops into later insecurity, problem relationships and thereby creates risk for psychological disorder. The internal working model is viewed as a mechanism for mediation but other markers of insecurity need to be utilised to test for this in empirical investigation. The technical definition of mediator is 'a given variable may be said to function as a mediator to the extent that it accounts for the relation between the predictor and the criterion' with mediators explaining how external physical events take on internal psychological significance (Baron & Kenny, 1986).

One mediation model is to examine adult insecure attachment style as the factor mediating between negative childhood experience and adult psychological disorder has been tested in London community women (Bifulco et al 2006) and discussed below in the section on depression outcomes. Another mediator would be the problem adult relationships associated with insecure attachment as described earlier. Thus, earlier childhood attachment experiences, for example negative mother-infant attachment interactions, are shown to have

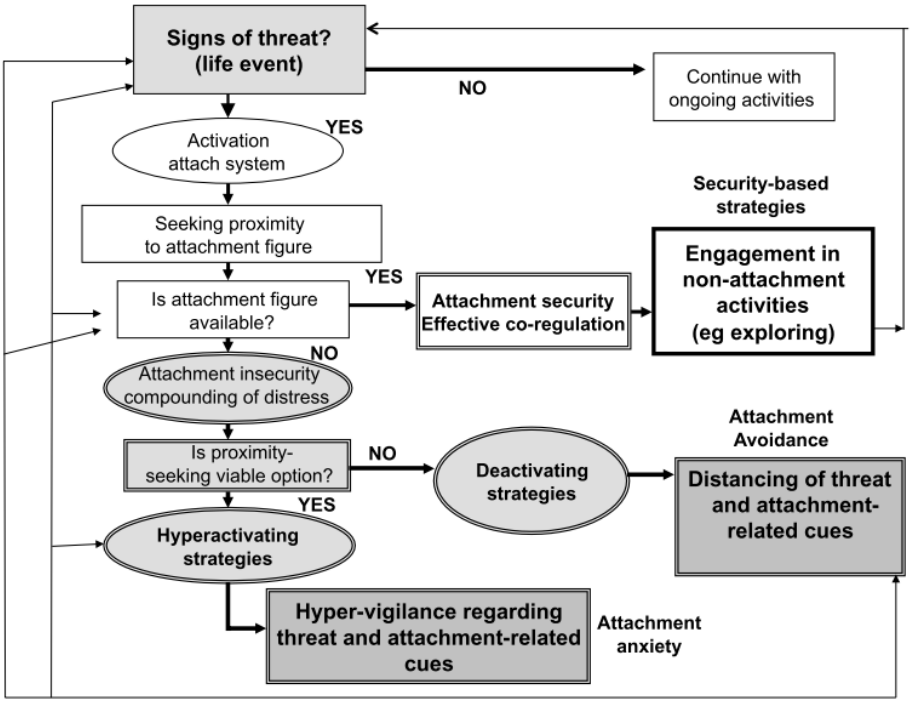
great impact on participants' later adult romantic relationships. Therefore, exploring early life parental attachment experience plays a significant role in understanding individual's adult intimate relationships and their attachment styles. The current study aims to examine mediation models to further explore the role of attachment in clinical disorder.

2.5 Adult attachment and support

According to Bowlby, seeking proximity to an attachment figure is essential for wellbeing and in infancy ensures survival (Bowlby, 1973). Thus attachment processes are closely linked to those around stress and seeking support in crises. Understanding the function of support in coping with stress involves aspects of affect-regulation and this is deemed to vary by type of insecure attachment style. Mikulincer and colleagues provide a detailed scheme of how support serves to regulate emotions and thus enhance wellbeing. They describe a process whereby the activation of the attachment system by threat leads to proximity-seeking thoughts and behaviours which in those secure then leads to 'soothing' from the other person and emotional regulation (Mikulincer, Shaver, & Pereg, 2003). They argue that individuals with insecure attachment style will have either deactivating or hyper activating strategies in relation to stress and proximity-seeking and thus fail to achieve good emotional regulation. The model developed (see figure 2.1) describes first developmental sequences for individuals with a secure-based strategy. They gain affect-regulation through support and co-regulation by seeking out their attachment figures who provide help. Developmentally this can be internalised to aid 'self-regulation'. However, for those individuals with insecure avoidant styles, likely to have a history of rejection or punishment from caregivers, a 'deactivating strategy' is developed

involving shutting down of feelings, self-reliance and avoiding contact. Therefore no external help is sought to aid with affect-regulation. For those individuals with anxious-ambivalent styles who have a history of inconsistent response and insufficient help from caregivers with anxiety about separation, a 'hyper activating strategy' is utilised. This promotes proximity-seeking behaviour to a high degree, but to inappropriate support figures with insufficient supportive response, which again inhibits affect-regulation occurring. It is concluded that good support from attachment figures or important others can help individuals to develop their affect-regulation capacity in childhood but also to maintain this as adults as an essential function of attachment relationships. This dynamic and activational attachment model showing how individuals differentially monitor signs of threat, react to these signs and the association with different attachment styles is shown in figure 2.1. The subsequent section looks at sources of support and attachment style, including partner relationships.

Figure 2.1 Integrative model of the activation and dynamics of the attachment system (Mikulincer, Shaver and Pereg, 2003).



2.5.1 Adult attachment and partner relationship

The project aims to investigate a psychosocial model of Taiwanese women's depression and well-being, and as discussed in chapter one, partnership and family life are expected to have significant roles. Thus given that thepartner relationship is a major theme of the proposed research, previous investigation of couple relationships and attachment style is summarised. A number of research studies have investigated how adult attachment styles affect couple relationships, especially focusing on the impact of secure versus insecure attachment styles. For example secure individuals show more trust and commitment and feel more satisfied in their intimate relationships with partners (Simpson, 1990). However, for avoidant or ambivalent individuals, their experiences in adult love relationships are likely to be unsatisfactory and lack trust. The link between adult love relationships and attachment styles has been investigated highlighting two elements: comfort with closeness and anxiety over relationship issues (Collins & Read, 1990). Collins and Read used an 18-item scale based on Hazan and Shaver's categorical attachment questionnaire measure to classify respondents' attachment style. They found for female subjects, anxiety over relationships was significantly related to relationship quality, whereas for male subjects, comfort with closeness played an essential role in their relationship quality. It is argued that the differences between the genders could mirror sex-role stereotypes where women are believed to be more emotional close to others and men are assumed to be independent (Collins & Read, 1990).

A 3-year study was conducted to explore the link between intimate relationships and attachment styles (Kirkpatrick & Davis, 1994). This found that although in

couples where men had avoidant style and women anxious style the relationship was reported as poor, it was relatively stable over time. It is argued that this is because for women with anxious style, a huge effort is made to maintain the intimate relationship to counteract their fear of being abandoned or losing their partners' love. Thus although they may not feel satisfied with their relationship with an avoidant partner, their efforts make their relationship endure in order to avoid separation. This has the effect of resulting in greater stability than other pairings of insecure attachment styles.

Another research study about the association of attachment style and relationship quality was carried out using the AQ in couples (Senchak & Leonard, 1992). Three couple types were identified: secure (both of spouses secure), insecure (both of spouses insecure), and mixed (one spouse had a secure style and another insecure style). For secure couples, higher levels of marital satisfaction were shown than in mixed or insecure couples in terms of high marital intimacy, and good partners' relationship functioning. Furthermore, secure couples also showed fewer withdrawal behaviours and lower levels of verbal aggression in their relationships. In this study, mixed couples did not show better marital quality or higher satisfaction than insecure couples. The insecure spouse's attitudes to attachment, such as lack of trust and fear of closeness, were considered to have negative effect on their marriages.

The Adult Attachment Interview (AAI) has also been used to investigate the relationships between paired attachment styles and marital quality (Cohn, Silver, Cowan, Cowan, & Pearson, 1992). Respondents were asked to report their satisfaction of marriage with a self-report measure; then observers of the study observed and rated the couple interactions. The study found secure husbands

had less conflict with their wives and their interactions with wives were more positive and supportive. However, unlike the Senchak and Leonard's study described earlier, this research found that mixed couples, just like secure couples, had good marital functioning, better than the insecure (in both partner) couples.

When the ASI was used in a study of couples expecting a baby, it found that insecurity of style in both men and women was associated with poorer support and emotional disorder, with insecurity in both of the couple having a particular impact on women's postnatal depression (Conde, Figueiredo, & Bifulco, 2011).

Other research has focused on the relationship between attachment style and caregiving behaviour in adult intimate relationships. Feeney and Collins found securely attached individuals generally show appropriate and responsive caregiving behaviour to their partners, however, insecure individuals who have higher avoidance do not respond to their partners' needs and demonstrate their caregiving in more controlling ways (Feeney & Collins, 2001). For those subjects who have higher anxious attachment style, they are more compulsive in their caregiving behaviour and also have controlling styles of providing care. The research also found that less effective caregiving in avoidant individuals partly related to their lack of interpersonal supporting skills and lack of trust of others. For the individuals showing anxious attachment style, their over-involvement in caregiving was argued to be partly due to their egotistical motivation in caregiving behaviour, lack of trust of others and having little sense of relationship interdependence. There is also research which shows different forms of caregiving have dissimilar effects in individuals with secure or insecure styles. The caregiving behaviour between intimate partners during a stressful

problem-solving situation showed more positive effects for secure individuals (Simpson, Winterheld, Rholes, & Oriña, 2007). Here emotional care-giving from partners made them relaxed and calm during stressful situation whereas for insecure individuals with dismissive style, instrumental care-giving from their partners helped them most during stressful conflict-resolution situations. Therefore it would appear that for different attachment styles different caregiving behaviour have different effects

Attachment style also has a profound influence on how individuals interpret support and comfort from partners (Bachman & Bippus, 2005). For secure individuals, partners and friends are recognized as supportive and concerned in response to distress. Their partners are acknowledged as empathetic and willing to listen. However, for insecure individuals, the prevalent perceptions are that partners and friends have low interest in their problems, generally show indifference to them, providing no help and are judgemental. Insecure individuals become anxious and lack skill in dealing with distress, and have overly high expectation of others' support. As a result, they feel easily disappointed in others and feel their partners and friends provide insufficient support for them. This can then fulfil their negative expectations of other people. In addition, there is gender difference in perception of partners' comforting behaviour. Males tend to think their intimate partners show little concern for their problems and judge them. Females are likely to view their partners as willing to provide emotional support and interested in their problems. It is argued that gender stereotypes are responsible for this difference in expression of need and response to care.

Research studies have also investigated romantic jealousy and its relationship with attachment style, with jealousy resulting from the consequence of feeling the attachment relationship is under threat. Jealousy is expressed differently according to attachment style (Sharpsteen & Kirkpatrick, 1997). Romantic jealousy is taken to include three emotions – anger, sadness and fear, with anger the most prominent. Whilst secure individuals tend to express their anger to their partners, insecure individuals tend to suppress it. For anxiously attached individuals, a high level of angry jealousy is often unexpressed or used to provoke confrontation with partners. It is argued those with anxious attachment have more fear and sense of inferiority in their interpersonal relationships, and they suppress their anger in order to keep the relationship intact. For avoidant individuals, sadness is the more prominent emotion in the experience of jealousy, and retaining self-esteem is of utmost importance resulting in distance and loss of closeness.

2.5.2 Attachment style and support from close others

In addition to partner relationship, other adult relationships, from family or friends are needed to understand individual functioning in relation to risk and resilience. Studies have examined support and peer relationships in this context. Most well-functioning adults are expected to make a range of relationships from which they can gain support. For example a study of 100 adults grouped by the presence or absence of a partner found most reported a preference for spending time with, and seeking emotional support from, their friends as well as partners (Zeifman & Hazan, 2008). Other studies have focused on peer friendships and attachment style in young adults, finding significant correlations between the young people's attachment relationships with family and with peers

(Bartholomew and Horowitz 1991). A London community study of women found most of those with insecure attachment style (72%) had no confiding close other (Bifulco, Moran, Ball, & Lillie, 2002; Bifulco & Thomas, 2013). This was highest among those Withdrawn (69%) closely followed by Dual/disorganised (60%). Those with Enmeshed (anxious) style although showing lower (29%) rates, but were still double the rate amongst those Secure (13%, $p<0.0001$).Therefore attachment frameworks can indicate how different relationships are managed by individuals with either Secure or Insecure attachment styles, and how this affects functioning and increases risk for disorder.

2.6 Adult attachment style and self-esteem

In addition to the inter-personal dimension of attachment, the related notion of self-perception can influence how individuals attach to others. Bowlby proposed that the 'internal working models' of self and other are highly related. If individuals have a low opinion of themselves, and consider themselves unlovable, then this will influence how they approach others. Bartholomew and Horowitz (1991) developed the inter-related working model of self and other. They argued that models of self and others can be dichotomised as positive and negative and in combination give underpinning to the different attachment styles. The positive model of self indicates that an individual views the self as loveable whereas the negative one shows an individual believes the self is worthless or valueless. Similarly, the positive model of others shows that an individual believes others are available and caring while the negative model of others means an individual considers others unreliable and rejecting. These two models are related and help to define the attachment styles. According to the

four categories produced, the four adult attachment styles of secure, preoccupied, dismissing and fearful can be encapsulated as shown in figure 2.2.

Figure 2.2 Bartholomew& Horowitz (1991) model of self-esteem and attachment style

Model of self

Model of others	Positive	Negative
Positive	Secure style	Preoccupied style
Negative	Dismissing style	Fearful style

Empirical test of the association of insecure attachment style and low self -esteem has been found in community samples. A London community-based study of women investigated adult attachment style and its relationship with psychosocial vulnerability including low social support and low self-esteem as part of a psychosocial model of risk for depression (Bifulco, Moran, Ball, & Lillie, 2002).The ASI was used to assess attachment style in 302 community women to explore the association between attachment style, self-esteem and supportive relationships. Findings showed that women with insecure attachment style were twice as likely to have negative evaluation of self. In terms of different insecure attachment styles, women with Fearful style had the highest rate of negative evaluation of self, consistent with Bartholomew and Horowitz's categorisation. Other researchers have showed similar findings regarding attachment types and self-esteem (Bylsma, Cozzarelli, & Sumer, 1997; Man & Hamid, 1998) which all indicate that secure individuals have higher self-esteem than anxious, fearful or avoidant insecure individuals.

There is however some dispute about the association of avoidant styles and self-esteem (Bartholomew & Horowitz, 1991; Onishi, Gjerde, & Block, 2001). Bartholomew and Horowitz investigating 77 college students using the Rosenberg self-esteem inventory and the RQ found both secure and dismissing attachment styles were positively correlated to self-esteem whilst fearful and preoccupied styles were negatively related to self-esteem. They argue that individuals with avoidant or dismissing styles have a more positive model of self. This is consistent with findings by Bifulco and colleagues that Withdrawn attachment style was unrelated to early life or recent risk and seemed to confer resilience in relation to depression (Bifulco & Thomas, 2013). Thus considering self-esteem in addition to the quality of attachments contributes to models of poor functioning which can contribute to disorder outcomes.

2.7 Adult attachment style and mood states

2.7.1 Adult attachment and depression

There is now substantial research examining the relationship between different attachment styles and depression. Most find attachment security is negatively related to depression (Gittleman, Klein, Smider, & Essex, 1998; Muris, Meesters, van Melick, & Zwambag, 2001). However, the issue of which type of insecure style relates most to depression is unclear. Most find anxious styles related to depression but not avoidant attachment style (Irons, Gilbert, Baldwin, Baccus, & Palmer, 2006) (Besser & Priel, 2003; Lopez, Mauricio, Gormley, Simko, & Berger, 2001). However, other researchers found both anxious attachment style and avoidant attachment style related to depression (Simpson, Rholes,

Campbell, & Wilson, 2003) (Hammen, Burge, Daley, Davila, Parley, & Rudolph, 1995; Robert, Gotlib, & Kassel, 1996).

A detailed investigation of attachment style and clinical depression was undertaken in London community women (Bifulco , Moran, Ball, & Bernazzani, 2002). The study found all insecure attachment styles apart from Withdrawn were significantly related to 12-month depression. This includes anxious styles of Enmeshed and Fearful, as well as Angry-dismissive which is a type of avoidance. However the degree of severity of insecurity of style (moderate or marked degree) was critical in showing a relationship, with mild levels of style unrelated to disorder outcome. As argued earlier, mediation tests become important in testing attachment models, by linking childhood experience with depression, with insecure attachment style as the mediator. Such mediation was confirmed in this prospective study of adult attachment style, examined as a mediator between childhood neglect/ abuse and adult depression/anxiety in the London community women (Bifulco , Kwon, Jacobs, & Moran, 2006). Whilst mediation held for secure versus insecure style categories, when investigated in more detail, both fearful and angry-dismissive attachment styles had the clearest mediating effect. Enmeshed style had less association with the childhood adversity index utilised (neglect, physical or sexual abuse) and withdrawn style was unrelated to either childhood adversity or adult depression and anxiety.

Having shown how insecure attachment style is related to risk and disorder, the following discussion will look at the association of secure attachment style to wellbeing.

2.7.2 Adult attachment and wellbeing

Chapter 1 describes the research on resilience in relation to mental health outcomes with both resilience and wellbeing relevant concepts used for studying positive psychological experience. Thus wellbeing is a more general expression of positive functioning in relation to positive experience and resilience is defined as a positive outcome in the face of adversity. Another concept appropriate for mental health is lack of disorder or symptomatology for individuals' free of disorder but who do not necessarily having positive experience or resilience. In attachment terms, the concept of 'earned security' relates to resilience, which is when those with disturbed childhood relationships manage to work through their difficulties to develop secure styles. Secure attachment style can therefore be linked both to resilience and other wellbeing concepts.

Moderation is a critical element in resilience investigation in developing causal models. For this, time order needs to be established with the intervening moderating factor 'buffering' against the negative impact of early experience to produce better outcome experience. Its technical definition is: '*a moderator is a qualitative (e.g., sex, race, class) or quantitative (e.g., level of reward) variable that affects the direction and/or strength of the relation between an independent or predictor variable and a dependent or criterion variable*' (Baron & Kenny, 1986). In studying resilience, research exploring the possible mediating role of hope between attachment style and psychological disorder (Shorey, Snyder, Yang, & Lewin, 2003) recruited 197 undergraduate students age between 18-30. They found secure attachment style significantly predicted hope and agency whilst insecure style related to lack of hope and agency. In addition, hope partially mediated between attachment style and mental health. The researchers concluded that secure attachment experience and attitude helps

individual to develop positive motivation and goal-directive thinking which contributes to good mental health, with the converse holding for insecure style.

There is good evidence of positive adult relationships aiding resilience in those with negative childhood experience. For example, in a 40-year longitudinal, follow-up study on the Isle of Wight, (Collishaw, Pickles, Messer, Rutter, Shearer, & Maughan, 2007) 364 adults who had participated in the study in their adolescence, used the self-report version of the Childhood Experience of Care and Abuse (CECA.Q) to collect childhood adverse experience and a clinical measure to assess adult psychopathology. About 12% of participants reported experiencing abuse in childhood and were significantly more likely to be suicidal, and to report PTSD and substance dependence than those who did not report childhood abuse. However, among this vulnerable group, a proportion showed no psychopathology and their resilience was attributed to their adolescent and adult relationships. This included having normal peer relationship, either parent rated as caring in adolescence or a stable relationship history with good friendships in adulthood. Having close attachment relationships with good quality of relationships was a strong predictor of resilience within vulnerable groups, for those with four or five good relationships. Their rate of adult psychiatric disorder was much lower than those who had only one or two good relationships, with rates even lower than the non-abused group. Although this follow-up research found such an important role for good quality close relationships for individuals having childhood adversity, it did not use any attachment style measure to assess attachment security as the mechanism for resilience, which is limiting within this discussion.

Some researchers have focused on secure attachment style as a positive factor for wellbeing, without testing it as a resilience factor. A study of first year college students who had recently left home and separated from parents for the first time in their lives were studied to assess attachment and adjustment (Hannum & Dvorak, 2004). The study recruited 95 freshmen in college to assess their attachment quality with parents, their social adjustment and psychological distress. The study found those with good attachment quality with their mothers had less psychological distress and those who had good attachment quality with their father had better social adjustment. In this study having both parent relationships with good quality of attachment provided positive input for adjusting to the new college environment; while positive attachment to mother provided more sense of security, that with father provided greater independence.

Similar research has explored first year college students' attachment, separation-individuation and their adaptation to college life (Kalsner & Pistole, 2003). Two hundred and fifty two freshmen were recruited and their attachment to parents assessed with the Parental Attachment Questionnaire, as well as their adaptation to college, including academic, social and personal-emotional adaptation. It was found that good quality attachment with parents contributed to both social and personal adaptation and less psychological distress in the first year of college for both genders (op cit). Greater individuation and less dependence on family was also related to better social adaptation and less distress. This finding is consistent with attachment theory approaches which state that good attachment relationships with parents provide emotional support and also a secure base for individuals to explore safely and become autonomous. Whilst informative, these studies have the disadvantage of using

student populations rather than more representative or high risk groups, and using self-report questionnaires which can be open to reporting bias. Whilst some studies are prospective, others are cross-sectional which also leads to problems in determining direction of associations.

A study of London women using the ASI found positive relationships in childhood were associated with secure attachment style. This included good care, affection, support and the child's early social and educational competence (Bifulco & Thomas, 2013). Both closeness to a parent and social involvement in childhood and teenage years related to secure style even among those with childhood neglect/abuse suggestive of a resilience effect. In addition, those with only mild levels of insecure style were shown to experience lower depression even in the face of childhood adversity, suggestive of resilience. This study benefitted from using intensive interview approaches, but had the disadvantage of measuring the past retrospectively.

'Earned security' relates to the acquisition of resilience by working through difficult childhood issues, and has been explored and investigated by researchers using the AAI (Pearson, Cohn, Cowan, & Cowan, 1994). This has been used to explain why adults with unsupportive, unloving or uncaring attachment experience in childhood nevertheless have coherent states of mind denoting secure attachment style as adults (Hesse, 2008). These adults are classified as 'earned secure' and compared with the more common 'continuous secure' group who report good attachment experience in their childhood which continues into adulthood. Several research studies have been carried out to investigate the differences between 'continuous secure' and 'earned secure' experience in terms of childhood parental relationships(Pearson, Cohn, Cowan,

& Cowan, 1994). Evidence is found for parents with both 'continuous secure' and 'earned secure' styles to show warmer and more structured parenting to their preschool children than individuals with 'continuous insecure' attachment style (op cit). Thus parents' current state of mind is considered more important to their parenting style than their unsupportive childhood attachment experience. Research conducted with 97 mothers under high stress conditions, looked to see if 'earned secure' mothers had different parenting style from 'continuous secure' mothers (Phelps, Belsky, & Crinc, 1998). Phelps and colleagues found 'earned secure' mothers maintained positive parenting to the same extent as 'continuous secure' mothers and functioned much better than (continuously) insecure mothers. The authors argue that 'earned secure' mothers have broken the intergenerational cycle of attachment disadvantage and their resilience under high stress enables good parenting to their children.

In addition to parenting behaviour and parent-child relationships, researchers have explored whether 'earned secure' individuals have better functioning in other relationships, such as partnership, than insecure individuals (Paley, Cox, Burchinal, & Payne, 1999). Paley and colleagues recruited 138 couples and conducted AAI interviews with both husbands and wives in order to categorise participants into three attachment groups – 'continuous secure', 'earned secure' and insecure. All participants completed self-reported questionnaires on marital satisfaction and also conducted a task of marital problem-solving. The study found that 'earned secure' wives showed equal competence in regulating their affect as 'continuous secure' wives during marital problem-solving task. In addition, compared with preoccupied (anxiously insecure) wives, both 'continuous secure' and 'earned secure' wives showed more positive affect and less withdrawal behaviour than dismissing wives. The researchers argued that

according to attachment theory, internal working models can be revised by new experiences and that good marital relationships provide such an opportunity. Positive partnerships can provide a safe space to explore negative childhood experiences and any expectation of future rejection can be modified through increased trust and open confiding.

These studies of 'earned security' confirm attachment theory hypotheses that the internal working model and ongoing relationships can shape each other and the notion of 'earned security' is important for prevention and intervention for high-risk children and adolescents. However, the process for an individual of transforming from insecure style to earned secure style is still obscure and needs to be investigated and explored in further research particularly that conducted prospectively.

2.8 Aims of the research

The purpose of the research described in this thesis was to explore the experience of Taiwanese women in relation to their experience of depression, and their spiritual wellbeing and positive mental health, taking an attachment approach. From the literature reviewed it is clear that relationships with partner, support figures, family of origin and family-in-law in terms of support, harmony or conflict are critical to wellbeing and mental health, particularly in the cultural context selected. These are closely linked to self-esteem which also contributes to mental health outcomes. The theory of attachment and the associated research make it clear that early childhood care and parental loss can explain the origins of adult disorder and relationship difficulties. This approach is consistent with the psychosocial depression model described in chapter 1 which

involve close relationships, self-esteem and the early life risk factors. The additional contribution is to add attachment style as an intervening variable which explains the linkage and which can specify further the concept of adult vulnerability. Specifying the linkage in terms of mediation or moderation can add further specificity to the model. Thus the study was designed to find the best configuration of risk factors for depression and positive factors for wellbeing, with both mediating and moderating factors examined in relation to early life experience. Whether this model will work cross-culturally is unknown although similar prior work in Malaysia (Nor Bayah Abdul Kadir & Bifulco) suggests the model can be used cross-culturally, and studies of attachment in different cultures suggests important similarities across culture.

Whilst the vulnerability indices used in the work of Brown, Harris and Bifulco are utilised in modelling depression, the addition of factors involving family of origin and family-in-law are also included as important cultural elements. In addition the role of religious affiliation and practice are examined. These aspects are further explored in a small number of case studies which provide context for the key findings of the study. The detailed hypotheses are outlined in the next chapter.

2.9 Summary of chapter

This chapter has reviewed attachment theory, adult attachment style and its association with childhood experience, self-esteem, partner relationship, interpersonal support, depression, well-being and culture.

1. Attachment style is identified with secure, anxious, avoidant or disorganised/unresolved styles and can be measured by self-report or

interview. The measures used have tended to determine which categorisation is most used. Attachment security shows associations with different demographic factors, for example those with insecure styles are more disadvantaged. It is still unclear how different styles relate to different forms of risk or disorder although insecure always incurs higher risk and, although for women anxious styles are shown to relate to low self-esteem and depression in many studies.

2. Attachment security/insecurity is shown to work in cross-cultural contexts despite different family arrangements and parenting styles. Whilst security rates are similar in child-parent rates of anxious or avoidant differ. In adult cross-cultural US studies, rates of insecure styles tend to be higher among non-Caucasian groups. This is related to collectivism, and need for harmony which relate to lack of autonomy and avoidance.
3. Insecure attachment style is related to poor affect-regulation in relation to stress. Models show anxious style hyperactivate in attempting to find support in response to stress which when unsatisfied leads to further activation of the attachment system. Those with avoidant style deactivate their attachment and fail to initiate support-seeking behaviour and minimise their perception of threat with distancing from others. Those with secure styles and good support have reciprocal affect-regulation which allows them to deal with stress and allows for exploratory behaviour. This helps explain some of the mechanisms of attachment in coping with stress and seeking support.

4. Though individuals' attachment style can be traced back to childhood experience, adult experience also has a large influence in adulthood with the possibility of mediating risk, or moderating resilient outcomes. This in turn relates to disorders such as depression, or conversely to wellbeing.

5. For causal and lifespan models of attachment, the concept of mediation and moderation is increasingly important. Mediation shows the linkages across time in the continuity of risk, and moderation shows how risk can be averted. Moderation thus requires that attachment style can change over time. Researchers focusing on ‘earned security’, recognise the possibility of change in attachment style and that it can be shaped by current relationships and new attachment experiences and through psychotherapy. Thus attachment theory has become critical to understanding the life span development of individuals.

6. The associations found with attachment style, mirror some of those identified in the depression models outlined in chapter 1. Thus psychosocial risks for depression are similar to those which increase risk of insecure attachment style. Both aspects will be examined in a study of women in Taiwan.

Chapter 3 Method

3.1 Study design

The study used a cross-sectional, mixed-methods design, with standardised self-report questionnaires administered over the internet to provide a quantitative analysis of risk and resilience in the Taiwanese women studied. It also involved an intensive interview investigation of a small subset of women to illustrate the quantitative findings with further context and further explore the meaning behind key findings.

This study aimed to examine a range of risk and resilience factors in close relationships, self-esteem, attachment insecurity and childhood experience for women in Taiwan in relation first to depression and then to wellbeing based on an attachment theory approach. Relationships reflected were partner/marital relationships; those with birth family and those with family-in-law as well as support figures. Both positive and negative elements of such relationships were differentiated. The risk factors included poor quality of marriage, particularly negative interaction with partner and thoughts of separation, poor support from friends and family, and conflict in family of origin and in-law relationships. Childhood experience included an assessment of care before age 17, differentiating that poor from that which was good. Additional psychological factors of self-esteem (both positive and negative items) and attachment style (both insecure and secure) were also included. Negative factors were examined in relation to a depression symptom scale and positive factors were examined in relation to a spiritual wellbeing scale. In addition, religious

affiliation was examined as a source of wellbeing and religious behaviour and spiritual wellbeing examined.

3.2 Research Hypotheses

The study aimed to exam risk and resilience factors both for depression and wellbeing in Taiwanese women in relation to attachment insecurity based on prior literature. These are framed in terms of four main hypotheses with additional sub-hypotheses outlined:

1. **Attachment insecurity, risk and depression will be inter-related**:

   (1a) Insecurity of attachment, relationship problems with partner and lack of confidant and negative self-esteem (using negative items and indices) will be inter-related, and positively related to depression. Anxious attachment will be a better predictor of depression than avoidant attachment.

   (1b) A specific contribution from conflict with family and in-law relationships to depression will be found to reflect cultural aspects.

   (1c) Negative care in childhood will positively relate both to attachment insecurity and depression.

2. **An attachment model of depression will identify key risk factors and test mediation:**

   (2a) Regression models will indicate that insecurity of attachment contributes to negative relationships (partner negative interaction, lack of close confidant) and negative self-esteem in

modelling depression consistent with prior research. Negative familial relationships are also expected to contribute to the model in line with cultural expectation.

(2b) Anxious attachment style will mediate the relationship of childhood experience to depression.

(2c) Intensive interviews with a small subset will yield corroborative information relevant to the risk hypotheses and the attachment model in order to both illustrate findings contextually, and to explore the meaning of these.

3. Attachment security, positive factors and spiritual well-being and positive mental health will be inter-related:

(*3a) Security of attachment, positive partner and confidant relationships, positive self-esteem and religious belief will be inter-related and also positively relate to spiritual wellbeing and positive mental health.*

(3b) A specific contribution from familial positive relationships will relate to wellbeing outcomes to reflect cultural aspects.

(3c) Good care in childhood will positively relate to spiritual wellbeing and positive mental health.

4. An attachment model of wellbeing will identify key independent variables and test moderation.

(4a) Regression models will indicate that security of attachment will contribute to positive relationships, positive self-esteem and religious belief in modelling both spiritual wellbeing and positive

mental health.

(4b) Secure attachment style will moderate between childhood negative care and depression.

(4c) Intensive interviews with a small subset will yield corroborative Information, relevant to the resilience models developed, in order to both illustrate findings contextually, and to explore their meaning.

3.3 The sample participants

A large convenience sample of Taiwanese women (655) aged between 20-55 years old were selected by means of the internet, supplemented by a smaller group (49) of additional women selected through Taiwanese women's groups for religious affiliation and women's rights. The latter were included to increase the numbers with potential resilience to provide comparison for the on-line series, to reach women who do not have internet access and to increase numbers of potentially resilient women.

3.3.1 Online questionnaire

Having set up the web link for the questionnaires, this was advertised on several websites designed specifically for Taiwanese women to share their lives and experience on line. For example the Taiwanese women's on-line forum, Taiwanese women's blog and united website for Taiwanese women (see appendix for full list). In terms of ethics (see further description below), an information sheet was shown on the first page of the on-line questionnaire and

respondents were asked to tick a box to give their consent before filling it out. The anonymity of the women was maintained, but they were provided with an opportunity to give their email addresses if they agreed to additional interview contact. The website address of on-line questionnaire of the study was 'http://www.my3q.com/home2/201/gestalt/26551.phtml.' This method generated 672 questionnaires.

3.3.2 Hand distributed questionnaire

A smaller number of questionnaires were hand distributed in religious groups (The Presbyterian Church in Taiwan). The groups were seen personally and the women were given information sheets outlining the study and the contact details of the researcher. Having completed the questionnaire they were asked to provide separate contact details if they agreed to future interview contact. Permissions were obtained from the organisations involved in the study and 49 questionnaires were collected in this way, and added to the online sample for the analysis. These were incorporated with the online questionnaires for the analysis.

3.3.3 Interview sample

Once the quantitative data was collected a small group of eight women were selected for interview, on the basis of representing different experiences of the larger group. The focus was on relationships and attachment styles and included women who on the questionnaire scored as either secure or insecure women, those with depression and those with resilience characteristics. The

women were contacted and interviewed seen at their convenience. The interviews were audio-recorded and then transcribed, scored and translated in order to provide case study material for the study.

3.4 Online research methods

Online research is an internet-based method of collecting data which is becoming increasingly popular as a new way to investigate human behaviour. Methodological issues needing to be considered are similar to those offline, involving the questionnaire design, the sampling methods and ethics. For most online surveys it is only through the website based written instructions, research documentation and question items through which the researcher can communicate with participants. Thus the design of questionnaire is crucial and can have a great influence on data quality (Manfreda & Vehoval, 2008). Compared with paper-and-pencil modes, online questionnaires can be presented in more modern and eye-catching ways, such as more colourful and using images and multimedia. However, adding these elements in questionnaires need to be carefully evaluated as it may have unpredicted impact and cause errors in terms of methodology(Sills & Song, 2002). Thus researchers need to be cautious with using multimedia in questionnaires and only use them if they are necessary for explaining questions to participants.

In terms of sampling methods, as with offline surveys, online surveys can be probability-based or non-probability based (Fricker, Galesic, Tourangeau, & Yan, 2005). Probability-based surveys use a list-based sampling frame, randomly choosing samples from a ‘sampling frame’ – for example through

email lists of large homogeneous groups, such as university departments, large companies or health services. Other probability-based surveys include intercept surveys and pre-recruited panel surveys. Intercept surveys in online settings are ‘prop-up’ surveys used for systematic sampling, propping up surveys for every ‘Nth’ visitor to a website. Although the results of intercept surveys could be applied to some special populations, for instance, those who visit particular websites frequently, it has a problem with low response rates (Comley, 2000). Pre-recruited panel surveys recruit participants in advance through other means, usually by telephone or using random digital dialling in order to choose random samples from the population. Then researchers can provide internet equipment for those participants not online, to make this panel statistically valid or representative (Pineau & Dennis, 2004). This sampling method helps researchers save time for recruitment, but has the disadvantage of being a lengthy procedure overall with loss of potential participants.

One of the non-probability online survey approaches is the use of ‘harvested’ email lists. Here researchers buy email lists from email brokers and distribute their surveys via these email addresses. Although this sampling method is convenient it can include statistical biases, as the way the email lists are collected is unclear and may not be representative (Fricker 2008). Another non-probability survey is unrestricted self-selected surveys open to all to participate in. Surveys using this sampling method usually are advertised on websites and invite people to take part in research. Such unrestricted self-selected surveys are a form of convenience sampling and usually attract greater response but with less representativeness and thus generalisability. But such approaches are useful where there are limited research resources, and

can be useful in the first stages of researching a particular topic or in a new setting.

The current study utilised such a self-selected and convenience survey but by advertising it on particular sites related to women's issues and relationships it aimed to find an appropriate sample of Taiwanese women who were prepared to respond on issues of attachment. Whilst it was recognised that the self-selected participants were more likely to be middle-class and educated in accessing the internet, it is also known that internet use is very widespread in Taiwan (70%) and reaches a large part of the population indicating it is not restricted to a highly privileged group.

3.5 Ethical issues and consent

For researchers and scientists, the online research method is a new way to collect data, a method which has just emerged in the last few decades. This has led to new methodological and ethical debates within social science. There has been debate about whether there are different ethical issues between online and offline research. Complications involve getting informed consent online where researchers have no opportunity to meet the respondent and to explain the nature of the project, nor evaluate the ability of participants to give their consent (Eynon, Fry, & Schroeder, 2008). In addition, as the online environment is a public space, privacy and confidentiality issues need to be specially addressed for the benefit of research participants(Frankel & Siang, 1999). However, Walther (2002) argues that although online research takes place in different settings from those offline the ethical issues are the same as

for all researchers. For example, issues are similar to telephone surveys, a more traditional way of data collection, where researchers do not see their respondent face-to-face or get informed consent in person. According to Walther, highlighting the ethical issues of online research is a first step to trigger debate (Walther, 2002). Ess argues for a commonly accepted view that ethics in an online environment are effectively the same as for other research (Ess, 2002).

For human behaviour research, the three main ethical issues which have been applied in offline settings research involving confidentiality, anonymity and informed consent – also apply online (Eynon, Fry, & Schroeder, 2008). It is important that data collected online must be well protected during the research process so that its confidentiality can be ensured. It can be argued that online measures are more anonymous than those offline since individuals are not identified making it easier for some to disclose sensitive information with assured anonymity (Meho, 2006). The project needs to communicate how the information will be used, what the respondent is required to do and their rights to leave the project at any time. Whilst this interaction is limited online (Mann & Stewart, 2000), it is also leads to less likelihood of pressure being applied by the presence of the researcher. With the necessary documentation online, obstacles can be reduced in obtaining informed consent. Whilst different projects may or may not involve vulnerable groups (Kraut, Olson, Banaji, Bruckman, Cohen, & Couper, 2004) online researchers can at least carefully select sites to avoid for example teenagers (Nosek, Banaji, & Greenwald, 2002). Some studies use password-controlled websites for accessing the research for this reason (Pittenger, 2003). However, it could be argued that compared with

face-to-face interaction, giving informed consent online might be easier and less pressured for potential participants (Eynon, Fry, & Schroeder, 2008). Undertaking piloting offline with consent forms and receiving feedback helps researchers identify the difficulties participants may encounter in giving their consent in online settings (Meho, 2006).

There is however no more obvious risk to participants in online research than in face-to-face or telephone research (Kraut, Olson, Banaji, Bruckman, Cohen, & Couper, 2004). Future procedures to be tested will involve creating good communication channels with participants, adjusting research design and fulfilling ethical concerns according to different online contexts (e.g. bloggers, chat rooms and online surveys) and making sure it is easy for participants to leave the project at any time (Nosek, Banaji, & Greenwald, 2002).

Ethical permission for the present study was granted by Royal Holloway, University of London's ethical board in August 2008. (See appendix). All respondents were given an information sheet with consent required online prior to completing the questionnaire. Confidentiality and anonymity was assured and consent to further interview was sought. For the interview, all procedures were explained both in writing and verbally to women interviewed, including permission for audio-recording and their right of withdrawing at any time. Assurances of confidentiality and secure and anonymous storage of data were also confirmed.

3.6 Statistical Power

Attracting large numbers is less of a problem with online surveys than those personally delivered given the reach of the internet, so the potential for large sample sizes is realistic. Therefore a large sample size was planned (over 500) in order to make sure sufficient numbers of those with psychosocial risk and depression were included, given that a potentially middle-class educated group with low deprivation was envisaged, amongst whom less depression risk is expected. However, in order to estimate the size of sample required, power calculations were undertaken based on published UK findings related to depression. Whilst no comparable rates are available for Taiwanese women, and the representativeness of the proposed sample was unknown, the figures are based on findings from the London studies of depression in working-class women, which looked at similar factors in depression (Brown , Bilfulco , Veiel , & Andrew 1990). The calculations are however only indicative, and focus on depression outcomes for working-class women and those with children, amongst whom higher rates are expected. The power calculations will serve to identify the minimum numbers needed for the quantitative study. The study intends to reach high power (80%) while alpha is keep at a reasonable low value (5%).

Three different estimates were made:

(1) The sample size required to detect a difference in depression among those with and without negative evaluation of self.

(2) The sample size required to detect a difference in depression among those with and without low support from partner or close other.

(3) The sample size required to detect a difference in depression among those with insecure attachment and secure attachment style.

The power calculation was determined by use of a downloaded statistical tool (http://web.usf.edu/psmg/PowerCal/PowerCal.html) to deduce sample size required from estimated effect sizes of the variables concerned.

(1) The Islington study of representative women showed that for those with negative evaluation of self, 21% had depression compared with 5% without. This showed an effect size of 27% and with the power set at 80% and an alpha of .05, a sample size of 136 would be required to detect this difference (Brown , Bilfulco , Veiel , & Andrew 1990).

(2) The Islington study showed 23% of women with poor support versus 3% with good support had depression. With the effect size of 20% and the power set at 80% and an alpha of .05, a sample size of 86 was required (Brown, Andrews , Adler , & Bridge 1986).

(3) Based on London Islington rates, 31% with insecure attachment style were depressed compared with 13% without. With the effect size of 18% and the power set at 80% and an alpha of .05, a sample size of 164 was required (Bifulco , Mahon, Kwon, Moran, & Jacobs, 2003)

These calculations all show that a sample size of under 200 is sufficient to detect depression using the risk variables studied, when using the effect sizes taken from more intensive interview studies on higher risk London women. It also assumes the similar wide prevalence of the factors. On the basis that rates of depression in Taiwanese middle-class women are likely to be lower than inner-city London, the risk factors might be less common and the effect sizes

lower using self-report than intensive interview measures, the decision was made to maximise the number of questionnaires collected. This would enable sufficient numbers for an analysis of both partnered and single women, given unknown rates of risk and depression, and enable the use of statistical techniques utilising interaction terms for moderation effects and potential controls for demographic factors. The aim was therefore to maximise numbers, with a final 721 questionnaires collected.

3.7 Data analysis

Statistical analyses were undertaken using SPSS 20 with a range of statistical procedures utilised relevant to the different hypotheses:

Hypothesis 1 and 3: Examining the relationship between factors was undertaken using Pearson's 'r' or Spearman's correlations using full scale scores) after testing for normal distribution (asymmetry and kurtosis statistics). Chi-square statistics (using dichotomous indices and categorical variables) were used to confirm the relationships between risk and resilience factors and depression or wellbeing indices. Significance levels of .01 or less were utilised. This more stringent test of significance (than the commonly used $p<.05$) is to avoid the Type II errors which can occur in large sample sizes with variables which are potentially overlapping.

Hypotheses 2 and 4 – models of depression. Binary logistic regression was used to confirm the best fit model of risk or positive factors for dichotomised depression or wellbeing outcomes. Demographic factors relating to depression/wellbeing were used as control factors. Mediation was tested using

the standard Baron & Kenny three step binary logistic regression method for insecurity of attachment as mediating poor childhood care and depression (Baron & Kenny, 1986). Logistic regression was also used to test for moderation with the relevant factor (secure attachment style) expecting to show both a negative contribution to the model of depression and a statistical interaction with the independent variable (childhood poor care).

3.7.1 The interview subset

The qualitative aspect of the study utilised intensive interviews where parallel assessments of relationships and attachment were used to illustrate key findings. Exploratory questions about childhood experience and current familial relationships were used to extend understanding about cultural aspects of relating and depression or wellbeing. The interviews were transcribed and scored on the ASI with relevant quotes used to reflect key quantitative findings. A subset of interviews was selected for this process, all having different marital, attachment or disorder status.

The interview subset was based on a small number of those agreeing to face-to-face interview. A mix of those with and without risk, and those with and without depression or religious belief were selected to explore resilience hypotheses. In total, fourvulnerable and fourresilient women were selected to describe their relationships and attachment style in more detail. Of these half are described in detail in the forthcoming chapters.

3.8 Pilot work

All questionnaires were translated into Mandarin (the official language of Taiwan) and then back translated into English. Any anomalies were reconciled by two bilingual speakers. The online questionnaire was piloted on a Taiwanese women's website in April 2009. The website selected for the pilot was specifically for Taiwanese women studying abroad and the questionnaires were not utilized in the main study. In the first 10 days 30 respondents filled out the questionnaire, half of them married and half single women. Most of them followed the instructions well, and filled out all items. A few did not follow the cut-offs correctly and the instructions were improved. When asked their opinion about the questionnaire, most were positive (for example stating that the questionnaire was interesting and helped them understand themselves better). Some felt it was too long and therefore the length was reduced. Amendments were also made for any ambiguous instructions. Of the 30 pilot questionnaire responders, more than half 'definitely' agreed, or would 'consider' agreeing to interview.

Following training in the Attachment Style Interview (ASI), five pilot interviews were completed with Taiwanese women living in London. These were scored and the ratings checked for reliability, with information found in translation to be similar to that collected by the English version.

3.9 Questionnaires used

Standardized questionnaires were used and these are described in detail below. Three questionnaires all come from the same UK team led by Brown and Harris (VDQ, VASQ and CECA.Q), and are validated against intensive investigator-based interview measures used to test the depression and Attachment model in community samples of women. These are used for consistency with the interview ASI measure which comes from the same research group. In addition well known and standardised measures of depression (GHQ), self-esteem (Rosenberg), marital relationships (DAS) and wellbeing (SWBQ and GHQ re-scored) are also utilised. These are listed here and then described in more detail below. The full questionnaire and interview measure is given in the appendix.

Demographic questions were used to measure age, marital status, parenthood, family of origin and questions about religious affiliation, belief and behaviour constructed using existing scales where possible.

Figure 3.1 Summary of questionnaire measures used

Variable	measure	Range of score	Index
Partner negative interaction & confidant support	Vulnerability to depression questionnaire (VDQ) Moran, Bifulco, Ball, & Campbell, 2001)	10-38	i)Negative Interaction with partner (2 items) ii) Lack of Close confidant support (4 items) iii) Number of close confidants
Positive Partner relations	Dyadic adjustment scale (DAS) (Spanier, 1976)	12-79	positive interaction with partner (3 items)
Relationship with family in law (negative & positive)	Adapted from VDQ and DAS	4-20	i)Negative interaction with family in-law (1 item) ii) Positive interaction with family in-law and mother-in-law (3 items)
Relationship with birth family (negative & positive)	Adapted from VDQ and DAS	4-20	i)Negative interaction with birth family (1 item) ii) Positive interaction with birth family and birth mother (3 items)
Self-esteem (negative & positive)	Rosenberg's self-esteem measure Rosenberg, 1965)	10-40	i) Negative item score(5 items) ii) Positive item score (5 items)

Childhood experience of care	Childhood experience of care and abuse questionnaire (CECA.Q) (Bifulco, Bernazzani, Moran, & Jacobs, 2005)	32-160	i)Neglect (11 items) & Antipathy (5 items) from mother and father ii) High care and high positive interaction from mother and father (recoded)
Insecurity of Attachment style	Vulnerable attachment style questionnaire (VASQ) (Bifulco, Mahon, Kwon, Moran,& Jacobs,2003)	22-110	i)Overall insecurity (total score 22 items) ii) Degree of mistrustful insecurity (13 items) iii) Proximity Seeking (9 items) iv) Anxious v Avoidant style v) High security score (recoded)
Depression	General Health Questionnaire (GHQ-12) (Goldberg, 1978)	10-48	i)Depression score (12 items) ii)Wellbeing score (12 items recoded)
Spiritual well-being	Spiritual well-being questionnaire (SWBQ) (Fisher, Francis, & Johnson, 2000)	8-40	Spiritual wellbeing score (8 items)

3.9.1 Demographics

The demographics section was designed to get personal information about the respondents, for instance, age, employment and marital status, number of children, social class etc. In addition there were specific questions about contact with both birth family and family-in-law and requirements to care for aged family members. Questions about religious affiliation, frequency of attending religious activities were also added. Two items were added about psychological disorder – previous experience of depression, and treatment for depression.

3.9.2 Vulnerability to depression questionnaire (VDQ)

The VDQ (Moran, Bifulco, Ball, & Campbell, 2001) is a self-report measure which assesses interpersonal support and self-esteem based on the Self Esteem and Social Support interview (Andrews & Brown, 1991; O'Connor & Brown, 1984) in relation to depression in women. The study utilises the VDQ to assess respondents' support figures and partner negative interaction and his poor support with family. For the partnership section, an example of an item '' is 'Do you and your partner get irritable with each other?'. Negative interaction with partner involves the sum of 4 items; the higher the score, the poorer the quality of partnerships. (The self-esteem items of the VDQ were not used because these were derived in populations of mothers with items specifically relating to motherhood.) For the support section, respondents are asked to choose two people in whom they usually confide about personal problems and asked about the degree of closeness and the level of confiding as well as frequency of contact. Lack of support is derived from the absence of confiding and emotional

support. To meet the criteria of having a 'very close other', the respondents must see their close others at least monthly (scoring 1 or 2 in question 36 and 41 of the questionnaire), confide most things to them (scoring 1 or 2 in question 37 or 42) and feel very close the them (scoring 1 in question 39 and 44).

The VDQ has mainly been used in UK samples, but recently utilised in a Malaysian sample, where the factors were highly related to depression (Abdul Kadir, 2009b). The measure has good internal reliability (alpha=0.81) and test-retest (r=0.87) and predictive validity in relation to depression. Published cut-offs were utilised in this study.

3.9.3 Dyadic Adjustment Scale (DAS)

The DAS (Spanier, 1976) is a well-known, self-report measure which assesses good partner relationship quality. It was developed based on the concept of dyadic adjustment and has four subscales – dyadic satisfaction, dyadic consensus, dyadic cohesion and affectional expression. The scale contains 32 items, having high internal consistency (alpha 0.96), and has been utilised widely on research into of couple relationships (Antoine, Christophe, & Nandrino, 2008). (Sharpley & Cross, 1982). Researchers have developed short versions of DAS based on the original 32-item with seven-item versions having satisfactory reliability (Hunsley, Pinsent, Lefebvre, James-Tanner, & Vito, 1995). In the present study, the shortened version of the original DAS has been used, reflecting the positive interaction between couples and their feelings in relationship (e.g. How often do you and your partner have a stimulating exchange of ideas?) Each question is scored on a 6-point scale indicating

whether the situation has occurred never, less than once a month, once or twice a month, once or twice a week, once a day or more often. The higher the score is, the better partnership that respondents have . The DAS is a very widely used questionnaire internationally, including in Hong Kong (Chan, Lee, & Lieh-Mak, 2000; Shek, 1995).

3.9.4 Questions for relationship with birth family and family-in-law

This project has a specific focus on the relationship with family of origin, and family-in-law for married women in Taiwan. The questions were adapted for such relationships from the VDQ and DAS measure to reflect conflict and satisfaction and communication respectively. One example of negative interaction is 'How often have you quarrelled with your birth family in the last few months?' One example of positive framed questions in this scale is 'How often do you think that things between you and your birth family are going well?' Each question is scored on a 5-point scale indicating whether the feeling or behaviour has happened or not - never, rarely, sometimes, most of time and all the time. For positive questions, the meaning of scoring is the higher the score, the better the quality of relationship. For negative questions, it is similar - the higher the score; the poor the quality of relationship. The positive items were used as resilience factors and negative items separately as risk factors. Cut-offs for dichotomous analyses were derived using the top percentile scores. This is further described in the next chapters.

3.9.5 Childhood Experience of Care and Abuse Questionnaire (CECA Q)

The CECA.Q (Bifulco, Bernazzani, Moran, & Jacobs, 2005) is a self-report measure of childhood adverse experience and is developed from the parallel Childhood Experience of Care and Abuse interview (Bifulco, Brown, & Harris, 1994). It evaluates individuals' childhood experience with their parents before 17 and includes four main scales: parental neglect, antipathy and physical abuse and sexual abuse from any perpetrator. The parental care section involves Likert scales about firstly mother/mother substitute and then father/father substitute in relation to neglecting behaviour and critical, hostile attitudes (antipathy) to the respondent before the age of 17(e.g. 'She was very difficult to please') Each question is scored on a 5-point scale indicating the frequency of feeling and behaviour that respondents have regarding their childhood parenting experience. Both scales are highly related to depression in adult life (op cit). The abuse scales question about instances of physical or sexual abuse, their frequency and intensity. For the present study, only the parental care section in CECA Q was utilised in the questionnaire. This is because physical and sexual abuse was considered to be too sensitive an issue culturally in Taiwan, particularly on an open online site, and was considered a possible obstacle for respondents in completing the questionnaire. Given high correlations between neglect and abuse, it was considered that the neglect and antipathy scale would reflect a high proportion of those with childhood adversity (Bifulco & Moran, 1998). This scale has been used internationally in Asian samples. The measure has good internal consistency (alpha=0.81), good test-retest (r=0.84) and predictive validity in relation to depression (Bifulco & Moran, 1998). Published cut-off scores were used for dichotomous variables indicating neglect or antipathy from parents. In addition

a variable was used to denote poor care from both parents. Also a low scoring on both variables was used to denote good care from parents.

3.9.6 Rosenberg's self-esteem measure (RSE)

This self-esteem measure is a 10-item scale with five positive worded items (e.g. 'I feel I have a number of good qualities.') and five negatively framed items (e.g. 'I certainly feel useless at times.') measured on 4-point Likert scales indicating the feeling that respondents have toward themselves – strongly agree, agree, disagree and strongly disagree. (Rosenberg, 1965). Originally intended as a single measure of self-esteem, the scale ranges from 0-40. Subsequent uses have differentiated the positive and negative item scores. It has good internal reliability (alpha=0.82) and test-retest reliability (0.85), (Gray-Little, Williams, & Hancock, 1997) and can be used to denote a single dimension of self-esteem as well as positive and negative aspects (Andrews & Brown, 1993)

3.9.7 General Health Questionnaire (GHQ) -12 item

The GHQ (Goldberg, 1978) is widely used in screening for depressive disorder and has been validated internationally. It reflects symptoms of emotional disorder in the last month. Each of the 12 items reflects common symptoms of depression (e.g. unable to concentrate, feeling unhappy or depressed, under strain) and is rated on a 4-point Likert scale of 'better than usual, same as usual, less than usual or much less than usual'. There are longer (28) and shorter (12) item versions. The latter is used in this study given the high questionnaire

burden on respondents. Scoring derives a single point to items with the two more extreme negative ratings, with a cut-off of 5 to denote case depression. The 12-item version has a high level of internal reliability (alpha=0.86) and is well validated against clinical interviews for depression, and has been used extensively internationally and in Asia (Ip & Martin, 2006) (Boey & Chiu, 1998). The GHQ has also been adapted to measure wellbeing (Huppert & Whittington, 2003) This involves a different scoring which only calculates positive response to positive items in GHQ.

3.9.8 Spiritual Well-Being Questionnaire (SWBQ)

The SWBQ is a self-report measure with scales for personal, communal, environmental, and transcendental spiritual well-being (Fisher, Francis, & Johnson, 2000). There are 20 items, with five items for each of the four subscales and a single overall spiritual wellbeing dimension (Gomez & Fisher, 2003). Respondents are asked to indicate agreement with statements (e.g. inner peace, love for other people, connection with nature), over the last 6 months using a five-point Likert scale, ranging from very low (rated 1) to very high (rated 5) to indicate the frequency of having these feeling - very low, low, medium, high and very high. Psychometric properties were determined with confirmatory factor analysis (CFA) to examine gender equivalencies of the measurement and structural models of the SWBQ, and the latent mean in the four SWBQ factors in a sample of 4,000 adults. The SWBQ showed good reliability (Cronbach's alpha = 0.92,), and validity (construct, concurrent, discriminate, predictive and factorial independence from personality). The SWBQ has the advantage over other existing spiritual well-being measures in

that it is based on a broader and more empirically based conceptualization of spiritual well-being, and has well established psychometric properties (Gomez & Fisher, 2003).

3.9.9 Vulnerable Attachment Style Questionnaire (VASQ)

The VASQ (Bifulco , Mahon, Kwon, Moran, & Jacobs, 2003) is a self-report measure of attachment insecurity. It is derived from the Attachment Style Interview and designed to explore individual's attitude and feelings in their relationships with others. As well as a total score indicating insecure attachment style, there are two subscales in VASQ – insecurity and proximity-seeking which are both significant factors in assessing individual's attachment style. One example question for insecurity subscale is 'People let me down a lot' and for proximity-seeking subscale is ' I get anxious when people close to me are away'. Each question is scored on a 5-point scale indicating the level that respondents agree with these statements - strongly agree, agree, unsure, disagree and strongly disagree. Combining the two factors allows for an analysis of insecure anxious and insecure avoidant attachment style. A low score on the total measure was used to indicate (very) Secure attachment style. The measure has good internal reliability (alpha=0.82), good test-retest reliability (r=0.65) and predictive validity in relation to depression. Published cut-offs were utilised.

3.9.10 Interview instruments

The aim of the interviewed subset was to establish greater context for quality of partner relationship and family relationships in the Taiwanese women, as well as determining attachment style using a categorical rating system. The Attachment Style interview (Bifulco et al 2002; Bifulco & Thomas, 2013) was utilised since it assesses the quality of marriage and quality of support and family relationships as well as attitudes towards attachment to derive Secure or five insecure attachment styles.

The interview is in 3 parts

(i) The first part of ASI covers demographic factors, ongoing contact with family and friends and closeness and antipathy to mother, father and siblings. It also identifies support figures named as 'Very Close Others' (VCOs) which can include adult family or friends.

(ii) The second part asks in detail about partner relationship and two VCO relationships in terms of confiding, active emotional support, positive and negative interaction felt attachment and an overall scale to summarise each relationship in terms of support. A scale of 'ability to make and maintain relationships then gives an overall score of support available, used as the basis of Secure or Insecure attachment style.

(iii) The third part of ASI contains seven subscales which investigate participates' attitude toward closeness/ distance and fear and anger in relationships. These scales different anxious styles (fear of separation, fear of rejection and high desire for closeness) from avoidant styles (mistrust, constraints on closeness, high self-reliance and anger). The ASI classifies individuals' attachment style into different styles – Secure, those Anxious (Enmeshed or Fearful) and

those Avoidant (Angry-dismissive or Withdrawn) or Dual/disorganised styles when two styles are both present usually a combination of Anxious and Avoidant.

This interview measure has been used in Japanese (Yoshida, Hayashi, & Bifulco, 2003) and Malaysian (Abdul Kadir, 2009a) research studies where different insecure attachment patterns were discernible in relation to problematic relationships. The interview has good inter-rater reliability (above 0.75 agreement for scales) and stability in use over time(Bifulco & Thomas, 2013). It has been used extensively internationally, in European and US centres (Bifulco , Figueirido, Guedeney, Gorman, Hayes, Muzik, & Henshaw, 2004) including in Japan (Yoshida, Hayashi, & Bifulco, 2003) and Malaysia (Abdul Kadir, 2009a).

The family section of the interview was extended to ask more about the ongoing relationship with birth family as well as for married women, that with the family-in-law. Both closeness and antipathy were questioned about.

3.10 Sample description

The final sample comprised 721 questionnaires (672online and 49 on paper). These were combined for the analysis. The average age of respondents was 29.17 years old with a range of 18 to 55 (SD=6.23), with half of them under 30, indicating a fairly young sample. Most (90%) had college or higher education degrees. Just over a third were married (38%) with 48% having children. As many as 40% described themselves as belonging to a religion, with 14%

attending religious activities. A third (32%) reported having suffered previous depression or anxiety disorder and 40% of these had sought professional help, such as from counsellors or psychiatrists. Of the women completing questionnaires, 45% of them left email addresses or phone numbers and indicated willingness to be interviewed. Further demographic characteristics will be described in the next two results chapters.

3.11 Summary

The study was a cross-sectional convenience sample, online questionnaire based study of risk and resilience in 721 Taiwanese women using standardised questionnaires with good reliability and validity, translated into Mandarin and back translated, and placed on a website targeted for women online.

(1) University ethical consent was provided by the university ethics board at RHUL and informed online consent required.

(2)The hypotheses were derived from the prior literature review and revolved around 4 main themes: (i) Attachment insecurity, risk and depression will be inter-related (ii) An attachment model of depression will identify key risk factors and test mediation: (iii) Attachment security, positive factors and spiritual and psychological well-being will be inter-related: (iv) An attachment model of wellbeing will identify key independent variables and test moderation.

(3) A range of statistical tests were planned in relation to the hypotheses involving correlation, chi-square and logistic regression. A conservative p value was taken to avoid type 2 errors.

(4) A range of standardised questionnaires were used to measure the independent variables both in the past (childhood care) and concurrently (partner relationship, support, relationship with family, self-esteem and insecurity of attachment) and dependent variables (depression, spiritual wellbeing and psychological wellbeing). Equal weight was given to positive factors derived from positive items and negative factors derived from negative items in order to test the risk and resilience themes.

(5) Interviews were conducted with a small subsample of eight women, selected for different questionnaire responses in relation to attachment, depression and wellbeing, and whether married or single. A support-based measure of attachment style was utilised with additional questions about birth family and family-in-law included. Open questions about childhood were also included.

(6) The sample proved to be largely young (half under age 30) and higher social class (most were highly educated)A third were married and just under half were mothers. A substantial proportion (40%) belonged to a religion but only 14% observed religious ritual. A third described having prior depression but only 14% had received treatment. Therefore the sample was skewed towards higher social class, younger and single women.

The next two chapters will examine the quantitative findings, first the risk and then the resilience aspects.

Chapter 4 Results:
Risk factors and depression

4.1 Introduction

This chapter examines the prevalence of demographic and risk factors in this sample. It then seeks to examine the association between risk factors, and then their relationship to depression. Logistic regression is used to determine the most parsimonious model for risk and depression. Concurrent risk factors including partnership quality, social support, and relationship with family and family in law, negative self-esteem and insecurity of attachment are examined first. Cut-off scores for binary regression analyses are determined either according to published cut-offs, or by taking the top quartile score, always above the median score. Childhood risk factors (parental neglect and antipathy) are then examined in relation to other risk factors and depression. Mediation is then examined in line with attachment theory approaches.

The research hypotheses tested in this chapter were:

1. **Attachment insecurity, risk and depression will be inter-related**:

   (1a) Insecurity of attachment, relationship problems with partner and lack of confidant and negative self-esteem (using negative items and indices) will be inter-related, and positively related to depression. Anxious attachment will be a better predictor of depression than avoidant attachment.

(1b) A specific contribution from conflict with family and in-law relationships to depression will be found to reflect cultural aspects.

(1c) Negative care in childhood will positively relate both to attachment insecurity and depression.

2. **An attachment model of depression will identify key risk factors and test mediation:**

(2a) Regression models will indicate that insecurity of attachment contributes to negative relationships (partner negative interaction, lack of close confidant) and negative self-esteem in modelling depression consistent with prior research. Negative familial relationships are also expected to contribute to the model in line with cultural expectation.

(2b) Anxious attachment style will mediate the relationship of childhood experience to depression.

4.2 Prevalence of demographic and risk factors in the sample

4.2.1 Prevalence of demographic factors

Demographic characteristics of the sample are shown in table 4.1 The average age of the women in the project was 29.29 (SD=6.4), ranging from 18-58 years old, with as many as 67% of respondents under 30 years old. Just under half were from the capital city Taipei, Taiwan. Over half of respondents (56.5%) described themselves as belonging to a religion: representing Buddhist

(37.2%),Taoist (25.4%) and Christian (28.4%) religions. Regarding their involvement in religious activity, 20% (86) attended public services at least once a week and 38% (160) of them had private worship more than weekly. In addition, more than half of them (58.3%) (238) reported that religion played an important role in their lives. This aspect will be explored further in the next chapter. Table 4.1 show the prevalence of demographic factors in terms of marital status, employment/education and other relationships.

It can be seen that whereas only 37% were married, a further 10% were cohabiting. A quarter of women had a boyfriend who did not live-in with a quarter of women being single with no boyfriend. Divorce or separation was very rare, at only 1%.When education was examined, nearly all women (96.2%) had a high educational level (college or postgraduate degree). Around three-quarters of the women worked with 9.3% looking for a job and 13.7% students. For the working women over half (57.8%) had professional jobs. For those who had partners, most of their partners were working (82%) and among these nearly two-thirds (61%) were professionals.

Table 4.1 Prevalence of demographic factors

Dichotomised Variable	Prevalence % (n/721)
Marital status	
Single (no partner/ boyfriend)	24.7 (178)
Married	37.0 (267)
Cohabiting	10.4 (75)
Any Live-in partner (married/cohabiting)	47.4 (342)
Boyfriend (not live in)	24.7(178)
Partnership(married or partner/ boyfriend)	74.2 (535)
Being divorced or widowed or separated	1.1 (8)
Employment and education	
Employed	63.9 (461)
Partner employed (of those with partner)	82.0 (427/535)
Looking for job	9.3(67)
Student status	13.7(99)
Higher education/graduate	96.2 (697)
Partner professional work (of those employed)	61.0 (268/439)
Respondent professional work (of those employed)	57.8 (266/461)
Other relationships	
Has children	19.1 (138)
Living with any older family members	43.6 (314)
Living with birth parent/older birth family member	33 .3 (241)
Living with parent in law/older family-in-law member	10.0 (73)
Living with birth parent	31.2 (225)
Living with parent-in-law	9.6 (69)
Being in a caring role for older family member	2.1 (15)

Only 19% of the women had children, with most having 1 or 2 (90% of those with children). For these 63% had additional care for their children, mainly from their own mothers or their mother-in-law. Nearly half (44%) of the women were living with family members, 33.3% were still living at home with their birth parents and other family members and 10% of women lived with their

parent-in- law and other family- in- law members. However, having a caring role for relatives was rare (2.1%). Thus the sample is predominantly of rather young, well-educated and middle-class women, of whom just under half have a partner and few of whom have previous divorce or separation. Only a fifth have children and a third are still living in the parental home. Only one in ten was living with family-in-law.

4.2.2 Prevalence of concurrent risk factors

Concurrent risk factors included those psychological, such as negative self-esteem and insecurity of attachment and those social including relationship attributes such as poor support or negative interaction with partner or family (including in-laws). It was important for the study to differentiate negative from positive aspects of self-esteem or relationships, in order to differentiate the risk and wellbeing analysis. Therefore only negatively framed items are examined in looking at risk for disorder in this chapter. Thus only the negative items of self-esteem were used and negative relationship scales. Prevalence of dichotomised psychological risk factors involving negative self-esteem and insecurity of attachment scores are shown in table 4.2.

Table 4.2 Prevalence of psychological risk factors

Psychological risk factor (cut-off point)	Prevalence in sample% (n)
Negative Self-esteem (>=14)	27.0 (195)
VASQ Attachment insecurity/mistrust dimension (>30)**(A)**	53.8 (388)
VASQ Attachment proximity-seeking dimension (>27)**(B)**	61.3 (442)
VASQ total attachment score (> 57)**(C)**	64.2 (463)
VASQ Anxious attachment style **(A+B)**	37.0 (267)
VASQ Avoidant attachment style **(A excluding B)**	16.8 (121)

The cut-off scores indicated refer to the published ones. There were over a quarter (27%) of women classified as having negative self-esteem, but as many as three quarters (64.2%) classified as having insecure attachment style taking the overall total scale. There was rather more high proximity-seeking (61.3%) than insecure/mistrust attitudes (53.8%) towards others. When these were combined to form Anxious and Avoidant styles, a third (37%) had Anxious attachment style and only 16.8% Avoidant attachment style.

Relationship scales were then examined. Figure 4.1 shows the items included in the different scales used, with the cut-offs selected. Where there was no published cut-off then scores above the mean (65) percentile were selected. In terms of social support, most of respondents (88.9%) said they had confidants (other than partners) on the single screening item. For those who had confidants, 71.4% reported they usually contact their first confidants weekly or more (the number decreased to 54.6% for second confidants). When the more detailed assessment of support was utilised taking into account frequency of contact, feelings of closeness, confiding level and emotional support level to identify an index of 'lack of supportive other' consistent with prior research,

38.8% of women scored on the index (Moran et al, 2001) . When relationship with birth family was examined 10% of women reported negative interaction. Prevalence of relationship risk factors are shown in table 4.3.

Figure 4.1 Negative relationship scales

Scale title	Scale items (scale points) (Q item number)	Cut-off
Negative interaction with partner (VDQ)	52. Do you and your partner get irritable with each other? (1-7) 53. Is there ever a tense atmosphere between you and you partner? (1-7)	**(>=8)**
Discussion of divorce (DAS)	49. How often do you discuss or have you considered divorce or separation or terminating you relationship? (1-6)	**Cut-off point 4**
Negative interaction with birth family	64. Have you had any quarrel with your birth family in the last few months? (1-5)	**(>=4)**
Negative interaction with family in law	59. Have you had any quarrel with anyone of your family in law in the last few months? (1-5)	**(>=3)**
Lack of confidant (VDQ)	34. Is there someone you would go to if you had a personal problem you wanted to discuss other than your husband /partner or boyfriend?	**Q34(=2) 'no confidant'**
Lack of supportive Other (VDQ)	36. How often do you contact this person either face to face or by telephone, email? 37. How much do you tell this person about your very personal worries? 38. Have you told this person about personal worries you've had in the last 12 months? 39. How close to this person do you feel? (Lack of close support = low on all the above)	**Index summing Q36(>3) Q37(>2) Q38(>2) Q39(>2)**

When partner relationship variables were examined for the 536 women with a partner (live-in or non-live-in) 25% of them reported negative interaction with their partners, 17.9% having poor confiding with partner and 13.6% had considered separation or divorce. For women with a partner only 6.6% have negative interaction with their family in law, although more reported poor support (22%) from their in-laws. In this analysis, support scales were used in relation to the resilience factors in the next chapter, with a focus on conflict in relationship or plans to end the relationship considered here. The only exception was the lack of any supportive confidant.

Table 4.3 Prevalence of relationship risk factors

Relationship risk factor	Prevalence % (n)
A. All women	**N= 721**
Lack of confidant	11.1 (80)
Lack of supportive other	38.8 (280)
Negative interaction with birth family (>=4)	11.1 (76)
B. For women with partner (married /cohabitated / having boyfriend) only	**N=535**
Negative interaction with partner (> =8)	25.0 (133)
Poor partner confiding (<=3)	17.9 (96)
Considered separation/divorce	13.6 (73)
Negative interaction with family in law (>=3)	6.6 (31)

Therefore, despite the high education and social class of the women included in the online survey, it can be seen that psychological risks were present for between a quarter and two-thirds, and that interpersonal risks were present for between a quarter and a third. The most common was insecure attachment using the total scale, but rates were reduced when the Anxious categorisation was utilised.

4.3 Inter-relationship of concurrent risk factors

This tests the first hypothesis:

1. **Attachment insecurity, risk and depression will be inter-related**:

   (1a) Insecurity of attachment, relationship problems with partner and lack of confidant and negative self-esteem (using negative items and indices) will be inter-related, and positively related to depression. Anxious attachment will be a better predictor of depression than avoidant attachment.

   (2a) A specific contribution from conflict with family and in-law relationships to depression will be found to reflect cultural aspects.

A correlation matrix was undertaken in the total sample using the full scale points to look for associations between the concurrent risk factors of negative self-esteem, insecurity of attachment (total score), negative interaction with birth family and lack of supportive other (see table 4.4). As discussed earlier, Pearson's 'r' correlations were used given a normal distribution of variables, with p values of .01 or less taken to indicate significance. It can be seen that most factors were correlated apart from lack of supportive other and negative interaction with birth family. In particular there was a very high degree of association between negative self-esteem and attachment insecurity ($r = 0.49$, $p < .01$).

Table 4.4 Correlation matrix of concurrent risk variables for all women (n=721)

Pearson's r	Negative Self Esteem	VASQ Total Score	Negative interaction with Birth Family	Lack of supportive other
Negative Self Esteem	1.00			
VASQ Total Score	**.49****	1.00		
Negative interaction birth family	**.22****	**.19****	1.00	
Lack of supportive other	**.10****	**.10****	.02	1.00

** Correlation is significant at the 0.01 level (2-tailed)

A second correlation matrix was undertaken for women with partners (N=535) to look for associations between the concurrent risk factors including partnership and family-in-law variables (see table 4.5). It can be seen that negative self-esteem and insecure attachment style were correlated with negative interaction with birth family, thoughts of divorce and negative interaction with partner. Negative interaction with partner had significant correlations with many other concurrent risk factors for women, having strongest association with thoughts of separating ($r= 0.483$, $p<.01$). Association with, negative interaction with family-in-law and insecure attachment style were at similar levels of around $r=0.2$.

Table 4.5 Correlation matrix of concurrent risk variables for women having partner (n=535)

Pearson's r	Negative Self esteem	VASQ total score	Birth Family Negative interaction	How many supportive other	Consider divorce or separation partner	Negative Interaction With Partner	Family In Law Negative interaction
Negative self esteem	1.00						
VASQ total score	**.49****	1.00					
Birth Family Negative interaction	**.20****	**.19****	1.00				
How many supportive other	**-.12****	**-.12****	-.044	1.00			
Consider divorce or separation partner	**.30****	**.19****	.069	-.048	1.00		
Negative Interaction With Partner	**.24****	**.25****	**.12**.	-.036	**.48****	1.00	
Family In Law Negative interaction	**.08**.**	**.18****	.018	-.015	**.18****	**.21****	1.00

**. Correlation is significant at the 0.01 level (2-tailed).

A separate correlation matrix was undertaken for women without partner (N=178) to explore associations between the concurrent risk factors including negative self-esteem, attachment and birth family variables (see table 4.6). Insecurity of attachment style had significant association with all other factors – negative self-esteem was the highest at r=0.53, negative interaction with birth family and lack of VCO having lower associations of r=0.12 and r=0.23 responsively (see table 4.6). However, negative self-esteem was unrelated to family interaction or lack of support. Therefore a high level of association between the risk factors was observed including psychological and interpersonal ones.

Table 4.6 Correlation matrix of concurrent risk variables for single women

N=178	Negative Self Esteem Score	VASQ Total Score	Negative interaction with Birth Family	Lack of supportive other
Self Esteem negative Score	1.000			
VASQ Total Score	**.53****	1.000		
Negative interaction birth family	.14	**.23****	1.000	
Lack of supportive other	.11	**.15****	.05	1.000

**. Correlation significant at the 0.01 level (2-tailed).

4.4 Demographic and concurrent risk factors

Demographic factors were then examined in relation to the risk factors (see table 4.7). This showed that age was negatively related to negative self-esteem, attachment insecurity, and negative interaction with birth family. This indicates that younger women have higher rates of psychological vulnerability and problems with family, and age therefore needs to be examined in the analysis as a possible confounding factor. Partnership status also related to negative self-esteem (those married having better self-esteem), as well as type of employment, with those in more middle-class occupations having better self-esteem. In addition, absence of religious activity related to negative self-esteem and attachment insecurity. Thus it can be inferred that religious women had less psychological risk and their possible resilience will be examined in the next chapter.

Table 4.7 Correlation of demographic and concurrent risk factors for all women

(N=721) Pearson's r correlation	Negative Self-esteem	VASQ Total attachment score	Birth Family Negative interaction	Lack of supportive other
Age	**-.21****	**-.21****	**-.21****	.04
Partnership	**-.20****	-.04	**-.16****	.01
Education	**-.21****	**-.12****	-.07	-.03
Type of employment	**-.17****	-.07	.03	-.03
Religious Behaviour	**-.13****	**-.10****	.00	-.07

**. Correlation significant at the 0.01 level (2-tailed).

An additional correlation matrix was undertaken to look for associations between demographic factors and partnership risk factors for women with a partner (see table 4.8). It can be seen that negative interaction with partner and family-in-law are negatively related to higher education and positively related to thoughts of divorce. In addition, partnership status (i.e. whether married or, cohabiting or having a boyfriend) was also related to negative interaction with family-in-law with married and cohabiting women more likely to quarrel with their family-in-law. In addition, those women who have poor relationship with family in law also have more conflicts with their partner.

When demographic factors for women with a partner were examined in relation to the two psychological risk factors (negative self-esteem and attachment insecurity), as well lack of support and negative interaction with birth family (table 4.9) it can be seen that young age, being unmarried, having lower employment status and lack of religious behaviour all related to negative self-esteem. Age, education and religious behaviour all associated with attachment security (i.e. they were negatively related to attachment insecurity). Conflict with birth family was associated with younger age, being unmarried, and not having children. Lack of supportive other was only associated with not having any religious activity, but no other demographic factor.

Table 4.8 Correlation of demographic factors and partnership risks factors for women with partner (n=535)

	Age	Partner-Ship Status	Higher Educa-tion	Professional/ skilled employment	Religious activity	Considered divorce or separation from partner	Negative Interaction With Partner	Family In Law Negative interaction
Age	1.00							
Partnership Status	**.46****	1.00						
Higher Education	**.12****	-.00	1.00					
Professional /skilled employment	**.18****	**.14****	**.19****	1.00				
Religious activity	**.17****	**.12****	.06	.08	1.00			
Considered divorce/ separation	-.03	**-.22****	-.10	-.07	-.01	1.00		
Negative Interaction With Partner	-.00	-.02	**-.13****	-.00	-.04	**.48****	1.00	
Family In Law Negative	.08	**.17****	-.10	-.09	.01	.17	**.21****	1.00

**. Correlation is significant at the 0.01 level (2-tailed)

Table 4.9 Correlation of demographic factors and psychological / social risk factors for women with partner (n=535)

	Negative Self esteem	VASQ Attachment total score	Birth Family Neg*ative* interaction	Lack of supportive other
Age	**-.20****	**-.21****	**-.20****	.01
Partnership status	**-.19****	-.04	**-.19****	.02
Higher education	**-.21****	**-.12****	-.02	-.04
Professional/ skilled	**-.15****	-.05	.06	-.05
Religious Activity	-.10	**-.11****	.00	-.09

**. Correlation is significant at the 0.01 level (2-tailed)

The analysis was then repeated for women without a partner (see table 4.10). Again, younger age was associated with negative self-esteem, attachment insecurity and negative interaction with birth family. Negative self-esteem was associated with all the demographic characteristics examined, including lower education level, type of employment, or religious activity. Only younger age was associated with insecure attachment score. No associations were found with lack of support.

Table 4.10 Correlation of demographic factors and concurrent risk factors for women without partner (n=186)

	Negative Self esteem	VASQ Attachment insecurity score	Birth Family Negative interaction	Lack of supportive other
Age	**-.19****	**-.22****	**-.22****	.13
Education	-.18	-.13	-.19	-.00
Type of employment	**-.22****	-.13	-.03	.03
Religious Behaviour	**-.19****	-.05	.00	-.03

**. Correlation is significant at the 0.01 level (2-tailed).

Negative self-esteem was associated with number of demographic characteristics - with younger women having manual jobs and lacking religious behaviour. Regarding attachment insecurity young age, lower education and lack of religious belief were associated factors; However in single women only young age was associated.

In terms of social risk factors, lack of a supportive other was not significantly related to any demographic characteristics but negative interaction with birth family was associated with younger age, lower education and lack of partnership status. In other words, women who are young, less educated and single were more likely to have conflicts with their birth family.

For women with partners, education was negatively associated with all partnership risk factors. Women with lower education tended to have more arguments with partner, more thoughts of divorce or separation and more

conflict with family-in-law. In addition, women with children were more likely to have negative interaction with partner and family-in-law.

4.5 Association between demographics, risk factors and depression

4.5.1 Demographic factors and depression

When depression was examined, 35.6% of women scored more than 5 on the GHQ and were considered 'probable' clinical cases of depression. The relationship between demographic factors and depression was then examined using chi-square statistic for dichotomous scales, with the odds-ratio (OR) calculated. Table 4.11 shows women who were younger (under 30 years old) were more likely to have depression than those older (OR=2.7), those who were students more likely to be depressed (OR =2.4) and those with higher education more likely to be depressed (OR =2.8). The latter is unexpected given the usual association of depression with working class status. Partners' job was unrelated to depression, but as expected women with a middle-class job, had significantly *less* depression. Whilst belonging to a religion was unrelated to depression, religious behaviour was negatively related to depression, with women who had more religious activity in both attending public services and performing private ritual were less likely to have depression ($p<.007$).

Table 4.11 Demographic factors and depression (GHQ 5+)

Demographic present or absent	Present % (n) depression	Absent% (n) depression	χ^2 df1	P<	Odds ratio
Age under 30	42.7 (206/483)	21.4 (51/238)	32.497	.0001	2.7
Religious affiliation	34.1 (139/408)	37.7 (118/313)	2.880	.069	1.2
Religious activity	23.4 (25/107)	37.9 (111/293)	9.442	.007	2.0
Married	24.4 (66/270)	42.4(191/451)	23.605	.0001	2.2
Having live-in partnership (married or cohabitated)	27.2(95/349)	43.5(162/372)	21.687	.0001	2.0
Having any partnership (including non live in boyfriend)	32.1 (172/536)	45.9 (85/185)	13.535	.001	1.8
Divorced/separated /widowed	38.7(12/31)	35.5(245/690)	1.889	.158	0.2
Education/Employment					
High education(college or graduate)	36.3 (253/697)	16.7(4/24)	3.898	.048	2.8
Student status	50.0 (50/99)	33.0 (207/622)	11.047	.001	2.0
Respondent not working	44.1 (115/146)	30.9(142/318)	1.591	.0001	1.2
Respondent looking for job	52.2(35/67)	33.9(222/654)	8.866	.003	2.1
Respondent's job professional- non-manual (n=460 in work)	25.9 (69 /266)	35.1 (85/195)	3.812	.025	1.4
Partner not working	47.8 (44/92)	30.0 (128/427)	10.785	.001	2.0
Partner's job (professional – non manual (n=437)	29.3 (78/266)	32.2(55/171)	0.463	.282	1.1
Other relationships					
Having at least one child	25.4 (35/138)	38.1 (222/583)	8.949	.005	1.8
Having additional care for child	25.6 (22/86)	22.7(10/44)	0.126	.449	1.1
Living with older family members.	39.5(124/314)	32.7(133/407)	3.586	.035	1.3
Living with birth parent	36.4 (82/225)	35.3 (175/496)	0.091	.413	1.0
Living with parent in law	25.0 (15/60)	32.6 (155/475)	1.432	.237	1.4

This is consistent with the hypothesis that religious activity contributes to wellbeing. Partnership status was related to depression: women with a live-in

partner showed a lower rate of depression than women who were single or had no live-in partner (OR=2, p<.0001). For married women, their depression rate was also lower than for unmarried women (p<.0001). The presence of children was negatively related to depression, as was having help caring for children. Living with older family members was not related to depression.

To summarise, it can be seen that younger women, those who are students or have a higher level of education, single and not working are more likely to be depressed. When either the respondent or partner are out of work, or in working class jobs then higher rates of depression are found. Whilst the class indicators of employment and being in middle-class occupation and even being in a partnership are in the expected directions towards less depression, the association of higher education and student status and younger age and depression are less expected. The factors of social class, age and partner status therefore need to be considered as control factors in the analysis. These will be examined further.

When inter-relationships of demographic variables were examined, young age was related to student status, with all students being under age 30 (p<.0001). Young women are also less employed - just over half (56%) of those were employed, compared with 78% over 30 (p<.0001); and are more being single - 28.7% were single compared with 20.0% over 30 (p<.012). When these factors were examined in relation to depression in logistic regression, being single and under age 30 were the only predictors (see table 4.12). Therefore young age and single partner status in particular needed to be examined as control factors in subsequent analyses.

Table 4.12 Logistic regression – Age related demographic risk and depression

Variable	Odds-ratio	Wald	df	P<
Single	1.75	9.72	1	.002
Higher education	2.05	1.58	1	.208
Student	1.52	3.11	1	.078
Unemployed	1.41	3.23	1	.072
Under 30 years old	2.34	19.60	1	.0001

Being single, under 30 years old and unemployed predict depression outcome, Overall goodness of fit – 64.4%

Similarly demographic factors were examined for women with a partner to find the best predictor of depression. When occupation was examined, in order to examine the whole sample, those unemployed were included with those in non-professional or skilled jobs (i.e. working class) and students included in the professional/skilled category. Table 4.13 shows a logistic regression examining employment, social class factors and depression for women with a partner. Respondent's unemployment was the only significant predictor for depression.

Table 4.13 Logistic regression – Occupation related demographic risk and depression (Women with partner only, n=509, missing = 26)

Variable	Odds-ratio	Wald	df	P<
Respondent unemployed	1.76	5.90	1	.015
Respondent Job working class	1.37	1.74	1	.235
Partner unemployed	2.14	.96	1	.731
Partner Job Working class	1.07	.00	1	.768

Only respondent unemployed predict depression outcome, Overall goodness of fit – 66.2%

Therefore the three demographic factors to be used as controls when examining explanatory variables and depression included age under 30, being single, and the respondent not working.

4.5.2 Psychological Risk factors and depression

Table 4.14 shows the relationship of concurrent psychological risk factors to depression using dichotomised scores. Different attachment indices were constructed. All were highly related apart from Avoidant attachment style. When the odds-ratios between risk factors and depression are examined, it can be seen that negative self-esteem is the highest (OR=4.8), with overall attachment score next (OR=3.36). Other attachment indices had odds-ratios of 2.1- 2.6.

Table 4.14 Association between psychological risk factors and depression

Psychological risk factor	Factor present Depression % (n)	Factor absent Depression % (n)	χ^2 df1	P<	Odd ratio
Negative Self-esteem(>14)	62.6 (122/195)	25.7(135/526)	84.436	.0001	4.8
VASQ total score (cut off >57)	45.0 (207/463)	19.0 (50/258)	46.335	.0001	3.3
VASQ insecurity (cut off >30)	46.0 (177/388)	24.0 (80/333)	36.429	.0001	2.6
VASQ proximity (cut off >27)	42.0 (186/442)	25.0 (71/279)	21.121	.0001	2.1
VASQ anxious style	49.1 (131/267)	27.8(126/454)	33.284	.0001	2.5
VASQ avoidant style	38.0 (46/121)	35.2(211/600)	0.357	.309	1.1

Table 4.15 Association between relationship risk factors and depression

Support variable	Factor present Depression %	Factor absent Depression %	χ^2 df=1	P<	Odds ratio
A. All women (721)					
Lack of confidant	43.8%(35/80)	34.6%(222/641)	2.577	.070	1.4
Lack of supportive other	35.0% (98/280)	36.1% (159/441)	0.083	.418	0.9
Negative interaction with birth family (>=4)	44.7%(34/76)	35.0% (213/608)	2.757	.064	1.5
B. Women with partner (n=535)					
Negative interaction with partner (>=8)	45.1% (60/133)	27.1% (108/398)	14.895	.0001	2.2
Considered divorce or separation (<=3)	53.4% (39/73)	28.4% (131/462)	18.276	.0001	2.8
Lack of confidant	39.7% (23/58)	31.0% (148/477)	1.863	.113	1.4
Lack of supportive other	30.1% (62/206)	33.1% (109/329)	0.518	.267	0.8
Negative interaction with birth family (>=4)	46.4% (26/56)	31.3% (142/454)	5.348	.023	1.9
C. Women who answered family-in-law questions (n=473)					
Negative interaction with family in law (>=3)	53.3% (16/30)	28.0% (124/443)	8.660	.003	2.9
D. Women without partner (n=178)					
Lack of confidant	60.0% (12/20)	46.8% (74/158)	0.605	.291	1.4
Lack of supportive other	49.3% (36/73)	45.1% (51/113)	0.312	.342	1.1
Negative interaction with birth family (>=4)	44.4% (8/18)	47.7% (71/149)	0.325	.372	0.7

Table 4.15 examines negative relationship factors and depression in the sample as a whole and then repeats this for those with a partner, followed by those single. It can be seen that for all women, the support scales (lack of confidant or lack of close supportive other) were unrelated to depression. This was also the case for single and partnered women. Negative interaction with birth family was unrelated in the sample as a whole and for single women, but did relate to depression in women with a partner. In the partner relationship negative interaction and considering separating were both highly related to depression with the latter having the higher odds-ratio (2.8). Negative interaction with family-in-law also related to depression Thus relationship factors only worked as risk factors in the women with a partner, and these only around negative partner relationship, birth family and in-law relationships. Lack of support did not constitute a risk factor. Further analyses will be undertaken for single and partnered women.

4.6 Logistic regression analysis for concurrent risk factors and Depression

The next stage of the analysis aimed to identify the most parsimonious model for risk with the dichotomised depression score as the outcome, using binary logistic regression models.

4.6.1 Models of depression including psychological and social factors

This section of the analysis seeks to test the second hypothesis:

2. An attachment model of depression will identify key risk

factors and test mediation:

(2a) Regression models will indicate that insecurity of attachment contributes to negative relationships (partner negative interaction, lack of close confidant) and negative self-esteem in modelling depression consistent with prior research. Negative familial relationships are also expected to contribute to the model in line with cultural expectation.

A. All women

The first step was to examine the psychological risk factors for all women in the sample to see if both negative self-esteem and overall attachment insecurity score contributed to the model of depression for all women in the sample. Controls were added for age, being single and unemployed (see table 4.16). Both negative self-esteem and attachment insecurity added to the model, along with being under age 30 and being single. Being unemployed did not add to the model.

Table 4.16 Logistic regression–psychological risk factors and depression – controls added

Variable	Odds-ratio	Wald	df	p
Negative self esteem	3.41	42.55	1	.0001
Overall VASQ insecurity	2.47	21.52	1	.0001
Under 30 years old	2.15	15.37	1	.0001
Single	1.61	6.11	1	.013
Respondent unemployed	1.20	0.86	1	.353

Overall goodness of fit is 70.2%. Both psychological risk factors, age and being single predict depression outcome.

B. Partnered women

The experience of partner relationship and family of origin risk factors was then examined in relation to depression for partnered women only (see table 4.17) with age and unemployment added as controls. It can be seen that the two partner variables (negative interaction and considering divorce) as well as negative interaction with family-in-law added to the model, with age also making a contribution.

Table 4.17 Logistic regression of partner and birth family risk factors and depression (women with partner only, N= 450, missing = 85, total = 535, some respondents did not answer family in law and birth family sections)

Variable	Odds-ratio	Wald	df	p
Negative interaction with partner	1.67	4.31	1	.038
Considered divorce or separation	2.28	6.68	1	.010
Negative interaction with family in law	2.33	4.04	1	.044
Negative interaction with birth family	1.59	2.04	1	.153
Under 30 years old	2.17	11.08	1	.001
Respondent unemployed	1.33	1.41	1	.234

The best model is negative interaction with partner, having considered divorce or separation, negative interaction with family in law and under 30 year old . Goodness of fit is 71.8%.

The psychological and relationship risk factors were then examined in relation to depression for women with a partner (see table 4.18).

Table 4.18 Logistic regression examining psychological risk factors, partner and in-law risk factors with outcome depression (women with partner only, N= 471, missing = 64,

Variable	Odds-ratio	Wald	df	p
Negative interaction with partner	1.29	0.97	1	.324
Consider divorce or separation	2.12	5.27	1	.022
Negative interaction with family In law	2.07	2.94	1	.086
Negative self-esteem	3.36	24.08	1	.0001
VASQ Insecure attachment	3.40	19.30	1	.0001

Best model is divorce/separation plans, negative self-esteem and attachment insecurity. Goodness of fit 74.3%

It can be seen that negative interaction from partner dropped out of the model as did negative interaction with family- in-law. Thus only considering separating, negative self-esteem and insecure attachment score modelled depression. When the model was re-run including a control for age, this added to the model (OR=1.84, Wald=7.19, df1, p<.0070, Goodness of fit 72.7%).

C. Single women

Social risk factors (negative interaction with birth family and lack of support figure) and the two psychological risk factors were then examined for single women in modelling depression. Age, social class and respondent employment were added as controls (see table 4.19). Both negative self-esteem and age under 30 contributed to the model but importantly insecurity of attachment did not add. Social class and respondents' lack of work did not add to the model.

Table 4.19 Psychological, demographic characteristics and depression (women without partner only, N=186)

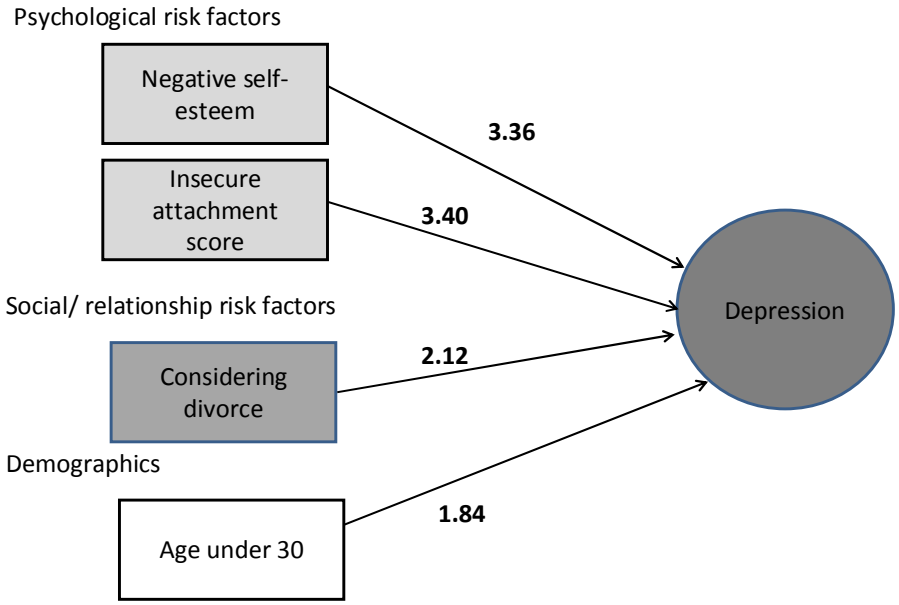
Variable	Odds-ratio	Wald	df	p
Negative self-esteem	4.77	18.24	1	.0001
VASQ Insecure attachment	1.59	1.63	1	.126
Under 30 years old	6.09	15.74	1	.0001
Respondent middle class	1.60	1.16	1	.509
Respondent employee	1.44	0.74	1	.679
Respondent looking for job	1.12	0.04	1	.838

Best model is low self-esteem and under 30 years old. Goodness of fit 71.5%

Thus it can be sent that negative self-esteem is the best predictor of depression among single women, but being under age 30 still adds to the model. Regression model findings for depression (by partnered and single women) is summarised diagrammatically in figure 4.2 and 4.3 with the logistic regression odds-ratios shown first for partnered and then for single women.

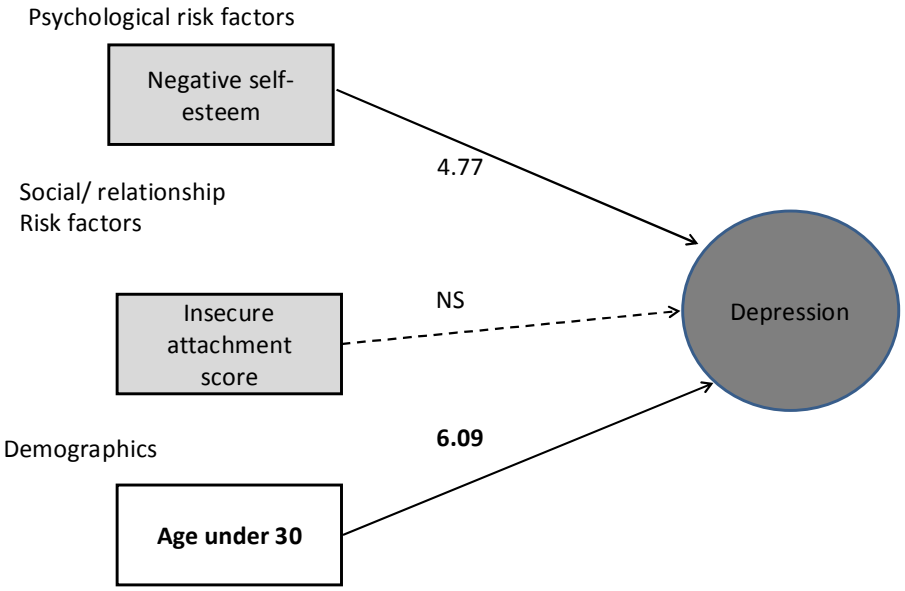
Figure 4.2 Summary of odds-ratio relationships of risk factors to depression –

A. partnered women



(Odds ratios from regression models shown)

B. Single women



(Odds ratios from regression models shown)

4.6.2 Anxious attachment style

The main model developed utilised total VASQ score for the attachment insecurity analysis since this had the higher relationship with depression than the VASQ subscores. The analysis also showed that when VASQ subscores were examined, Anxious style (combination of high insecurity and high proximity-seeking) was also significantly related to disorder, but not Avoidant style (high insecurity and low proximity-seeking). The final logistic regressions were repeated below using only Anxious style as a more specific attachment risk factor and the same model was shown to hold for partnered women. However the contribution of Anxious style to the model was lower than the overall VASQ total score with an odds ratio of 2.05 versus 3.40. When Avoidant style was examined it was not significantly related to the model (OR=1.047, Wald=0.023, 1df, NS, goodness of fit 74.3%).

Table 4.20 Repeated model for partnered women examining Anxious style

(women with partner N= 471, missing = 64)

Variable	Odds-ratio	Wald	df	p
Negative interaction with partner	1.41	1.84	1	.174
Consider divorce or separation	1.91	4.07	1	0.04
Negative interaction with family-In-law	2.16	3.30	1	.069
Negative self-esteem	3.66	27.70	1	.0001
VASQ Anxious attachment style	2.05	10.16	1	.001

Best model is considering divorce/separation, negative self-esteem and anxious attachment style. Goodness of fit 75.2%

The model was repeated for single women, excluding the employment related control factors (see table 4.20). It can be seen that the same model held, with neither Anxious attachment or total score contributing to depression for single women. Avoidant style was similarly unrelated.

Table 4.21 Repeated model for single women examining Anxious style

(women without partner only, N=186)

Variable	Odds-ratio	Wald	df	p
Negative self-esteem	4.36	17.75	1	.000
VASQ Anxious attachment style	1.37	0.84	1	.357
Under 30 years old	4.61	13.18	1	.000

Best model is negative self-esteem and age under 30. Goodness of fit 69.4%

The next part of the analysis will examine childhood experience as a risk factor.

4.7 Childhood experience

This section will look at early life experience in order to build to the hypothesis concerning mediation which is described latter. It specifically examines hypothesis 1c:

(1c) Negative care in childhood will relate both to attachment insecurity and depression.

4.7.1 Prevalence of childhood poor care

When loss of parent in childhood was examined, 13.9% of women had lost their mothers in childhood by death or separation of 1 year or more, and 21.8% had lost their fathers (see table 4.20). Most were separations of a year or more, but

1.5% involved death of mother and 4.9% death of father. In total, a quarter of women had suffered a loss of either parent in their childhood. Regarding the women's childhood experience of parental neglect and antipathy from the CECA.Q, prevalence rates are shown in table 4.22. It can be seen that highest prevalence was for neglect from father (37.8%) and lowest was antipathy from father (16.1%). When any high antipathy or neglect from either parent was examined, there were somewhat higher rates for fathers (41.1%). However, when indices for the presence of *both* high antipathy and neglect in the same parent were examined, this was more common in mothers (15.7% versus 12.8%). An overall score of childhood poor care was created as a combined variable encompassing the presence of at least 3 elements of poor care from both parents. This held for 13.3% of women.

Table 4.22 Prevalence of childhood risk factors (N = 721)

Childhood risk factor	Prevalence % (n)
Any loss of parent in childhood by separation of 12 months or death	25.1 (181/721)
Loss of mother	13.9 (100/721)
Loss of father	21.8 (157/721)
Antipathy from mother (cut off >=25)	20.9 (144/689)
Neglect from mother (cut off >=22)	28.7 (198/689)
Any antipathy or neglect from mother	34.0 (234/689)
Antipathy from father (cut off>=25)	16.1(107/664)
Neglect from father (cut off >=24)	37.8 (251/664)
Any antipathy or neglect from father	41.1 (273/664)
Poor care from mother (both antipathy & neglect)	15.7 (108/689)
Poor care from father (both antipathy & neglect)	12.8 (85/664)
Overall poor care from both parents	13.3 (88/660)

4.7.2 Missing values on childhood variables

In the childhood questionnaire section, there were 32 respondents who did not complete the mother section and 57 respondents who did not complete the father section. In some cases this was due to parental loss (4 out of 32 losing their mother and 16 out of 57 losing their father). However there were other respondents who did not complete these sections. These were examined in relation to demographic and risk factors to see if their absence was related to risk, but no significant difference was between respondents with missing values and the rest in relation to depression rate, age, being single, negative interaction with birth family, negative self-esteem or attachment insecurity. In fact those omitting the childhood sections reported having good relationship with their birth family currently with fewer quarrels, and with families more concerned about their worries. Therefore, whilst these remained missing for the analysis it was considered unlikely they had poor care in childhood and that any bias would be introduced into the analysis from these reduced numbers.

4.7.3 Childhood and concurrent risk factors

A correlation matrix was undertaken to look for associations between the concurrent risk factors and childhood risk factors in the total sample using the full questionnaire scores (see table 4.23). Most childhood risk factors were significantly associated with concurrent risk factors. Thus mother and father antipathy and neglect were significantly associated with negative self-esteem and negative interaction with birth family currently. All apart from father's

neglect were associated with attachment insecurity. Lack of supportive others was correlated only with the maternal poor care scales.

Table 4.23 Interrelationship of concurrent and childhood risk factors

	Negative Self esteem	VASQ Total score	Birth family negative interaction	CECA Mother Antipathy	CECA Mother Neglect	CECA Father Antipathy	CECA Father Neglect
Negative Self esteem	1.00						
VASQ Total score	**.49****	1.00					
Birth family negative interaction	**.22****	**.19****	1.00				
CECA Mother Antipathy	**.29****	.14	**.28****	1.00			
CECA Mother Neglect	**.21****	**.10****	**.19****	**.72****	1.00		
CECA Father Antipathy	**.30****	.20	**.20****	**.38****	**.35****	1.00	
CECA Father Neglect	**.16****	.02	**.13****	**.32****	**.46****	**.66****	1.00

**. Correlation is significant at the 0.01 level (2-tailed).

Loss of parent in childhood was not correlated with any concurrent risk factor, but associated with all the poor care factors. In terms of the inter-correlations between the childhood care factors, the highest associations were for neglect and antipathy for each parent figure (r =0.72 for mothers and r =0.66, for fathers). In addition, antipathy between mother and father were also correlated (r =0.38, p<.01) and neglect between mother and father (r =0.46, p<.01). The

high association of mother and father's care behaviour in childhood supported the use of the combined index in the analysis.

4.7.4 Childhood poor care and depression

The association between childhood experiences of neglect and antipathy from either parent before age 17 and depression was examined using the published poor care cut-off scores (see table 4.24). All scales were significantly related apart from neglect or antipathy/neglect from father. However odds-ratios for all scales were modest ranging from 1.6 to 2, apart from the index of poor care from both parents which had the highest odds-ratio of 2.6. This is therefore highlighted in later analyses.

Table 4.24 Childhood experience and depression

Risk present or absent	Present % depression	Absent % depression	χ^2 df=1	P<	Odds ratios
Antipathy from mother(cut off>=25)	44.4 (64/144)	33.6 (183/545)	5.84	.016	1.5
Neglect from mother (cut off >=22)	43.9 (87/198)	32.6 (160/491)	7.90	.005	1.6
Any antipathy or neglect from mother	43.2(101/234)	32.1(146/455)	8.24	.004	1.6
Poor care mother (neglect + antipathy)	46.3 (50/108)	33.9 (197/581)	6.07	.014	1.6
Antipathy from father (cut off>=25)	51.4 (55/107)	33.2 (185/557)	12.86	.0001	2.1
Neglect from father (cut off >=24)	38.2 (96/251)	34.9 (144/413)	0.77	.213	1.1
Any antipathy or neglect from father	39.9(109/273)	33.5 (131/391)	2.87	.054	1.3
Poor care father (neglect + antipathy)	49.4 (42/85)	34.2 (198/579)	7.43	.006	1.8
Childhood poor care from both parents (3+ on index)	56.8 (50/88)	33.2 (190/572)	18.35	.0001	2.6

4.7.5 Childhood experience and age

Age was examined as a potential confounding factor in relation to reporting on childhood experience, to see if there might be any recency effects, first on recall (thus reporting higher rates) and second to see if those younger might be more sensitive to its effects given many were still living with their families. There was no association of age by full care scores (Pearson r scores of .001 to .02, NS). When depression was examined in relation to the childhood risk factors for those under and over age 30 this held for the poor care index in both age groups. For those over age 30, 43% (13/30) with poor care versus 19% (36/186) without were depressed ($p<.004$). For those under age 30 the figures were 64% (37/58) versus 40% (155/385) ($p<.001$).

In the following sections, childhood experiences were examined in relation to depression outcome in binary logistic regression models. For simplicity, and due to the highest odds-ratio of the overall poor care index to depression, this single factor was used for the subsequent childhood risk analysis

4.8 Final model: psychological, social and childhood risk factors

The aim was to bring together the concurrent and the childhood risk factors to find what best modelled depression. First the significant psychological factors (negative self-esteem and attachment insecurity), and childhood poor care from both parents was tested for all women (see tabled 4.25). This showed all

factors contributed to depression with a goodness of fit of 72.7%. The highest odds-ratio was for negative self-esteem (4.5).

Table 4.25 Childhood risk factors, concurrent psychological risk factors and depression (n=660, missing = 61, total = 721)

Variable	Odds-ratio	Wald	df	p
VASQ attachment Insecurity (total)	2.38	18.57	1	.0001
Negative Self esteem	4.51	58.05	1	.0001
Childhood poor care from both parents	2.04	7.91	1	.005

Best model is insecurity of attachment, negative self-esteem and childhood poor care from both parents. Goodness of fit 72.7%.

When age was added as a control, it also significantly contributed to the model (OR=2.19, Wald=14.67, 1df, p<.0001) (Goodness of fit 73.1%). When unemployment was added this significantly contributed to the model (OR=1.83, Wald=7.085, 1df, p<.008) bumping out age (OR=1.57, Wald=3.43, 1df, p<.064). (Goodness of fit 74.6%).

For women with a partner, the significant psychological factors (negative self-esteem and attachment insecurity) and significant social factors (negative interaction with partner, considering divorce/separation) and childhood poor care from both parents were entered in relation to depression outcome (see table 4.26). This showed negative self-esteem, attachment insecurity, considering divorce/separation and childhood poor care added to the model of depression but negative interaction with partner did not add. The highest odds-ratio again was for negative self-esteem (3.66), but insecurity of attachment also high (3.17).

Table 4.26 Logistic regression of psychological, social and childhood risk factors for depression outcome for women with partner (total = 535)

Variable	Odds-ratio	Wald	df	p
Negative interaction with partner	1.14	0.27	1	.539
Consider divorce or separation	2.42	7.81	1	.005
VASQ attachment Insecurity (total)	3.17	19.72	1	.0001
Negative Self esteem	3.66	27.46	1	.0001
Childhood poor care from both parents	2.10	6.05	1	.014

Best model is negative self-esteem, attachment insecurity, considering divorce/separation and childhood poor care. Goodness of fit 74.2%.

When controls were added, the same model held but with unemployment significantly contributed to the model (OR=1.83, Wald=7.08, 1df, p<.008) and again bumping out age (OR=1.57, Wald=3.43, 1df, p<.064) (Goodness of fit 74.6%).

The model was repeated for women without a partner with reduced variables, omitting the partner scales (see table 4.27). Only negative self-esteem contributed to the depression model. Insecurity of attachment and childhood poor care did not contribute to the model for single women

Table 4.27 Childhood risk factors, concurrent psychological risk factors and depression for single women (total = 186)

Variable	Odds-ratio	Wald	df	p
VASQ attachment insecurity total score	1.49	1.24	1	.265
Negative Self esteem	4.84	19.75	1	.0001
Childhood poor care from both parents	1.53	0.72	1	.393

Best model is poor self-esteem. Goodness of fit 69.8%.

When age was added, it also contributed to the final model (OR=5.45, Wald=13.79, 1df, p<.0001) but unemployment did not add (OR=.017, Wald=1.57, 1df, NS). Thus for single women, only poor self- esteem and being under age 30 contributed to the model.

The final step of the analysis was to examine mediation effects of childhood experience, concurrent risk and depression. Whilst this strictly requires a prospective study design, it was nevertheless attempted to further test an attachment-based model.

4.8.1 Mediation model

This relates to hypothesis 2b:

(2b) Anxious attachment style will mediate the relationship of childhood experience to depression.

The above analysis shows that childhood poor care from both parents was associated with depression and the concurrent risk factors – insecurity of attachment and negative self-esteem. Therefore a mediation analysis was

undertaken to see if childhood poor care from both parents is mediated by insecure attachment in relating to depression. Following Baron and Kenny (1986) the three stage analysis involved the following: (see table 4.28 and figure 4.3):

i) Childhood poor care was examined in relation to insecure attachment style and odds ratio noted (**a** in figure 1).

ii) Insecure attachment and depression (**b** in figure 1)

iii) Both childhood poor care and insecure attachment were examined together with depression outcome. If childhood poor care fails to reach statistical significance then mediation is shown (**c** in figure 1).

Table 4.28

i) Childhood poor care and insecure attachment style (for all women, n=660, missing on childhood = 61)

Variable	Odds-ratio	Wald	df	p
Childhood poor care from both parents	1.71	4.38	1	.036

Goodness of fit 65.5%.

ii) Insecurity of attachment and depression

Variable	Odds-ratio	Wald	df	p
Insecure attachment style	3.36	43.86	1	.0001

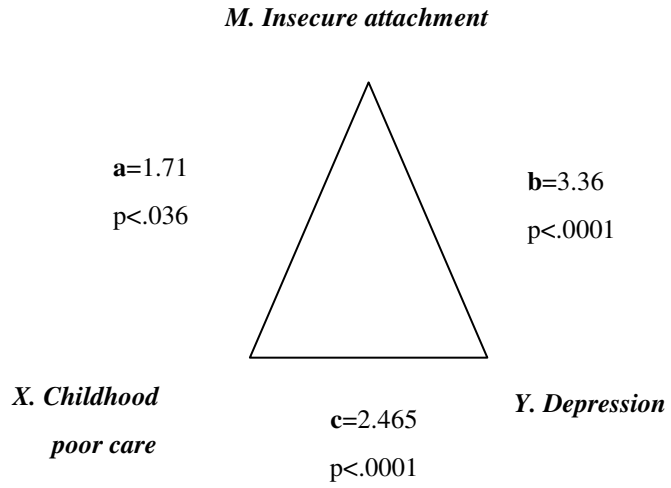
Goodness of fit 64.4%.

iii) Childhood adversity, insecure attachment style and depression

Variable	Odds-ratio	Wald	df	p
Childhood poor care from both parents	2.46	14.05	1	.0001
VASQ insecurity	3.23	37.92	1	.0001

Goodness of fit 66.5%.

Figure 4.3 The odds-ratios produced in the three mediation regression steps shown diagrammatically



This showed that mediation was not confirmed since the relationship between childhood poor care and depression remained significant even when attachment insecurity was simultaneously examined. This suggests an independent contribution of both factors to disorder. Anxious attachment style similarly proved to have no mediating effect. So hypothesis 2c was not supported.

4.9 Discussion

The extent to which the hypotheses surrounding psychosocial risk factors and depression were supported is summarised here. In terms of the first hypothesis**:**

1. ***Attachment insecurity, risk and depression will be inter-related****:*

    (1a) Insecurity of attachment, relationship problems with partner and lack of confidant and negative self-esteem (using negative items and

indices) will be inter-related, and related to depression. Anxious attachment will be a better predictor of depression than avoidant attachment.

Findings showed support for hypothesis 1a with most of the variables inter-related and related to depression. However, lack of confidant was a weak factor not contributing to overall models. Negative interaction with partner was related to depression but a better marker for problem partner relationships proved to be 'considering divorce/separation.' Evidence for Anxious attachment being a better predictor was however limited, with overall insecurity proving to be a marginally better predictor of depression. However Avoidant attachment was unrelated to disorder as predicted. The expected relationships held largely for partnered women. Overall the expected model, including insecure attachment style did not hold for single women. Here age was a strong predictor together with negative self-esteem with a marginal impact from being unemployed. Therefore there was only qualified support for this hypothesis.

In terms of the cultural elements in the hypothesis:

(1b) A specific contribution from conflict with family and in-law relationships to depression will be found to reflect cultural aspects.

Negative interaction with both birth family and with family-in-law for partnered women related to depression as hypothesised. Of these only negative interaction with family-in-law remained significant in the logistic regression analysis, but dropped out of the final model. As in UK research partner relationships appeared to be of greater importance, together with the psychological risks. Again the factors only related to disorder for partnered women. Negative interaction with birth family was unrelated to disorder in single

women. So having conflict with mother or father, often living in the same home, was not found to be a substitute in the model for negative interaction with partner for married women.

In terms of childhood care

> *(1c) Negative care in childhood will relate both to attachment insecurity and depression.*

Poor care (antipathy and neglect) both related to parental loss consistent with prior research. Only neglect from mother was associated with attachment insecurity consistent with much of the attachment literature highlighting the role of mothers. There was support for both neglect and antipathy from parents relating to depression with a combined index of poor care from both parents providing the most effective predictor when examined together with concurrent risk factors. There was therefore support for this hypothesis.

With regard to the mediation hypothesis:

> *(2b)Anxious attachment style will mediate the relationship of childhood experience to depression.*

this was unsupported. Firstly anxious attachment style was not significantly related to childhood experience, although overall insecurity did show an association, but conditions for mediation were not met

The puzzling aspects of the analysis concern the issue of risk in single women in this Taiwanese sample. It needs to be remembered that these are to some extent privileged young women – they have high education and high social class. However, the attachment model did not explain the high rates of depression they experienced. Whilst insecurity of attachment was related to

relationship difficulties, only negative self-esteem modelled depression. It would seem that additional risk factors are needed to explain depression in the single women, not captured well in the current study. It is not known whether this is for cultural reasons, or due to a bias in selection of scales relevant to older life stages, for example in partner relationship rather than peer group. For relationship risk factors, negative interaction with birth family and lack of a supportive other did not contribute to depression. It was only in the partnered group that negative interaction with partner, thoughts of divorce or separation and negative interaction with in-laws were associated with depression. In regression models only considering divorce/separation modelled depression along with the psychological risk factors.

The psychological risk factors – specifically negative self-esteem – were the most robust risk factors for the sample as a whole. The contribution of age to the analysis was somewhat unclear. Younger women consistently had higher rates of depression, and these were more likely to be single and living at home and unemployed. It is suggested that these may relate to depression because the young women lacked meaningful roles, which in turn may have impacted negatively on their sense of self and self-esteem.

4.9.1 Summary of the chapter

1. In general, the women who responded to the online questionnaires are young, highly educated and middle class with half belonging to a religion. Most described having a confidant but about one third did not have close supportive figures seen regularly. Over half the women were employed and

most women had a partner. A quarter reported negative interaction in the partner relationship and a small proportion had quarrels with their family-in-law. Most women did not have children. In terms of depression, women who were under 30 years old, unemployed, had higher education, were single and not affiliated with a religion were more likely become depressed.

2. Psychological vulnerability was fairly common with 27% having negative self -esteem, but as many as 64.2% with overall insecure attachment which was significantly related to other risk factors. When the subscales of Anxious and Avoidant styles were examined, only the former related to disorder, and similarly fitted the overall models, but was less powerful than the overall attachment scale score which was mainly used in the analysis.
3. Women with negative self-esteem were more likely to have high insecurity of attachment style, negative interaction with birth family and lack of close supportive others. For women with partners, negative self-esteem was also highly related to negative interaction with partner, considered divorce or separation and having quarrels with family-in-law. However, for single women, the pattern was different, and negative self-esteem was not associated with social risk factors (negative interaction with birth family and lack of supportive other) but was the only predictor of depression outcome in logistic regression. Relationship risk factors were highly related to depression.
4. A quarter of women lost a parent in childhood, and neglect was more common from fathers than mothers, but antipathy more common from mothers. Thus more distant fathers but more critical mothers. Childhood poor care was highly related to concurrent risk factors, (e.g. negative self

-esteem, insecure attachment, negative interaction with birth family and lack of supportive others).

5. For the total sample, negative self-esteem, attachment insecurity and childhood poor care from both parents provided the best model for depression. For those with a partner, considering divorce/ separation also added to the model. For single women negative self-esteem alone was best predictor. However, unemployment and young age (under 30) also added to the model of depression.

The next chapter will examine positive factors and resilience in relation to both spiritual wellbeing and positive mental health.

Chapter 5 Result:
Positive factors and spiritual wellbeing

5.1 Introduction

This chapter aims to examine positive experience in the lives of the Taiwanese women studied in order to examine their wellbeing. Two wellbeing indices were used – spiritual wellbeing as indicated by a high score on the spiritual wellbeing scale (SWB); and second positive mental health indicated by sum of score on positive pole of symptom items. The inter-relationship of positive experiences (using full scales), their prevalence using selected cut-off scores and then their relationship as dichotomous variables were then examined in relation to spiritual wellbeing and mental health. Positive factors included psychological ones: security of attachment and positive self-esteem and social relationships including positive interaction with partner, good support from partner, happiness in the relationship, support from close others, and positive interaction with family and family-in-law. Logistic regression examined the best predictors of both spiritual wellbeing and mental health, with positive childhood experience also added to the model. Finally, to make a link with the analysis in the last chapter, moderation was examined with attachment security having a potential protective effect in relation to poor care in childhood and depression.

The research hypotheses tested were:

3. **Attachment security, positive factors and spiritual wellbeing and positive mental health will be inter-related:**

(3a) Security of attachment, positive partner and confidant relationships and positive self-esteem will be inter-related and also positively relate to spiritual wellbeing and positive mental health.

(3b) A specific contribution from familial positive relationships will relate to wellbeing outcomes to reflect cultural aspects.

(3c) Good care in childhood will positively relate to spiritual wellbeing and positive mental health.

4. **An attachment model of wellbeing will identify key independent variables and test moderation**.

(4a) Regression models will indicate that security of attachment will contribute to positive relationships and positive self-esteem in modelling both spiritual wellbeing and positive mental health.

(4b) Secure attachment style will moderate between childhood negative care and depression.

An analysis similar to that for depression risk was undertaken but including only positive experiences with the two outcomes described – spiritual wellbeing and positive mental health. Correlations were used to determine associations between total scores, with cross tabulations for dichotomous variables once cut-offs were applied to look at differences of those with and without spiritual wellbeing. Binary logistic regression used to determine the best models for spiritual wellbeing as the outcome. Moderation was examined in terms of statistical interactions following the Baron and Kenny method (Baron & Kenny, 1986).

5.2 Prevalence and definition of positive experience

Given the absence of published cut-off points for positive experiences, these were applied using the top percentile scoring on the scales (highest quarter, 75% or in some instances 85%). Figure 5.1 shows the items and cut-off scores for the psychological variables (positive self-esteem and 'very' secure attachment style) and outcome variables (spiritual wellbeing and mental health) examined.

Table 5.1 Positive psychological scales

Scale title (measure)	**Scale items**	**Cut-off scores**
Positive self-esteem (Rosenberg SE positive Items)	113. I feel that I'm a person at least on a level with others 114. I feel I have a number of good qualities. 116. I am able to do things as well as most people 118. I take a positive attitude towards myself. 119. On the whole I am satisfied with myself. (Range 5-20)	75% percentile (<=8)
'Very' secure attachment style(VASQ)	Using 21 item scale taking the lowest percentile as cut-off to denote low insecurity ratings. (Range 22-110)	25% percentile (<=53)
	Outcome variables	
Spiritual wellbeing (SWB)	Experience over last 6 months 1. Joy in life 2. Inner peace 3. A sense of identity 4. Meaning in life 5. Love for other people 6. Forgiveness for other 7. Connection with nature 8. Peace with God	25 percentile (=>32) (5 point Likert scale very high – very low)
Mental health(GHQ)	6 Positively response to positive items were summed - with highest percentile (Range 0 -12)	> 9

In addition, positive aspects of relationships were also examined, including partnership (positive interaction with partner and good support from partner), with close support figures, and positive interaction with birth family and in-law family. Figure 5.2 shows the items and cut-off scores used.

Table 5.2 Positive relationship scales

Scale title (measure)	Scale items	Cut-off scores
Positive interaction with partner (DAS)	46. How often do you and your partner have a stimulating exchange of ideas? 47. How often do you and your partner calmly discuss something together? 48. How often do you and your partner work together on a project?	75% percentile (>=20)
Good support from partner (VDQ & adapted)	45. How often do you confide in your partner about your worries and concerns? 54. How often is your husband supportive about Your family? 55. How often is you husband supportive about your issues with HIS family?	85% percentile (>=18)
feeling of happiness in partner-ship (DAS)	56. Please choose the answer which best describes the degree of happiness of your relationship, all things considered.	75% percentile (>=5)
Good relationship With birth family (adapted from DAS)	62. In general, how often do you think that things between you and your birth family are going well? 63. In general, how often do you think that things between you and your mother are going well? 65. Do you think your family concern your worries?	85% percentile (>=14)
Good relationship with family in law (adapted from DAS)	57.In general, how often do you think that things between you and your family in law are going well? 58. In general, how often do you think that things between you and your mother in law are going well? 60. Do you think your family in law concern your worries?	80% percentile (>=13)
Having confident (VDQ)	34. Is there someone you would go to if you had a personal problem you wanted to discuss other than your husband/ partner or boyfriend?	Q34 (=1)'Yes, having confidant'
Close	36. How often do you contact this person either face to face	Index

supportive other (VDQ)	or by telephone, email? 37. How much do you tell this person about your very personal worries? 38. Have you told this person about personal worries you've had in the last 12 months? 39. How close to this person do you feel?	including positive score on Q36(<=3) Q37(<=2) Q38(<=2) Q39(=1)

Over a third (38.8%, 278) of women were classified as having positive self-esteem (this using exclusively positive items, distinct from the ones used for negative self-esteem) and 23.0% (166) of women classified as having very secure attachment. (The latter intentionally used an extreme cut-off at the positive end, in order not to be merely the opposite of the insecure attachment used in the last chapter). In terms of social support, the rates are given in table 5.3 and range between a quarter and just over a third. Prevalence of positive relationship factors for all women and then separately for those with a partner are shown in table 5.3.

Table 5.3 Prevalence of positive relationship factors

Positive Relationship factor	Prevalence% (n)
A. All women	**N= 721**
Having true very close other (having one or two)	35.9 (259/721)
Good relationship with birth family (>=14)	28.7 (196/684)
B. For women with partner	**N=535**
Positive interaction with partner (> = 20)	31.6 (169/535)
Good support from partner (>=18)	34.4 (184/535)
Feelings of happiness in partnership (>=6)	37.9 (203/535)
Good relationship with family in law (>=13)	11.6 (55/473)

For almost all positive factors, prevalence was around a third of women. However, for women with a partner, only 11.6% said they had positive interaction with their family-in-law, a much lower rate.

5.3 Demographics and positive factors

Demographic factors were then examined in relation to the positive factors in the total sample (see table 5.4). It can be seen that older women and those with higher education were more likely to have positive self-esteem, security of attachment and positive interaction with their birth family, but not close other support. In addition, positive self-esteem also significantly related to religious activity. Religious activity was also associated with very secure attachment, but not other indicators of religious affiliation.

Table 5.4 Correlation of demographic factors and positive factors for all women (n=721)

Variable:	Very secure attachment	Positive self-esteem	Birth Family Positive interaction	Close supportive other
Age	**.21****	**.21****	**.07***	-.02
Education	**.12****	**.18****	**.10****	.02
Partnership status	.04	**.16****	.07	.03
Importance of religion	.03	.09	.09	.06
Religious activity	**.10****	**.11****	.04	.04

**. Correlation is significant at the 0.01 level (2-tailed)

For women with a partner, older age and education are similarly significantly related to attachment security, positive self-esteem and positive interaction with birth family. Repeating the analysis between positive factors and demographic characteristics for single women found age (r=.23, p<.01) and education (r=.16, p<.05) were significantly related to positive self-esteem, with age alone negatively related to attachment security (r=.22, p<.01) but with no associations

with positive birth family or close other relationship (correlations form -.01 to .13, NS).

A further correlation matrix was undertaken to look for associations of demographic factors with positive partner and family-in-law relationships for those with a partner (see table 5.5). Most factors were associated with positive partner interaction (age, education, and the religion scales). Feelings of happiness in the relationship was positively with higher education. Having positive interaction with family-in-law was only associated with the religion scales.

Table 5.5 Correlation of demographics and positive relationship factors for women with partner (n=535)

	Positive Interaction with Partner	Support from partner	Feeling of happiness in partnership	Family-in-law positive interaction
Age	**.134****	-.019	-.096	.088
Education	**.124****	.109	**.158****	.045
Importance of religion	**.144***	.108	.073	.121*
Religious activity	**.180****	.097	.102	**.158****

** Correlation is significant at the 0.01 level (2-tailed)

5.4 Spiritual wellbeing

The following hypothesis was examined in relation to spiritual wellbeing scores:

3. Attachment security, positive factors and spiritual will-being and positive mental health will be inter-related:

(3a)Security of attachment, positive partner and confidant relationships and positive self-esteem will be inter-related and also positively relate to spiritual wellbeing and positive mental health.

(3b) A specific contribution from familial positive relationships will relate to wellbeing outcomes to reflect cultural aspects.

It was first explored in relation to demographic factors to see characteristics of women with this aspect of wellbeing. A quarter of women (24%) were rated high on spiritual wellbeing.

5.4.1 Demographic factors and spiritual wellbeing

The demographic factors were examined in relation to high spiritual wellbeing, as shown in table 5.6. It can be seen that spiritual wellbeing was higher in those older, who engaged in religious activity and for whom religion was important. Married women had more spiritual wellbeing, but also those with a live-in partner. In terms of social class, neither education nor partner's occupation was related to spiritual wellbeing. However, the respondents' own occupation was associated with spiritual wellbeing, this higher among women with professional or highly skilled jobs. The presence of children, having help caring for children and living with family members were unrelated to spiritual wellbeing.

Table 5.6 Demographic factors and spiritual wellbeing

Demographic present or absent	**Present % spiritual wellbeing**	**Absent % spiritual wellbeing**	χ^2 df=1	**P<**	**Odds-ratio**
Age under 30	21.3 (103/483)	29.4 (70/238)	5.837	.017	0.64
Belonging to a religion group	26.5 (108/408)	20.8 (65/313)	16.808	.065	1.40
Having religious activity	43.9 (47/107)	20.1 (59/293)	29.540	.0001	3.12
Importance of religion	29.8 (71/238)	21.3 (103/483)	6.302	.012	1.56
Marital status					
Married	28.8 (77/267)	21.4 (97/454)	5.129	.024	1.49
Having live-in partnership (married or cohabitated)	29.5 (101/342)	19.3 (73/379)	10.358	.001	1.75
Having partnership (married or cohabiting or boyfriend)	25.8 (138/535)	19.4 (36/186)	3.126	.046	1.44
Employment/ education					
Higher education	23.7 (165/697)	33.3 (8/24)	1.148	.200	0.62
Respondent employed	25.2 (116/461)	21.9 (57/260)	0.816	.209	1.18
Respondent's job professional	31.6 (86/272)	19.6 (88/449)	13.535	.0001	1.89
Partner employee	26.0 (111/427)	20.7 (19/92)	1.433	.144	1.35
Partner's job (professional – non manual (n=437)	28.6 (76/266)	21.1 (36/171)	3.220	.054	1.51
Other relationships					
Having child	28.3 (39/138)	23.0 (134/583)	2.341	.079	1.37
Having additional care for child	32.6 (28/86)	22.7 (10/44)	1.025	.209	1.51

Living with elder family member	22.9 (72/314)	24.8 (101/407)	0.238	.345	0.91
Living with family in law	35.0 (21/39)	24.6 (117/358)	4.627	.031	1.78

5.4.2 Inter-relationship of positive factors

A correlation matrix was undertaken to look for associations between the positive psychological factors (positive self-esteem, secure attachment) and positive relationship factors (interaction with birth family and having close support) in the total sample (see table 5.7). It can be seen that all factors were interrelated. There was a particularly high association between positive self-esteem and attachment security ($r=0.48$, $p<.01$) and positive interaction with birth family ($r=0.33$, $p<.01$).

Table 5.7 Correlation matrix of positive variables for total sample (n=721)

	Self Esteem Positive Score	VASQ Total Score	positive interaction with Birth Family	Having true VCO
Self Esteem Positive item Score	1.000			
VASQ total Score (reversed)	**.484****	1.000		
positive interaction birth family	**.331****	**-.174****	1.000	
Having true VCO	**.169****	**-.119****	**.187****	1.000

** Correlation is significant at the 0.01 level (2-tailed)

Table 5.8 Correlation matrix of positive factors for women with partner (n=535) reposition

	Positive Self esteem	Secure attach-ment	Positive Inter-action Birth family	Close suppor-tive other	Positive Inter-action with partner	Support From partner	Feeling Of Happi-ness In Partner-ship	Family-in-law positive inter-action
Self Esteem Positive Score	**1.000**							
Very Secure Attachment	**-.484****	**1.000**						
positive inter-action birth family	**.331****	**-.174****	**1.000**					
Close supportive other	**.169****	**-.119****	**.187****	**1.000**				
positive Inter-action with partner	**.258****	**-.203****	**.147****	.075	**1.000**			
Support from partner	**.195****	**-.166****	**.155****	.101	**.506****	**1.000**		
Feeling Of happiness	**.292****	**-.251****	.101	.097	**.496****	**.572****	**1.000**	
Family-in-law positive interaction	**.318****	**-.230****	**.149****	**.123****	**.262****	**.382****	**.384****	**1.000**

**. Correlation is significant at the 0.01 level (2-tailed).

Associations were then examined between positive factors for women with partners to reflect partnership and family-in-law variables (see table 5.8). It can

be seen that most factors were again associated (apart from close support figure and positive interaction with partner). Positive self-esteem was highly associated with positive social relationships, such as positive interaction with birth family, positive interaction with partner and positive interaction with family in law. Very secure attachment was also strongly associated with positive social relationships, especially positive interaction with partner, feeling of happiness in partnership and positive interaction with family in law.

5.4.3 Positive psychological factors and spiritual wellbeing

Table 5.9 shows the relationship of psychological positive factors to spiritual wellbeing using dichotomised scores. It can be seen that both positive self-esteem (OR=7.3) and security of attachment (OR=5) were highly related to spiritual wellbeing (p<.0001).

Table 5.9 Association between psychological positive factors and spiritual wellbeing

Positive factor	Factor present Wellbeing %	Factor absent Wellbeing %	P<	Odd-ratio
Positive self esteem (>=17)	45.7% (128/280)	10.2% (45/441)	.0001	7.3
Secure attachment style (cut off <=53)	50% (83/166)	16.4% (91/555)	.0001	5.0

Given the potential overlap in items of the three different scales of spiritual wellbeing, religious activity/importance, and positive self-esteem, a factor analysis using varimax rotation was undertaken to see if these represented independent factors (see table 5.10). Three independent factors were

confirmed which represent spiritual wellbeing (Eigen value 6.99), positive self-esteem (2.09) and religious activity/meaning (1.64) showing these to be independent factors. There was however some overlap with spiritual wellbeing and positive self-esteem items and 'peace with God' had some loading on all three factors.

Table 5.10 Factor analysis - Rotated Component Matrix

(Coefficients of .20 or more shown)

Measure and item	Component		
	Spiritual wellbeing	**Positive self esteem**	**Religious activity/ meaning**
SWB1 Joy in life	.728	-.365	
SWB2 Inner peace	.717	-.336	
SWB3 Sense of identity	.731	-.421	
SWB4 Meaning in life	.738	-.404	
SWB5 Love for other people	.771		
SWB6 Forgiveness for others	.704		
SWB7 Connection with nature	.640		
SWB8 Peace with God	.736	-.223	-.217
How Important Religion		.	.895
Public Service attendance			.843
Private Ritual observed			.857
PSE1 On a level with others		.839	
PSE2 Number good qualities		.815	
PSE4 Able to do things as well as others		.778	
PSE6 Positive attitude to self	-.363	.731	
PSE7 Satisfied with self	-.343	.752	.
Eigen value	**6.99**	**2.09**	**1.64**
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.			
Rotation converged in 5 iterations.			

Table 5.11 Association between positive relationship factors and spiritual wellbeing

Relationship variable	Factor present spiritual wellbeing % (n)	Factor absent spiritual wellbeing % (n)	p<
A. All women (721)			
Having confidant	25.4 (163/641)	12.5 (10/80)	p<.011
Having close supportive other	33.8 (88/260)	18.4% (85/461)	p<.0001
Positive interaction with birth family	36.7 (72/196)	18.6 (91/488)	p<.0001
B. Women with partner (n=535)			
Having close supportive other	35.9 (70/195)	20.0 (68/340)	p<.0001
Positive interaction with birth family	39.0 (62/159)	19.4 (68/351)	P<.0001
Positive interaction with partner	42.0 (71/169)	18.3 (67/366)	p<.0001
Support from partner	33.2 (61/184)	21.9 (77/351)	p<.005
Feeling of happiness in partnership	42.4 (86/203)	15.7 (52/332)	p<.0001
Positive interaction with family in law	47.3 (26/55)	23.7 (99/418)	p<.0001
C. Single women (n = 186)			
Having confidant	20.7 (34/164)	9.1 (2/22)	p<.159
Having close supportive other	28.1 (18/64)	14.8 (18/122)	p<.028
Positive interaction with birth family	29.7 (11/37)	16.8 (23/137)	p<.067

Table 5.11 examines positive relationship factors and spiritual wellbeing in the sample as a whole and then for women with a partner. It can be seen for all women, positive relationships with birth family and having a close support figure were both highly related to spiritual wellbeing (p<.0001). For women with a partner, having a close supportive other and positive interaction with partner was also significantly related to spiritual wellbeing. In terms of the partnership quality, feeling of happiness in the relationship, support from partner and positive interaction with partner were all related to spiritual wellbeing. Further,

positive interaction with family-in-law also significantly related to spiritual wellbeing. In general, for both single women and women with partner, positive relationship factors significantly related to good spiritual wellbeing. However, for single women, having a close supportive other was the only social relationship factor correlated with spiritual wellbeing.

5.5 Modelling spiritual wellbeing

The next step in the analysis is to examine regression models to test the hypothesis 4a

> *(4a) Regression models will indicate that security of attachment will contribute to positive relationships and positive self-esteem in modelling both spiritual wellbeing and positive mental health.*

This was undertaken with binary logistic regression with spiritual wellbeing as an outcome, first for the total sample and then for women with a partner. Table 5.12 shows that positive self-esteem, security of attachment, positive interaction with birth family and having a close supportive other all significantly contributed to spiritual wellbeing (goodness of fit 80%) for the total sample

Table 5.12 Logistic regression – psychological and social positive factors and spiritual wellbeing (Total sample, n=684).

Variable	Odds-ratio	Wald	df	p
Positive self-esteem	5.057	57.607	1	.0001
High attachment security	3.701	35.212	1	.0001
Positive interaction with birth family	1.952	9.560	1	.002
Having close supportive other	1.646	5.607	1	.018

All factors contributed, goodness of fit 80%

When the model was re-run adding controls for age, marital status, religious activity and respondents employment, none of these added to the model and the model remained unchanged with the same goodness of fit.

A regression model was then conducted for women with a partner to investigate if partnership qualities and those with family-in-law contributed to spiritual wellbeing (see table 5.13). All factors related apart from support from partner. Thus positive interaction with partner, feeling of happiness in partner role, positive self-esteem and high attachment security and having a close supportive other added to the model predicting spiritual wellbeing. However support from partner and positive interaction with family-in-law did not add to the model.

Table 5.13 Positive factors and partnership and spiritual wellbeing (women with partner only, n=451, missing=84, total = 535)

Variable	Odds-ratio	Wald	df	p
Positive self esteem	4.216	29.166	1	.0001
VASQ high security	3.391	18.945	1	.0001
Positive interaction with birth family	1.939	6.160	1	.013
Having very close other	.970	0.013	1	.056
Positive interaction with partner	2.653	12.514	1	.0001
Support from partner	.659	1.875	1	.094
Feeling of happiness in partnership	2.851	12.250	1	.0001
Positive interaction with family in Law	1.438	.974	1	.396

All factors contributed except support from partner and positive interaction with family-in-law, goodness of fit was 78.9%.

Controls added for age, religion, marital status and respondent employment; only age over 30 added to the model (p<.036, OR=2.130) (Goodness of fit 81.0%). Table 5.14 shows spiritual wellbeing regression model for single women in the project. Only positive self-esteem significantly contributed to spiritual wellbeing (goodness of fit 81.6%).

Table 5.14 Logistic regression – psychological and social positive factors and spiritual wellbeing for single women (n=174, missing=12, total= 186)

Variable	Odds-ratio	Wald	df	p
Positive self-esteem	10.579	21.184	1	.0001
High attachment security	2.192	2.796	1	.119
Positive interaction with birth family	1.364	0.366	1	.471
Having close supportive other	1.704	1.318	1	.242

Only positive self-esteem contributed, goodness of fit 81.6%

5.5.1 Positive childhood experience and spiritual wellbeing

The hypothesis concerning childhood good care was then tested:

(3c) Good care in childhood will relate to spiritual wellbeing and positive mental health.

The association of good care in childhood was then examined in relation to spiritual wellbeing. Childhood CECA.Q scores were recalculated to highlight high levels of care and low levels of antipathy from either parent in childhood. The lowest percentile scores were taken for cut-offs (>=65 for both mother and father high care/low antipathy variables): 35.1% had good care from mother and 20.2 % good care from father, with 15.7% reporting good care from both parents.

First, good care from mother, father and both parents was examined in relation to positive outcomes including positive self-esteem, security of attachment and spiritual wellbeing (see table 5.15). All were significantly related. The highest odds-ratios were for good care from both parents and this index will be used in the regression analysis.

Table 5.15 Relationships between positive factors and positive childhood experience

Positive factor Childhood care	Secure attachment % (n)	Positive self-esteem % (n)	Spiritual wellbeing % (n)
Mother good care			
Present (n=246)	62.5 (158)	53.8 (136)	36.4 (92)
Absent (n=414)	53.7 (234)	36.5 (133)	17.4 (76)
P<	.02	.0001	.0001
(Odds-ratio OR)	1.43	2.64	2.70
Father good care			
Present (n=146)	67.1 (98)	54.1 (79)	40.4 (59)
Absent (n=518)	54.1 (280)	35.1 (182)	19.5 (101)
P<	.007	.0001	.0001
(OR)	1.73	2.17	2.80
Both good care			
Present (n=104)	67.3 (70)	57.7 (60)	47.1 (49)
Absent (n=556)	55.0 (306)	36.0 (200)	20.0 (111)
P<	.02	.0001	.0001
(OR)	1.68	3.71	3.57

Logistic regression was undertaken to examine good childhood care as a contributor to spiritual wellbeing, along with the other positive factors. It can be seen in table 5.16 that all factors contributed significantly.

When the logistic regression was repeated for married women, the same model held. However, for single women, attachment security no longer contributed to

the model (OR=1.825, Wald=1.653, df=1, NS) but positive self-esteem and good care from both parents stayed in the model with goodness of fit of 84.1%.

Table 5.16 Childhood care, positive experience and spiritual wellbeing (All women)

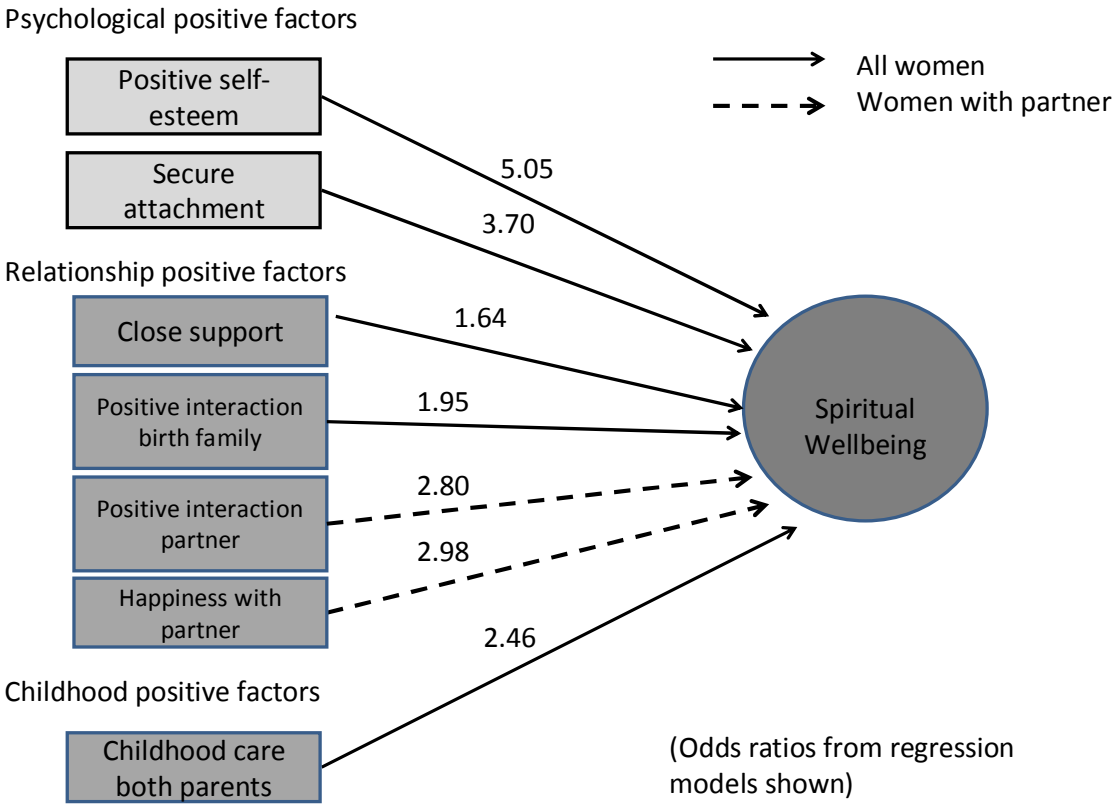
Variable	Odds-ratio	Wald	df	p
Positive self esteem	5.083	58.513	1	.0001
Overall VASQ security	3.459	31.310	1	.0001
Good care both parents	3.747	25.529	1	.0001

All factors contributed, goodness of fit 80.1%

5.5.2 Summary for spiritual wellbeing analysis

The analysis showed spiritual wellbeing to be associated with a wide range of positive factors in the study including those psychological (positive self-esteem and attachment security) and those in relationships (positive interactions and support) as well as religious activity in the total sample. This confirmed hypothesis 3a. This also held for partnered women, but for single women only positive self-esteem was predictive, with secure attachment dropping out of the model. Childhood good care also added to model spiritual wellbeing. The findings are summarised in figure 5.1 which gives the odds-ratios derived from the final logistic regression analyses.

Figure 5.1 Summary diagram of variables related to spiritual wellbeing from regression models



5.6 Positive factors and mental health

The analysis was repeated using low depression symptomatology as an indicator of mental health, another aspect of wellbeing in order to test hypothesis 3 and 4. This mental health variable was derived from positive framed questions in GHQ and only taking positive responses indicating no or low level symptom as highly scored (Huppert & Whittington, 2003). Table 5.17 shows the positive factors including spiritual wellbeing in relation to mental health. All factors related and the highest odds-ratio was for spiritual wellbeing (OR=3.708) followed by positive self-esteem (OR=2.284).

Table 5.17 Relationship of positive factors with positive mental health

Mental health: Positive factor	Factor present GHQ positive items % (n)	Factor absent GHQ positive items % (n)	χ^2 df=1	P<	Odds-ratio
Positive self esteem	24.5(68/278)	12.4 (55/443)	16.964	<.0001	2.284
Security of attachment	24.1 (40/166)	15.0 (83/555)	7.409	<.005	1.805
Spiritual wellbeing	33.3 (58/174)	11.9 (65/547)	39.638	<.0001	3.708
Positive interaction birth family	20.4 (40/196)	14.8 (72/488)	3.238	<.047	1.481
Having close supportive other	20.8 (54/259)	14.9 (69/462)	.936	<.028	1.221

Table 5.18 shows a logistic regression model for the total sample with mental health as the outcome. Only spiritual wellbeing was significant contributors to the model (goodness of fit 83.6%).

Table 5.18 Logistic regression for positive mental health outcome

Total sample (n=684, missing=37, total= 721)

Variable	Odds-ratio	Wald	df	p
Positive self-esteem	1.294	1.134	1	.287
Security of attachment	1.038	.021	1	.884
Spiritual wellbeing	3.356	23.129	1	.0001
Positive interaction with birth family	1.094	.150	1	.699
Close supportive other	1.118	.248	1	.618

Only spiritual wellbeing contributed, goodness of fit 83.6%

When controls were added (age, marital status, respondents job, religious activity) only age and respondents job added significantly and inversely (OR=.525, Wald=6.952 , 1df, p<.008 ; OR=.602, Wald=4.440 , 1df, p<.035).The analysis was repeated for women with a partner to include positive partner and in-law scales (see table 5.19). Only spiritual wellbeing significantly contributed to the model (goodness of fit 83.6%). There was no contribution from cognitive factors (positive self-esteem and attachment security) and relationship factors (partner and birth family interactions).

Table 5.19 Logistic regression for positive mental health for women with partner

(n=451, missing=84, total= 535)

Variable	Odds-ratio	Wald	df	p
Positive self esteem	1.314	.865	1	.352
Attachment security	1.355	.962	1	.327
Spiritual wellbeing	2.283	6.632	1	.010
Positive interaction with birth family	1.084	.081	1	.776
Positive interaction with partner	1.100	.100	1	.752
Good support from partner	.886	.155	1	.694
Feeling of happiness in partnership	1.426	1.228	1	.268
Positive interaction with family in law	.795	.317	1	.573

Only spiritual wellbeing contributed, goodness of fit 83.6%

The analysis was repeated for single women (see table 5.20). The result was similar and showed that only spiritual wellbeing contributed to the model (goodness of fit 83.3%).

Table 5.20 Logistic regression for positive mental health model for single women (n=174, missing=12, total=186)

Variable	Odds-ratio	Wald	df	p
Positive self-esteem	1.041	.005	1	.943
Attachment security	.364	2.882	1	.090
Spiritual wellbeing	11.169	16.730	1	.0001
Positive interaction with birth family	1.130	.055	1	.815

Only spiritual wellbeing contributed, goodness of fit 83.3%

5.6.1 Childhood experience

Hypothesis 3c was then tested in relation to positive mental health:

(3c) Good care in childhood will relate to spiritual wellbeing and positive mental health.

Positive mental health was examined in relation to high care from mother and high care from father in childhood and from both. It can be seen in table 5.21 that none of them related to positive mental health.

Table 5.21 Childhood care and positive mental health

childhood factor	Factor present Positive mental health (GHQ) % (n)	Factor absent Positive mental health (GHQ) % (n)	χ^2 df=1	P<	Odds-ratio
Mother care	19.2%(42/214)	16.6%(78/470)	.692	.233	1.193
Father care	20.9%(18/86)	16.6%(96/578)	.978	.199	1.329
Both parent care	16.7%(16/96)	17.4%(100/576)	.028	.501	.952

Therefore hypothesis 3c was unsupported in relation to positive mental health. This means also that further hypotheses 4a and 4b are also unsupported in relation to positive mental health outcomes:

(4a) Regression models will indicate that security of attachment will contribute to positive relationships and positive self-esteem in modelling both spiritual wellbeing and positive mental health.

(4b) Secure attachment style will moderate between childhood negative care and depression.

5.6.2 Summary of positive mental health findings

When positive mental health (in terms of rates of particularly low experience of symptoms) was taken as an outcome variable, only spiritual wellbeing, age over 30 and having a professional job contributed in the regression model. None of the psychological cognitive factors (positive self-esteem and attachment security) and relationship factors (positive interaction with birth family and having close supportive others) contributed. Neither did childhood care factors including high care from mother, father or both parents. Thus there was no support for hypothesis 3 and 4 in relation to positive mental health in this study.

5.7 Moderation effect for depression

The next hypothesis tested was:

(4b) Secure attachment style will moderate between childhood negative care and depression.

This moves away from the examination of wellbeing outcomes to return to the depression analysis undertaken in the last chapter, but to look at intervening variables which may reduce the likelihood of disorder outcome.

Mediation analysis was considered inappropriate for the wellbeing outcomes, given the unknown time order of the adult experiences, the non-episodic nature of wellbeing and the lack of prior research on intervening variables in this area on which to base an analysis. However an analysis to explore moderation was undertaken to confirm a resilience hypothesis. Moderation factors weaken or change the relationship of two related factors (such as childhood poor care and depression) and can be used to test 'buffering' (Baron & Kenny, 1986). For this analysis the risk factors in childhood and depression outcome examined in the last chapter were revisited. First a cross-tabulation was performed of very secure attachment style by depression for those with and without childhood poor care from both parents which is illustrated in graph form (see figure 5.3).

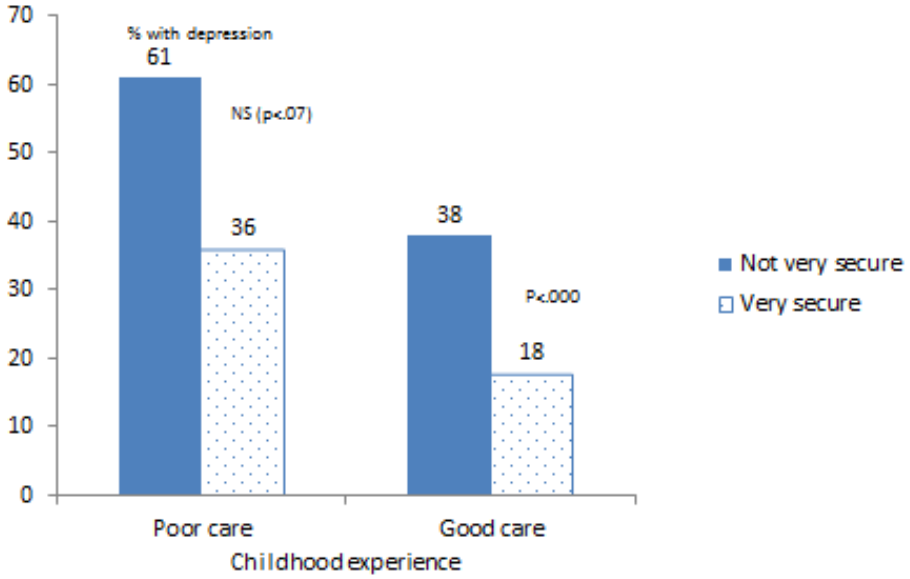
Table 5.24 Secure attachment and depression by childhood poor care

	Factor present (Very secure attachment) Depression% (n)	Factor absent (Not very secure attachment) Depression% (n)	χ^2 df=1	P<
Poor care	35.7% (5/14)	60.8%(45/74)	3.022	.075
No poor care	18.0% (25/139)	38.1% (165/433)	19.203	.0001

*Single tailed test

It can be seen in table 5.24 that the difference in the poor care group, despite showing nearly a halving of depression was not statistically significant, although it should be noted that their is very low frequency in the very secure/poor care category (n=14). Thus few women in this sample had poor care from both parents and yet became very secure. The findings are also shown in graph form below. This suggests that whilst very secure attachment in this analysis is indicated as a *positive* factor (i.e. very secure attachment relates to lower depression) it is not a *protective* or resilience factor since its impact is mainly in the good care group and the effect in the poor care group does not quite reach statistical significance.

Figure 5.3 Secure attachment style, and depression by poor care



A further test of moderation utilises logistic regression to seek an interaction effect (see table 5.25) The regression examined childhood *poor* care from both parents and very secure attachment as a potential moderator with depression as the outcome. For this an interaction term between the two was required

(Baron & Kenny, 1986). It can be seen that secure attachment and childhood poor care both contributed to the model (goodness of fit 66.1%) and the β value of secure attachment was negative and its odds-ratio less than one indicating a negative association. However the interaction term was not significant showing that moderation was not proved.

Table 5.25 moderation model for childhood poor care, secure attachment and depression (n=721)

Variable	B	S.E.	Odds-ratio	Wald	df	p
A. Secure attachment	-1.03	0.242	0.356	18.19	1	.0001
B. Childhood poor care from both parents	0.924	0.258	2.52	12.85	1	.0001
A x B	0.005	0.653	1.005	.000	1	.132

Childhood poor care both parents and secure attachment (inversely) provide the best model. The interaction term does not add. (Goodness of fit 66.1%)

Therefore it can be seen that the moderation hypothesis was largely unsupported in terms although there was some marginal effect of Secure attachment having an independent effect on reduced depression levels.

5.8 Discussion

This chapter examined hypothesis 3 and 4 concerning spiritual wellbeing and positive mental health. Support for these is summarised below:

3. ***Attachment security, positive factors and spiritual wellbeing and positive mental health will be inter-related:***

(3a) Security of attachment, positive partner and confidant relationships and positive self-esteem will be inter-related and also positively relate to spiritual wellbeing and positive mental health.

There was greater support for inter-relationship of positive factors with spiritual wellbeing scores. This included support, positive self esteem and secure attachment as predicted. The same findings did not hold for positive mental health.

(3b) A specific contribution from familial positive relationships will relate to wellbeing outcomes to reflect cultural aspects.

In terms of cultural factors involving family, positive interactions with birth family contributed to spiritual wellbeing in regression as predicted. However, this did not hold for single women. Parent-in-law relationships did not play a significant role.

(3c) Good care in childhood will relate to spiritual wellbeing and positive mental health.

Good care in childhood related to spiritual wellbeing and contributed in final models together with positive relationships and positive self esteem. However it was not a contributor to positive mental health outcomes in terms of low symptomatology.

In terms of hypothesis 4:

4. ***An attachment model of wellbeing will identify key independent variables and test moderation.***

(4a) Regression models will indicate that security of attachment will contribute to positive relationships and positive self-esteem in modelling both spiritual wellbeing and positive mental health.

Regression models showed a significant contribution of positive relationships, secure attachment style and positive self-esteem in modelling spiritual wellbeing as predicted thus supporting this hypothesis.

(4b) Secure attachment style will moderate between childhood negative care and depression.

There was no strong evidence of a moderation effect of secure attachment in reducing depression risk for those with problem care in childhood. However there was evidence of an independent effect of secure attachment in reducing depression in the regression models. Therefore only marginal support for this hypothesis has been found.

The analysis showed a range of positive psychological and relationship experiences were associated with wellbeing factors identified first as spiritual wellbeing and secondly as mental health with low symptom scores. In this analysis support played a role as well as positive self-esteem and secure attachment. Demographic analysis underlined more settled life stages (older, partnered) as well as higher social class underpinning positive experiences and wellbeing. Whilst positive relationships and psychological states contributed most to spiritual wellbeing, positive mental health was only modelled by the psychological factors reflecting positivity about the self and close attachments. There was less disparity among partnered and single women in this analysis.

Attachment models would expect positive early experience to be associated with later wellbeing. This was partly supported with good care from both parents featured in the spiritual wellbeing aspects of the analysis. However, mediation models were not substantiated in showing secure attachment mediating between negative early experience and mental health. Attachment models usually focus on maternal care in positive development, rather less attention is given to father's care. This may provide a positive role model for active coping and greater orientation to work. It may also provide a positive model for future partner relationships.

5.9 Summary of the chapter

1. This chapter showed prevalence of positive experience for 38.8% of women with positive self-esteem and 23% classified as having an extreme of attachment security, 24.1% with spiritual wellbeing and 64.4% with positive mental health. A third had close other support and over a quarter positive interaction with birth family. This was much less common with family in law (12%). In partnerships, a third had positive interaction, good support from partner and felt happy in the relationship. Most of the positive psychological and relationship factors were inter-correlated.

2. When positive experiences of positive self-esteem or secure attachment were examined in terms of demographic factors they were more common in women over 30, of higher education, who were religiously active and who had positive interactions with their birth families. Similarly, spiritual wellbeing was more common in older women, those religious, those married and those

middle-classes. This was highly correlated with the other positive factors, notably positive self-esteem and security of attachment. It also related to having positive relationships involving support and positive interaction. For married women this included partner relationship and other support including with birth family, for single women only high self-esteem related to mental health.

3. Models of spiritual wellbeing showed that positive self-esteem, secure attachment style, positive relationship with birth family and good close other support all added. For women with a partner interaction with in-laws or partner support did not add. For single women only positive self-esteem predicted spiritual wellbeing.

4. Childhood good care from both mother and father were significantly correlated to spiritual wellbeing as well as positive self-esteem and secure attachment. Good care from both parents had the greatest positive effect.

5. For mental health (low symptom score) positive self-esteem, secure attachment, spiritual wellbeing and positive interaction with birth family all related. For those with a partner only the psychological factors needed in final model and for single women attachment dropped out with only positive self-esteem and spiritual wellbeing modelling mental health.

6. In terms of childhood experience the relationships were much weaker than with spiritual wellbeing. In regression models, childhood experience dropped out of the final model with positive self-esteem, secure attachment and spiritual wellbeing providing the best model.

7. There was no evidence of moderation or protective effect of very secure attachment on poor care and adult depression, possibly because of very small numbers with poor care and very secure style. There was however evidence that very secure style was a positive factor.

The next two chapters will examine case studies taken from the interviews, to illustrate the quantitative findings with additional context of the women's lives.

Chapter 6 Case studies:

Exploring relationships and Attachment styles

6.1 Introduction

This chapter and the next will examine the qualitative data generated by the project by describing the characteristics of four women interviewed in terms of their ongoing relationships, attachment styles and their childhood experiences in relation to the quantitative findings. The four interview cases were selected for purposes of contrast, with two considered high risk on their questionnaire responses and two low risk or resilient. The purpose of the interviews was to illustrate the quantitative findings in more depth, specifically the relationships, attachment styles and childhood in relation to depression, and to display additional context for understanding the difficulties or support in the women's relationships on their depression. This chapter will focus on their close relationships and attachment style relating to the second research hypothesis:

2. An attachment model of depression will identify key risk factors and test mediation:

> *(2c) Intensive interviews with a small subset will yield corroborative information relevant to the risk hypotheses and attachment model in order to both illustrate findings contextually, and to explore the meaning of these.*

Thus their relationships with partner and close support figures, family of origin and family-in-law, together with attitudes towards attachment involving

disorganized, anxious, avoidant or secure aspects will be discussed in detail. Using in-depth interviews can also serve to explore and highlight the cultural aspects of family relationships, not possible through the standardized questionnaires selected. As described in the introductory chapters, traditionally Taiwan is a patriarchal society where women's position is inferior to men's, and where families enact the social hierarchies with women having lower positions and those married-in even lower positions. The different views held across the generations regarding women's role in families can cause conflict in the family, particularly with family-in-law members. This gives an opportunity within individual contexts to look at the inter-relationships of particular risks or resilience factors with a view to informing future research studies.

6.1.1 The selected cases

All women who completed the online questionnaires were asked for permission to contact them and asked for their email addresses. Ultimately 8 interviews were undertaken. The women were selected in terms of a few selected characteristics for instance, partnership status, age, religious belief, depression and insecure attachment style. From these, four were selected to utilize as case studies, showing different partnership status (one single, one with a boyfriend and two married), age (one under 30, two aged between 30 -35, one over 35), religious belief (two with no religion and two Christian) and depression (two with depression, two without depression). These cases will be compared and contrasted in terms of the relationships and attachment style described and in relation to the quantitative findings of the study.

The four women selected are named Ang, Ching, Ting and Fong. They are briefly described in figure 6. 1 below:

Figure 6.1 – summary of case studies

Case Study Ching – Highest risk, no resilience

Ching is a 21 year old student, with a boyfriend she sees five times per week but in whom she does not confide. She lives with her grandmother and a cousin and works part time in the university restaurant as well as studying for her degree. Her mother lives in Singapore and is only seen twice a year. Ching is from a middle-class background, and has no religious affiliation. Her parents' divorced when she was eight. She is scored as depressed with negative self-evaluation and has low self-esteem and dual/disorganised attachment style with Anxious characteristics (Enmeshed and Fearful). She has no resilience features.

Case Study Ting – High risk, some resilience

Ting is a 31 year old married women living with her husband and her one year old son. She is a college graduate but not working since her son was born. She is pregnant with a second child. Her partner relationship is close and confiding and she has one single support figure A who is a college friend. Her family-in-law helped her look after her son and helped during her pregnancy last year. However, the relationship with her mother is problematic due to her mother's mental illness (borderline and multiple personality disorder) which has led to a tense relationship. She is not close to her father. She has depression which arose postnatally and she describes a prior onset two years ago following a miscarriage and a major row with her mother. She has low self-esteem and

Anxious attachment style (Fearful) with characteristics of fear of rejection. Her resilience features comprise her support from her partner, and her Christian religious belief.

Case Study Fong – high risk, some resilience

Fong is 38 years old, single with no partner. She lives with her parents, a younger sister and an adoptive brother. Fong is a voluntary clergy woman in the Christian community in Taiwan but not currently employed. She is looking for work and hopes to find a paid post in the church. She reported good self-esteem and had no depression nor prior episodes. However she reported lack of support from any close other and highly insecure attachment style in the VASQ with both insecure/mistrust and proximity-seeking elements. At interview she had dual Anxious (Fearful) and Avoidant (Angry-dismissive) style. Her only resilience is her religious affiliation, but she does not have high spiritual wellbeing.

Case study Ang – Low risk, some resilience

Ang is a 34 year old married woman and has an 18 month baby boy and lives with her husband and child, parents-in –law and sister-in-law in their home. Ang has a PhD in biomedicine and works full-time as a consultant in a dissertation writing consultancy. She has a nanny/child minder to look after her son. Her relationship with her partner is supportive and she has one other friend who is a support figure. She is close to her mother, but less so to her father. Her relationship with her mother-in-law has become difficult after her child A was born with disputes over the baby. She and her husband are thinking about moving out to find their own accommodation. Ang has contact with her mother

and father four times a month. She has high self-esteem and her attachment style is in the Secure range but with some mild avoidance (Angry-dismissive. Although Ang is not currently depressed she reported emotional difficulties postnatally in the past. Her resilience comprises her high self-esteem and support from her partner.

The interview format is described in chapter 3 – but involved using the Attachment Style Interview which questions about and scores characteristics of relationship with family, partner and confidants as well as attachment attitudes around Anxious and Avoidant or Secure styles. The characteristics of all four women will be compared in terms of key relationships and attachment style in relation to the questionnaire analysis, for example highlighting the key risk variables of interest in the quantative analysis.

6.2 Partner relationships

Lack of support from partner is a risk factor for depression and associated both with poor quality of relationship and with the lack of any buffer under stress. Two of the women interviewed were questioned about their husband relationship and one about her a non-live–in partner. Of these, only Ching was unable to confide in her boyfriend. However she initially described the relationship as close and confiding, it was only when this was probed for actual instances of confiding that it emerged that little support was forthcoming: She says: *'I confide everything in my boyfriend, for example about my family, my part time job and my college life. I wouldn't leave out anything in talking to him.'* However, she was not able to provide examples of recent confiding in detail and also describes how she has become hesitant about approaching him because of his lack of support. She

then admitted to holding back in telling him things: *'sometimes he makes fun of me, he often says I am stupid and I know he is a very smart guy. He often says that "I told you this before" especially about things to do with my job. It makes me reluctant to talk about my work to him. I feel that he is looking down on me. But he won't be really critical to me.'* Confiding and active emotional support were rated as low. The relationship shows little evidence of support. It should be noted that Ching's belief in the support received is actually contradicted when factual information is sought. This in itself is an attachment issue, when objective aspects of the relationship are not seen in a true light as indicated aspects of distorted internal working models of attachment.

In contrast both Ting and Ang were able to confide in their husbands and received good support. Ang confides almost everything, for example her problems around looking after their son, and the difficulties with her mother-in-law. If it is a small issue she will confide it immediately, but for more emotional problems it might take her a few days to do so – she sees it as admitting defeat not being able to manage it alone. Her husband usually gives good emotional support and helps Ang to see the problems in a different light, which helps her to cope. Ang feels that her husband will always support her and can be relied on. Ting, whilst considered high risk was able also to confide in her husband:: '*I tell him everything; especially those things that have troubled me and put me in bad mood*.' She describes her husband as a 'special person' who she can trust and rely on: '*He always listens to me, is always patient. He always comforts me as well as giving advice. I know some women complain that their husbands are too keen to provide a solution rather than giving them comfort, but for my husband, he's always close by and comforts me first'*. Her husband is a

good listener providing warm support and their interaction is positive and 'cosy'. For these women the relationship with their partner is therefore likely to be a source of resilience and in attachment terms a 'secure-base' when under stress.

The quantitative analysis showed that negative interaction with partner was also related to depression consistent with prior research. In the interview all respondents were asked to describe their interaction with their partners where both negative and positive features were identified. Ching reported a lot of negative interaction with her boyfriend. She described how they have quarrels saying that he is not a patient person and gets upset easily: *'We have quarrels quite often but his temper doesn't last long. He cannot tolerate being hungry or the hot weather, in this he is like a traditional man. If he is hungry and I keep him waiting for me, then he will lose his temper. But after eating, he will be in a good mood again.'* Ching reported that another issue which usually causes quarrels is his constant playing with computers: *'He is a fan of computer games, if I call him when he is playing computer games, then he will say " I am busy", and will hang up the phone. This makes me feel he is not happy to get my call.'* Another issue is his relationship with other girls. *'Once I saw a message in his mobile phone which was sent by a girl calling him 'hubby' in the message. I was very angry and had a big argument with him. He said as he plays online games, he has a wife online in 'second life' virtual world but not in reality.'* Ching said originally she was very upset about this but gradually since they don't have contact in reality and were not sending any 'inappropriate' messages she has accepted it and felt it was not a reason to split up with him. But she did ask him

not to have any contact with ‘online wife’ in reality but did not ask him to stop playing the second life game.

Ching describes feeling very attached to her boyfriend: *‘I miss him a lot when I am not with him. But then I ask myself “why do you need a person with you all the time? Can’t you be stronger on your own?” then I begin to do things on my own.’* She finds him difficult to predict: *‘He used to say that no matter where we go or where we have a date, as long as we are going there together, then he is happy and satisfied. But recently things have changed and now he says he feels tired and just want to go back home, playing computer games alone.’* However, being without her boyfriend makes her feel quite lost as a person. If the feeling of loss is too strong, she will go to sleep or go to the cinema to distract her and mask her feelings. This is reflective of her highly dependent attachment style which is described later.

Ting and her husband have quarrels only occasionally because her husband also spends too much time playing computer games. Ang has good interaction with her husband and she describes him an ‘easy going person and optimist’. Whilst there interaction is mainly positive there has been a recent argument over child care issues. *‘I feel he did not put enough effort into caring for our son and he does not make as many sacrifices as I expected. Instead he expects me to ask help from his father who they live with, which annoys me’.* Although her husband did not apologise to Ang after their quarrel he did change his behaviour and now devotes more time to care for their son. Their interaction is now good. Ang reported that the relationship changed after their son’s birth to increase their flexibility: *‘We now ’go with the flow’ more and if challenges arise*

we think about how to deal with them together, because no one can predict what will happen. So we need to keep adjusting and adapting our relationship with the challenges and context around us.'

In all three cases the level of negative interaction with partner rated at interview was reflected in the questionnaire ratings. The only one with negative interaction (Ching) also had depression, consistent with the study findings. It can be seen that the hostile interactions were associated with poor quality relationships and in the quantitative analysis were associated with thoughts of separation or divorce suggesting these were relationships in difficulty.

Comment on partner relationships

Ting's strong partnership provides support in face of the difficult relationship with birth mother (described later). Ang also reported that her husband is supportive and can be relied on which helps her cope with her conflict with her mother-in-law, providing an important protective factor for Ang. This is in accordance with the literature that husband play an essential role to bridge and moderate women's relationships with family-i-n law in Taiwan (Che, 1997). Although both Ting and Ang reported low level quarrels in their partner relationships, this led to change in behaviour which seems to have increased their understanding of each other potentially improving their partnership quality.

In contrast, Ching has a higher level of conflict with her partner who is also not a support figure. Their discordant relationship makes Ching feel insecure and unwanted. The issues in their quarrels have never been resolved and her boyfriend was not willing to make change or adjust to Ching's needs. Thus this

poor partnership is a risk factor for Ching's depression consistent with the quantitative analysis.

6.3 Very close other support

Emotional support from very close others plays a significant role in positive mental health (Brown, Andrews , Adler , & Bridge 1986; Brown , Bilfulco , Veiel , & Andrew 1990). In the current study, whilst lack of support from close others was not identified as a significant risk factor for depression model; the presence of such support did contribute to the spiritual well-being model. In the case studies Ang and Ching had good VCO support but Ting and Fong were all scored as lacking good support.

Ting named only one VCO 'A' who is her college friend and who studied in the same department as her and joined the same social groups in college. They have little contact, mainly communicating online. Ting does not confide in her although they do communicate a bit online. *'I sometimes write questions about raising children on the online forum with my online ID and if A sees my message she might leave me a message to ask if everything is fine.'* Sometimes they talk on the phone but mostly the topic is about how to look after their children as A has a two year old daughter, so they have talked about the pregnancy and birth. However A is sometimes nagging and critical and it makes Ting feel uncomfortable. In terms of quality of interaction, Ting cannot recall any particularly happy time spent with A. However, Ting never shows her anger or unhappiness to A. '*If I showed my anger to A she would blame me and said she just wanted to be of help*.' Ting did not express much felt attachment to A and felt she was

replaceable as a friend. She was therefore not considered a support figure in terms of the ASI rating.'

Although Fong named two colleagues P and B as VCOs, she had only met both of them two months earlier but described them as confidants. Fong said she could confide her family issues and emotional problems easily to P. *'I confide my family history and emotional problems to him and he usually listens to me carefully. He would help me to find out the cause of my problems.'* The interaction is warm and she usually gets good support and sympathy. *'He seems to understand all my worries and feelings. When I confide in him, I feel warm and sympathised with. I long for this warmth and sympathy a lot, but my parents' can't give it me.'* However, as P is married, Fong feels it's not appropriate to be too close to him and she is worried about drawing a clear boundary line. Fong reported they have never had any quarrels or negative interaction in the two months they have known each other. Fong does not describe feeling a strong attachment to P as they have not known each other long, and she is not sure whether they will remain in contact after the end of the CPE course. However, Fong does cherish this relationship and said: '*P is a gift from God. He makes me feel that there is someone in the world who understands me. It shows that I am not a loner who is too erratic to be understood by others. But he is married and I am single. I am a bit holding back and being cautious.'*

Fong also described being close to B but said she did not confide and because B is a busy person does not have time to listen to her issues and problems.

Ching describes her friend S from her high school days who she now sees once a month and identifies as a close confidant. Ching can confide family issues with S easily because they have similar family backgrounds. This is to do with being separated from their respective mothers' and their parents' divorce: *'I would discuss my family issues with S and sometimes we can discuss it all day. I find most of my friends have issues in their families and they like to think about personal relationships, family relationships or psychological issues just like me.'* She can also confide about her boyfriend difficulties. But S is a quiet person with limited interests, Ching won't talk with her about her interests and hobbies, like craft or mountain climbing or cycling, because S Is not interested. Confiding was however rated in the 'moderate' range.

S is a good listener and can keep a confidence: *'She will listen to me as I confide in her and then she gives me her opinion. Most of time she is calm, does not have a great emotional reaction, but just listens to me then offers me some advice.'* Active emotional support was also rated as 'moderate'. The interaction is enjoyable; Ching said they have fun, laugh and joke a lot. *'She is like a 'sofa' for me, because we can totally relax being with each other. Just like when I come home and flop onto the sofa, being with her is as relaxing. I am so used to being with her and make me feeling relax, easy, no anxiety or tension.'* Positive interaction was rated 'moderate' to reflect this pleasant aspect but without any joint activities which might have increased the rating. Ching reported that there has never been any big quarrel between them. *'I am not a person who could shout at anyone and S is a quiet person and doesn't express her thoughts much. So for us, we don't really have quarrels and wouldn't get really angry with each other.*' Negative interaction was rated 'little/none'. When asked about

her felt attachment, Ching said she won't miss S much if they haven't seen each other for a while but does like to talk and share with her (rated only 'some'). This relationship was rated as supportive - 'sufficient support with no discord'.

Ang has a close friend K who was in the same social group when studying in college. Both of them are core members so they do things together and make plans together socially in their group. Ang reported that being with K is easy and she enjoys her friendship. Ang thinks that because they were friends since college days, their relationship endured well with good quality and they trust each other. Ang can confide in her. *'I confide a lot in K including things that happen in my marriage, family and work. For example, the quarrels I had with my mother-in-law and my postpartum confinement in my parent's house. I talked about that difficult time.'* K is always supportive and shows sympathy to Ang and was understanding of her difficulties with her mother-in-law. This is because K has had similar problems. K is a good listener; although she would not give Ang practical advice she will always comfort her and provide a different and constructive point of view. *'Sometimes I just like to have someone to listen to me and after talking to K, I usually feel better.'* They enjoy each other's company, and there have been no quarrels or arguments between them. *'K is special and could not be replaced. I would like to see her more often but it is difficult with work and family commitments*. The relationship was rated as 'good average support, with no discord'. Whilst Ang did name another friend Y, she was not a confidant and Ang did not feel close to her so she was not included as a VCO.

Having support from a range of relationships not only provides conditions for positive psychological health in terms of good support with crises, but also indicates an underlying ability to make and maintain close relationships which is described further below in relation to assessing ability to make and maintain relationships as a basis for security or insecurity of attachment style.

6.4 Relationships with birth family

Relationships with birth family was investigated, in part because many of the younger women were still living at home where parents might still be their main attachment figures, and in part to see whether for cultural reasons parents play a larger role in the mental health of Taiwanese women than would be typical in their Western counterparts after leaving home. In fact the quantitative analysis showed that negative interaction with birth parents was related to depression. At interview women were asked about their current level of closeness (affection, good interaction) and antipathy (criticism, hostility, rows) in their relationships with mother and father. In Ting and Fong's case, conflicts with parents and birth family are intense and have significant impact on their lives.

Ting's mother has been mentally ill since Ting's childhood, diagnosed with borderline and multiple personality disorder. Getting along with her mother is therefore very difficult for Ting. Her mother gets into arguments with others and causes disturbances, a recent one happened in church and the police were called. Ting has quarrels with her mother often but despite this also feels close to her at times. She describes her mother as having given her good advice in the past about work and boyfriends. She did report a moderate level of

closeness, but also with moderate levels of antipathy.

Ting is not close to her father. Whilst she is not particularly hostile to him, she believes that if her father stopped quarrelling with her brother, then the tense atmosphere in her birth family would be resolved. She does not argue with her father and has little interaction with him. In terms of the questionnaire responses, these reflect those found at interview.

Fong talked about her mother to whom she is now starting to become close (rated 'some' closeness). She says: *'When I was a child, I did not have a good relationship with my mother and she always made me angry. But recently there has been some change in my relationship with my mother. It is about forgiveness. After I forgave my mother, I was able to feel her love for me.'*

However she still feels some negativity to her mother: *'My mother always nagged me when I was a child. I used to hate my mother and blamed the death of my two young sisters on her. I think she did not take good care of them. But my mother changed a lot after she became Christian. One day we were reading the bible and praying together, I told her ' Mum I love you, you have been very working so hard to looking after us, my sisters' death is not your fault' then my mother wept'.* She described feeling closer to her father: '*I am more close to father (than mother), he is willing to talk to me. I can talk about many issues with my father and he is willing to discuss them with me, sometimes giving me some advice. I feel more close to my father.*' She has no hostility to her father and he is willing to talk and listen to her. There are no arguments.

When Ching was asked about her current relationship with her parents in terms of closeness and antipathy, she described her relationship with her mother in positive terms although the contact is only twice a year. Ching describes her mother more like a friend than a parent. She can confide some things in her mother, but not about her relationship with her boyfriend and she did not identify her mother as a Very Close Other. Her closeness was rated as 'moderate'. In terms of antipathy, she said: *'I don't feel angry withmy mother about leaving me with my grandmother because I know she didn't like this arrangement either. If she had any other choice she would not have done this. And my mother really loves me so I won't blame her. I can see how deep her love for me is. When I was a little girl, she took me shopping and bought the best clothes for me, and cheap clothes for herself. She treats me very well and cares about me, I can't find anything bad about her.*' Antipathy was therefore rated as 'little/none'. Thus despite childhood difficulties, Ching has a positive, possibly idealised view of her mother.

Although she only met her father once after her parents divorced, Ching talked more about her father in the interview than her mother. Her parents divorced when she was aged 8, around the time when her father became bankrupt and also had an extra-marital affair In the interview, Ching reported she does not have any relationship with her father but does not blame him either: '*I don't have a relationship with my father. I don't like him but I don't hate him. No feeling towards him actually, he doesn't seem like my father. I won't blame him because he did not hit me or do any abusive thing to me. But I think he was quite immature and childish.'* Ching has met her father only once in adulthood. '*I just felt unreal and bit strange. I just wanted to postpone the meeting. It does*

not mean that I didn't want to see him, but neither did it mean that I did want to see him, either. I was worried that something would change after this meeting and I felt a bit afraid.' However she said it was just a normal dinner just like dining with an elderly person. He gave her a T-shirt which was too big for her and she thinks it's not suitable for a young lady like her. '*I was thinking should I throw the T- shirt away? But it's the only thing which my father has given to me. Although I do not feel attached to it, I do have some feeling about it. I keep it in my closet but never wear it.' '*Therefore Ching still seems to want to retain some link with her father despite not having any feelings for him. She was rated as having 'little/no' closeness or antipathy to father.

In the interview, Ang reported that she felt close to her mother now, although this was not so in childhood. Her mother has become more sympathetic since her grandchild A was born (closeness rated as 'moderate'). Ang has no antipathy with her mother now, although did so when she was younger (antipathy rated little/none). Their relationship is basically good but her mother was not identified as a confidant or Very Close Other.

Ang is less close to her father (closeness rated 'some'). She is annoyed that her father gives more attention to her son than to her, she feels he ignores her. There is not much affection between them. She was rated as having 'moderate' antipathy with her father – there has been tension since her son's birth because her father is very possessive and competitive for the child's attention. 'He will say to my son, *"You like grandpa and you don't want your mother, right?"* it makes me angry. *'Last time I went abroad with my husband for vacation and we asked my parents to help with caring my son for several days. My father was very*

excited and boasted to my sister that his grandson would come to live with him for several days and said he has made plans for taking him out. But when my sister asked my father about where we were going on vacation, my father didn't know. He did not even ask us and did not care much. I think he is out of line, and I really don't like this.' She therefore reduces the occasions when she takes her son to her parent's home. However she did have some arguments with her parents related to childcare issues, for example over breastfeeding, to which Ang was committed but which her mother told her was not a good idea if she wanted sleep and rest after giving birth and that bottle-fed babies were as strong and healthy. She herself had bottle-fed Ang and her siblings. During the confinement this breastfeeding issue continuingly be raised and one day Ang's father bought baby formula home without consulting her which made her cry.

Comment on birth family relationships

It can be seen that all four women had some difficulties in interactions with their parents as adults. This seemed to stem from their childhood experiences involving mental illness, separations and sibling conflicts.

Ching describes closeness with her mother, but has had little contact since childhood when her parents left her, and sees her more as a friend than a parent. Her relationship with her father is virtually nonexistent. Ting's disturbed relationship with her mother appears to have had a big impact on her life. Her mother's unpredictable and disruptive behavior makes Ting distressed and feel let down by her mother. Problems in Ting's childhood and adult life can be seen to flow from her mother's mental health problems. This seems to have led to issues of neglect in her childhood. Ting's mother's illness has also made

difficulties with other family members. However, some responsibility needs to go to Ting's father who could be a mutual and responsive parent in the family, but has failed to build up relationship with his son or to develop an affectionate relationship with Ting. Their arguments have made the family context one of high tension in which the mother favours her son and the father won't talk to him.

Fong's case shows support for the view that her family background with critical and nagging mother has had an effect on her. This may however be mitigated somewhat by her closeness to her father. In all instances the relationship with parents seems to be important in adult life, but the issues raised around difficult upbringings are probably similar across culture and do not seem to be specific to the Taiwanese context.

6.5 Relationship with family-in-law

According to the quantitative findings of this study, negative interaction with family-in-law was also related to depression. This is accounted for in the particular high status of mother-in-laws in the family which can mean that the women married into the family experience hostility and dominating behavior.

Of the two married women Ting and Ang have very different relationships with their in-laws. Ting did not live with her parents-in-law after she married, and her mother-in-law has a part time job which takes her out of the home, although her father-in-law is retired. Ting reports that her parents-in-law are both nice people, are very polite to her, and she feels very lucky to have nice

parents-in-law. Ting's parents-in-law usually discuss things with her husband before talking to her directly, but her husband is protective of her in front of his parents and always looks after her interests. Ting sometimes worries that her mother-in-law might think it is Ting who asks her husband to be so direct with them to take her needs into account. Ting is rather over-sensitive in relation to how others view her. For example when Ting had her miscarriage her mother-in-law telephoned to show her concern and sympathy, her husband spoke to his mother and suggested the problem was a gynaecological one. After he hung up the phone Ting was angry with B for what he said implying it was her fault: *'How could you have said this to your mother? It looks now as though something is wrong with my womb and my body so I had miscarriage. Don't you remember that your mother has many sisters and siblings and she likes to gossip with them? Have you ever thought what would they say about me? '*

A potential source of conflict with her parents-in-law concerns religious differences. Ting is a Christian but her parent-in-law's hold the Taiwanese folk religion which is a mixture of Taoist and Buddhist. Ting said she was required before marriage to get agreement from her church that her family- in-law would not stop future children being raised as Christians. They were willing to sign this and have never obstructed her in her religious belief in spite of the fact Christians are a minority group in Taiwan and there can be some negative feeling towards them. This influences Ting's observance of Taiwanese traditions. They are also tolerant of her wish not to attend the formal memorial ceremony of ancestors held in Taiwan in April every year with a visit to cemeteries. It is clear that Ting has been able to negotiate an independent but

respected position in her husband's family. Although the potential for conflict is there, this has been averted and the relationships seem harmonious. Whilst the relationships have not reached a level of support that might give protection and aid resilience, they do not confer risk in her case.

Another issue related to family-in-law interactions concerns that of childcare practices in Taiwan, in particular the roles relation to raising the next generation. Ting's parents-in-law like to look after Ting's son, L, and were really keen to do it right after L was born. However, Ting reported after she gave birth she felt a bit defensive towards others who would like to get close to her son including her parents- in- law. She felt as though they were trying to steal him away and it made Ting keep L very close to her in the first few months. But gradually she found this exhausting and realised it would be a good idea to let her parents-in-law become involved in caring for her son. At first Ting only let them look after L during the weekend, but since her pregnancy when she started getting tired easily, she also lets L go to them during week days. So Ting has negotiated the sensitivities with her family-in-law quite well and over time allowed them to be more supportive and gradually felt less anxious about their opinion of her. This is likely to be a positive factor when her second baby is born; given her own mother is not a suitable carer for the baby.

In contrast, Ang has lived with her family-in-law since she married and her relationship with her mother-in-law getting worse after her son was born. Whilst in Taiwanese society, traditionally the mother-in-law has high status in the family with authority over her daughters-in-law; Ang reported that in her family-in-law, her mother-in-law has a low position in the family. This is because

she is poor at communicating and always directs every topic towards herself which makes conversation difficult. This means that no-one in Ang's husband's family will talk to the mother or listen to her. When Ang first realised this she was surprised and felt sympathy, but over time she also found it difficult to communicate with her mother-in-law. However the relationship was not problematic until her baby, A was born, the first grandchild in the family. Ang said her mother-in-law has very strong and different opinions about all things related to looking after A but did not speak express this at first. Traditionally, the postpartum confinement is usually in the father's family home. However Ang decided to have hers in her birth parent's home, a choice becoming more popular in younger Taiwanese women. It may be that this estranged her mother-in-law and made the subsequent relationship and 'competition' over the baby more intense.

Ang reported that before she got married, she discussed with P her preference for hiring a nanny/child minder to help them with child care rather than asking her mother-in-law to help. This was to reduce future friction, despite living in the parents-in-law's home. P agreed with her as P he feels his own mother would not provide good care. During Ang's pregnancy, Ang urged P to tell her mother-in-law that they would hire a nanny to give her due warning. Whilst her mother-in- law was not happy about this arrangement, she did not protest about it but seems to have held on to underlying resentment about being pushed out of this role. It shows itself in the mother-in-law's critical comments about Ang's mothercare.

Ang felt very uneasy and annoyed about her mother-in-law's resentful attitude and complained it to her husband who told her to ignore what his mother said:

'You don't need to listen to what she says; in my family, no one listens to her. You have to practice and practice at this, practice at not hearing what she said'.

Ang reported that her mother-in-law sometimes physically pulling the baby away from her. She describes this: *'Sometimes after my work, I bring him home from his nanny's place where he spends his day and my mother-in-law would pull him by force from my arms, and then push me away, saying to me – "dinner is ready and you can go to have dinner now". She did not look me in the eye when she talking to me but just pushed me away and hurried to take A away from me'.*

This has led to a number of arguments with her mother-in-law about looking after the baby, which is problematic since they live in the same household. At the present time the arguments have stopped and the mother-in-law barely interacts with Ang. Ang said her mother-in-law is a very traditional woman and keeps many old customs which is relatively rare nowadays in Taiwanese society. For example her religious behaviour includes holding memorial ceremonies for her ancestors and offering sacrifice in the way which her mother taught her.

Because of her rigid traditional views this has alienated her family, particularly with Ang who does not feel so tied to tradition. Ang gave an example of how this caused friction over her wedding: '*The day before our wedding ceremony, everyone was busy but my mother-in-law invited many of her female friends and relatives to come to her house, making sweet rice dumpling until twelve o'clock midnight and she did not tell us about this beforehand. She said it's an*

old custom to bring good luck for newly married couples. Then the next day after the wedding ceremony, we went back to my parent's-in–law's flat. I was wearing my wedding dress which was white with a long skirt. Then I found a pot with flames in front of the door of the flat and my mother-in-law asked me to take a big stride over the fire pot which she said as an old custom, too. I felt very embarrassed as I had to hold up my long and white skirt high to avoid it catching fire in front of many relatives.' Again, she did not warn Ang of this beforehand.

Another source of friction is that, Ang feels she is not the 'ideal and traditional' daughter-in-law whom her mother-in-law expects. This is in part due to her high level of education. Ang has a PhD in biomedicine and her husband only has a bachelor college degree. Although it is not traditional for couples in Taiwan to have the wife more highly education, it does not cause any problem in her relationship with P. But it has contributed to difficulties with her mother-in-law: '*After living with my mother-in-law for a few years, I realised she has very traditional views about her ideal daughter-in-law in terms of her education background and behaviour and I think I do not fit in this role very well. Yet my mother-in-law rarely gives me an orders and is not bossy to me directly, probably because I have a PhD degree and she may feel inferior because of it'.*

In spite of difficult relationship with mother-in-law, Ang has expressed her thankful thoughts sincerely to her family-in-law in the interview. *'Although I have many conflicts with my mother-in-law after A was born, I did get a lot of help from my husband and his family since I live with them and most of time, they*

are kind to me. To be fair, I do need to make some adjustments myself to living with my family-in-law but living with them is really not unbearable. Having a conscience is really important for a human being so I think in good conscience I feel very grateful for the help my family-in-law have given to me, my husband and my son.'

Comment on family-in-law relationships

Some of the issues raised in the interviews concern family-in-law dynamics but other issues concern a gender gap in Taiwanese society with the older generation observing very traditional behaviours in the family and making few concessions to the modern world (Chang, 2010; Chou, 2011). In Ang's case this involves childcare in particular, but also issues around her high level of education and fulltime work as a woman and in relation to their marriage and elements of their wedding ceremony. Given this potential conflict across the generations, good communication and flexibility is needed to keep family relationships harmonious. Ang does have some insight into the particular conflict issues in her family, and seeks to resolve them by creating more distance in line with her somewhat avoidant attachment style.

This patriarchal view also has impact on Ang's raising of her son since a baby boy is seen to carry on the family name and is of sufficient importance to be seen as belonging to whole family, who should all be involved in his upbringing, not just the parents. This in part underlies the conflicts that Ang is having with

both her parents and parents-in-law .There are however individual and family differences in how cultural norms are interpreted. For example, Ang was able to compare her own mother who is socially active and happy, joins different courses, and has friends and her mother-in-law who is unhappy, stays at home most of time and wants to take over care of grandson to give her life more meaning. Ang's mother-in-law only identifies herself as the family carer, doing most of house work and cooking for family even though her children are all adults now. But since her adult children do not need her, this role has diminished. Her need to care for her grandson may be a means of filling this gap.

Whilst Ting resists many of the traditional views of her parents-in-law, and is determined to have a nanny to look after her second child, in fact she has shown some flexibility in complying with the postnatal confinement with them, and in letting her mother-in-law look after her son. Because the average salary is low in Taiwan, both members of a couple have to work to keep the family, which raises issues of childcare. Whilst Ang said she is lucky that she could afford to pay for it, but many of her friends cannot afford nanny fees so they have no choice but to leave their children with their parents or parents-in-law. But this can lead to tensions where family relationships are not good and where roles are not clearly defined. For the grandparents approaching older age looking after babies and children is an added physical burden, but may also fulfil psychological needs and give them new roles.

It can however lead to greater dependence of adult offspring on their parents, even after marriage. This can be an attachment issue in promoting more

Anxious and dependent attachment styles as well as providing barriers to greater individuation in life development.

6.6 ASI Attachment styles – Anxious

The ASI provided detailed material and rating of attachment style in relation to the quality of close relationships. As well as questioning in detail about partner, very close other and family relationships as described above, it also questioned about attitudes to others and attachment from which the overall secure and types of insecure styles were derived. The ASI derives attachment style from seven scales which examine barriers to closeness involving Avoidance (mistrust, constraints on closeness; anger) and Anxious styles (low,high desire for company); fear of rejection and fear of separation). The overall insecure styles comprise those Anxious (Enmeshed with fear of separation; or Fearful with fear of rejection) and Avoidant (Angry-dismissive with mistrust and anger and Withdrawn with constraints on closeness and high self-reliance). Unusually in community samples are ratings of Dual or disorganised styles where two styles can be seen in parallel.

Among the four cases, Ting had an Anxious (Fearful) style, and Ching had a dual/disorganised Anxious style (both Fearful and Enmeshed). Fong also had a dual/disorganised style with Anxious and Avoidant elements (Fearful and Angry-dismissive) and Ang was the only Secure case. However her interview showed some features of low level avoidance (angry-dismissive) although in the normal range. These will be described below and in relation to the quantitative findings

6.6.1 Fearful style – Ting

A fearful style denotes anxious-avoidance and the key elements are mistrust, constraints on closeness and fear of rejection. This profile was exhibited by Ting. When asked about mistrust, Ting reported *'Sometimes I think I am a bit naïve, too easily trusting in others. I have worked in several companies before and I usually put a lot of trust in my bosses and colleagues. But some colleagues who are close to me warn me that it's better not to talk too much about yourself to others as we are here to make money not to make friends. I believe most people are nice. Although sometimes being so trusting in people is not good for me.'* (Rated as 'some' mistrust). However, Ting did show constraints on closeness with others. *'I can talk to good friends but not to strangers or distant friends, sometimes I am very quiet with people. I have the habit after meeting with friends to recall what I have said in the meeting and worry that my words might have hurt someone. I begin to feel uneasy and regret what I have said in the meeting and think I should have thought twice before I said it.'* Ting's absence of close friendships was also included in the rating of 'moderate' level constraints on closeness.

Ting usually worries that asking for help would bother and annoy others and therefore does it rarely: *'I am a courteous person so usually I don't ask friends for help. I think if someone usually asks for help for others, she will make others annoyed. I am also worried if I ask friends for help it would put them in a difficult situation. Maybe they would like to say 'no' but they may find it embarrassing to say so*. She feels this about most relationships and it stops her getting close. (Her fear of rejection was rated 'marked'). Ting likes to solve problems by herself and

was rated as having 'high' self-reliance; she felt she was an independent person making decisions alone: *'The best example is my recent pregnancy. My mother, mother-in-law and friend A kept telling me what to do, but I felt I could find this information out by myself. I didn't need them to tell me what I should do'*. Ting's desire for company was rated 'low' since she does not like to see friends very much '*If I see friends very frequently, I don't know what to say to them. I feel it's good to have my own company, although having someone beside you is good, but I can do a lot of things by myself.'* About online chatting she says: *'I won't say I am a loner, as being alone for a long time is boring. But I don't like to talk to people all the time that's why I don't use MSN. I have an account on MSN, but if I login, there is always someone talking to me on MSN, it makes me feel annoyed.'*

Ting shows typical features of Fearful style: she is lacking in a range of close relationships, she shows timidity in getting close, with pronounced fear that if she does get close she will be rejected. Whilst this style does in fact include some behavioural avoidance, the presence of fear is taken to denote a form of Anxious attachment style. Fearful style relates to low self-esteem, to childhood adversity, and to low support and depression (Bifulco & Thomas, 2013). Her VASQ questionnaire score was 76, higher than published cut-off (57) and she also got high score in both proximity-seeking and insecurity subscale in VASQ. She also scored as having negative self-esteem and her depression score was high. Ting's case study confirmed and illustrated the first research hypothesis (1a) - Insecurity of attachment, relationship problems with partner and lack of confidant and negative self-esteem will be inter-related, and positively related to depression.

6.6.2 Fearful and Enmeshed attachment style - Ching

When asked about her attitudes to closeness and autonomy, Ching described Anxious attitudes including both Fearful and Enmeshed elements. The fearful elements are similar to those described by Ting earlier. When asked about mistrust she said that being selfish is human nature but she does not feel very negative about that: *'I think everyone is selfish and most people can't put themselves into others' shoes. It is difficult to do it, for example, if I try to put myself into your shoes, but it's still "me" being put into your shoes but not "you" in your shoes. So it's not easy to really bear in mind the interest of others.'* She described her sense of mistrust using dramatic language: *'I think everyone should be selfish and treat themselves better. For example, if you and I are good friends but one day you slash me with a knife, I won't think you are betraying me because you never said you wouldn't slash me. And I believe there must be a reason for you to do this, because you are mentally ill or you have to kill me to survive. But I don't think this is a bad thing. People may think it is selfish behaviour but for me, it's human nature.'*

Ching went onto say she probably has more trust in dogs than in people: *'I trust people a bit but can't trust them deeply. It depends on what kind of people I am with. After I moved in with my grandmother, I couldn't communicate with her very well as she speaks Taiwanese and I speak Mandarin. During that time my grandmother had two dogs so I played with them a lot. A few years later they giving birth to puppies and I began to look after puppies. That's the reasons why I like dogs very much.'* Her boyfriend thinks she has more trust in dogs than people. Once he asked her if she saw a man hitting or slashing a dog on the

street, what would she do? Ching said she would rush to the man and push him away to save the dog. Then her boyfriend asked her, if she saw a man hitting a person or slashing a person, what would she do? Ching said she would be frightened and would not have the courage to confront him. (Mistrust rated' moderate')

Ching has many constraints on getting close: *' I think if I get too close to people then I would be easily hurt. Because it is as though everyone has "thorns" on them and also has shields to protect themselves. If I keep a distance then I will not get hurt, but if get really close, then both I and the other person would be easily hurt by the thorns. So I think the best policy is keeping a proper distance.'* This is despite Ching also feeling closeness to certain others. Her constraints on closeness was rated 'moderate'.

When asking about fear of rejection, Ching said she is always worried people will let her down, especially her boyfriend: *'I think people worry about being let down because they have high expectations of others. For me, I only have a high expectation of my good friends and my boyfriend. Especially my boyfriend, because if I want to spend my whole life with him, I expect him to be a good man caring for his wife and taking responsibility, rather than making me wait till midnight every day or criticising me for my cooking and making me cry.'* Ching's fear of rejection was rated ' moderate'. This is a key scale in identifying Fearful attachment style.

When asked about her self-reliance, Ching described that she could do most things on her own and makes decisions by herself mostly. *'I know I need to take*

responsibility for my life so I make decision for myself. Others can't take responsibility for my life. I think suicide is not a good idea. As long as I am alive, I take responsibility for my life.' (Self-reliance rated 'high'). She was also not afraid of going out alone and can be on her own: *'I go shopping on my own, go to movies alone and do a lot of things alone often. Since I can go alone, why bother to ask someone or wait until someone has free time to go with me? However, if my friends ask me to go to the movies together, I would go with them, too. In this situation, it is building up a relationship not just seeing the movie.'* Ching reported that although the first time she went to a movie alone, she felt a bit uneasy and anxious, she has gradually got used to it and now feels confident: *'I think no matter how much time you spend with friends, you have to keep time for yourself to do meditation or just being with yourself. Otherwise, your world would be full of others and lose yourself.'* However, she had some contradictory attitudes towards her need for company and in reality she experienced strong sense of loss when away from her boyfriend and uses going out as a distraction. Ching described herself as a person who would always like to know where her friends and boyfriend are and what are they doing. But recently her attitude to friends has changed. '*I think I am the kind of person who wants to control or possess others. But I have changed my attitude to be less controlling to my friends. However, for my partner, I still get strong feelings of the need to control or possess him, because I have got only one partner so it's difficult to let it go.* (Desire for company rated 'contradictory response').

Ching does have fear for separation with regard to her partner. She said she would like to know everything about her boyfriend: *'I don't like it if there is something I don't know about him, no matter whether it happened in the past or*

right now, I want to have full understanding of everything about him. I don't like a situation where someone comes to him and I don't know who is she or he is, or someone talks to him about an issue I don't know about.' She has tried to reduce her need to control and know everything about her boyfriend. *'So now I am not so controlling anymore, but still a bit controlling.'* (Her fear of separation was rated 'marked'). In terms of anger, her only discordant relationship was with her boyfriend. Whilst she argues with him she does not have quarrels with others often and was rated as only 'some' level of anger. '*I am not a person who would have quarrels with other easily. I just have quarrels with my boyfriend sometimes.'*

In the ASI it is possible to rate two styles simultaneously for individuals who fulfil more than one profile in terms of the subsidiary attachment scales which reflect different attachment attitudes. This is fairly rare in the community (e.g. 6%) (Bifulco & Thomas, 2013) and is identified as a form of 'disorganised' attachment. Ching's attachment style was rated as moderately insecure with dual with Fearful and Enmeshed characteristics. Whilst both can be considered as Anxious styles they display different autonomy issues with both avoidant and dependent elements. This pull in two directions is also shown in her contradictory responses around desire for company and her high fear of separation. Since Ching has one good supportive relationship her overall degree of insecurity based on her relating ability was 'moderate' in both styles. Ching's reporting shows evidence of idealising some key figures in her life, for instance, her mother and her boyfriend and is inconsistent in her view of herself and her close others.

In terms of ASI research, those with Dual styles have problematic childhood experience, risk for depression, poor coping and problem relationships, particularly in terms of partners. Ching's questionnaire profile showed she got

high score in VASQ insecurity subscale as well as depression and she also had high scores on negative self-esteem, poor support and low wellbeing. Ching's case study also confirmed and illustrated the first research hypothesis - insecure attachment style was positively correlate with relationship problems and negative self-esteem.

6.7 ASI Attachment style - Angry-avoidance

6.7.1 Angry-dismissive and fearful attachment style – Fong

Individuals with Angry-Dismissive attachment style are characterised by their hostile avoidant attitudes; they usually have high mistrust to others, high self-reliance and low desire for company together with high anger. Compared to those with fearful style, individuals with Angry-Dismissive style are more 'prickly' and tend to be isolated through their pushing away of others. Fong described both angry and anxious avoidance in her attitudes. She described her level of trust in others as mixed: *'Originally I was a person who would trust in others easily and treat others very nicely. I am an honest and genuine person and don't hide my words and attitude towards people as I hope people will treat me in an honest way.'* However, recently she has become more cautious and suspicious as she gradually found out that not everyone was honest either to her or others. In addition, the counselling course she attends has made her more cautious and more aware of the barriers and differences in people's views of others. Her behaviour in interview was also very mistrustful. Before the interview, she wrote 6-8 emails to the researcher and asked many questions asking why

has she been selected for interview, which was not typical of other respondents. (Mistrust was rated as 'moderate').

Fong has constraints on getting close and doesn't talk about her feeling or express her emotions much. *'I haven't confided in others about my feelings, thoughts or troubles since I was a child. I feel it is very difficult to do so. If I encounter problems, I usually resolve them by myself.'* Fong describes being anxious getting very close to people. *'I am worried that if we get close or they know me well then they won't like me. I desire close relationship with others but I can't do it. It's a contradiction for me.'* (Constraints on closeness rated 'marked'). Fong has high fear of rejection.*' I am quite blunt and easily get cold shouldered by others. I have been hurt too much. It makes me think I should 'sieve' friends and just get close to those I can trust.'*(Fear of rejection rated' Marked'). When asked about self-reliance, Fong gave a contradictory response, reporting that she is an independent person in terms of her behaviour but quite dependent in terms of her emotion and affection. *'Most people would say I am an independent person.'* In terms of making decisions, Fong said that usually when she is confident she will make decisions alone: *'I did quite get used to being alone with myself. But sometimes I also like to have company and someone to lean on. That's the reason why I want to get married is that I hope there would be someone who can understand me and talk to me - it's really important.'* She hopes that then she could have advice from someone close (Self-reliance rated 'contradictory').

Fong has low level of desire for company because old friends don't really understand her so she does not want to spend more time with them: '*I have some old friends who I have known over 20 years since college days, but I don't think*

they know me very well. What they see is just my behaviour, but not my personality, they think I am a critical, overbearing person and like to argue irrationally. I don't want to have a higher degree of contact with them.' Fong did not have any fear of separation, either. '*When I left Taipei to work at Shin city and separated from my family, I did not feel lost or anxious*.' Fong said she has faith in God and she believes He will give her strength to deal with any situation.

Fong reports that those around her describe her as angry and overbearing. She had not been aware of this but since starting her CPE course is beginning to observe it in herself. '*Once I got a book and a card from an old college friend which made me really sad. The book title was 'You are not my best friend' and on the card she wrote " I think you are just like a hedgehog which has a lot of prickles on your skin". I thought we were good friends and although sometimes we did bicker, I did not think we argued with each other.'* Fong reported that she thought she was having good communication with friends and she always wanted clarity and to get to the bottom of any bad feeling. *'In the CPE course, someone also told me that she feels that I am aggressive and overbearing. So at the end of term, I wrote a comment on my self-evaluation card: "People are aware of this but I am not aware, but actually I am an aggressive and overbearing person"'* Fong went on to say that she is gradually becoming aware that what she feels is direct communication, others feel is too pushy and cruel.

Fong's level of anger seems to have decreased after she studied in theological school. *'Sometimes I argue with people and try to convince people of my argument, and some people feel that I am forcing them. I did force it with them, but this has happened less after I began my studies in theological school. Before*

having any argument with people, I ask myself; "do I really need to insist on this issue? Is this issue so important to me?" Because Jesus is a channel of peace, I hope I could be more like him."

Fong's attachment style was rated as moderately insecure and Dual style (fearful and angry dismissive style) and her attitudes show key features of both styles. She has high mistrust, high constraints of closeness and high fear of rejection which are all important characteristics for Fearful style. She also has moderately high self- reliance, low desire for company (masked by contradictory presentation), low fear of separation and high level of anger which are essential features for Angry-dismissive style. Such dual style is considered parallel to the Disorganised styles in attachment theory, particularly those involving dual styles as described by (Crittenden 1995). Other interpretations of disorganised styles involve prior unresolved loss (Main & Solomon, 1990) or dissociated anger (van IJzendoorn & Bakermans-Kranenburg, 1997). Disorganised styles are considered highly related to childhood abuse, and to psychopathology (Liotti, 1999). Although Fong has dual/disorganised insecure attachment styles, she did not have negative self-esteem at the time answering the questionnaire. It is suggested that being a pious Christian, provided her with a better self-image. In terms of the quantitative analysis, Fong scored as 60 on the VASQ scale which was higher than published cut-off (57) and also got high score on both proximity-seeking and insecurity subscale in VASQ; However, she only have 24 on depression. In terms of first research hypothesis (1a) of current study – 'Insecurity of attachment, relationship problems with partner and lack of confidant and negative self-esteem will be inter-related, and positively related to depression.'; Fong's case partially confirmed the hypothesis and she did have

troubling relationships. However, her religion potentially provided her with a better self-image which will be explored more in the next chapter.

6.7.2 Secure - Ang

Ang was the only one of the four women who described good supportive relationships, a high rating on ability to make and maintain relationships and a secure style. However when asked about her attitudes to closeness and autonomy it was evident that there were vistigous of an insecure style. When first asked about mistrust of others and whether is suspicious of others and thinks others are only out for themselves. She responded that she thinks there are both good and bad sides to human nature. Whilst people usually do things for themselves, she also said: *'I also believe people won't hurt others without a reason. People are hostile to others usually when they have a conflict of interest. For example some people like to be dominant in a group, they may want to look out to help you in the very beginning, but if you then have a higher position in the group then they might feel threatened and then start rumours about you or attack you in some way.'*

Whilst this would make her angry, she could understand that such attacks would be due to fear. '*Fear is understandable because people always protect themselves if they feel threatened. Being attacked does not change my trust in people; I don't think everyone is a bad guy. People attack others or are hostile because they think they are threatened. Although the reason they feel threatened might not be reasonable, they may see themselves as really in danger. I don't feel like that myself but can understand why they would do it.'*

P says sometimes I am bit naïve and not sophisticated enough and I found I can't deny it.'' Ang said as long as the other's behaviour is not too extreme she would just let it go. Therefore on balance her mistrust was rated as only 'some' since she had insight into her barriers with other.

Ang reported constraints on getting close to others (rated 'moderate'). *'I am not used to ask help from others. Asking for help makes me feel I am admitting defeat. Although I know it is a ridiculous complex, I would not ask for help unless the problem is serious and I really did not know how to deal with it.* However, Ang says she has recently changed and has learned to ask for help although it has taken her some time. She is gradually admitting her weaknesses and now feels asking for help is a courageous behaviour. This is shown by her high confiding in both her partner and VCO.

Ang was rated 'high' in self-reliance. From a very young age, Ang reports having to deal with problems by herself. *'Every big decision of my life I decided it by myself, including choosing my major to study in college, doing my PhD or not, choosing my husband, and getting married. I always made decisions myself and then informed my parents. Most of the time they respected my decisions.'* Ang thinks it is right for people to make decisions for themselves, but after she left her parents' house and had more contact with the world, she was surprised to find others were less self-reliant. Ang's desire for company was rated 'low', she reported that since she and her friends all have busy lives now so it would be difficult for them to see each other more often and feels it is fine to keep the same low contact frequency with friends. This is consistent with Ang only

having one VCO and not reporting closeness to her family. This indicated high indecency on her part.

When asked about anger or conflict in her relationships, Ang's hostility level has gone up since her baby was born. She felt this was not her usual style: *'I usually do not have quarrels with others. Having quarrels and getting angry is quite energy consuming and it makes life become difficult. I think most people don't do that.'* But her anger towards her father and her mother-in-law in relation to her baby has led to conflict. (Anger was rated 'moderate') Her overall attachment style was rated as Secure, but with mildly angry dismissive elements. Whilst her ability to relate is good, she only has two support figures and could name no other confidant; her self-reliance was higher than the average person and her desire for company lower. Whilst her mistrust was within the normal range her anger was currently higher. These characteristics are consistent with angry-dismissive style. In terms of her questionnaire responses, Ang rated as 52 on the VASQ (lower than published cut-off 57), 10 on negative self-esteem and high (17) on positive self-esteem and a low score on depression. This is consistent with a Secure rating.

It should be noted that Ang has a number of protective factors. She was born in a middle class family and has a high level of education and therefore has a secure financial position, and benefits from a good and close marriage to someone from a similar background. She has good support from her family, her birth parents live very nearby and she is currently close to her mother and they all help with childcare. She had PhD degree in Biomedicine and she reported that her study and her work environment as a consultant of thesis writing

assisting company is relatively secure and stable. She has a good supportive context both from her husband and her close friend K. All these factors contribute to her features of largely secure attachment style.

However, there are some risks present and these have been reflected in a low level of insecurity of attachment with angry-avoidance. These appear to have arisen since her son's birth, which has led to conflict with her mother-in-law but also her father and in both the issue is around competing for the child's attention and looking after him.

6.8 Discussion

This chapter has examined close relationships and different attachment styles of four case studies. It reflected the quantitative findings that troubling relationships are correlated to depression, such as negative interaction in partnership and quarrels with birth family; these can be found in two depressive cases: Ching's conflictive relationship with her boyfriend and Ting's irritable relationship with her birth family. These two case studies also confirmed the first research hypothesis (1a) of current study – 'Insecurity of attachment, relationship problems with partner and lack of confidant and negative self-esteem will be inter-related, and positively related to depression. Anxious attachment will be a better predictor of depression than avoidant attachment.'

Although each of them has different risk factors in relationships, it can be seen that these risk factors were inter-related and positively related to depression in

both cases. Ting's moderately fearful attachment style and her avoidant, anxious attitude in interpersonal relationships, making her has no close others except her husband and she also have high score on negative self-esteem scale in the questionnaire. Ching's moderately fearful and enmeshed style which is characterised by dependent and ambivalent attitude in relationships, contributing to her conflictive partnership and has only one very close other. Ching also has show low self-esteem in the Rosenberg self-esteem scale. These findings are in line with literature of low self-esteem and depression (Beck, Steer, Beck, & Newman, 1993; Brown , Bilfulco , Veiel , & Andrew 1990; Lewinsohn, Mischel, Chaplin, & Barton, 1980); It also in accordance to the studies regarding problem relationships and depression (Bifulco , Brown, Moran, Ball, & CampbellL, 1998).

However, for another two non-depressed cases – Fong with moderately fearful and angry-dismissive attachment style and Ang with mild angry-dismissive attachment style – they both have problems in their close relationships but did not showing negative self-esteem in answering the questionnaire. It may be than angry-dismissive attitudes are somewhat protective against depression by increasing self-esteem and attributing blame for difficulties externally rather then internally. Both women also have a few resilient factors. For Ang, one of resilience is high education which could relate to her better self image and allowing her to be financial independence. Although balancing the responsibility of childcare and work can cause pressure for career women (Allen, Herst, Bruck, & Sutton, 2000); having well-paid income allows Ang to hire a nanny to look after her son rather than relying on her mother-in-law for childcare. In addition, Ang's has a supportive husband who is not only a good listener,

providing advice to Ang if she needs but also standing on Ang's side when she has conflicts with mother-in-law. Ang also has a college friend who she can confide almost everything to and provide her good support. Although Ang has avoidant elements in her attachment style, this angry-dismissive element is mild and her attachment attitude is within secure range. These resilient factors help Ang have a supportive social network, positive self-image and financial independency in the face of conflicting relationship with mother–in-law.

Although Fong has dual insecure attachment style (moderately fearful and angry-dismissive) which is viewed parallel to the Disorganised styles in attachment theory, usually involving dissociated anger (van IJzendoorn & Bakermans-Kranenburg, 1997) and being considered as very vulnerable style; Fong did not have low self-esteem and neither has depression. It is suggested that being a pious Christian, daily religious practice and good connection with the God, providing her a better self-image. Her religion provides her a better self-image which will be explore more in next chapter.

Chapter 7 Case studies:

Childhood experience and depression/resilience model

7.1 Introduction

This chapter explores childhood experience and risk status of the four cases described in the last chapter. Although their childhood experience was asked about in an exploratory fashion, these accounts will also amplify the questionnaire data and findings. Among the four cases, all scored on at least one of the questionnaire sections on neglect or antipathy from a parent, but only one (Ching) had poor care from both parents and the highest childhood risk scores.

The chapter also discusses the women's religious belief identified as a positive factor for well-being in the quantitative analyses. Three of the women stated they had a religion and two observed religious ritual, although none had a high score on the spiritual wellbeing scale. Their religious belief and how this may have affected their way of living and psychological state will also be examined in this chapter. This chapter will re-visit the depression and resilience models emerging from the quantitative analysis. The hypotheses addressed are:

(1c) Negative care in childhood will positively relate both to attachment insecurity and depression.

(2c) Intensive interviews with a small subset will yield corroborative information relevant to the risk hypotheses and attachment model in order to both illustrate findings contextually, and to explore the meaning of these.

(4c) Intensive interviews with a small subset will yield corroborative information relevant to the resilience models developed in order to both illustrate findings contextually, and to explore their meaning.

The childhood and religious experience of the four cases is summarized below :

Ching

Ching is currently living with her grandmother and cousin, and has lived with her grandmother from the age of 10. Her parent's divorced when she was 7 and her mother went to work in Singapore. She had no contact with father since parental divorce. On the CECA questionnaire she was scored as separated from both parents, with neglect and antipathy from mother and father; thus poor care from both parents. Her grandmother was also critical and uncaring. Ching has no religious affiliation or belief.

Ting

Ting's mother has had severe mental disorder since Ting was very young. On the CECA questionnaire she had a high score for mothers' neglect and father's antipathy. Her neglect is indicated in the interview since her mother sometimes left home in the midnight, making her panic. Her father was a disciplinarian and also intervening when Ting and her brother used to fight. Her father was disinterested in his wife's distress and a distant figure.

Ting states that she is a Christian, and religion plays an important part in her life.

Fong

Fong's childhood was marked by two younger sister's having died in early age accidentally and her parents adopting her younger brother so there would be a son in the family. Her CECA questionnaire showed antipathy from mother in childhood as a risk factor. Her interview similarly shows how critical her mother was of her, how she was treated worse than her siblings who were favoured, and the amount Fong was expected to do in the home. Fong has a strong religious belief which she feels has changed her positively as a person.

Ang

Ang has a severe disabled brother in residential care. Her CECA questionnaire indicated neglect from both mother and father. At interview she also described physical abuse from her mother. Ang was not involves in religious activity.

7.2 Neglect in childhood

The quantitative analysis showed that poor care from parents was related to depression. However, only neglect from mother and not father modeled depression. This is consistent with attachment theory where the relationship with mother is considered primary, and with other investigations of depression. Similarly on mother neglect was correlated with self-reported attachment insecurity. The following extracts describe neglect experienced by both Ting

and Fong. Only Ting had depression at interview, but both had elements of anxious attachment style, with Fong having a dual presentation with avoidant aspects also.

A possible explanation for Ting's experience of maternal neglect was her mother's lifelong serious mental disorders (Borderline personality and multi personality disorder). Ting could vividly recall times in childhood when her mother displayed symptoms and erratic behavior. This tended to occur when there were displays of conflict in the home such as when there were disputes between Ting and her brother in which the father would intervene. She describes her mother's response:

'I remember clearly that after our quarrels, she wanted to go out in the middle of the night. She was quiet, but insisted on leaving the house. I was too young to understand that my mother had mental health issues, but I could tell that her behaviour was strange and I was very worried that if she went out, she may not come back or might not know how to come back.'

Ting's father would ignore their distress and made no attempt to get the mother to stay. So Ting's mother was not a constant presence in the household which was experienced by Ting as rejecting. Ting's father was remote, readily critical of the children and unresponsive and passive in dealing with the mother's mental health issues. The origins of Ting's adult fear of rejection can be potentially traced back to such experience.

Ching's questionnaire responses indicate she suffered antipathy and neglect from both parents in childhood, thus having a high childhood loading of risk. Not only is there evidence of neglect from her birth parents, but also her relationship with the grandmother who brought her up was difficult. Her questionnaire responses in fact refer to her grandmother as her main carer in childhood.

Whilst she has few memories of her parents before they left when she was 7, her mother told her of her father's neglect. She recalls the following: '*My mum told me when I was a baby, once I kept crying in the night and my father thought I was too noisy so he took me outside the house and left me on the road. When I was age 7, sometimes I couldn't sleep at night so I went to my parents' room to see my mother. My dad thought I was naughty so he locked me out of the house in the night. I kept ringing the bell to be let in – eventually he felt it was too noisy so he let me in again. I read some psychological books lately and they said if a baby is crying and does not get good response then the baby might have feelings of insecurity later life.'* Such experience is indicative of both antipathy and neglect in early childhood.

Ching was left with her grandmother aged 10, together with a cousin. She was not close and had further difficulties in communicating since her grandmother spoke Taiwanese (typical of older age people in Taiwan) rather than Mandarin, the language Ching spoke. So they didn't really talk and sometimes had to communicate by gesture so Ching felt very lonely. Although her cousin is only two years older, they did not get well, she had already been living with their

grandmother and resented Ching coming to live with them. They often quarrelled in childhood.

Her grandmother could be critical and hurtful. Following the grandmother's illness when Ching was 11 years old she felt so sad, she cried all night and her eyes were swollen with weeping. The next day when the grandmother came home from hospital well, she teased Ching, saying '*I can't see you as a sympathetic person who cries for others* '. Ching felt very hurt and she swore that she wouldn't cry for her grandmother ever again. She now feels no sympathy for her.

Coming from a broken home seems to make Ching uncertain about whether she could ever be part of a happy family. Ching spends a lot of time on the internet surfing online forums, including the forum for people who have had extra marital affairs. She said she found out that most of the people involved are from broken families. Although Ching is trying hard to understand herself, for example reading psychology books and reading other people's life experience on online forums, it seems she still worried that being from a broken birth family could be a significant risk to her future life. She is concerned not to repeat her mother's experience.

Ching had a disturbed attachment, in the form of both anxious and avoidant aspects, combining fear of rejection, together with mistrust and anger. This would seem to emerge from having negative experience with both birth and surrogate parent throughout childhood with little basis for any positive attachment relationship. Neglect and antipathy are shown to be more highly

associated with Anxious styles in other analyses (Bifulco and Thomas, 2012) and the mix with angry-dismissiveness suggests there may also have been abuse in Ching's childhood, although this was not explored. The fact she has depression at interview is consistent with this very high risk life trajectory.

7.3 Antipathy from parents in childhood

The quantitative analysis showed that antipathy from mother in particular was related to depression which also in line with attachment literature (Brown, Craig, Harris, Handley, & Harvey, 2007b). Both Fong and Ang had antipathy from her mother and talked more about their childhood experiences at interview.

Fong's described her mother as critical over a number of things during childhood: *'My mother usually asked us to help with house work when we were children. But one sister always ran away and was not willing to help and the other usually took her time and was too slow I was the only child who would help my mother. I responded quickly and did what she asked me without arguing. But my mother was always picking on me. When I swept the floor, my mother would complain "why are you doing it haphazardly, why did you not clean under the tables and chairs". However, I was just a child and still had to learn and children need to get praise for such tasks. But all I got was my mother's criticism and it made me feel bad. The more I helped her with house work, the more criticism I got from her.'*

She felt she was treated worse than her sisters. She gives an example of not being allowed long hair like her sisters: *'I cried every time the hairdresser cut*

my hair. Eventually my mother got tired of it and said if I would like to keep my hair long then I need to braid it by myself. So when I was 10 or 12, I did keep my hair long, but still felt jealous of my sister, because my mother would braid her hair not mine. I felt my mother treated her better than me. In addition, when my mother took me to buy clothes, she would force me to choose clothes I did not like. I felt that in my childhood, my needs and preferences were always ignored.'

Ang's relationship with her mother was also full of tension in her childhood and they often quarrelled. '*When I was being naughty or having fights with my siblings, sometimes my mother hit me with cloth hangers and knitting needles.'*

Although both Fong and Ang did not show much anger toward their mother in the interview and their current relationships with their mother are better and closer than childhood; the antipathy they had from their mothers in childhood have influence in their attachment attitude, especially could contribute to their angry-dismissive style. The next section will look at how the women described their depression when asked exploratory questions at interview.

7.4 Describing depression

Two of the women described in detail (Ting and Ching) had high depression scores on the GHQ and were able to talk about their depression at interview and their perception of its causes. These are described below together with reference to the depression model developed in earlier chapters.

7.4.1 Ting's depression

Ting has had depression serious enough to warrant treatment, postnatally following her son's birth. She is concerned about having another episode when her second baby is due and is therefore going to therapy to help prevent this. During her previous episode she felt suicidal: *'I really wanted to die during that time. I wanted to scream, but being at my parents-in-law's house, I couldn't scream out loud'.* Her symptoms were reduced through medication.

She has considered whether her mother's mental illness is hereditary and whether she will succumb to it. She states that her mother always said to her that the mental illness will be impossible to transmit to Ting as it was caused by childhood trauma, not genetics. In recent years, Ting has suffered from emotional problems which often occur after having quarrels with her mother. *'Recently I figured out that living with a mother with mental disorder for such a long time and dealing with her episodes since I was a little girl, it must have damaged something inside me and it's impossible for me to be emotional stable like others who have not suffered this like me.'* Whilst Ting can accept that her mother's illness may not be genetically determined, she does see characteristics in herself which she feels are passed down from her mother, for instance, her social anxiety, mistrust and distress. She says: *'In recent years, I realise I have emotional problems and I wonder if maybe I have had them since I was an adolescent in high school, because during that time, sometimes I felt I would like to die and it was all caused by the quarrels I had with my mother.'*

Therefore Ting does have some insight into her problems in relating to others and her vulnerability to depression. She is taking some action, for instance

therapy, and she is able to talk to her husband about her feelings. Therefore she does exhibit some good coping behavior. However, her continued contact with her mother is likely to be emotionally bruising given little chance of her mother changing.

Ting's disturbed relationship with her mother appears to have had a big impact on her life. Her mother's unpredictable and disruptive behavior makes Ting distressed and feel let down by her mother. Ting's mother's illness has also made difficulties with other family members. However, some responsibility needs to go to Ting's father who could be a mutual and responsive parent in the family, but has failed to build up relationship with his son, O or to develop an affectionate relationship with Ting. Their arguments have made the family context one of high tension in which the mother favours her son and the father won't talk to him.

Problems in Ting's childhood and adult life can be seen to flow from her mother's mental health problems. This seems to have led to issues of neglect in her childhood. There is also conflict in the family between the father and brother, which she ascribes to early separation experience. Her brother also seems to have experienced some mental health problems and interactions within the family are poor. Her sometimes stormy relationship with her mother seems to be an ongoing risk in terms of adding to her stress.

Ting has an anxious (fearful) style of attachment which makes her uncomfortable with other people and wary of getting close. She does not have a good support network, although her relationship with her partner is strong and

supportive. Whilst she resists many of the traditional views of her parents-in-law, and is determined to have a nanny to look after her second child, in fact she has shown some flexibility in complying with the postnatal confinement with them, and in letting her mother-in-law look after her son.

Many of her risk factors therefore conform to those described in the results chapters in relation to depression, involving both psychological, social and early life risk. Despite this she does describe her religion as a source of support and her strong partner relationship is also likely to offer some resilience.

7.4.2 Ching's depression

Ching did not report anything related to her depression in the interview and probably being not aware that she was depressed, but she did get higher scores on GHQ depression scale in the questionnaire. Ching's depression could relate to her childhood lost and early separation with parents. Having suffered rejection from parents and neglect and antipathy from her grandmother, as well as a conflictful relationship with her cousin in the household this has damaged her trust in ongoing relationships with an Anxious style of relating combining both fearful mistrust and dependent fear of separation. Her style is considered equivalent to 'disorganised' which is related in the attachment literature to unresolved early loss. Thus in attachment terms the early separation from her parents and placement with her cold and critical grandmother can be seen as the basis for having a mixed style presentation. Unfortunately there was no information about any possible abuse she may have experienced which might contribute to a complex insecure style.

Ching is conscious of the link between her early experience and her current attachment difficulties, and she can explain the distance between herself and her grandmother in not being able to communicate 'mind to mind'. But she has a false sense of the closeness in her boyfriend relationship, and displays ambivalence in the relationship as to whether she wants more closeness or not, and as to whether she wants to marry or not. This is impeding her ability to actually get close in the relationship. She quotes her mother's negative experience as a barrier to getting closer. She has only low level of support, this from her close friend S. She does not get support from her boyfriend or her mother, despite high feelings of closeness to her mother.

Her questionnaire scores reflected her poor support, and the negative interaction with partner as well as childhood antipathy and neglect. She had no spiritual wellbeing, having no religious affiliation or practice. In terms of self-reported attachment style she came up on the insecure/mistrustful dimension and as overall Avoidant. Whilst this highlights the mistrust in her attachment and her distancing in terms of real support, it does not reflect the anxious elements in her style involving fear of rejection or separation. She did not rate highly on proximity seeking – and in fact she has contradictory attitudes around wanting to be close to others.

Therefore it can be seen that Ching as a young adult is impeded in her relationships by the negative and anxious attitudes which determine her insecure attachment style. Her questionnaire profile also shows she has been neglected by

both parents and is one of the high risk group identified by quantitative analyses as age under 30, being student and low self-esteem.

7.4.3 Discussion of risk in two depressed cases

Both of the women described who had depression had anxious attachment styles involving fear of rejection and in Ting's case also fear of separation and loss. The following discussion will discuss elements of both cases in relation to themes emerging from this study.

Both Ting and Ching have problematic childhood experience, which in attachment terms is seen as the foundation of insecure attachment style. The questionnaire responses described the poor care received by both as well as the parental loss for Ching, with the unstructured interview questions collecting more context around such adversity.

Ching's parental divorce when she was at a very young age was very disruptive in childhood since it resulted in her losing her father permanently, separating from her mother who went abroad and moving in with grandmother (who couldn't speak the same language as Ching. Thus loss was a major aspect and then lack of attachment to the substitute carer with neglect and antipathy present. Ting's mother has severe mental illness since she was a child. When her mother has acute phases of illness and would leave the family home at night, frightening Ting who would cry, holding her mother's leg, asking her not to go. Here it was the unpredictable nature of the mother's mood swings and behavior that made family

life difficult. In addition there was a poor relationship between the father and Ting's brother which led to a mother-son, father-daughter family division.

Both Ching and Ting have experienced parental rejection and neglect. Ching has lost contact with her father since the parental divorce and probably would not have any contact with him in the future. Her father lied to her about where he has been since divorce and has never tried to contact to Ching (other than redeeming his precious watch from Ching's uncle) is a strong symbolic rejection to Ching which may have hurt her deeply.

Ching's mother who has worked in Singapore for many years after her divorce, leaving Ching with her grandmother is probably also viewed as a rejection. Ching defended her mother in the interview and said it was because her mother had no choice; however, deciding to work and live in Singapore alone for almost 12 years, rather than taking her daughter with her or finding a job in Taiwan and staying with her daughter is still a choice where Ching was not given priority. It probably involves financial issues and difficulties in her mother's decision making, but for Ching, it is still a long term separation which results from her mother prioritising her work in Singapore over being with Ching.

All these negative childhood experiences are argued to be the reason why both Ching and Ting have low self-esteem and insecure attachment style. Strong feelings of hopelessness and being rejected could make individuals underestimate their ability and their self-value – both are essential elements contributing to low self-esteem. In addition, these feeling of helpless and of

being rejected in childhood also shape their attachment attitudes towards insecurity – mistrust fo people, constraints on closeness and fear of rejection – all of them are characteristics of fearful attachment style. For Ching, the crucial issue of her childhood maybe the separation, which may have contributed to her enmeshed attachment style which is characterised by fear of separation and high desire for company.

Both Ching and Ting's current social lives are influenced by the past experience. For Ching's the current relationship with her father has also broken down. For Ting the relationship with her mother is highly fragile due to mother's mental state. Ching and Ting's social risk factors can be seen not only in their family relationships but also in their social lives. Both of them only have one confider and lack of support from others — probably a result of their fearful attachment attitude in terms of mistrust and constraints on closeness. For Ching the only sufficient support she has is a high school friend who also suffered similar family issues and Ting could only confide to her husband who she trusts very much. However, lack of support and an insufficient number of confidants could make them feel lonely and besieged, which are possible reasons for their depression.

The psychological and social risk factors which Ching and Ting experience are likely to give them negative expectations about their future. For Ching a constant worry is that she would have the same fate in her marriage as her mother. Ching's fearful and enmeshed attachment style makes her not only feel insecure in partnership but also makes it difficult for her to say goodbye to her boyfriend even though she feels betrayed by her boyfriend's 'virtual' affair.

Ting's mother has a mental disorder since she Ting was young. Although Ting has a brother, Ting's mother relies on her and is closer to her. However, the lack of improvement in her mother's illness (despite seeing many doctors) could make Ting feel hopelessness and despair about future. As her mother's multiple personalities sometimes drives Ting crazy and make her say she would like to die. Ting also has a constant worry that she might have risk of inheriting her mother's mental disorder. For Ting, both her own emotional issues and her mother's mental disorder make her worried and distressed about for her future.

The risk factors and insecure attachment experienced by both Ting and Chang have increased risk to depression experience. Ting experienced postnatal depression, this compounded by problems with her mother as well as stress over the pregnancy and birth. Ching has depression at the time of interview. Her stressors seem to be around her partner relationship which is unsupportive and with her boyfriend having less commitment to the relationship that she would wish. With her insecure attachment style she is less likely to end this relationship to free her up to find a close partner relationship.

This section has presented two case studies of women in the sample with Anxious attachment styles, both of whom were depressed and for whom interpersonal risk was a major contributor to their poor functioning levels. The psychological and social risk factors they both have correspond to the depression model for anxious attachment style founded in quantitative analyses, such as poor childhood care, consistent with an attachment approach with

distorted family relationships having continued impact in their lives. The attachment styles derived from the ASI are consistent with the insecure scores arrived at by the VASQ, but with greater specificity of style and more linkage with the poor support they both experienced. Having the interview accounts of the distortions which occur in insecure styles helps to show how themes of fear of rejection or fear of separation can perpetuate from childhood and be transferred onto other ongoing relationships creating barriers for achieving support. Such support is protective against stress for preventing psychological disorder, and without it individuals are vulnerable to depression.These two case studies also support the first hypothesis of current study (1a) – ' Insecurity of attachment, relationship problems with partner and lack of confidant and negative self-esteem will be inter-related, and positively related to depression.'

7.5 Discussion of resilience in two non-depressed cases

This section will explore the resilience model in the two women who did not have depression (Fong and Ang).

7.5.1 Religion as resilience factor

The quantitative analysis showed that women with more religious activities are less depressed and having higher self-esteem. In the interview respondents were asked about their religious experience and how religion affect their ways of thinking and living. Two of the women described (Fong and Ting) despite not having high spiritual wellbeing, described the benefits they saw as arising out of their religious belief.

Fong put emphasis on how her religion has changed her as she explores her own life story with experienced religious mentors and introspects through daily religious practice. In many ways these parallel those which might be accrued from psychotherapy or other means of working through past grief and anger.

In the interview, Fong said daily praying and meditation helps her to introspect and has made some positive changes in her relationship with others. The biggest change has been her new feelings towards her mother:

'I found that forgiveness played an essential role of the change in my relationship with my mother. Forgiveness meant I could let go of the anger and let in the love in the relationship.'

Fong attributes her change to her daily meditation, spiritual belief and the benefits of the CPE course. She said the Holy Spirit touches her in a very special way when she is reading the Bible.

'It makes me recognise my limitations and realise I am a person who can make mistakes easily. If someone tells me that my words have hurt them before, I would said – "I am very sorry if I really said that. I might in bad mood at that time or being occupied by other things. Thank you for reminding me and if my words hurt you, please accept my sincere apology".'

Fong finds her daily religious practice makes her more sensitive and more able to reflect on her relationship with others. She is more willing to apologise and

has become more humble and less argumentative. She attributes this to the love of God and His wish for people to live happily and at peace in the world. However, Fong also believe that human beings are vulnerable and sinful and prone to anger jealousy and hurting others.

Fong reported that she would like to get close to others but finds it difficult. She sees relationships as fragile and impermanent and keeping a distance avoids disappointment and being hurt. Her religious belief however, has provided her with feelings of security and emotional strengths: *'Although people may change and any relationship could be broken by separation, hostile break up or death. People may walk away from me but God won't. God will stay with me all the time and I can get comfort and security from God. I am the person who usually feels insecure but God is always with me no matter where I am. I don't need to go to church to be with him. He is with me everywhere.'*

Fong emphasised that although she reported the CPE course have been a great help for her in terms of self-understanding and self-reflection, it is her daily religious practice (her regular prayers and bible reading) and her close relationship with God which has made positive changes The change includes her improved perceptions of her relationship with others and awareness of her different emotions and her angry in relationships.

'Although I still have many blind spots in my religion and need to work hard to gain more understanding, God is very patient with me. God comforts me, taking away my lonely and insecure feeling and satisfy my needs of security. Because the satisfaction I get from God, I could have energy and a revived new life. This

energy wells up and keeps welling. It allows me to be more flexible and willing to open my heart, making change of my life. Sometimes it's not easy to listen and accept the feedback in CPE course but the energy I get from God give me strength to see myself and change myself.'

Religion has also changed Fong's relationship with her mother, especially after Fong took the CPE course which helping her developing self-awareness and reflecting her relationship with others. Fong is learning to have more sympathy for her mother, who she describes as poor at communicating emotion. She also feels her mother has changed:

'*My mother changed a lot after she became Christian. One day we were reading bible and praying together, I told her 'Mum I love you, you have worked so hard to look after us; my sisters' death was not your fault' then my mother wept a lot. I think my mother still feels very guilty about my sisters' death. She feels she did not take enough care of them and is responsible for their deaths, She would now like to help us as much as she can to provide a good environment for her children who still alive.'*

Therefore it can be seen that for Fong her religious activity has impacted on her attachment perceptions and made her more accepting of her childhood. It appears to have had a therapeutic effect and allowed for reflection in a context of a supportive religious setting.

Ting reported that religion is essential for her life and it provides support for her and also a great comfort for her.

'This religion is very important for me and I can't imagine how much worse the situation would be if I didn't have my faith. Although I don't talk much in 'religious terms' like 'oh my Lord' or 'thanks be to God' it is very much present in daily life, I really can't imagine what my life would be if I didn't have this religion.'

Ting's mother has had crises of faith and Ting has persuaded her to remain in the church: *'A few years ago when my brother was on military service and having difficulties my mother asked a lady in the church whose husband works in the army to help him. But the lady was unwilling. It made my mother very disappointed, saying it's no use believing in God and she would like to give up the religion. I was very sad hearing that from my mother I cried and told her – "mum, you can't give up on God."*

Ting said her religious practice involved chanting and praying. She likes to pray to God more than chanting as she feels praying is more casual than chanting and make her feel close to God. Ting said she could talk about many issues in her prayer, for example, her husband took an exam for a job vacancy in post office two weeks ago, Ting has prayed for her husband and she hope God could bless her husband, helping him perform well in the exam. Sometimes Ting also talks about her birth family issue in her prayers. *'When I have quarrels with my mother and feel very sad and sorrowful, I would pray and talk to God – "God the father, why is the situation like this? Why is my mom being sick for so long? Why could she not get well?"'*

Ting identifies her religious belief as giving meaning to her life and helping her

cope. In terms of her questionnaire response it did not however confer spiritual wellbeing. This maybe because she does not have a level of contact with the religious community which could confer support.

7.5.2 Discussion of Fong's case

Fong's case history is complex, she has a number of early life risks and has highly insecure attachment style with poor support levels. However, there is some indication of protection from her religious belief, and her current religious studies has improved her social support and contact with others, and both these factors are helping her to feel more secure and aid her attachment behaviour.

Fong's case shows support for the view that her family background has had a profound and damaging influence on her relationship with others, consistent with Attachment theory precepts. Fong has deeply insecure feeling towards other people which are mainly Avoidant but with mixed Anxious and Angry elements in her attachment attitudes and behaviour. Her childhood experience of antipathy from her mother, possible neglect of her sisters, the adoption of a brother who was given more attention, and the unresolved loss around their deaths.

Unresolved loss is believed to be a major issue around disorganisation of attachment, and the anger and grief involved has remained with Fong into adulthood. This has focused particularly on blame of her mother. Her account gives little description of her father and there is no information on his role in the

family dynamics, or his response to both adopting a son and losing two daughters. She has no hostility or blame towards him. However, she describes achieving some resolution over these past losses which she has gained through her religious belief as well as through contact with supportive others on her Pastoral course. Whilst this impact has not yet influenced her ASI ratings on attachment style – for example she has not acquired sufficient support for a more Secure rating – there is some indication that she is recognising her anger and that this is reducing. If her anger level reduces, this will leave only the Fearful elements of her style which is somewhat more adaptive.

Fong's ability to relate seems to be improving given she can now name two VCOs who are new friends and colleagues in CPE course and who share her religious beliefs. She reports this as making her less lonely. Both relationships reflect some barriers however, with P she needs to keep some distance because he is married, and with B she has not yet been able to confide fully. She does describe her relationship with B in terms of a sisterly relationship and this may help work through some of her ambivalence with her real sisters. She does now report high closeness to sister A, although does not confide in her, but no closeness to older sister E. The test of whether her attachment style really is shifting will be if she can sustain these two VCO relationships once her studies are complete and whether she can work on her relationships with her sister.

Fong attributes the positive changes she is going through to her religious belief and practice. She describes this as providing secure feelings and as an impetus for reducing her anger and increasing her forgiveness and tolerance of

others. During her studies it seems she has been encouraged to examine her background and think through issues which may help with her future pastoral role. This together with the support from other students on the course seems to be having some therapeutic impact.

Although Fong has dual insecure attachment styles, she did not suffer from depression at the time answering the questionnaire. It is suggested that resilient factors including her religious belief and practice, practice and the improvements in her relationship with mother may buffer the negative impact from childhood and insecure attachment attitude.

7.5.3 Discussion of Ang's case

Elements raised in Ang's case which have both psychological and cultural aspects are further discussed. Whilst Ang's attachment style is mainly secure, she does have features of both high self-reliance and anger which indicate angry avoidance. Such minor avoidance may confer some protectiveness against depression. The anger seems to have occurred after giving birth and to be focused on her family. In particular her mother-in-law and her father, both of whom are seen as competing for her son's attention and both of whom have different ideas on child care for example breastfeeding.

There are issues for Ang around family and family-in-law dynamics (both her mother-in-law and father seem inflexible and difficult to relate to) but other issues concern a gender gap in Taiwanese society with the older generation

observing very traditional behaviours in the family and making few concessions to the modern world (Chang, 2010; Chou, 2011). In Ang's case this involves childcare in particular, but also issues around her high level of education and fulltime work as a woman and in relation to their marriage and elements of their wedding ceremony.

An example of a traditional taboo in relation to childbirth in Taiwan concerns the postpartum confinement, not only in terms of whether this should be with the wife or husbands family, and in relation to breastfeeding, but also in relation to other health beliefs (Ling, 1999; Tien, 2006) For example traditionally it is thought that both air-conditioning and frequent hair washing can damage women's health postpartum. Ang had her confinement during a hot summer but her parents insisted on not using the air conditioner which Ang reported 'drove me crazy'. Originally Ang planned to have 40 days confinement in her birth parent's home but she left 10 days early. She described it as a 'terrible experience' having the postnatal confinement with her family and now would recommend to her friends to got to a private nursing home. Given this potential conflict across the generations, good communication and flexibility is needed to keep family relationships harmonious. Ang does have some insight into the particular conflict issues in her family, and seeks to resolve them by creating more distance in line with her somewhat avoidant attachment style.

Another cultural factor which has influenced Angs early life was the patriarchal insistence on producing male heirs (Chiang, 2004). This pressure was put on Ang's mother with her grandmother making a deathbed wish for her to keep

having babies until she produced a son. However, this lead to a great childcare burden, looking after four children one of whom was disabled and this led to high levels of stress and anger in Ang's mother which rebounded on Ang. This is why the parents sent their disabled son to residential care when he was 8 years old. Whilst this eased the burden it increased the parents feelings of guilt, particularly in her mother. In many ways Ang does not conform to the traditional Taiwanese view of femininity. She is highly self-reliant, achieved well at school and went onto higher education. After finishing her master's degree, she decided to undertake a PhD immediately, which her mother opposed because she thought it would reduce her chances of marrying. Ang's mother worried that Ang would not fit the traditional role of a wife and would be single all her life.

This patriarchal view also has impact on her raising of her son. A, baby boy is seen to carry on the family name and is of sufficient importance to be seen as belonging to whole family, who should all be involved in his upbringing, not just the parents. This in part underlies the conflicts that Ang is having with both her parents and parents-in-law. There are however individual and family differences in how cultural norms are interpreted. For example, Ang was able to compare her own mother who is socially active and happy, joins different courses, and has friends and her mother-in-law who is unhappy, stays at home most of time and wants to take over care of grandson to give her life more meaning. Ang's mother reports having fulfilled her role as a mother with her own children so does not expect to do this for her grandchildren. Ang's mother-in-law only identifies herself as the family care, doing most of house work and cooking for family even though her children are all adults now. But

since her adult children do not need her, this role has diminished. Her need to care for her grandson may be a means of filling this gap.

In the interview, Ang raised an issue which she thinks is a difficult challenge for her generation around childcare. Because the average salary is low in Taiwan, both members of a couple have to work to keep the family, which raises issues of childcare. Ang said she is lucky that she could afford to pay for it, but many of her friends cannot afford nanny fees so they have no choice but to leave their children with their parents or parents-in-law. But this can lead to tensions where family relationships are not good and where roles are not clearly defined. For the grandparents approaching older age looking after babies and children is an added physical burden, but may also fulfil psychological needs and give them new roles.

It can however lead to greater dependence of adult offspring on their parents, even after marriage. This can be an attachment issue in promoting more Anxious and dependent attachment styles as well as providing barriers to greater individuation in life development. Ang reports issues that are problems in many societies, but she has many advantages in her own life concerning her strong marriage and support, high level of education and career and the capacity to choose her childcare arrangements. She therefore shows resilience and seems to have overcome risk which may have been associated with the neglect and possible physical abuse she experienced in childhood. Further discussion of resilience in both Fong and Ang's case is outlined below.

7.5.4 Overall discussion of resilience

Neither Fong or Ang reported depression despite having adverse childhood experience, although their lives have taken different routes to finding resilience. This is related to social support and cognitive factors which have been found in quantitative analyses such as positive self-esteem, higher education, and religious belief. These factors when positive reflect those shown in the quantitative analysis to be related to wellbeing. Both Fong and Ang have come to repair relationships with their families, particularly with their mothers'. For Fong this has occurred through the strong religious belief which both she and her mother hold. For Ang once her son was born, her mother is the one who she found the most helpful and sympathetic about her need to be a career women and also a mother. Thus her relationship has grown closer. Both women understand the strains on their own mother's during their early years. It is suggested for both Fong and Ang, cognitive changes in the way they perceive these key relationships has occurred in the context of improved social support from other sources. Ang has the better supportive context having good support from both her husband and a close friend. For Fong the support is still embryonic but has begun to make her view herself and relationships differently and more positively.

Neither Ang nor Fong were scored as having negative self-esteem, a factor which contributes to depression vulnerability. Both also seem to have a strong sense of identity in their work/career roles. This may be surprising in Fong with her has Dual/disorganised insecure attachment style, but her sense of self seems to come through her religion.

Ang also reported positive self-esteem as assessed in the positive items of the questionnaire. This could be attributed to her high school achievement and good career, but also to her good marriage and high levels of support. She therefore appears as a very confident woman with a strong sense of identity.

The cases in this and the previous chapter have sought to illustrate the quantitative findings of this study through the context of four women's lives and in relation to their attachment style and relationships. New elements which arise concern issues of motherhood and childcare, not covered in the quantitative analysis, as well as issues around culture which create some specific difficulties for young women in Taiwan. However the principles of attachment and wellbeing around good support and positive cognitive attitudes to closeness are supported as are the damaging implications of fear and anger in relationships.

This section described the interview material of two Taiwanese women who had resilient elements in their relationships and/or attachment style. For Fong she is developing resilience through her religious belief and activities and through newly found support and appears to be working through some of the difficulties raised in childhood which would seem to account for her Dual/disorganised style. She is however free from depression. For Ang her security is probably of longer duration and she benefits from a strong marriage and good support, but her needs for autonomy have been hampered after her son was born, particularly in relation to her family and family-in-law. She also is free from depression and is taking steps to resolve some of the familial tension and conflict.

The cases serve to illustrate some of the positive experiences of the women in their key relationships or spirituality to benefit their wellbeing and mental health. The final chapter will conclude this thesis.

7.6 Summary

This chapter has examined childhood experience, religious belief in the four women interviewed. It reflected the quantitative findings that negative childhood experiences of poor care, particularly from mother, are associated with depression and these are illustrated in the experience of Ching and Ting. Both had poor maternal care and mainly Anxious elements in their attachment style which could be attributed to such experience. This supported the first hypothesis (1c): Negative care in childhood will positively relate both to attachment insecurity and depression.

In the two other cases with Avoidant elements of attachment style there was somewhat lower childhood risk (Fong has antipathy from mother only although Ang has neglect from both parents) but no negative self-esteem or depression at the time of answering the questionnaire. For Fong her strong religious belief and for Ang her close partner relationship and professional work may provide protection against disorder.

The implications of insecure attachment style for Taiwanese women are discussed in terms of the culture with elements of social unease and fear of rejection linked to women's place in the social hierarchy, and with anger seen as unacceptable in Taiwanese women.

Chapter 8: Conclusion

8.1 Introduction

This final chapter summarises the key findings in relation to the research hypotheses asked, and discusses them in relation to models of depression and spiritual wellbeing using an attachment framework. It will discuss the results of the quantitative analysis in the light of the research literature review and highlight themes from the qualitative case studies in relation to life for Taiwanese women. The strengths and limitations of the study will be outlined with further discussion of the study implications in terms of cultural aspects and for psychological interventions and mental health policy in Taiwan.

8.2 Summary of key findings

There were four main research hypotheses each with three subs-hypotheses posed at the beginning of the project. The study found support for most of these as outlined below, apart from those involving mediation and moderation:

8.2.1 Research hypotheses largely confirmed

***Hypothesis 1: Attachment insecurity, risk and depression will be inter-related**:*

(1a) Insecurity of attachment, relationship problems with partner and lack of confidant and negative self-esteem (using negative items and indices) will be inter-related, and positively related to

depression. Anxious attachment will be a better predictor of depression than avoidant attachment.

Evidence was provided for these associations, with high total insecurity scores on the VASQ significantly related to low self-esteem, negative interaction with birth family, and lack of support in the total sample. In women with partners it also related to negative interaction with partner and with family-in-law and thoughts about separating from partner. There was a particularly high correlation between negative self-esteem and insecure attachment which held for both partnered and single women consistent with prior research findings (Bartholomew & Horowitz, 1991). Thus the expected correlates of insecure attachment style were found indicative of the link between distorted view of both self and others indicated by the internal working model hypothesis, as well as highlighting conflict in relationships (Bifulco, Moran, Ball, & Lillie, 2002; Davila & Bradbury, 2001; Feeney & Noller, 1990).

Evidence was provided to support this - those with highly insecure VASQ scores were over three times more likely to have high depression scores ($p<.0001$). The association also held for the subscores of Insecure/mistrust scales (related to Fearful and Angry-dismissive styles in previous research) and the Proximity subscale (related to Enmeshed style in previous research). When indices were created of Anxious and Avoidant attachment styles by combining these two scores, only Anxious style related to depression, Avoidant style was unrelated. This is consistent with the research literature relating depression to Anxious attachment styles including Enmeshed and Fearful forms of insecurity (Bifulco , Moran, Ball, & Bernazzani, 2002) (Dozier, Stovall-McClough, &

Albus, 2008; Gerlsma & Luteijn, 2000). However, overall insecure attachment (ie total VASQ score) was a better predictor in the final models.

(1b) A specific contribution from conflict with family and in-law relationships to depression will be found to reflect cultural aspects.

Conflict with family and in-law relationships was associated with depression for partnered women, but evidence was not provided for an association with birth family relationships for single women. In fact, for single women problematic relationships were found related to depression; the only predictor for their depression was negative self-esteem. But family relationships problems, especially conflicts with family–in-law played significant roles of depression for women with partners. It is in line with the Taiwanese research literature that after getting married, many problems in the marriage are related to family-in-law issues and relationship with family-in -law are argued to have a great influence on Taiwanese women's life(Che, 1997; Lioa, 2006).

(1c) Negative care in childhood will positively relate both to attachment insecurity and depression.

High VASQ insecurity styles related to poor care in childhood consistent with findings in the research literature (Belsky & Vondra, 1989; Mervielde & Asendorph, 2000), specifically to antipathy from father and neglect from mother. The evidence showed neglect from mother ($p<.005$) was more related to depression than antipathy from father ($p<.213$); but antipathy from father

(p<.0001) was more strongly related to depression than antipathy from mother (p<.016). That is, having neglectful mothers and critical fathers were most associated in depression in the women. Given that mothers are traditionally the primary carers for children in Taiwan, children neglected by mothers / main carers are more likely to suffer neglect overall given father's traditionally are less likely to step in and provide care. Neglect can lead to physiological, psychological and social disadvantages and developmental problems seen as related to depression in adulthood (REF). Father's antipathy is expected to relate rather to self-esteem and identity and to confirm low status of the daughter in the family. This is seen in prior Taiwanese literature to relate to depression in young adults(Kang, 2006; Wu, 2007). Further exploration of childhood experience in relation to parental styles is needed, particularly including abuse in addition to care aspects.

Hypothesis 2 - An attachment model of depression will identify key risk factors and test mediation:

> *(2a) Regression models will indicate that insecurity of attachment contributes to negative relationships (partner negative interaction, lack of close confidant) and negative self-esteem in modelling depression consistent with prior research. Negative familial relationships are also expected to contribute to the model in line with cultural expectation.*

Evidence was provided for partnered women for ta regression model, with insecurity of attachment, negative self-esteem and negative partnership

(considering divorce) contributing to depression. However, negative interaction with family and family- in-law, and negative interaction with partner did not add to the model. For single women, neither problematic relationships nor attachment insecurity modelled depression, only low self-esteem remained in the final model. Whilst an attachment model of depression was only confirmed in partnered women in this study, it is likely that the key attachment elements and relationships were not fully reflected in young single women and this needs to be the focus of future research.

(2b) Anxious attachment style will mediate the relationship of childhood experience to depression.

There was no evidence of attachment insecurity mediating the relationships of childhood poor care to depression as indicated by the literature so hypothesis 2b was not confirmed (Bifulco , Kwon, Jacobs, & Moran, 2006). Logistic regression showed that both childhood poor care and attachment insecurity contributed to depression independently but with no evidence of mediation. The reasons for this are unclear, but a more rigorous test is required in a prospective study where the time order of attachment and disorder is more clearly identified. Also a wider range of childhood experience may be required for mediation to occur, including abuse as well as neglect items (Bifulco , Kwon, Jacobs, & Moran, 2006).

(2c) *Intensive interviews with a small subset will yield corroborative information relevant to the risk hypotheses and*

attachment model in order to both illustrate findings contextually, and to explore the meaning of these.

Interviews with four cases selected for different demographic and risk status largely supported the quantitative findings and provided contextual information relevant to risk, attachment style and depression. This gave some indication that relationship with family of origin and family-in-law had an important impact on the women's lives and served to illustrate partner relationships both supportive and unsupportive in the Taiwanese women. Attachment styles derived from interview, although more specific in categorisation than by questionnaire, showed sufficient overlap to affirm the questionnaire findings.

Hypothesis 3 - Attachment security, positive factors and spiritual well-being and positive mental health will be inter-related:

(3a) Security of attachment, positive partner and confidant relationships and positive self-esteem will be inter-related and also positively relate to spiritual wellbeing and positive mental health.

(3b) A specific contribution from familial positive relationships will relate to wellbeing outcomes to reflect cultural aspects.

(3c) Good care in childhood will positively relate to spiritual wellbeing and positive mental health.

Evidence was found to support these hypotheses with all positive factors associated with security of attachment as indicated by an extremely low rating

on the VASQ insecurity scale. This included scale items reflecting positive self-esteem, positive interaction with birth family and having close support in the sample as a whole. This is consistent with the research literature on wellbeing (Davis, Morris, & Kraus, 1998; Rice, Cunningham, & Young, 1997). For women with a partner the association also held for positive interaction with partner and feeling of happiness in the partnership and positive interaction with family-in-law. The highest association of secure attachment score was with positive self-esteem and this held equally for single and partnered women. Secure attachment style contributed to the spiritual wellbeing outcome with an odds-ratio of 5. This is consistent with Bowlby's attachment theory predictions (Bowlby, 1988) and from subsequent research (Bretherton, 1987; Collins & Feeney, 2000; Hesse, 2008b). Good care in childhood (low scores on the neglect and antipathy items) was associated with spiritual wellbeing as well as positive self-esteem and secure attachment. Good care from both parents had the greatest positive effect. Very similar findings emerged from a parallel analysis examining mental health using positive items on the GHQ. Positive associations were found with positive self-esteem, secure attachment, spiritual wellbeing and positive interaction with birth family. Good care in childhood showed a weaker relationship to positive mental health than to spiritual wellbeing.

Hypothesis 4 - An attachment model of wellbeing will identify key independent variables and test moderation.

(4a) Regression models will indicate that security of attachment will contribute to positive relationships and

positive self-esteem in modelling both spiritual wellbeing and positive mental health.

Evidence was provided for this model for both single and partnered women, with secure attachment, positive self-esteem and good relationships (close support, positive interaction with birth family and positive interaction with partner) all contributing to spiritual wellbeing; but for partnered women ,positive interaction with family in-law did not contribute to the model. Good care in childhood also contributed to the final model. When positive mental health was examined, for those with a partner only the psychological factors (self-esteem and secure attachment) contributed to the final model, but for single women attachment security dropped out of the final model. In terms of childhood experience the relationships were much weaker than with spiritual wellbeing and childhood experience dropped out of the final model with positive self-esteem, secure attachment and spiritual wellbeing providing the best model.

(*4b) Secure attachment style will moderate between childhood negative care and depression.*

Evidence was not provided for moderation effects to indicate that for women who suffered from childhood neglect and antipathy from parents acquiring secure attachment help provide for wellbeing. However there was a non-significant trend in showing secure attachment did reduce levels of depression in those with poor childhood care. Low numbers in this category (14) may be responsible for the failure of the difference to reach significance and to

emerge from the regression as an interaction. The question remains of how secure attachment style arises when childhood poor care is present. This maybe through being closeness to a parent despite poor care from another or a relationship with a significant adult who is not a parent or some other source of positive attachment in childhood (Bifulco & Thomas, 2013).

> *(4c) Intensive interviews with a small subset will yield corroborative information relevant to the resilience models developed in order to both illustrate findings contextually, and to explore their meaning.*

The four case studies examined were able to show the role of religious belief as a protective factor for some of the women who confirmed it gave meaning and structure to their lives. In addition, positive support from partner and family were shown as illustrating their positive impacts. However, in the four cases selected there were no descriptions of very positive childhood experience to illuminate this as a positive factor for wellbeing.

8.2.2 Comment

According to the evidence provided in this study, most of hypotheses in this project were confirmed - the interrelationships between factors have been found, and the attachment models of depression and spiritual well-being have been recognised. The only two unproved hypotheses in this project were mediation and moderation model which suggested that poor care in childhood and attachment insecurity contribute to depression separately and attachment security did not moderate childhood negative care and depression. This may

have been affected by the cross-sectional design where time sequence was not proved, as well as the brief self-report measures used.

This project also identified different depression models for single and partnered women, with the latter more developed in line with hypotheses. For partnered women, both psychological risk factors (low self-esteem and attachment insecurity) and relationship risk factors (thoughts of divorce) contributed to depression; but for single women, low self-esteem was the only predictor for depression. It was argued that because partnered women have multiple roles in their lives, such as wives, mothers and daughters-in-law, ; having the potential for a wider range of problematic relationships may have greater impact. For single women self-esteem was the major contributor and this may relate to their life stage in terms of seeking identity which may play a larger role than relational aspects. Single women in Taiwan are sometimes stigmatised, known as ‘Losing dogs’ since more status is applied to those married, also leading to decreased self-esteem.

Intensive interviews conducted with a small subset to corroborate relevant information to the risk and resilience hypotheses and attachment model served to illustrate findings contextually and explore cultural elements. Many conflicting issues between women and family-in-law and traditional versus modern outlooks were recognised in the interviews, for instance, the way of having postnatal confinement, the custom of wedding, difference of religious belief and lack of child caring supply in Taiwan. These are consistent with the research literature (Tien, 2006) (Lioa, 2006).

8.3 Support for an attachment and psychosocial model

The project aimed to investigate elements of a UK-derived lifespan psychosocial model for depression in women as described in chapter 1 and replicate this in Taiwanese women (Harris, 2003). The model being investigated concerned both psychological vulnerability factors (negative self-esteem) and interpersonal factors (lack of support, and negative elements in partnership) as well as childhood experience of poor care (Harris, Brown, & Bifulco, 1990). The interpersonal aspects were extended to include negative relationships with birth family and family-in- law given the higher importance and level of contact usual in Taiwan since it was argued that these may add to risk profiles. Thus for women with partner conflictful relationships with family-in-law were focused in conferring risk, and for single women, conflict in the parental home.

The model was largely supported. The psychological risk factor of negative self -esteem was significantly related to depression for both partnered and single women. For women with a partner the interpersonal risk factor of negative interaction with partner, and negative interaction with family-in- were also associated with disorder. It is argued that both the patriarchy and collectivism and harmony emphasised in Taiwanese culture places importance on the relationship with the family- in -law particularly for women (Che, 1997). The context and issues regarding these relationships particularly with mother-in-law's can be seen in the case studies especially around communication, hierarch, whether living together or not, and around child care issues. However, in the statistical analysis, the relationship with partner, argued to be the main attachment figure, was the key predictive variable in the final

depression model, particularly around threats of separation from partner. This together with low self -esteem provided the best risk indicators. In UK studies negative interaction with partner had the greater impact. The finding in this study may reflect the greater negativity and deterioration in the partner relationship at the point when separation is being considered, but it may also reflect cultural elements in Taiwanese women being less able to express hostility openly and therefore be a substitute marker for negativity in the relationship without overt expression of anger. This is consistent with cultural demands for t harmony whereby hostile interaction would not be sanctioned (Yang, 2001). Thoughts of separation if kept private reflect unhappiness in the relationship but voicing need for separation might seriously damage values of harmony not only in partnership but also in the relationship between women's family and her family-in-law. Yet, it should be noted that divorce rates are relatively high in Taiwan, so clearly couples do take such steps even if it breaks taboos around keeping harmony. For single women, interpersonal risk factors, such as negative relationship with birth family and lack of supportive others did not model depression. In fact only low self-esteem and being under age 30 provided the best model for this group. Yet single women were somewhat more at risk of depression than those in partnerships, suggesting certain key risks for those young and single may not have been adequately covered in the study. The traditional view of the ' good woman' in Taiwanese culture, involves finding a good husband and family-in-law and being married before 30 years of age (Chen, 2011). For those in their late twenties this could contribute to low self-esteem and low status of single women in Taiwan despite high levels of education. Other factors may include peer relationships outside of those supportive, for example around peer pressure, or even bullying or low

commitment to roles since it was observed that these young women seemed to have few roles in life. Many of these were in college or unemployed and further investigation of the absence of meaningful roles and poor sense of identity need to be examined in future research. The model being tested from the Brown and Harris team was originally developed for women with children, including single parents, so its limited application to young single women without children may not be surprising.

Support was found for the psychosocial model including childhood adversity as predictive of adult depression (Bifulco , Brown, Moran, Ball, & CampbellL, 1998). For this project only the care scales were used because of anticipated cultural sensitivities around reporting abuse. Among the four subscales of childhood poor care, three (antipathy from mother, antipathy from father and neglect from mother) were significantly related to depression. Neglect from father was not associated with depression. This largely confirmed the expected associations particularly around maternal care and depression (Brown, Craig, Harris, Handley, & Harvey, 2007a). Strongest risk effects were for women with both poor care from mother and father, with an odds ratio of 2.6 for depression. The lower association of father neglect with depression may reflect cultural norms in Taiwan, whereby the mother is traditionally the main caregiver with little overt support from fathers, seen as more disciplinarians This may account for the perceived antipathy with father's critical or cold and this impacts on adult mental health. This finding is consistent with the study conducted by Brown and Harris in 2007with rejection from mother in childhood having greater impact than father's poor care on adult chronic depression (op cit).

It should also be noted when comparing the London and Taiwanese findings that the project's demographic characteristics were quite different from Brown and Harris's London studies in terms of social class, age and parenthood. Unlike the working class mothers utilised in the London studies, this Taiwanese study included younger women, 25% of them had no partners and only 20% had children. Other differences include the cross-sectional approach utilised here and the longitudinal design of the London studies and the use of self-report in this study versus intensive interview measures used in London.

In addition, Brown and Harris London studies emphasised the role of life events which interact with vulnerability as triggers of depression onset. They stressed the importance of life events and how it significantly raised the risk of depression – in fact most episodes preceded by a severe event. This project did not investigate life events because of the heavy burden of long questionnaire and the focus on attachment rather than stress. However, given the rate of self-reported depression in this study was similar to the clinical levels shown in the vulnerable UK women (Bifulco , Brown, Moran, Ball, & CampbellL, 1998), this suggests the women had high rates of life events and other stressors. Whilst the case studies hint at some of these around key relationships (eg postnatal experience, partner conflicts and thoughts of separation, conflict with parents-in-law) rather than financial and deprivation ones the analysis was still able to replicate the vulnerability aspects of the model and show a role for insecure attachment.

8.3.1 Support for an attachment model

Evidence as found for adult attachment insecurity to add to the lifespan model, supporting attachment theory principles (Bifulco & Thomas, 2013). The overall VASQ scores were used to indicate high levels of attachment insecurity and these were significantly related to worse childhood care; problem partner relationships; lack of support, low self-esteem and depression symptoms. However, insecurity of attachment did not prove to act as a mediator between childhood and disorder as expected, and had only a weak association with risk in the young single women studied. It could be argued that mediation should only be tested in a prospective study where the time order of variables is controlled.

When particular attachment styles were examined in the subscales of the VASQ, Anxious attachment style was both more common in the women, as expected from published findings on gender differences in attachment style, and showed greater association with other risks and depression than Avoidant style. 'Very' secure attachment (in terms of a very low insecurity score) was experienced by 24% of the women, and was related as expected to wellbeing outcomes. It was also associated with positive features of relationships, positive self-esteem and good childhood care. The final logistic regression model showed security of attachment contributed significantly to the model predicting wellbeing.

For the four women interviewed whose case studies are presented, VASQ scores proved to reflect insecurity as determined by the ASI interview. In two cases a high score actually reflected Dual/disorganised style which is not a category captured on most attachment questionnaires. The findings suggest

that the attachment style construct holds in Taiwanese culture as in the West with similar associations. Further intensive interview studies are needed to look at the context of the women in relation to their behaviour and attitudes in relationships and their attachment categorisations in terms of particular styles, including those Disorganised.

8.3.2 A psychosocial model for women's well-being

There is no equivalent research model indicated in the research literature for women's wellbeing to that of the London risk model for depression. However, the rise in the study of positive psychology provides a focus on positive subjective experience and individual traits, to improve quality of life and prevent disorder based on the premise of increased meaning in life (Seligman & Csikszentmihalyi, 2000). The focus has been on identifying factors which enable happiness, the effects of autonomy and self-regulation and how optimism and hope can affect health. This study sought to address this area by examining wellbeing in women in terms of their religious belief, spirituality and meaningfulness of life. Positive equivalents of the London risk factors such as positive self-esteem, positive partner interactions, good support and good childhood care were also included. Attention was paid to the valence of the items, with positive and negative factors carefully differentiated so this did not simply reflect the presence or absence of the same factor (Rutter, 1993). Thus self-esteem involved different scale items as did positive interaction in relationships; wellbeing was a separate scale and the lowest quartiles were used for secure attachment. Wellbeing was prevalent in the sample despite evidence of high risk experiences and depression levels, with a quarter scoring

high on the wellbeing scale. For women with a partner, positive self-esteem, positive interaction with birth family, having very close others, positive interaction with partner and feeling of happiness in partnership all contributed to spiritual well-being. However, for single women, positive self-esteem was the only factor to significantly contribute. Positive childhood experience was also a significant factor.

This analysis thus contributes to knowledge about what contributes to quality of life in the women studied. Modern life clearly involves high risk levels, particularly in relationships, but it also includes rewarding experiences. Understanding how these might co-exist gives us greater understanding of society and the behaviour of individuals in relationship to psychological states. The study suggests that religious and spiritual belief add to wellbeing. This finding coincides with some western studies that religious belief, personal prayer and attending public religious activity all relate to well-being (Francis & Kaldor, 2002; Levin & Chatters, 1998). Whilst in this sample it reflected affiliation with different religious groups, the benefits from both practice and belief held.

Having described the study findings it is now necessary to outline both the strengths and weaknesses of the study design, measurement and analysis.

8.4 Strengths and limitation of the study

The project unitised mixed methods and Western research instruments to explore depression and well-being of Taiwanese women. Although it was

carefully designed; it does have limitations and shortcomings. The strengths and limitations of the study are discussed as below.

8.4.1 Strengths of the study

8.4.1.1 Use of mixed methods

The research utilised both quantitative and qualitative research methods in order to not only collect enough data for quantitative analysis but also explore more detail and culture context of psychosocial model of Taiwanese women. The questionnaire utilised in the project included social relationships (relationship with family/family-in-law, support and partnership), psychological factors (self-esteem, attachment attitude, depression and spiritual welbeing) and demographic characteristics (social status, religious belief and partnership) which capture a range of data sufficient for developing psychosocial and attachment models for Taiwanese women. In order to explore more detail and context of the Taiwanese women's relationships and attachment behaviour and attitudes, interviews were undertaken on a small subsample using the ASI, a semi instructed interview which emphasises a social approach to adult attachment style. In addition to this, exploratory questions were asked about relationships with birth family and family-in-law as well as religious belief to provide a comprehensive and detailed account of some of the women's lives. Having both approaches adds to the richness of the project and its findings.

8.4.1.2 Large sample size

Since an online data collection method was utilised it was possible to collect a large sample size. This meant that sufficient numbers of both married and single women could be investigated as well as those younger and older. It also allowed for controlling for various demographic variables and for finding a large enough subgroup with depression.

8.4.1.3 The first family relationship and depression study in Taiwanese women

The research is the first psychosocial study exploring depression and spiritual wellbeing of Taiwanese women using an attachment framework. The project investigated not only psychological aspects but also social elements of Taiwanese women, which provide rich information for generating new hypotheses for further study and potentially for policy application.

8.4.2 Limitations of the study

8.4.2.1 The cross-sectional design

The project was designed as a cross-sectional study therefore all measures were conducted at one point in time and this has disadvantages. The research could not investigate the time-order and therefore the causality of factors in the models, but could only show the association of different factors. Another limitation for cross-section, self – report investigations is that the responses on risk could be contaminated by the depression symptoms.

8.4.2.2 The studies limited range

The project originally intended to investigate psychosocial and attachment risks for partnered women in Taiwan, thus the questionnaire includes a large section on partnership and relationship with the family-in- law. However, it proved impracticable to screen for only partnered women in the sample selection, and the other risk factors and depression were also of interest in single women. This meant that rather less information was collected on single women than on those in a partnership with the result that the final logistic regression models for women with partners was more extensive and for single women the analysis found fewer risk factors. Another issue concerned the lack of variables on motherhood. The Brown and Harris model showed negative interaction with children was a vulnerability factor for depression and attachment models emphasise relationship with children as a key correlate of attachment insecurity. The case studies developed in this study highlighted important issues around childcare in Taiwanese families and the conflict this can create for working women. Further research is therefore needed including risk factors around children and motherhood to develop the model proposed.

8.4.2.3 The absence of stress markers

The study would have benefited from a measure of life events. Without a severe life event in the recent period women are unlikely to have a depression despite having vulnerability (Brown, Bifulco, & Harris, 1987). Being able to differentiate those with and without such events would have further clarified the size of association of the other risk factors for depression. However, in the questionnaire of this project did ask ‘considering of termination your

partnership' for partnered women and found this was a significant predictor for depression. This question might be seen as life event measure as ending of partnership is a significant event of life, but this measurement is simple, only one-question and did not ask the reason for termination partnership. Examining the type of life events for these largely middle class and young women experienced would also have shed more light on the experience of depression in this sample, especially for single women as there are very few predictors for their depression in this project .

8.4.2.4 A middle-class sample

Nearly all respondents were from middle-class backgrounds with most having a college degree and therefore reflected a very different demographic to that studied in the London depression studies. The age group was also younger, with the average of 30 years and, most aged between 24 and 36 (SD= 6.4). The similarity of respondents' age and education background needed to be considered when comparing findings with the London study. In fact the rate of depression as assessed by self-report was high in this series, and this may reflect some bias in study engagement related to having emotional problems. But the main variables were associated in the expected way despite the potential lack of adversity arising from financial disadvantage and social exclusion factors. The main gap was for the young women under 30 for whom few factors added to the final model. Future studies need to give more attention for risks for younger middleclass women.

The study had a limited focus on adversity, and no inclusion of stress items such as life events, which are a critical part of the Brown and Harris model. This is because of the attachment focus taken which brings relationships to the fore rather than adversity. However, stress is also part of an attachment model and may have specified the activation of risk factors better. Further research is needed replicating the study using life events questionnaires, as well as studying the women prospectively.

8.4.2.5 Limitations of on-line sampling

Most of questionnaires in the project were collected on line and this may involve limitations. First, respondents are limited to those who have internet access and have basic computing skills. This could explain the inclusion of highly educated women in the sample. Second, the questionnaire was advertised on Taiwanese online forums which set up for discussion of marriage, family relationships and childhood experience and thus the respondents are likely to be those who surf on these forums and interested in these issues possibly reflecting inter-personal vulnerability. Third, as respondents replied online the researcher could not verify their true identity and there is the possibility of misrepresentation. However, as the questionnaire was presented in traditional Mandarin (which is the official writing language only used in Taiwan), containing 178 questions, requiring 30 minutes to complete and given most of the respondents left their contact number and email for further interview; it seemed unlikely that false identity was being used.

8.4.2.6 Measures relevance to Taiwan

Some of the measures utilised (both questionnaires and interview) had not been used before in Taiwan. However, several had, including the General Health Questionnaire (GHQ) (Lia & Kao, 2005; Tzeng, 2010), Rosenberg self-esteem scale (Cheng, 2011), Dyadic Adjustment Scale (DAS) (Chang , Jou, & Huang, 2008) and the Spiritual wellbeing questionnaire (SWBQ) (Huang, 2011a). Thus these have some validation in use in this context. However, the childhood assessment (CECA.Q), and the attachment questionnaire (VASQ) and Attachment Style Interview (ASI), have not been utilised in Taiwan before and this project identified the first use of them in Taiwanese studies. However, there is some basis for their validity in Asian contexts with the VASQ and ASI having been used in both in Malaysia (Abdul Kadir, 2009b) and Japan (Yoshida K, 2004) successfully, and the CECA.Q has been translated and used in China, although results not yet published. This suggests these measures can equally be applied in Asian culture. Whilst the reliability of the questionnaire measures proved adequate in this study, further validation of the self-reports against other measures would strengthen the robustness of findings. This study undertook the rigorous procedure of translation and back translation to increase the likely reliability and these translations are now available for other researcher use.

8.4.2.7 Reliance on self-report instruments

The research utilised self-report questionnaires to collect most of the data and there are limitations attached to self-report methods in the field of depression in particular (Howard, 1994; Schwarz, 1999). First, self-report questionnaire relies on respondents' view of self, relationship with others and a good understanding

of own behaviour. Such objectivity and insight can be compromised among those with insecure attachment style, or if depressed. Also those with depressed symptoms may be influenced to report in a more negative way on the questionnaire items as a consequence of low mood. This could create circularity in the measure associations with the depression symptoms leading to other negative reporting and if worried about the confidentiality of the project or would like to present a 'better self' in the questionnaire or to avoid conflict of loyalties in criticizing close family members. This may reflect a cultural bias. For example, in the project, some questionnaire items could be skipped under certain circumstances, for example, with childhood care and neglect questions respondents could skip the section if the respondent had grown up in institutional care or without a mother or father figure in childhood. Around 60 respondents skipped the section even though they indicated that both their parents were alive and rated a good ongoing relationship with them. It maybe that reporting poor care would be considered disloyal and break a cultural constraint in Taiwan. This may be avoided by not utilizing cut-offs, but also by undertaking further research using more in-depth interview approaches to explore attitudes towards parents in childhood.

8.4.2.8 Attachment measurement limited

For the quantitative part of this study attachment insecurity was assessed by means of the VASQ self-report. This measure was chosen because of its validation against the ASI (used in the qualitative part of the study)(Bifulco , Mahon, Kwon, Moran, & Jacobs, 2003) as well as because as a dimensional measure it is more easily analysed in relation to other dimensional

questionnaires used as opposed to the vignette approaches (e.g. RQ (Bartholomew & Horowitz, 1991) and without requiring reference to a partner as in measures such as the ECR (Experience in Close Relationship questionnaire) (Brennan , Clark , & Shaver 1998; Sibley, Fischer, & Liu, 2005). However the VASQs delineation of different styles is limited, using instead an overall score of overall insecurity of style, the degree of insecurity/mistrust (related to fearful or angry-dismissive style) and a proximity-seeking scale (related to enmeshed style). It was also possible to identify both Anxious and Avoidant insecure styles by combining the two dimensions measured. The instrument proved to have good internal reliability when used with the Taiwanese sample. Insecure style using previously published median cut-offs showed high levels in this sample at around two-thirds insecure. When the Anxious and Avoidant categories were derived, a third had Anxious attachment style and only 17% Avoidant which suggests a higher risk discrimination. However, given this was the first use of the measure in a Taiwanese sample it would have been judicious to use more than one measure for triangulation and for further validation of the tool. The findings of this study and the experiences of the women studied is now discussed in relation to Taiwanese culture.

8.5 Family experience in Taiwanese culture

As described in introducing this thesis, traditional Taiwanese families hold values around collectivism, an emphasis on filial duty and patriarchy (Lan, 2002; Yang 1993). This still has an influence in Taiwanese women's lives, their roles and relationships in the family, both the birth family and with their in-laws. Most single women live with their birth parents and if they do not, they usually still

have frequent contact. As a result, the opinions and advice from parents is still expected to have great influence on their decision making and on their self-evaluation (Wu 2009).The traditional ideal in Taiwan, is for daughters to find a suitable husband and marry before age 30. Given that traditionally sons, not daughters inherit the family name and property (Wang 2003) daughters' financial security is viewed as occurring through marriage, with the marriage date of daughters symbolising a milestone for parents completing their parental duty. Thus having unmarried older daughters is a subject of gossip, shame and stigma (Tsai, 2004). This provides pressure for single women, and in the modern age where women may expect independence in terms of financial stability and career, this can lead to conflict with parents (Wu, 2004). The pressure for women to fit the traditional gender role also raises pressure around marriage. This is illustrated by an extreme case in 2010, when a Taiwanese woman Chen Wei-yih aged 30 years old, was highlighted in the media when she held a wedding ceremony to marry herself. She enlisted a wedding planner and rented a banquet hall for a 'marriage' celebration with 30 friends and family (Chen 2010). This serves as an example of how single women in Taiwan react to the real social pressure to get married. In the study presented here it was clear that depression rates were high in young single women with low self-esteem having the highest association. No questions were included in the study about their feelings about marriage or about living in the parental home, so the study does not have evidence that pressures to marry may be an additional risk. It is however clear that the young women in the study appeared to have a lack of roles and of meaning in their lives. Findings showed that conflict or lack of support from birth family was not a significant risk factor for depression in the single women.

For married women, the characteristics of Taiwanese family can also have a great impact on their family life (Chang , Jou, & Huang, 2008). This can involve living with the parents-in-law and obeying the mother-in-law (Lioa, 2006). This can compromise private time and space, reduce independence and potentially cause conflicts between family members (Che, 1997). This was evident in the study presented here both in terms of conflict with family-in-law being associated with depression and in the case studies outlined. Another issue is the necessity to produce a son (Lien, 2011) to continue the family name on to the next generation. The expectation of having a son can bring about pressure for married women and might damage the relationship with their family-in-law and even undermine their relationship with their husbands. Unfortunately the study did not question about motherhood or relationship with children, so no evidence was available to test this pressure on women which might add to their risk status.

However, traditional Taiwanese family values can also provide support for married women. Living with parents-in-law can help newlywed couples financially which can be a great benefit for them to start a new family. Some parents-in- law are willing to offer help looking after their grandchildren which can share the burden of childcare for married women and save the cost of hiring a nanny. Nowadays more and more married Taiwanese women have full-time jobs (Statistics department, 2006) being career women, and living with parents-in-law can decrease their load of house work. In the present study, despite the risk factors outlined earlier, 60% of women had a good relationship with their mothers-in-law and this was associated with wellbeing and secure attachment style.

Therefore in psychological terms and in relation to emotional disorder the cultural issues may play some part, but negative self-esteem, insecure attachment and problem partner relationships, which are common across cultures, seem to play the larger part. Taiwanese society has changed rapidly in past decades and the cultural and family values have changed in line with giving women more independence. More and more women are highly educated and finically independent; they are more likely to choose not live with their parents-in-law, have less invested in having a son, and do not adhere to all the wedding and postnatal customs as identified in the case of Ang and Ting and described earlier.

8.6 Self-esteem of Taiwanese women

Self-esteem played a key role in the project as the strongest predictor of both depression and wellbeing in both single women and women with a partner. Especially for single women, negative self-esteem was the key risk factor (together with young age) for depression. The experience of negative self-esteem in the Taiwanese cultural context, particularly for single women is discussed below in relation to their sense of identity.

In the project, most of participants were middle class, had college degrees, with good academic performance. Thus it might be expected that this would contribute to high self-esteem. Indeed, more than a third (38.6%) have positive self-esteem but there were also over a quarter (27%) with negative self-esteem. It should be noted that the education system in Taiwan is very

competitive and students in Taiwan are often described as ‘burnt-out’ from being in competition from a very young age (Hsieh, 2002; Lin, 1999; Wang 2006). Most middle class parents have high concern about their children’s academic achievement in school and consider good academic performance is taken as proof of good parenting, as well as conferring future prosperity for their children (Hsieh, 2002; Lo, 2007). It is thus of interest that over a quarter of this highly educated middle class sample of women report negative self-evaluation. For women under 30 in the project, a fifth (20.6%) were college students, with a further 23.7 % unemployed (but not students) and 10.8% were looking for jobs. Also around half (46.6%) were living with their birth families and 28.7% did not have a boyfriend or partner. The absence of roles in terms of intimate relationships and work or education for a proportion could be a reason for their lowered self-esteem and higher depression rates. Given the competitiveness of the culture, single women could see themselves as having ‘failed’ in competition with others and therefore underestimate themselves and feel unworthy. Traditionally women’s value is estimated by their roles in the family, as caregivers and producers of male heirs. Single women, especially for those who are over 30 years old are given derogatory names such as ‘Losing Dogs’ in Taiwan (Chen, 2011) because they are considered too old to fit the traditional role, despite other achievements they may have. This significant ‘failure’ could reduce the self-esteem of single women and may contribute to their risk for depression.

However, it is evident in this study that single women who are over 30 years old, have a lower depression rate than those younger. It may be that those over 30 have built up their careers, are more experienced at dealing with social

pressure and have become financially independent, being able to leave home and develop a separate sense of identity.

8.7 Wellbeing of Taiwanese women

Wellbeing as measured in terms of spirituality and meaning of life in this project was prevalent for a quarter of the sample with 24.1% high wellbeing despite the high rate of depression and associated risk in the sample It would therefore seem that the two aspects can co-exist in modern society, suggesting the complexity of modern life and relationships with high levels of both positive and negative experience.

Taiwanese culture traditionally emphasises harmony in relationships, close connection between people and acceptance and belonging in social groups as a key to wellbeing (Jian, 2002; Lian, 2002). This is supported in this study in terms of positive partner and family relationships and good support. However, for the participants in this study – highly educated and middle class women, their self-achievement and good sense of identity are also be important elements of their wellbeing. From an attachment perspective, such harmony is more likely to occur if individuals have secure attachment style. Such security is viewed as growing out of harmonious and supportive family relationships in childhood. For women with poor care in childhood the likelihood of achieving harmonious living in adulthood is much lower. Here additional support is needed to overcome the mistrust, fear and anger which can arise from damaging childhood experience. Thus individual psychological experience is

critical to how well an individual can fit into what is considered socially desirable. For those over-autonomous (Avoidant) this can entail particular difficulties.

8.8 Countering depression in Taiwan

The study highlights high rates of depressive symptoms with over a third of women in the sample over the threshold for probable clinical disorder. This is higher than published rates of depression in Taiwan, but given the relatively positive social circumstances of the women in terms of social class and education, it is possible that the depression rates identified in policy documents reflecting those who seek treatment may be underestimated as in Western cultures (Andrews, Issakidis, & Carter, 2001; Burgess, Pirkis, Slade, Johnston, Meadows, & Gunn, 2009). There is still stigma in Taiwan around having depression. Until 20 years ago, knowledge and awareness of depression was not common in Taiwanese society and depression viewed as a 'Western' disorder which did not occur in the Far East including Taiwan. Taiwanese who suffered from depression were considered to have general malaise that is to be 'in a bad mood' or 'debilitated' and thought to be able to bring themselves out of it without psychological treatment (Chang 2011; Wang, 2009). This tended to reduce individual's motivation and opportunity for seeking psychological treatment. However, things have changed somewhat in the last two decades, with an increase in associations and foundations in Taiwan devoted to raising public awareness of depression. For instance, the 'Taiwanese association against depression', founded by Taiwanese psychiatrists and endeavours to de-stigmatise depression, providing better understanding and knowledge of depression for public and non-specialist medical doctors.

(http://www.depression.org.tw/) Another important foundation which works on increasing public awareness of depression in Taiwanese adolescents and college students is the 'John Tung Foundation'. Members have provided depression symptom questionnaires for adolescents and adults for self-completion on the Foundation's website. Through the website individuals can calculate their own scores and be given advice and information with contact numbers of community counselling centres and help lines of psychiatry hospitals. These initiatives have some similarities to the 'Defeat Depression Campaign' which was developed in the UK in the 1990s (Paykel, Tylee, Wright, & Priest, 1997). Whilst this had effect in improving treatment seeking and professional recognition of depression, there was drop off over time in its success. Thus issues about stigma, treatment seeking and practitioner recognition of depression still require vigilance to deal with the large and rising percentage of the population experiencing depression (Layard, 2006).

8.9 Psychological interventions for depression in Taiwan

Psychological intervention for depression in Taiwan is still in the early stages of development but is prioritised in the newly established mental health care system (Chang, 1993; Shan, 2003). Before 2001, only psychiatrists were qualified to provide psychological intervention for patients with mental disorder (mainly through pharmaceutical treatment) with a lack of qualified counselling and clinic psychologists. In 2001, the 'law and regulations of psychologists' (http://law.moj.gov.tw/LawClass/LawAll.aspx?PCode=L0020098) was set up by legislators, and Taiwan began to have chartered counselling psychologists and clinical psychologists to treat common disorders such as depression. Now

psychologists in Taiwan work not only in hospitals, but in community health centres, and privately. These changes to the law while welcomed, have not yet improved the quality of psychological treatment provided. Taiwan still lacks well-established interventions for depressed individuals compared with the UK level. For instance, emphasising social support, best points and locations for proper intervention and the parallel presence of social macro-policies on psychological treatments (Newton, 1988). This is firstly due to lack of training for professionals in depression treatment, for example using evidence-based practice such as Cognitive Behaviour Therapy (CBT). Second, the functions and roles of different mental health service providers, for instance, community health centres, private counselling services and psychiatry hospitals are not clear and multi-agency working has not been developed. This can lead to confusion in treatment seeking by depressed individuals but can also delay treatment and waste resources. Models of treatment used in the UK can be utilised. Here there is a move through Increased Access to Psychological Therapies (IAPT) to increase the range of professionals who can treat depression using CBT methods to cope with increasing demand. For example, Layard in his report argued that 1 out of 6 individuals will experience depression in the UK making it a public health concern. Since CBT is effective and the cost per individual estimated to be around £700 then a wide range of professionals need to administer such intervention (Layard, 2006). This does have problems, for instance nurses and social workers trained may be able to apply treatment, but not formally to diagnose which leads to inconsistencies in working practice. However the move following the Defeat Depression Campaign to have psychologists attached to primary care services at GP centres has had positive

impact in availability of treatments, although long waiting lists are common (Paykel, Tylee, Wright, & Priest, 1997).

The study findings on the importance of partner relationship may also point to the importance of couple therapy on depression. Depression is often caused by marital difficulties – whether through communication problems, lack of support, conflict or even domestic violence. Where possible there is a need for partners to both be prepared to get help in order to preserve the relationship if it is salvageable. This is often of benefit to children as well as the adults concerned. (Bifulco & Thomas, 2013; Johnson, Makinen, & Millikin, 2001)

8.10 Final note

Ultimately the experience of depression and the risks associated with it have great similarities in different cultures and settings. Consistent with attachment principles damage to the self occurs through rejection in early life, which distorts the developing sense of self and trust in others and leads to poor interactions in adult relationships which in turn further reduces wellbeing. On the other hand positive experiences in childhood and in ongoing relationships are associated with high self-esteem and spiritual wellbeing, and this is also a common feature in populations. This gives indications of how to repair damage done to individuals in early life. Such factors appear to be part of the human condition and whilst the expression of such difficulties may vary by culture and age the basic need for love, affection, acceptance and care is fundamental to the experience of wellbeing and health human development. Using attachment

approaches can help us to understand such processes to further aid in developing quality of life.

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Appendix I : Ethical permission from RHUL

Application no: 27/2008

ROYAL HOLLOWAY
University of London

ETHICS COMMITTEE

Final Result of Application to the Committee

Name of Applicant: **Lun Chi Chang**

Department: **Health and Social Care**

Title of Project: **Marital quality, family relationships and depression: an empirical study of women in Taiwan using an attachment framework**

✓	Has been approved by the Committee

.....
Professor Geoff Ward
Chair, Ethics Committee

23/9/08
.....
Date

Appendix II : Information sheet for questionnaire

Date: 10/Mar/2008

RESEARCH INFORMATION SHEET – QUESTIONNAIRE
Questionnaire on relationships and wellbeing in Taiwanese women

Dear Madam,

I am requesting your help with a study I am undertaking with women living in Taiwan. I am undertaking the project as a dissertation requirement for my postdoctoral program. The research is based in the Department of Health and Social Care, Royal Holloway, University of London, United Kingdom under the supervision of Professor Antonia Bifulco.

The purpose of the study is to learn more about the experiences of married women in Taiwan, especially focusing on the impact of childhood experience on marital quality and emotional distress. This is an important but under-recognised issue in Taiwan. It is necessary for researchers to understand more about this to improve mental health and marital satisfaction of Taiwanese women.

I am planning to send out questionnaires to women who have been selected names and addresses at random from different groups, such as The Presbyterian Church in Taiwan, Taiwanese Women Awakening Foundation and Taiwanese Association for the Promotion of Women's Rights.

You have been selected as one of the women, and I would be grateful if you could complete the enclosed questionnaire and return it in the stamped-addressed envelope provided. The questionnaire will ask about your childhood experience, social relationships, your view of yourself and whether you have experienced any symptoms of depression recently. It will take about 30 minutes to complete.

We also plan to interview a small group of women, but will not know until later in the study who to approach. If we select you then we will contact you separately to tell you more about the interviews and ask you to take part. Of course you are free to refuse an interview if you wish – you do not have to say at this time.

All information collected will remain confidential and your name will not appear on any of the documents. A code number will be used to protect your identity. All data will be kept locked at the University of London. All questionnaires will be destroyed after final publication of the research. You are under no obligation to agree to participate in this study. Also if you participate in the first part you will not be obliged to participate in the second phase – you may decline at any point without giving any reasons. While, this study will have no direct benefit to you, this research will help us learn more about social adversity, emotional distress and marital quality among Taiwanese women.

Ms Lun chi Chang

If you have any questions, you may contact
Ms Lun chi Chang
+886 223960336 (hometown phone number)
+886 955942042 (hometown mobile phone number)
+44 07933393520 (mobile phone in UK), email L.C.Chang@rhul.ac.uk

You may also write to me at the Department of Social Work, Royal Holloway, University of London, Egham Surrey, TW20 0EX, United Kingdom.

Appendix III: Information sheet and consent form for interview

Date: 10/Mar/2008

RESEARCH INFORMATION SHEET – INTERVIEW PHASE

Relationships and wellbeing in Taiwanese women

Dear Madam,

Thank you for kindly helping us with the first phase of my research project with women living in Taiwan. I am now approaching you again to see if you will be willing to be interviewed to talk to me about your life and experiences. As I explained before, I am undertaking the project for my postdoctoral program. The research is based in the Department of Health and Social Care, Royal Holloway, University of London, United Kingdom under the supervision of Professor Antonia Bifulco.

The purpose of the study is to learn more about the experiences of married women in Taiwan, especially focusing on the impact of childhood experience on marital quality and emotional distress. This is an important but under-recognised issue in Taiwan. It is necessary for researchers to understand more about this to improve mental health and marital satisfaction of Taiwanese women. I am particularly interested to talk to women who sent back questionnaires with different sorts of situations described. The interview will be undertaken at a time and place convenient for you. It will take about an hour and with your permission I would like to tape record our conversation. I will ask about your close relationships and any stressful experiences you have had recently.

All information collected will remain confidential and your name will not appear on any of the documents. A code number will be used to protect your identity. All data will be kept locked at the University of London. All interview tapes will be destroyed after final publication of the research. You are under no obligation to agree to participate in this study – you may decline at any point without giving any reasons. While, this study will have no direct benefit to you, this research will help us learn more about social adversity, emotional distress and marital quality among Taiwanese women.

Ms Lun chi Chang
+886 223960336 (hometown phone number)
+886 955942042 (hometown mobile phone number)
+44 07933393520 (mobile phone in UK), email L.C.Chang@rhul.ac.uk

A Psychosocial Attachment study

【Consent form - Interview phase】

If you agree to be interviewed for this study of Taiwanese women, please sign this consent form and a copy which you can keep for your own records.

I agree:

Please tick

I have read the information sheet about the project and understand what is involved ☐

I understand that all information collected will be kept anonymously and securely at University of London ☐

I understand that I can withdraw from the study at any point if I wish ☐

I understand that I can refuse to answer any particular questions if I wish ☐

I understand that the interview will be tape-recorded and the recording will be destroyed after the study is completed. ☐

I give my consent to participate in this study.

Signature: _____ Date: _____

Participant (print name): _____

Signature: _____ Date: _____

Lun Chi Chang
Research student

If you have questions about this study, you may contact Ms. Lun chi Chang, Department of Social Work, Royal Holloway, University of London, TW20 OEX, United Kingdom or call at +44 07933393520 or home contact number at +886 223960336.

Appendix IV : The questionnaire measure

Questionnaire on relationships and Wellbeing in Taiwanese women

Thank you very much for helping with this questionnaire. The questionnaire seeks to learn more about the experiences of women in Taiwan, especially focusing on the impact of childhood experience, romantic/marital relationships, support, family relationships on emotional distress. This is an important but under-recognised issue in Taiwan. It is necessary for researchers to understand more about this to improve relationship satisfaction and wellbeing of Taiwanese women.

The research is based in the Department of Social Work, Royal Holloway, University of London, United Kingdom under the supervision of Professor Antonia Bifulco and Tony Evans.

If you are Taiwanese woman and aged between 20 -55 years old, please can you fill out this questionnaire? It takes about 30 minutes to complete. There are no right or wrong answers - please reply in the way you think best describes you and your relationships. Thank you very much for your help.

Lun Chi Chang
PhD student of Social Work
Royal Holloway, University of London

Before filling the questionnaire….

1. We are concerned about your rights in taking part in this study. We can assure you that all information collected will remain confidential and your name will not appear on any of the research questionnaires. A code number will be used to protect your identity. All electronic and paper data will be kept securely at the University of London. All questionnaires will be destroyed after final publication of the research. You are under no obligation to agree to participate in this study and may withdraw at any point without giving any reasons.

Will you give your consent to participate in this study by filling in the questionnaire?

☐ Yes, I give my consent to participate this study

☐ No, I don't give my consent to participate this study

Section 1: Me and my family

Thank you for helping us with this questionnaire. First of all, we would like to ask you some questions about your background

2. How old are you?……

3. Where do you live? (give town/city)_____

4. What is your highest level of education?

(1) Primary school (2) high school (3)college (4) postgraduate

(5) other (please specified_____)

5. Are you currently married? (1)YES (2) NO

6. (IF YES) How long have you been married?.....years

7. Are you currently cohabiting, although not married (1)YES (2) NO

8. (IF YES) How long have you been cohabiting ?____years

9. Do you have a regular boyfriend (non live-in)? (1)YES (2) NO

10. (IF YES) How long have you been together ?_____years

11. Have you previously been separated or divorced or widowed?

(1) No (2) separated (3)divorced (4)widowed

12. (IF YES) How many years ago was this ?_____years

About work

13. Is your partner in employment?
    (1)YES (2) NO

14. If 'YES', what is your partner's job?

    (1) Unskilled worker e.g. labourers, refuse collectors, office cleaners, window cleaners
    (2) Semi-skilled manual workers e.g. bus conductors, bar workers, postal workers, agricultural workers, packers
    (3) Skilled manual worker e.g. electricians, plumbers, butchers, bus drivers, miners
    (4) Skilled non-manual worker e.g. office workers, clerical worker, shop assistant, secretary
    (5) Managerial/technical e.g. teachers, managers, pilots, police officer,
    (6)Professional e.g. doctor, accountant, lawyer, clergy, university lecturer

15. Are you currently in employment?
    (1) YES (2) NO

16. If 'YES' what is your job?

    (1) Unskilled worker e.g. labourers, refuse collectors, office cleaners, window cleaners
    (2) Semi-skilled manual workers e.g. bus conductors, bar workers, postal workers, agricultural workers, packers
    (3) Skilled manual worker e.g. electricians, plumbers, butchers, bus drivers, miners
    (4) Skilled non-manual worker e.g. office workers, clerical worker, shop assistant, secretary
    (5) Managerial/technical e.g. teachers, managers, pilots, police officer,
    (6)Professional e.g. doctor, accountant, lawyer, clergy, university lecturer

17. IF NO – Are you currently looking for work?

About children and live-in family members

18. Do you have any children? (1)YES (2) NO
    If you don't have any children, please jump to question 24

19. How many children do you have? .....
20. How old is your eldest child?.....(if only one, then complete this)
21. How old is your youngest child? .....
22. Do you have regular additional care for your children?
    (1)YES (2) NO
23. IF YES: Who is this from ……
    (1) My mother or birth family member
    (2) My husband's mother or in-law family member
    (3) A friend (including other mothers locally)
    (4) A nanny or babysitter
    (5) Other……..(please describe)

24. Do you live with any older age family members?
    (1) YES (2) NO

25. If "YES", who are they?
    (1) My mother
    (2) My father
    (3) My mother-in-law
    (4) My father-in-law
    (5) Another relative of mine (eg aunt/uncle, grandparent)
    (6) Another relative of my husbands (eg aunt/uncle, grandparent)
    (7) Other (please describe)

23. Are you a major carer of your older aged family member?
    (This involves a role in cooking , washing clothes, health care needs, transportation)
    (1) Yes, mainly myself
    (2) Yes, but with other family members
    (3) Yes, but a minor role for me
    (4) Not a carer

Section 2 : Religion

27. Do you belong to a religion?
    (1)Yes, I actively belong to a religion
    (2)Yes, I have a religion but no active involvement
    (3)No, I do not belong to a religion

(IF YOUR ANSWER IS 3- NO, THEN SKIP TO SECTION 3)

28. If "YES", what is your religion?
    (1) Buddhist (2) Taoist (3) I-Kuan Toa (4)Christian
    (5) Islam (6) Judaism (7) Catholic (8)Other……(please describe)

29. How often do you attend religious services with others?
    (1) Daily (2) Weekly or more (3) Monthly or more
    (4) 6-monthly or more (5) Once a year or more (6) No formal practice

30. How regularly do you perform religious ritual, such as praying, dietary practice etc?
    (1) Daily (2) Weekly or more (3) Monthly or more
    (4) 6-monthly or more (5) Once a year or more (6) No formal practice

31. Do you belong to any groups or activities related to your religion?
    (1)YES (2) NO

32. If yes, describe……..

33. How important to you is your religious belief?
    (1) Very important
    (2) Moderately Important
    (3) Somewhat important
    (4) Not important

Section 3 : social support

34. Is there someone you would go to if you had a personal problem you wanted to discuss other than your husband/ partner or boyfriend?
(1)YES (2) NO

IF NO: skip to section 4

IF YES: Fill in the information below for up to two people who you would turn to first if you had a personal problem you wanted to discuss. This should include your friends, family, family-in-aw, grown-up children, neighbours etc

	First confident	**Second confident**
35./40. What is the relationship of this person to you?	(1) Friend (non-relative) (2) Member of my birth family, or children. (3) Member of my partner's family (please specify.....) (4) Other relative (5) Other (please specify…….)	(1) Friend (non-relative) (2) Member of my birth family, or children. (3) Member of my partner's family (please specify.....) (4) Other relative (5) Other (please specify…….)
36./41. How often do you contact this person either face to face or by telephone, email?	(1) Daily. (2) Weekly or more (3) Monthly or more (4) Less than monthly	(1) Daily. (2) Weekly or more (3) Monthly or more (4) Less than monthly
37./42. How much do you tell this person about your very personal worries?	(1) Everything (2) Most things, a few exceptions (3) Some things, a number of exceptions (4) Not much	(1) Everything (2) Most things, a few exceptions (3) Some things, a number of exceptions (4) Not much
38./43. Have you told this person about personal worries you've had in the last 12 months?	(1) Yes, everything (2) Yes, some things/ or not had any worries (3) No, nothing	(1) Yes, everything (2) Yes, some things/ or not had any worries (3) No, nothing
39./44. How close to this person do you feel?	(1) Very close (2) Quite close (3) Not close	(1) Very close (2) Quite close (3) Not close

Section 4 : Partnership

(If no partner please skip to section 5)

45. How often do you confide in your partner about your worries and concerns?

☐1.never ☐2.rarely ☐3.occasionally

☐4. more often than not ☐5.most of the time ☐6.all the time

	never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
46. How often do you and your partner have a stimulating exchange of ideas?	☐1.	☐2.	☐3.	☐4.	☐5.	☐6.
47. How often do you and your partner calmly discuss something together?	☐1.	☐2.	☐3.	☐4.	☐5.	☐6.
48. How often do you and your part work together on a project?	☐1.	☐2.	☐3.	☐4.	☐5.	☐6.

49. How often do you discuss or have you considered divorce, separation or terminating your relationship?

☐1. all the time ☐2. most of time ☐3. more often than not

☐4. occasionally ☐5. rarely ☐6. never

This section is about your interaction with your partner and feelings as a partner. Please choose the number from 1 to 7 which best describes your relationship.(From 1 'not at all' on the left to 7 'yes, definitely' on the right)

	Not at all						Yes, definitely
50. Are you concerned that you are not as good a partner as you would like to be?	☐1.	☐2.	☐3.	☐4.	☐5.	☐6.	☐7.
51. Are you as easy to live with as you would like to be?	☐1.	☐2.	☐3.	☐4.	☐5.	☐6.	☐7.
52. Do you and your partner get irritable with each other?	☐1.	☐2.	☐3.	☐4.	☐5.	☐6.	☐7.
53. Is there ever a tense atmosphere between you and your partner?	☐1.	☐2.	☐3.	☐4.	☐5.	☐6.	☐7.
54. How often is your husband supportive about your YOUR family?	☐1.	☐2.	☐3.	☐4.	☐5.	☐6.	☐7.
55. How often is you husband supportive about you're your issues with HIS family?	☐1.	☐2.	☐3.	☐4.	☐5.	☐6.	☐7.

56. Please choose the answer which best describes the degree of happiness o your relationship, all things considered.

1 2 3 4 5 6 7

Extremely unhappy — Fairly unhappy — A little unhappy — Happy — Very happy — Extremely happy — Perfect

Section 5 : family in law (your partner's family)

(If you have no family-in law please skip to section 6. Please include your mother in law, father in law or brother or sisters in law with whom you ha contacted).

	never	rarely	some-times	most Of time	all the time
57. In general, how often do you think that things between you and your family in law are going well?	□1.	□2.	□3.	□4.	□5.
58. In general, how often do you think that things between you and your mother in law are going well?	□1.	□2.	□3.	□4.	□5.
59. Have you had any quarrel with your family in law in the last few months?	□1.	□2.	□3.	□4.	□5.
60. Do you think your family in law con your worries?	□1.	□2.	□3.	□4.	□5.

61. Anything else you want to say about your family-in-law?

_____

Section 6: Birth family

(This includes your mother, father and siblings)

If you were brought up in constitution, please skip to section 7.

	never	rarely	some-times	most Of time	all the time
62. In general, how often do you think that things between you and your birth family are going well?	□1.	□2.	□3.	□4.	□5.
63. In general, how often do you think that things between you and your mother are going well?	□1.	□2.	□3.	□4.	□5.
64. Have you had any quarrel with your birth family in the last few months?	□1.	□2.	□3.	□4.	□5.
65. Do you think your birth family concern your worries?	□1.	□2.	□3.	□4.	□5.

66. Anything else you want to say about your birth family?

_____

Section 7: My childhood memories of my mother (Before age 17)

67. Did you lose your birth mother before age 17?

□1. Yes □2.No (If your answer is「**No**，please skip to Q 70)

68. IF YES: How long were you separated from your mother before age 17?

_____year

69. What age were you when first separated?

70. Did your mother die before you were 17?

□1.Yes □2.No

71. If yes, what age were you?

_____years old

Please circle the appropriate answers which represent your mother figure before age 17. If you have more than one mother figure, choose the one you were with longest, or the one you found most difficult to live with. If you had no mother figure in childhood (e.g. were brought up in an institution) then skip to section 8 or 9.

72.Which mother figure are your describing below?

□1. Birth mother □2. step mother/father's live-in partner

□3. Other relative e.g. aunty, grandmother

□4. Other non-relative e.g. foster mother, godmother □5.other_____(describe)

There is no right and wrong answer for the following questions, please choose the one that applied to you.	**Yes, definitely**		**unsure**		**No not at all**
73. She was very difficult to please…….	□5.	□4.	□3.	□2.	□1.
74. She was concerned about my worries.....	□5.	□4.	□3.	□2.	□1.
75. She was interested in how I did at school.	□5.	□4.	□3.	□2.	□1.
76. She made me feel unwanted.....	□5.	□4.	□3.	□2.	□1.
77. She tried to make me feel better when I was upset.....	□5.	□4.	□3.	□2.	□1.
78. She was very critical of me.....	□5.	□4.	□3.	□2.	□1.
79. She would leave me unsupervised before I was 10 years old.....	□5.	□4.	□3.	□2.	□1.
80. She would usually have time to talk to me	□5.	□4.	□3.	□2.	□1.
81. At times she made me feel I was a nuisance	□5.	□4.	□3.	□2.	□1.
82. She often picked on me unfairly.....	□5.	□4.	□3.	□2.	□1.
83. She was there if I needed her.....	□5.	□4.	□3.	□2.	□1.
84. She was interested in who my friends were	□5.	□4.	□3.	□2.	□1.
85. She was concerned about my whereabouts..	□5.	□4.	□3.	□2.	□1.
86. She cared for me when I was ill.....	□5.	□4.	□3.	□2.	□1.
87. She neglected my basic needs (e.g. food and clothes)	□5.	□4.	□3.	□2.	□1.
88. She did not like me as much as my brothers and sisters.....(Leave blank if no siblings)	□5.	□4.	□3.	□2.	□1.

89. Do you want to add anything about your mother from when you were young?___

Section 8: My childhood memories of my father (Before age 17)

90. Did you lose your birth father before age 17?

□1. Yes □2.No (If your answer is「**No**」, please skip to Q 70)

91. IF YES: How long were you separated from your father before age 17?

_____year

92. What age were you when first separated?

93. Did your father die before you were 17?

□1.Yes □2.No

94. If yes, what age were you?

_____years old

Please circle the appropriate answers which represent your father figure before age 17. If you have more than one father figure, choose the one you were with longest, or the one you found most difficult to live with. If you had no father figure in childhood (e.g. were brought up in an institution) then skip to section 9.

95.Which father figure are your describing below?

□1. Birth father □2. step father/mother's live-in partner

□3. Other relative e.g. uncle, grandfather

□4. Other non-relative e.g. foster father, godfather □5.other_____(describe)

There is no right and wrong answer for the following questions, please choose the one that applied to you	**Yes, definitely**		**unsure**		**No not at all**
96. He was very difficult to please…….	□5.	□4.	□3.	□2.	□1.
97. He was concerned about my worries.....	□5.	□4.	□3.	□2.	□1.
98. He was interested in how I did at school.	□5.	□4.	□3.	□2.	□1.
99. He made me feel unwanted.....	□5.	□4.	□3.	□2.	□1.
100. He tried to make me feel better when I was upset.....	□5.	□4.	□3.	□2.	□1.
101. He was very critical of me.....	□5.	□4.	□3.	□2.	□1.
102. He would leave me unsupervised before I was 10 years old.....	□5.	□4.	□3.	□2.	□1.
103. He would usually have time to talk to me	□5.	□4.	□3.	□2.	□1.
104. At times he made me feel I was a nuisance	□5.	□4.	□3.	□2.	□1.
105. He often picked on me unfairly.....	□5.	□4.	□3.	□2.	□1.
106. He was there if I needed her.....	□5.	□4.	□3.	□2.	□1.
107. He was interested in who my friends were	□5.	□4.	□3.	□2.	□1.
108. He was concerned about my whereabouts..	□5.	□4.	□3.	□2.	□1.
109. He cared for me when I was ill.....	□5.	□4.	□3.	□2.	□1.
110. He neglected my basic needs (e.g. food and clothes)	□5.	□4.	□3.	□2.	□1.
111. He did not like me as much as my brothers and sisters.....(Leave blank if no siblings)	□5.	□4.	□3.	□2.	□1.

112. Do you want to add anything about your father from when you were young?___

Section 9: My feeling about myself

Please read each one of the following statements carefully and then circle the number below the answer, which shows the extent you agree or disagree.

	strongly agree	**agree**	**disagree**	**Strongly disagree**
113. I feel that I'm a person at least on a level with others.	☐1.	☐2.	☐3.	☐4.
114. I feel I have a number of good qualities.	☐1.	☐2.	☐3.	☐4.
115. All in all, I am inclined to feel that I'm a failure.	☐1.	☐2.	☐3.	☐4.
116. I am able to do things as well as most people	☐1.	☐2.	☐3.	☐4.
117. I feel I do not have much to be proud of.	☐1.	☐2.	☐3.	☐4.
118. I take a positive attitude towards myself.	☐1.	☐2.	☐3.	☐4.
119. On the whole I am satisfied with myself.	☐1.	☐2.	☐3.	☐4.
120. I wish I could have more respect for myself.	☐1.	☐2.	☐3.	☐4.
121. I certainly feel useless at times.	☐1.	☐2.	☐3.	☐4.
122. I feel that I'm a person at least on a level with others.	☐1.	☐2.	☐3.	☐4.

Section 10: My mood and health

We would like to know how your health has been in general over the past **few weeks**. Please ar all the questions by circling the answer, which describes how you have been feeling recently

	Better Than usual	**Same as usual**	**Less than usual**	**Much less than usual**
123. Have you recently been able to concentrate on whatever you're doing?	☐1.	☐2.	☐3.	☐4.
124. Have you recently felt that you are playing a useful part in things?	☐1.	☐2.	☐3.	☐4.
125. Have you recently felt capable of making decisions about things?	☐1.	☐2.	☐3.	☐4.
126. Have you recently been able to enjoy your normal day-to-day activities?	☐1.	☐2.	☐3.	☐4.
127. Have you recently been able to face up to your problems?	☐1.	☐2.	☐3.	☐4.
128. Have you been feeling reasonably happy, all things considered?	☐1.	☐2.	☐3.	☐4.

	Not at all	No more than usual	Rather more than usual	Much more than usual
129. Have you recently lost much sleep over worry?	☐1.	☐2.	☐3.	☐4.
130. Have you recently felt constantly under strain?	☐1.	☐2.	☐3.	☐4.
131. Have you recently felt you couldn't overcome your difficulties?	☐1.	☐2.	☐3.	☐4.
132. Have you recently been feeling unhappy and depressed?	☐1.	☐2.	☐3.	☐4.
133. Have you recently been losing confidence in yourself?	☐1.	☐2.	☐3.	☐4.
134. Have you recently been thinking of yourself as a worthless person?	☐1.	☐2.	☐3.	☐4.

135. Have you had an emotional disorder (eg depression or anxiety) in the past?
☐1.Yes ☐2. No (if your answer is no, please skip to Q 140)

136. If yes, how old were you when you had emotional disorder?
_____old

137. Can you describe it?
_____

138. Have you ever approached a professional about an emotional disorder? ☐1. Yes ☐2. No

139. If yes, what sort of professional?
(e.g. psychologist, psychiatrist, counsellor, priest)
_____

Section 11: My life and experience

Please indicate how you feel the statements below describe your personal experience over the last 6 months.

	Very low	low	medi-um	high	Very high
140. joy in life	☐1.	☐2.	☐3.	☐4.	☐5.
141. inner peace	☐1.	☐2.	☐3.	☐4.	☐5.
142. a sense of identity	☐1.	☐2.	☐3.	☐4.	☐5.
143. meaning in life	☐1.	☐2.	☐3.	☐4.	☐5.
144. love for other people	☐1.	☐2.	☐3.	☐4.	☐5.
145.forgiveness for other	☐1.	☐2.	☐3.	☐4.	☐5.
146.Connection with nature	☐1.	☐2.	☐3.	☐4.	☐5.
147.peace with God	☐1.	☐2.	☐3.	☐4.	☐5.

Section 12: My feeling about relationships

Below are a number of statements concerning the way people feel about themselves in relation to others. Indicate whether you agree of disagree with the description as it applies to you by circling the answer that applies to you.

	Strongly agree	agree	unsure	disagree	Strongly disagree
148. I take my time getting to know people.	☐5.	☐4.	☐3.	☐2.	☐1.
149.I rely on others to help me make decisions in life	☐5.	☐4.	☐3.	☐2.	☐1.
150. People let me down a lot	☐5.	☐4.	☐3.	☐2.	☐1.
151. I miss the company of others when I'm alone	☐5.	☐4.	☐3.	☐2.	☐1.
152. Its best not to get too emotionally close to other people	☐5.	☐4.	☐3.	☐2.	☐1.
153.I worry a lot if people I live with arrive back later than expected	☐5.	☐4.	☐3.	☐2.	☐1.
154. I usually rely on advice from others when I've got a problem	☐5.	☐4.	☐3.	☐2.	☐1.
155.I feel uncomfortable when people get too close to me	☐5.	☐4.	☐3.	☐2.	☐1.
156.People close to me often get on my nerves	☐5.	☐4.	☐3.	☐2.	☐1.
157. I feel people are against me	☐5.	☐4.	☐3.	☐2.	☐1.
158. I worry about thinks happening to close family and friends	☐5.	☐4.	☐3.	☐2.	☐1.
159.I often get into arguments	☐5.	☐4.	☐3.	☐2.	☐1.
160. I'm clingy with others	☐5.	☐4.	☐3.	☐2.	☐1.
161. I look forward to spending time on my own	☐5.	☐4.	☐3.	☐2.	☐1.
162.I like making decisions on my own	☐5.	☐4.	☐3.	☐2.	☐1.
163. I get anxious when people close to me are away	☐5.	☐4.	☐3.	☐2.	☐1.
164.I feel uneasy when others confide in me	☐5.	☐4.	☐3.	☐2.	☐1.
165. I find it hard to trust others	☐5.	☐4.	☐3.	☐2.	☐1.
166. Having people around me can be a nuisance	☐5.	☐4.	☐3.	☐2.	☐1.
167.I feel people haven't done enough for me	☐5.	☐4.	☐3.	☐2.	☐1.
168. Its important to have people around me a lot of the time	☐5.	☐4.	☐3.	☐2.	☐1.
169. I find it difficult to confide in people	☐5.	☐4.	☐3.	☐2.	☐1.

170. Anything else you want to add to about yourself or your relationships?

_____

Thank you very much for completing the questionnaire!

171. *The information you have provided in questionnaire is very valuable for understanding Taiwanese women. However, a questionnaire is always limited, and we also want to speak to some women and ask them more about their experiences and feelings, in confidence.*

Would you be willing to meet and discuss these issues further?

☐1. Yes, I would like to

☐2.If the time and place is convenient for me, yes, I would like to

☐3.not sure

☐4.No

172. May we have your email address or phone number?_____

The information you give us is extremely confidential and only for the researcher to contact you.

Your phone number (cell phone/land line)_____

Your Email address_____

We value your opinion very much

173. Where did you know/get this questionnaire?

☐1.church ☐2.buddist groups ☐3.other religious groups

☐4.internet ☐5.friends ☐6.women organisations

☐7.schools ☐8. others (describe_____)

174. If you have any comment about this questionnaire, please write down here, thank you very much!

_____

Some information of depression & couselling service in Taiwan

Online information of depression

1. Taiwan association against depression http://www.depression.org.tw/index.asp
2. John Tung foundation http://www.jtf.org.tw/psyche/melancholia/overblue.asp

Free counselling service in Taiwan

3. Teacher Chang foundation http://www.1980.org.tw/
4. Lifeline http://www.lifeline.org.tw/

Appendix V : The Attachment Style Interview and ratings

【Demographics Schedule】

(This section should be tape-recorded but can also be filled in during the interview)

Date of Interview (d1)_____
DD MM YY

What is your date of birth? (d2a)_____ (d2b) And current age?_____
DD MM YY

Work

Do you work? (d3) **Yes/No**

If yes:

- What is your job? (d4) _____
- Are you a supervisor/ manager? (d5) **Yes/No**
- Are you self-employed? (d6) **Yes/No**
- How many hours a week do you work? (d7) ___ hrs
(distinguish especially 30+hrs (full-time)
- How long have you had that job? (d8) ___ yrs

If not working:

- What was your last/main job? (d9) _____

Partner

Are you married or living with someone? **(d10) Yes/No**

(*please circle):* (d11) **Single / Married / Cohabiting**

If has partner:

- How long have you been together? (d12) _____ mths/yrs

Does Your Partner Work? (d13**) Yes/No**

If yes:

- What is his/her job? (d14) _____
- Is s/he a manager/supervisor? (d15) **Yes/No**
- Is s/he self-employed? (d16) **Yes/No**

If no:

- What is his usual/latest job? (d17) _____
-
- Was s/he a manager/supervisor? (d18) **Yes/No**

- Was s/he self-employed? (d19) **Yes/No**

If Not Cohabiting:
Are you involved with anyone (boy/girlfriend)? (d20) **Yes/No**

- How long have you been together? (d21)_____ mths/yrs
- Where do he/she live? (d22)_____
- How far away (in minutes/hours) is that from your place? (d23)_____

Have you been married before, or lived with anyone? (d24a) Yes/No

What age were you when you separated? (d24b)_____

Do you have any contact with him/her now? (d25) Yes/No

Children

How many children do you have altogether? (d26) _____

- How many biological children? (d27) _____
- How many adoptive children? (d28) _____
- How many foster children? (d29) _____
- How many step children? (d30) _____

(Complete table below for each child)

- What are their ages? Are they living at home?
  - If not: how often do you see them face to face? What about telephone/email contact?
  -

Name (d31)	**Relationship to you** (d32)	**Sex** (d33)	**Age** (d34)	**Frequency of Contact (0-9)**	
				(d35) Face to face	(d36) Telephone/ e-mail)
	Child (4)	M/F			
	Child (4)	M/F			
	Child (4)	M/F			
	Child (4)	M/F			
		M/F			
		M/F			

Frequency of contact	
0 = Household 1 = daily 2 = between daily and weekly 3 = weekly 4 = between weekly and monthly	5 = monthly 6 = between monthly and 4 monthly 7 = more than 4 months, less than 7 months 8 = at least yearly 9 = Never

Parental loss and upbringing (before age 17)

I'd like to ask a bit about your parents

Parental Loss: Is your mother still alive? **(d37) Yes/No**

If no: How old were you when she died? (d38) _____

Is your father still alive? **(d39) Yes/No**

If no: How old were you when he died? (d40) _____

Childhood Separation: Were you separated from your mother as a child or adolescent (before age 17) for as much as a year or more?
(d41)Yes/No

If yes:

- What was the reason for separation? (d42) _____
- How old were you when first separated? (d43) _____
- How long for? (d44) _____ (years)

Were you separated from your father as a child or adolescent for as much as a year or more?
(d45) Yes/No

If Yes:

- What was the reason for separation? (d46) _____
- How old were you when first separated? (d47) _____
- How long for? (d48) _____ (years)

Was there anyone else apart from your biological parents who brought you up in childhood?
(d49) Yes/No

(If the individual was mainly brought up by surrogate parents (step-parents, adoptive/foster parents, relations etc) in the absence of biological parents, then ask about these in the following section*).*

Describe who was responsible for upbringing:

Current Relationship with Parents (if relevant):

The closeness and antipathy scales with parents and siblings should be asked here, but rated back in the office and not in front of the client.

Closeness
Mother

Would you say you currently had a good relationship with your mother? (if alive/in contact)

- What is the atmosphere like when you're together?
- Are you close?
- How would you feel if she moved further away?
- Would you miss her? Feel lost?

Closeness to Mother Describe:	**Insert Your Rating Here:-** (d50)_____ 1. Markedly close 2. Moderately close 3. Somewhat close 4. Little/no closeness

Closeness
Father

Would you say you currently had a good relationship with your father? (if alive/in contact)

- What is the atmosphere like when you're together?
- Are you close?
- How would you feel if he moved further away?
- Would you miss him? Feel lost?

Closeness to Father (Describe)	**Insert Your Rating Here:-** (d51)_____ 1. Markedly close 2. Moderately close 3. Somewhat close 4. Little/no closeness

The closeness and antipathy scales with parents and siblings should be asked here, but rated back in the office and not in front of the client.

Antipathy
to Mother

Is there ever any bad feeling between you?

- Any arguments or rows? How often?
- Can you describe a recent argument?
- Do you feel resentful towards her? About what?

Antipathy to Mother (Describe)	**Insert Your Rating Here:- (d52)_____** 1. Marked antipathy 2. Moderate antipathy 3. Some antipathy 4. Little/no antipathy

Antipathy to Father

Is there ever any bad feeling between you?

- Any arguments or rows? How often?
- Can you describe a recent argument?
- Do you feel resentful towards him? About what?

Antipathy to Father (Describe)	**Insert Your Rating Here:-** (d53)_____ 1.Marked antipathy 2.Moderate antipathy 3. Some antipathy 4. Little/no antipathy

Current Relationship with Siblings

Do you have brothers and sisters? (Include half or stepsiblings)

How many? (d54) _____ What position are you in the family?_____

- How often do you see them?
- What about face to face? Or by telephone/ email?

(Establish ones seen most often and least often and complete table below)

Name (d55)	**Rel to you** (d56)	**Sex** (d57)	**Age** (d58)	**Frequency Contact (0-9)**	
				Face to face (d59)	Telephone/ email (d60)
		M/F			
		M/F			
		M/F			

Frequency of contact	
0 = Household 1 = daily 2 = between daily and weekly 3 = weekly 4 = between weekly and monthly	5 = monthly 6 = between monthly and 4 monthly 7 = more than 4 months, less than 7 months 8 = at least yearly 9 = Never

Closest Sibling

How do you get on with your brothers and sisters?

- Are you particularly close to any of them?

Which one would you say you were closest to?

- (How often do you see.....?)
- Would you miss…if you didn't see him/her?

Peak Closest to any sibling (Describe closest sibling)	**Insert your rating here:-** (d62)_____ 1. Markedly close 2.Moderately close 3. Somewhat close 4. Little/no closeness

Antipathy to Siblings

Is there a sibling you don't get on with?

- Which one is that?
- Why is that?
- Do you row often? Over what sort of thing?
- Is there a lot of resentment?

Peak Antipathy to any sibling (Describe sibling to whom there is most antipathy)	**Insert Your Rating Here:-** (d63)_____ 1.Marked antipathy 2. Moderate antipathy 3. Some antipathy 4. Little/no antipathy

Support Figures (Very Close Others)

Do you have any friends or relatives you see regularly?

- How often do you see them?
- Do you telephone? How often?
- Any one you are particularly close to?

**** If you had a problem of some sort, who would be the first person you would confide in?**

- Anyone else you can think of?
- Could you confide personal feelings?
- Have you confided recently?
- Do you feel close to (person mentioned)?

Is there anyone you feel very close to apart from your partner or children?
(*make a note of three closest confidants in table below)*

Who do you confide in or feel close to? Name (d64)	**Relation ship to you** (d65)	**Sex** (d66)	**Age of other** (d67)	**Frequency of Contact (0-9)**		**Confid-ant?** (d70)	**Very close?** (d71)
				(face-to-face) (d68)	(telephone or e-mail)(d69)		
		M/F				YES/NO	YES/NO
		M/F				YES/NO	YES/NO
		M/F				YES/NO	YES/NO
		M/F				YES/NO	YES/NO
		M/F				YES/NO	YES/NO

d56 Relationship to you	**d59 Frequency of contact**
1: Mother 2: Father 3: Sibling 4: other relative 5: other non-relative	0 = Household 1 = daily 2 = between daily and weekly 3 = weekly 4 = between weekly and monthly 5 = monthly 6 = between monthly and 4 monthly 7 = more than 4 months, less than 7 months 8 = at least yearly 9 = Never

Once you have selected VCOs ask:

- **How long have you been friends or known him/her?**
- **Where do they live? How far away in minutes/hours is that from where you live?**

Very close confidants: (Select the three closest confidants)

Name(d64)	Location of other	
VCO1		
VC02		
VCO3		

ASI Support and Attachment Interview Questions

Say: "For this part of the interview, I'd like to ask more about your partner."

Confiding in Partner

Do you confide in (partner)?
(Is that easily or with difficulty?)

If not at all
Why is that?
Is s/he not interested or sympathetic?
Do you not want to worry him/her?

What sort of things do you tell him/her?
Do you just touch on it, or can you go into detail?

Do you tell him/her your most personal feelings?
Can you confide problems with money?
Can you confide problems with your family of origin?
How about problems with sex or intimate issues?
Can you confide problems with your health? Or emotional issues?

Is there anything you wouldn't tell him/her?
(What? Why is that? Because of what s/he might say or do?

Active Emotional Support

Do you think s/he is interested when you confide or not particularly?

What does s/he say or do when you confide?
Does s/he listen? Does s/he comfort you?
Does s/he take your side or is s/he a bit critical?
Does s/he offer any advice?

Do you think s/he worries about you if you are not feeling well or having problems? (How does s/he show it?)

Actual Confiding

Have you confided in him/her recently about anything?
(What was that? What did s/he say or do?)

1st problem

When _____ (Life Event) happened did you talk to your partner about it? How much detail did you go into? Did you discuss your worries in full? How did you partner respond when you talked to him/her?

2nd problem

When _____ (Life Event) happened did you talk to your partner about it? How much detail did you go into? Did you discuss your worries in full? How did you partner respond when you talked to him/her?

<u>Interviewer note</u>: Repeat these questions for any other difficulties / problems identified.

Quality of Interaction

Do you and your partner manage to spend any time alone together?

What's it like when you are alone together?
(Relaxed? Quiet? A bit boring? Tense? Fun? Joking? Arguing?)

Negative Interaction

What kinds of things make you irritable with each other?
(Do you have a go at each other when you are niggled or do you bottle it up? Both of you? What about your last quarrel? What happened?)

If yes:
How often does this happen, say over the last month?

Do arguments ever become violent at all - where one of you throws things or hits the other?
(Is this often? Has this ever happened in the past? When was that?)

Many relationships have bad patches from time to time when they are not getting on or where one partner considers leaving - have you had times like this?

If yes:

When was this?

How long did it go on for? What happened?

Felt Attachment for

Do you rely on (your partner)?

For company? For giving you confidence?

Do you think you could manage without him/her? Easily?

How would you feel if he wasn't there?

(A bit lost? Afraid? Uneasy?)

Are there any kinds of situations where you feel you just could not rely on him/her?

(Have there been any times when s/he did not put her/himself out you?)

Say: Now I'd like to ask you about your close supportive friends and relatives.

1ST Very Close Other…….(name)

VCO 1 Confiding

Do you confide in (VCO 1)?

(Easily or with difficulty?)

If not:

Why is that?

Is s/he not interested or sympathetic?

Do you not want to worry him/her?

What sort of things do you tell him/her?

Do you just touch on it, or can you go into detail?

Do you tell him/her your most personal feelings?

Can you confide problems with money?

Can you confide problems with your family of origin?

How about problems with sex or intimate issues?

Can you confide problems with your health? Or emotional issues?

Is there anything you wouldn't tell him/her?

What? Why is that? Because of what s/he might say or do?

VCO 1 Active Emotional Support

Do you think (VCO 1) is interested when you confide or not particularly?

What does s/he say or do when you confide?

Does s/he listen? Does s/he comfort you?

Does s/he take your side or is s/he a bit critical?

Does s/he offer any advice?)

Do you think s/he worries about you if you are not feeling well or having problems?

(How does s/he show it?)

VCO1 Actual Confiding

Have you confided in him/her recently about anything?

(What was that? What did s/he say or do?)

Interviewer note: Refer here to recent life events / difficulties / crisis / problems you listed on pages 16-16.

1st problem

When _____ (Life Event) happened did you talk to _____VCO 1 about it? How much detail did you go into? Did you discuss your worries in full? How did VCO1 respond when you talked to him/her?

2nd problem

When _____ (Life Event) happened did you talk to _____VCO 1 about it? How much detail did you go into? Did you discuss your worries in full? How did VCO 1 respond when you talked to him/her?

Interviewer note: Repeat these questions for any other difficulties / problems identified.

VCO 1 Quality of Interaction

Do you and (VCO 1) manage to spend any time alone together?

What's it like when you are alone together?

(Relaxed? Quiet? A bit boring? Tense? Fun? Joking? Arguing?)

Negative interaction

What kinds of things make you irritable with each other?

(Do you have a go at each other when you are niggled or do you bottle it up? Both of you?

What about your last quarrel?

What happened?

If arguments: How often does this happen - say over the last month?

VCO 1

Felt Attachment

Do you rely on (VCO 1)?

For company? For giving you confidence ?

Do you think you could manage without him/her? Easily?

How would you feel if s/he wasn't there?

(A bit lost? Afraid? Uneasy?)

What if (VCO 1) went to live in another part of the country – how would you feel about it?

Are there any kinds of situations where you feel you just could not rely on him/her?

(Have there been any times when s/he did not put himself out for you?)

Say: Now I'd like to ask you about your 2nd very close other ……
(name)

VCO 2

Confiding

Do you confide in VCO 2?

(Easily or with difficulty?)

If not at all:

Why is that?

Is s/he not interested or sympathetic?

Do you not want to worry him/her

What sort of things do you tell him/her?

Do you just touch on it, or can you go into detail?

Do you tell him/her your most personal feelings?
Can you confide problems with money?
Can you confide problems with your family of origin?
How about problems with sex or intimate issues?
Can you confide problems with your health? Or emotional issues?

Is there anything you wouldn't tell him/her?
What? Why is that? Because of what s/he might say or do?

Have you confided in him/her recently about anything?
(What was that? What did s/he say or do?)
(probe for examples of recent life events or difficulties)

VCO 2 Active Emotional Support

Do you think (VCO 2) is interested when you confide or not particularly?
What does s/he say or do when you confide?
Does s/he listen? Does s/he comfort you?

Does s/he take your side or is s/he a bit critical?
Does s/he offer any advice?

Do you think s/he worries about you if you are not feeling well or having problems? (How does s/he show it?)

Actual Confiding

Have you confided in him/her recently about anything?
(What was that? What did s/he say or do?)

<u>Interviewer note</u>: Refer here to recent life events / difficulties / crisis / problems you listed on pages 16-17.

1st problem When _____ (Life Event) happened did you talk to _____VCO 2 about it? How much detail did you go into? Did you discuss your worries in full? How did VCO 2 respond when you talked to him/her?

2nd problem When _____ (Life Event) happened did you talk to _____VCO 2 about it? How much detail did you go into? Did you

discuss your worries in full? How did VCO 2 respond when you talked to him/her?

Interviewer note: Repeat these questions for any other difficulties / problems identified.

VCO 2 Quality Of Interaction together?

Do you and (VCO 2) manage to spend any time alone

What's it like when you are alone together?
(Relaxed? Quiet? A bit boring? Tense? Fun? Joking? Arguing?)

Negative interaction

What kinds of things make you irritable with each other?
(Do you have a go at each other when you are niggled or do you bottle it up? Both of you?)

What about your last quarrel?
(What happened?)

If Evidence of Arguments:
How often does this happen - say over the last month?

VCO 2 Felt Attachment

Do you rely on (VCO 2)?
(For company? For giving you confidence?)

Do you think you could manage without him/her? Easily?
How would you feel if s/he wasn't there?
(A bit lost? Afraid? Uneasy?)

What if (VCO 2) went to live in another part of the country - how would you feel about it?

Are there any kinds of situations where you feel you just could not rely on him/her?
(Have there been any times when s/he did not put himself out for you?)

(If needed) **Now I'd like to ask you about your 3rd Very Close Other …….. (name)**

(Only ask this section if no partner)

VCO 3 Confiding	**Do you confide in (VCO 3)?** (Easily or with difficulty?)
If Not at all	Why is that? Is s/he not interested or sympathetic? Do you not want to worry him/her
If Evidence of Confiding	**What sort of things do you tell him/her?** **Do you just touch on it, or can you go into detail?** **Do you tell him/her your most personal feelings?** Can you confide problems with money? Can you confide problems with your family of origin? How about problems with sex or intimate issues? Can you confide problems with your health? Or emotional issues? **Is there anything you wouldn't tell him/her?** (What? Why is that? Because of what s/he might say or do?)
VCO 3 Active Emotional Support	**Do you think (VCO 3) is interested when you confide or not particularly)?** What does s/he say or do when you confide? Does s/he listen? Does S/he comfort you? **Does s/he take your side or is s/he a bit critical?** Does s/he offer any advice?) **Do you think s/he worries about you if you are not feeling well or having problems?** (How does s/he show it?)
Actual Confiding	**Have you confided in him/her recently about anything?** (What was that? What did s/he say or do?) *<u>Interviewer note</u>: Refer here to recent life events / difficulties / crisis / problems you listed on pages 16-17.*

1st problem When _____ (Life Event) happened did you talk to _____VCO 3 about it? How much detail did you go into? Did you discuss your worries in full? How did VCO 3 respond when you talked to him/her?

2nd problem When _____ (Life Event) happened did you talk to _____VCO 3 about it? How much detail did you go into? Did you discuss your worries in full? How did VCO 3 respond when you talked to him/her?

Interviewer note: Repeat these questions for any other difficulties / problems identified.

VCO 3 Quality of Interaction

Do you and (VCO 3) manage to spend any time alone together?

What's it like when you are alone together?

(Relaxed? Quiet? A bit boring? Tense? Fun? Joking? Arguing?)

What kinds of things make you irritable with each other?

(Do you have a go at each other when you are niggled or do you bottle it up? Both of you?)

What about your last quarrel?

What happened?

If Evidence of Arguments

How often does this happen - say over the last month?

VCO 3 Felt Attachment

Do you rely on (VCO 3)?

(For company? For giving you confidence?)

Do you think you could manage without him/her? Easily?

How would you feel if s/he wasn't there?

(A bit lost? Afraid? Uneasy?)

What if (VCO 3) went to live in another part of the country - how would you feel about it?

Are there any kinds of situations where you feel you just could not rely on him/her?

(Have there been any times when s/he did not put himself out for you?)

Say: Now I'd Like To Ask You About How You Relate To People In General:

Mistrust **Do you find it hard to trust other people?**

Do you often feel suspicious of people?

Do you tend to question people's motives?

(If yes: Whose? Why?)

Do you find it hard to trust people close to you?

Or just outsiders?

Why is that do you think?

Do you ever feel people are against you?

In what way?

Do you feel most people are out for themselves?

Why do you think that?

Has that affected your attitude to others?

Constraints on Closeness **Is having someone close important to you?**

(if not ascertained)

Who are you close to at the moment?

Do you find it hard to get very close to people?

If yes: Is that the same for most people or just some people you know? For example for relatives, or friends?

For men rather than women?

Why do you think this is? Are you shy? Hard to get to know?

Do you find it difficult to confide in people?

Why do you think this is?

(*If relevant: check number of confidants mentioned in support section*)

Do you prefer to have one person to confide in, or to have several? Would you like to have more people to confide in?

Do you find it easy to ask people for help?
Can you go to others for advice if you have a problem?

Are there any particular people you wouldn't go to for help?
For example family, friends? Why is that?

Fear of Rejection

Do you feel you can't trust others in case they let you down?
Why do you think that?
Is that based on your own experience?

Have you ever been badly let down by someone?
Has that affected the way you relate to others now?

Does it ever make you feel uncomfortable to be too close to people?

(Do you ever back off if you find yourself getting too close to someone? Who? Why is that?)

How do you feel when someone wants to confide in you? Do you ever feel uneasy? **If yes:** Why is that?

Do you ever feel uneasy when confiding in others?
Have you ever regretted being open?

Have you ever felt hurt or rejected by anyone you've been close to?

Does the fear of being hurt stop you getting too close to people?

If yes:
Is that the same for most people or just some people you know? (Probe for males, females, family)

Self-reliance

Do you feel you generally cope well with problems?
Do you usually feel you cope better on your own or with others' help?

Do you ever feel you can't cope on your own?

Is it important to you to be independent?

Would you describe yourself as a bit of a 'loner', or do you like getting advice and help from others?

Do you rely on the advice of friends in making up your mind?
Or not really?

Are other people's opinions important to you?
Do you need a lot of reassurance from others?
How do you feel when others are critical of you?

Can you make decisions easily without other people's help? Do you like to make decisions on your own?

Is it important for you to feel you have control over your life?
How do you feel when things don't go the way you plan them?

Desire for Company

Would you say you were a sociable person?
Do you enjoy meeting new people?
Do you find it easy to initiate friendships?

Is it important to you to have people around you a lot of the time?
Does being alone bother you?
If yes:
How does it make you feel?
What sort of situations?

Would you like to see your friends more often or do you see enough of them?
Do you ever feel you see too much of your friends or family?
Do you ever feel like distancing yourself from them? If yes: Why is that?

Do you tend to enjoy your own company - or can you get lonely without other people around all the time?

Is privacy important to you?

Do you ever feel that having other people around all the time can be a bit of a nuisance?

Would you like to see acquaintances or more distant relatives more regularly?

Would you miss having people around to confide in?

Do you depend on others for that?

Do you think you are a possessive person?

For example with your partner, children or friends? Do you ever get jealous of other people?

Fear of Separation

Do you get anxious when people close to you are away?

What if it is only for a short time? (e.g. spending the night away, or going on brief holiday?)

Do you find it difficult to say goodbye to people?

If has children: **How do you feel about the children being away overnight?** Do you worry?

How about when someone in your family gets back later than expected, do you worry a lot?

If has partner: **What would you miss most if your partner wasn't there for some reason?** (How would you feel if s/he were no longer there?)

Have there been times when one of you has been away from the other? (What was it like? Has either of you stopped the other from going?)

(A bit anxious on your own? Wish s/he didn't go?)

Anger

Do you often fall out with people - acquaintances or friends?

Can you give me an example?

Do you often get into arguments?

If yes: Who with? What tends to happen?

Do you ever fall out with close friends?

Has this happened recently?

Do you make up again?

What about your parents?

Do you feel resentful for the way they brought you up?

What about your brothers and sisters?

Do you ever get annoyed with them? How do you show it?

Do you ever feel resentful about the past in general?

For example your childhood experience? **If yes:** Who do you blame?

Do you ever feel people haven't done enough for you?

Do you feel taken for granted?

If yes: By whom? Does it make you angry?

Do you say anything about it? What happens then?

Ability to Make and Maintain Relationships

Do you feel you are good at making relationships and friendships?

If yes: In what ways?

If no: Why is that?

Are there ways in which you would like to be better?

If yes: What ways? Is there anything else you would like to say about the way you make relationships that we haven't covered?

End of interview	**That was the last question. That's the end of the interview.** **Thank you so much for your time**.

NOTE – RATING FOR PARTNER AND VCO FOLLOW THE SAME FORMAT, ONLY THE PARTNER SCALES ARE SHOWN HERE. THESE ARE REPEATED FOR VCO 1 AND 2 (AND IF NOT PARTNER, 3)

ASI Rating Schedule – PARTNER AND VCO (very close others) SUPPORT

Partner Name: _____
(only rate this section if ongoing partnership, either live-in or out)

Reflect interaction in the few months before interview.

Type of Relationship with partner S1_____
1 = Live-in Partner
2 = Non-live in partner (Romantic/Sexual relationship).

Frequency of contact: Visual S2_____
0. Household
1 = daily.
2 = between daily and weekly.
3 = weekly.
4 = between weekly and monthly. Non visual (telephone/e-mail) S3_____
5 = monthly.
6 = between monthly and 4 monthly.
7 = less than 4 months, more than 7 months.
8 = at least yearly,
9 = less often.

Place of Residence S4_____
0 = in same household as subject.
1 = within immediate neighbourhood (e.g. 15 minutes travel).
2 = within 30 minutes' travel.
3 = within an hour of travel.
4 = elsewhere in the same city/county.
5 = elsewhere in UK.
6 = outside UK.

Duration of relationship (complete number of years) S5_____
0 = under one year.
1 = 1 year.
2 = 2 years etc.

Confiding in Partner

The extent to which the interviewee is able to talk to partner about personal feelings, crises and emotionally charged topics. Supporting evidence of examples of recent confiding required.

Rating Rules

1. Marked	Confides in all emotionally significant areas with only occasional minor exceptions. Can describe feelings and events.
***2. Moderate**	**Confides most things; the amount of confiding outweighs the exceptions.**
3. Some	Confides somewhat, but not the majority of things. Holds back.
4. Little/None	Confides little or not at all.

* 2: Moderate is the standard rating for this scale.

WRITE YOUR JUSTIFICATIONS FROM INTERVIEW IN SPACES BELOW:

- How easy can they talk to/confide in partner. About what?
- Can they confide about intimate topics e.g. sex, health, his/her relationships with others?
- Have they actually confided his/her difficulties in the past? Any examples?
- Do they just confide about emotionally less significant topics - working day, children's behaviour etc? What areas/topics can they not confide?
- *Any further justifications / comments?*

Confiding in Partner:	**Insert your rating here:-**
1: Marked 2: Moderate 3: Some 4: Little/None	*S6*

Active Emotional Support from Partner

The extent to which the partner has responded to confidences, strong personal feelings and/or crisis in a sympathetic, helpful and understanding way. The rating is made on the basis of the frequency and strength of such supportive behaviour. Negative response will reduce the rating.

Rating Rules

1: Marked support.	Extremely positive and helpful feedback, listens and provides positive emotional
***2: Moderate**	**Good level of support but lacks special quality.**
3: Some apply if the	Intermittent or low-level support. Criticisms may outweigh positive support. May
	client does not actively confide much even if the support is offered.
4: Little/None other person or	No effective support offered. May denote low supportive characteristics of the
	fact that the individual does not confide.

* 2: Moderate is the standard rating for this scale.

WRITE YOUR JUSTIFICATIONS FROM INTERVIEW IN SPACES BELOW:

- Is the partner attentive to confiding and listens?
- Does he/she allow time to talk and seem interested?
- Is he/she sympathetic, offer advice or give practical help?
- Is he/she every critical? Laughs at or belittles his/her difficulties? Gets angry? Fails to keep a confidence?
- Does he/she criticise in front of others regarding problem?
  Any further justifications / comments?

Active Emotional Support from Partner: 1: Marked 2: Moderate 3: Some 4: Little/None	**Insert Your Rating Here:-** *S7*

Positive Quality of Interaction with Partner

The extent to which time spent together is characterised by a positive tone. Take into account intensity and persuasiveness of tone. Also enjoyment of joint activities.

Rating Rules

1. Marked	Special quality of positive time spent together with elements of fun or close level of discussion and stimulation and shared interest.
***2. Moderate**	**More regular, pleasant atmosphere, good engagement.**
3. Some	Rather dull or highly routinised, less pleasant, no real fun or pleasure involved.
4. Little/None	Complete lack of enjoyment, minimal interaction, cold relationship.

* 2: Moderate is the standard rating for this scale.

WRITE YOUR JUSTIFICATIONS FROM INTERVIEW IN SPACES BELOW:

- Does the client report contact with partner as warm, pleasant and relaxed?
- Does he/she enjoy contact with partner?
- Do interactions involve talking, laughing and joking?
- *Any further justifications / comments?*

Positive Interaction with Partner 1: Marked 2: Moderate 3: Some 4: Little/None	**Insert Your Rating Here:-** *S8*

Negative Quality of Interaction with Partner

The extent to which time spent together is characterised by a negative tone. Take into account intensity and persuasiveness of tone. Include tension, rows, quarrelling or more intense conflict.

Rating Rules

1. Marked	High frequency of arguments, rows and/or violence in the relationship (intense or frequent)
2. Moderate	Frequent rows, arguments or tense atmosphere. Individual or joint negativity occurring monthly or more frequently (intense or frequent)
3. Some	Any arguments, tension or conflict with low frequency e.g. less than monthly. May be some irritability rather than open expression of conflict.
***4. Little/None**	**Absence of conflict, arguments or tension or in very rare instances.**

* 4: Little/None is the standard rating for this scale.

WRITE YOUR JUSTIFICATIONS FROM INTERVIEW IN SPACES BELOW:

- Does he/she dislike social contact with partner? e.g. interaction involves anxiety, distress and/or hostility? How often?
- Do interactions tend to involve tension, uneasy atmospheres, quarrels? How often?
  Are there periods of not speaking and / or avoidance? How often?
- Is there bickering, irritability and more serious arguing? E.g. raised voices, critical or insulting or hurtful content to the rows? How often?
- Is there non-personal violence e.g. one or both people breaking things in anger, throwing things or threats of violence? Is there violence with hands or fist, or weapon/ implement? How often?
- *Any further justifications / comments?*

Negative Interaction with Partner 1: Marked 2: Moderate 3: Some 4: Little/None	**Insert Your Rating Here:-** *S9*

Felt Attachment to Partner

The extent to which the simple existence of the partner provides a particular kind of emotional support for the subject in terms of a feeling of inner security and safety. Denotes an emotional dependency and bond with partner.

Rating Rules

1. Marked	Extremely high felt attachment. Would feel lost or devastated by loss of other. Specialness to the relationship and a sense of being soul-mates. When real support is absent this may denote a strong fantasy element with idealization of the closeness. When real support present, denotes specialness and irreplaceable nature of relationship.
***2. Moderate**	**Would miss the other if gone, but lacks extreme expression of emotional dependence. Would feel distress if other left, but would survive.**
3. Some	Low level of felt attachment. Relationship may be objectively distant, and support at a purely practical level with little emotional engagement. If the other was to leave may feel some regret, but could manage without anticipating much grief.
4. Little/None	No reported attachment to the other person. Usually no elements of support or closeness.

- 2: Moderate is the standard rating for this scale.

WRITE YOUR JUSTIFICATIONS FROM INTERVIEW IN SPACES BELOW:

- Is there the feeling he/she would be lost, empty etc. in the other's absence?
- Is it important to know the other is there?
- Does he/she believe the partner will always be willing to help him/her?
- Does he/she believe that the other could not be readily replaced?
- Would he/she miss him/her if they had a lower degree of contact?
- *Any further justifications / comments?*

Felt Attachment to Partner: 1: Marked 2: Moderate 3: Some 4: Little/None	**Insert Your Rating Here:-** *S10*

Overall Quality of Relationship with Partner

Step 1: Determining supportiveness of the relationship

- Your first step is to look at how supportive the relationship is by looking at the Confiding and Active Emotional Support rating. Find the level on the diagram to match the relevant Confiding and Active Emotional Support rating.

Confiding	Active Emotional Support	→
rated **1: Marked**	rated **1: Marked**	**VERY GOOD SUPPORT**

Confiding	Active Emotional Support	→
rated **1: Marked**	rated **2: Moderate**	**GOOD AVERAGE SUPPORT**
rated **2: Moderate**	rated **1: Marked**	
rated **2: Moderate**	rated **2: Moderate**	

Confiding	Active Emotional Support	→
rated **2: Moderate**	rated **3: Some**	**INSUFFICIENT SUPPORT**
rated **3: Some**	rated **2: Moderate**	
rated **3: Some**	rated **3: Some**	

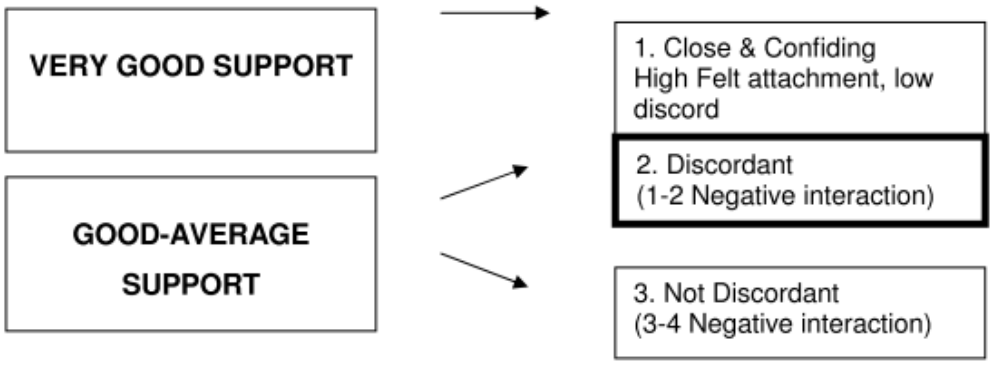
Confiding	Active Emotional Support	→
rated **3: Some**	rated **4: Little/None**	**INADEQUATE/NO SUPPORT**
rated **4: Little/None**	rated **4: Little/None**	
rated **4: Little/None**	rated **3: Some**	

- Please note that the following combinations **cannot** be rated as it would be impossible to give such high Active Emotional Support when a person is not confiding:
  - Confiding '3: Some' and Active Emotional Support '1: Marked'
  - Confiding '4: Little/None' and Active Emotional of '2: Moderate'

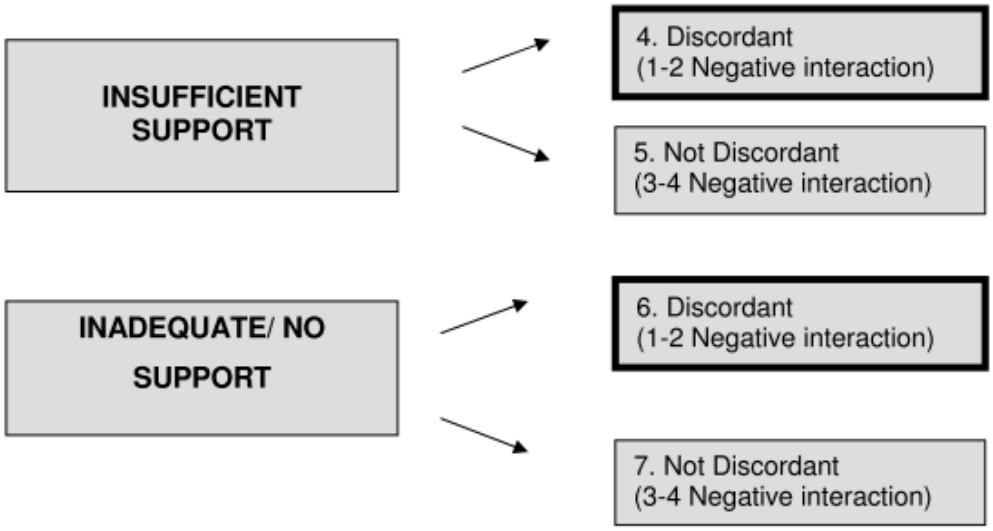
- You will notice there is a line going across the middle of the diagram. Anything above the line is classified as 'good support', and anything below will be 'insufficient or inadequate support'.

Step 2: Importance of the Negative Interaction rating

- Once you are on a level you have a choice of two boxes. We decide between the two boxes by looking to see if the relationship is discordant or not. We do this by using the Negative Interaction rating. If this Negative Interaction rating is '1: Marked' or '2: Moderate' it is classified as 'Discordant'. If the rating is '3: Some' or '4: Little/None' it is classified as 'Not discordant'.



INSUFFICIENT OR INADEQUATE SUPPORT



Overall Quality of Relationship with Partner	Insert Your Rating Here:- *S11*

● ***Then repeating support section (from 'confiding' to 'felt attachment') for two very close others (VCO 1 and VCO 2) and assessing if VCOs provide sufficient or inadequate support.***

A: Ability to Make and Maintain Relationships	
	Typical Indicators
1: Marked	Three relationships rated 1 to 3 (good) on quality of relationship OR two relationships rated 1 (good) on quality.
***2: Moderate**	**Two relationships rated 1 to 3 (good) on quality, but not quite as special as relationships rated in point (1) above, or evidence of conflict in one of the relationships.**
3: Some	One relationship rated 1 to 3 (good) on quality; other relationships rated 4 to 7 (insufficient/inadequate) on quality.
4: Little/None	No relationships rated 1 to 3 (good) on quality.

* Moderate is the standard rating for this scale.

Rating Rules

- Interviewers must use their judgment of the extent to which the individual **currently derives support and pleasure** from his/her relationships. Consider his/her range of relationships and behaviour within them.

- To merit a 'Good' (1 or 2) rating on 'Ability to Make and Maintain Relationships,' the person should have **TWO OR MORE** good, supportive relationships from partner and VCO relationships as denoted on the support records (rated 1-3 on overall quality of relationship).

- Relationships with **family of origin** (if not labeled as support figures) will not usually determine the rating on this scale but can contribute to a more extreme rating. Specifically:

    - High ability to relate - Close relationships with family (mother, father and/or siblings) in addition to required support may help towards a '1: Marked' rating rather than '2:moderate' where other support is present as required.
    - Low ability to relate: If family of origin relationships are high on antipathy or are pervasively cold (absence of closeness) then this may contribute to a '4: Little/None' rating in the absence of other support, rather than a '3:some'.

Write your justifications from the interview here:

Ability to Make and Maintain Relationships 1: Marked 2: Moderate 3: Some 4: Little/None	**Insert Your Rating Here:-** *AS1*

【Seven scales for assessing attachment attitude and behaviour】

Mistrust

The extent to which the interviewee lacks trust in people close to him/her, as well as outsiders and is suspicious of their motives and behaviour. The level is indicated by intensity of attitude and generalization to range of others. May have either angry or fearful components.

Rating Rules

1. Marked Evidence of generalization of mistrust to a range of relationships and evidence of high intensity.
   Somewhat 'paranoid' quality to the mistrust.
   Very high suspicions and feelings of others' malevolence.
2. Moderate A good deal of mistrust, but not as intense or generalized as '1: Marked.' Even if present as a
   result of earlier experience of rejection, it should still be rated according to strength of feeling and
   extent it is applied to groups of others.
*** 3. Some Cautious about others and some mistrust. For example, stating that one should be wary of**
   people until getting to know them better, or that others should earn your trust.
4. Little/None **Those who have never considered** mistrusting. A strong faith in human kind may be present or it
   may at times imply naivety or gullibility.

* 3: Some is the standard rating for this scale.

WRITE YOUR JUSTIFICATIONS FROM INTERVIEW IN SPACES BELOW:

- To what extent does he/she describe him/herself as mistrustful?
- To what extent is he/she suspicious of the behaviour and motives of those close to him/her in particular?
- To what extent is he/she suspicious of the motives of those less close/ outsiders?
- To what extent does he/she feel most people are only out for themselves?
- To what extent does he/she feel that he/she shouldn't trust people too much in case they let him/her down?
- *Any further justifications / comments?*

Mistrust 1: Marked 2: Moderate 3: Some 4: Little/None	**Insert Your Rating Here:-** *AS2*

Constraints on Closeness

The existence of attitudinal blockages inhibiting the development or maintenance of close confiding relationships and care eliciting. Barriers within the individual to achieving closeness and seeking help.

Rating Rules

1. Marked — Evidence of psychological blockages preventing individual from getting close to others or being able to ask for help. Reluctance to ever admit needing help.
2. Moderate — Evidence of blockages about closeness or seeking help, but not generally as intense as '1: Marked.'
3. Some — Some evidence of blockages, but in practice has been able to get round these and develop some closeness to others and/or help-seeking.
***4. Little/None — No evidence of psychological blockages to closeness or help- seeking.**

* 4: Little/None is the standard rating for this scale.

WRITE YOUR JUSTIFICATIONS FROM INTERVIEW IN SPACES BELOW:

- To what extent does he/she find it difficult to get close to others?
- To what extent does he/she find it difficult to confide in others? Or only confides in one other?
- To what extent does he/she have problems in asking others for help? What categories of people won't he/she go to: e.g. kin, non-kin, men, women etc? Does the interviewee feel too proud or too nervous/humble to approach others for help?
- *Any further justifications / comments?*

Constraints on Closeness 1: Marked 2: Moderate 3: Some 4: Little/None	**Insert Your Rating Here:-** *AS3*

Fear of Rejection

The extent to which constraints about closeness are based on fear of getting close, specifically on fears of rejection or being let down. Discomfort will be rated at the lower levels and generalization to a wide range of others at the higher levels. Take into account discomfort at signs of closeness. Give priority to feelings of anxiety rather than intolerance and irritation at closeness with specific expectations of rejection.

Rating Rules

1. Marked	Clear evidence of anxiety about getting close to anyone because of a strong fear of rejection and being hurt or let down. Generally will not have close relationships because of this.
2. Moderate	Evidence of fear of being let down or rejected in certain situations, or by certain classes of individuals, but not as intense or pervasive as '1: Marked.'
3. Some	Some apprehension about relationships, or even feelings of discomfort at closeness without voicing this as fear of rejection.
***4. Little/None**	**No apprehension about getting close or being rejected or let down**

* 4: Little/None is the standard rating for this scale.

WRITE YOUR JUSTIFICATIONS FROM INTERVIEW IN SPACES BELOW:

- To what extent does he/she feel uncomfortable or anxious when others try to get close to him/her? Does he/she have to distance herself from others if they (or he/she) get too close?
- Is there discomfort at self-disclosure and disclosure by others (anxiety rather than intolerance)?
- Do past adverse experiences add to his/her fear of getting close to people - fear of being rejected or let down?
- To what extent does such fear or discomfort generalize to all others or certain categories of people e.g. family members, women etc?
- *Any further justifications / comments?*

Fear of Rejection 1: Marked 2: Moderate 3: Some 4: Little/None	**Insert Your Rating Here:-** *AS4*

Self-reliance

The extent to which the interviewee feels able to cope well on his/her own, values his/her independence and is not very dependent on others for practical and emotional help. A high rating denotes over-self-reliance and low dependency.

Please note scaling whereby '2: Moderate/Average' is the most secure rating and higher or lower ratings suggest insecure attachment styles. Only rate '4: Contradictory' if the interviewee has a discrepant attitude and behaviour or very contradictory attitudes.

Rating Rules

1. High	This reflects the person with low dependency needs who values their independence and feelings of control. Likes to have control over his/her life and make decisions alone.
***2. Moderate/ Average**	**This is set at a level of someone who enjoys independence, but still values others' company and at times refers to them for support and advice.**
3. Low	Individuals who are very dependent on others for help, advice, decision-making and companionship and who are lacking in autonomy.
4. Contradictory	Extreme switching of attitudes or behaviour between high and low self-reliance.

* 2: Moderate/Average is the standard rating for this scale.

WRITE YOUR JUSTIFICATIONS FROM INTERVIEW IN SPACES BELOW:

- To what extent does he/she feel able to cope well in general, and can cope alone if necessary?
- To what extent does he/she value his/her independence?
- Does he/she feel able to make decisions on his/her own?
- To what extent is it important for him/her to feel in control of his/her life?
- *Any further justifications / comments?*

Self Reliance 1. High *2.* Moderate/ average 3. Low _____ 4. Contradictory response	**Insert Your Rating Here:-** *AS5*

Desire for Company

The extent to which the interviewee likes/needs to have a high degree of contact with close others; has high dependency on others; and likes/needs a high level of companionship. A high rating denotes excessively frequent contact with others, whereas a low rating indicates avoidance of social situations. Please note scaling whereby '2: Moderate/Average' is the more secure rating. If he/she does not have high contact with others but craves it, then rate higher than the behavioral e.g. '2: Moderate' if behaviour indicates '3: Low'. Conversely if he/she has such contact but dislikes it, rate lower. If contradictory responses, mark both high and low for particular indicator and rate '4: Contradictory' overall.

Rating Rules

1. High Unusually high degree of contact needed with VCOs and family. Will report feeling lost or lonely when not in the company of others. Doesn't like to be alone.

***2. Moderate/ Average This aims to be the average degree of company most people would want . Should be regular, but not excessive contact or a constant need to be close with others. Can be alone at times and feel comfortable and happy.**

3. Low A detachment from others with low needs for company or engagement.

4. Contradictory Extreme switching of attitudes or behaviour between high and low desire for company.

* 2: Moderate/Average is the standard rating for this scale.

WRITE YOUR JUSTIFICATIONS FROM INTERVIEW IN SPACES BELOW:

- To what extent does he/she have a number of relationships with a high degree of contact?
- Does he/she express a need for high contact with others?
- Is he/she very dependent on others for company?
- To what extent is there a high need for confiding and sharing?
- Is he/she possessive or manipulative of others?
- *Any further justifications / comments?*

Desire for Company 1. High *2.* Moderate/ average 3. Low _____ 4. Contradictory response	**Insert Your Rating Here:-** *AS6*

Fear of Separation

The extent to which there is distress at temporary separations from close others. The interviewee may fear being abandoned and losing people close to him/her. Take into account fears of being alone, anxious searching behaviour when others are later than expected, etc. Rate highly whether he/she expresses concern for his/her own safety/protection or that of the close other.

Rating Rules

1. Marked Intense separation anxiety when close others are away, even for very short periods of time. Might have intense worry or concern over safety of other and feelings of restlessness.
2. Moderate Not as intense as "1" but still definite anxiety when people are away and feeling strong distress when people say goodbye, go on holiday, etc.
3. Some Low level of distress when others absent but within the 'normal' range of behaviour.
*** 4. Little/None Little or no evidence of any distress at others' absence.**

* 4: Little/None is the standard rating for this scale.

WRITE YOUR JUSTIFICATIONS FROM INTERVIEW IN SPACES BELOW:

- To what extent does he/she feel upset and lost etc when close others are temporarily absent? (Or this is how he/she expects to feel)
- Does he/she cling to others - try to prevent them doing things alone?
- Is it difficult for him/her to go away or out alone without experiencing undue anxiety?
- Are there any comments that indicate individual's anxiety about, others continuing presence?
- *Any further justifications / comments?*

Fear of Separation 1: Marked 2: Moderate 3: Some 4: Little/None	**Insert Your Rating Here:-** *AS7*

Anger

Rate the extent to which the interviewee feels hostile, resentful, or jealous of others close to him/her. Include parents and siblings, partners, children, VCO/confidants and other friends. This may also include resentment about the past. Take into account negative interaction ratings and whether these emanate mainly from the client. A high rating can be made even if the anger is present but not easily expressed to the persons concerned. If the anger is entirely provoked then rate lower than if it is an overreaction to some minor 'slight'.

Rating Rules

1. Marked A high level of anger will be present in a range of relationships. Often this will spill over into confrontations with acquaintances and strangers. Intense, angry statements will be present.
2. Moderate Anger will be present in one or two relationships at an intense level. Some preoccupation with this will be apparent in the interview and angry statements made.
3. Some Some lower level resentments or more minor irritability, or 'provoked' anger in one relationship.

***4. Little/None Absence of any significant resentments, negative interactions, etc.**

* 4: Little/None is the standard rating for this scale.

WRITE YOUR JUSTIFICATIONS FROM INTERVIEW IN SPACES BELOW:

- How much negative interaction/anger is present with partner and children?
- To what extent do his/her close friendships/ relationships tend to be characterized by break-ups or arguments?
- To what extent does he/she have arguments with family of origin?
- Does he/she get into arguments/ is aggressive with less close others?
- To what extent does he/she feel others haven't done enough for his/her in life or feel taken for granted and resents this?
- Does he/she harbour resentments from the past?
- *Any further justifications / comments?*

Anger 1: Marked 2: Moderate 3: Some 4: Little/None	**Insert Your Rating Here:-** *AS8*

Summary of Attachment Attitudes rated in current interview

The first step is to summarise the **attachment attitudes** you have rated in the prior scales, in order to **aid rating overall attachment style.** Those **highlighted are the non-standard ratings:-**

Mistrust	Constraints on Closeness	Fear of Rejection	Self-reliance	Desire for Company	Fear of Separation	Anger
Please circle this person's rating here:-	*Please circle this person's rating here:-*	*Please circle this person's rating here:-*	*Please circle this person's rating here:-*	*Please circle this person's rating here:-*	*Please circle this person's rating here:-*	*Please circle this person's rating here:-*
1: Marked **2: Moderate**	**1: Marked** **2: Moderate**	**1: Marked** **2: Moderate**	**1: High (or 4: Contradictory)**	**1: High (or 4: Contradictory)**	**1: Marked** **2: Moderate**	**1: Marked** **2: Moderate**
3: Some **4: Little/None**	**3: Some** **4: Little/None**	**3: Some** **4: Little/None**	**2: Moderate/ Average**	**2: Moderate/ Average**	**3: Some** **4: Little/None**	**3: Some** **4: Little/None**
			3: Low (or 4: Contradictory)	**3: Low (or 4: Contradictory)**		

Deciding on Insecure versus Secure (including mildly insecure) style

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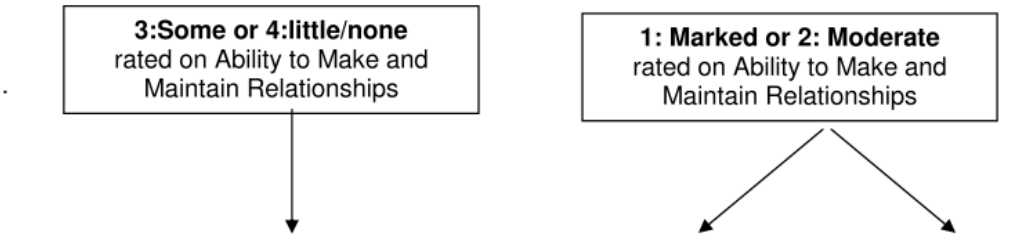
At the end of the support section, all support scales were combined into an overall rating of this person's Ability to Make and Maintain Relationships. The diagram below illustrates that a rating of '1: Marked' or '2: Moderate' (Ability to Make and Maintain Relationships) must lead to either a rating of Clearly Secure or Mildly Insecure on the final 13-point scale.



Markedly or moderately insecure	Mildly Insecure	Secure
1. Marked enmeshed 2. Moderately enmeshed 3. Markedly fearful 4. Moderately fearful 5. Markedly angry-dismissive 6. Moderately angry-dismissive 7. Markedly withdrawn 8. Moderately withdrawn	9. Mildly Enmeshed 10. Mildly Fearful 11. Mildly Angry-Dismissive 12. Mildly Withdrawn	13. Clearly Secure

When someone has a 'Good' Ability to Make and Maintain Relationships (rated '1: Marked' or '2: Moderate'), you need to check their attitudes to determine whether they are Clearly Secure or Mildly Insecure. If they are Mildly Insecure they will have mild features of one of the insecure attachment styles and the label 'Mildly' will apply. Clearly Secure style is always rated 13 on the final ASI-AF 13-point scale and has no severity element.

Attachment Score Summary Table

The summary table below can be used as a guide to show how the numeric subscales are best arranged for each of the attachment styles. These should be considered as the 'best fit' model:-

- The **required non-standard ratings are shaded** in the tables.
- Those which must be absent (i.e. within standard rating range) because contrary to the style, are underlined.
- 'Any rating' means that the scale ratings can vary and still be consistent with the style.

Enmeshed Style (1, 2 or 9)

Mistrust	Constraints on Closeness	Fear of Rejection	Self-reliance	Desire for Company	Fear of Separation	Anger
Any rating	LOW (3 or 4)	LOW (3 or 4)	LOW (3) or CONTRAD (4)	HIGH (1) or CONTRAD (4)	HIGH (1 or 2)	Any rating

Fearful (3, 4 or 10)

Mistrust	Constraints on Closeness	Fear of Rejection	Self-reliance	Desire for Company	Fear of Separation	Anger
HIGH (1 or 2)	HIGH (1 or 2)	HIGH (1 or 2)	Any rating	Any rating	Any rating	LOW (3 or 4)

Angry-Dismissive (5, 6 or 11)

Mistrust	Constraints on Closeness	Fear of Rejection	Self-reliance	Desire for Company	Fear of Separation	Anger
HIGH (1 or 2)	HIGH (1 or 2)	LOW (3 or 4)	HIGH (1)	LOW (3)	LOW (3 or 4)	HIGH (1 or 2)

Withdrawn (7, 8 or 12)

Mistrust	Constraints on Closeness	Fear of Rejection	Self-reliance	Desire for Company	Fear of Separation	Anger
Any rating	HIGH (1 or 2)	LOW (3 or 4)	HIGH (1)	LOW (3)	LOW (3 or 4)	LOW (3 or 4)

Clearly Secure (13)

Note that this style can only be rated if the interviewee has a '1: Marked' or '2: Moderate' rating on the Ability to Make and Maintain Relationships scale.

Mistrust	Constraints on Closeness	Fear of Rejection	Self-reliance	Desire for Company	Fear of Separation	Anger
LOW (3 or 4)	LOW (3 or 4)	LOW (3 or 4)	MODERATE (2)	MODERATE (2)	LOW (3 or 4)	LOW (3 or 4)

Your Ratings (Optional)

(Complete these boxes for your interview if you want to compare with above)

Mistrust	Constraints on Closeness	Fear of Rejection	Self-reliance	Desire for Company	Fear of Separation	Anger

Final Overall Rating of the ASI

Rate the final score below:

Highly Insecure	Mildly Insecure	Secure
1. **Markedly Enmeshed** 2. **Moderately Enmeshed** 3. **Markedly Fearful** 4. **Moderately Fearful** 5. **Markedly Angry-Dismissive** 6. **Moderately Angry-Dismissive** 7. **Markedly Withdrawn** 8. **Moderately Withdrawn**	9. **Mildly Enmeshed** 10. **Mildly Fearful** 11. **Mildly Angry-Dismissive** 12. **Mildly Withdrawn**	**13. Clearly Secure**
Overall Attachment Style: _____ AS9a *Enter your rating here*		
Dual Attachment Style (*rarely applicable)* _____ AS9b *Enter your rating here rated, insert -1 if not*		

Description of Attachment Style Profiles

There are five main attachment styles in the ASI-AF: Clearly Standard (Secure) and four types of Insecure or Mildly Insecure styles – Enmeshed, Fearful, Angry-Dismissive and Withdrawn. Three of the attachment styles (Fearful, Angry-Dismissive and Withdrawn) are characterised by **avoidance** and one is characterised by **anxious/ambivalence** (Enmeshed).

Enmeshed

This is a dependent attachment style as exhibited by high Desire for Company, and low Self-reliance. Thus avoidance characteristics such as Constraints on Closeness and Fear of Rejection will usually be low. These individuals tend to have fairly superficial relationships and despite high number of social contacts may have few which are objectively close. At times this style will involve high Anger – typically when dependency needs are not met. This may lead to high ambivalence and 'push-pull' in relationships. Reporting style is likely to be full, emotional and prone to 'eulogising' or idealisation. At the extreme it may be incoherent with contradictory reporting between the idealised view and the actual situation. **(Rated 1, 2 or 9)**

Fearful

This attachment style is avoidant, but characterised by social anxiety and fear of being rejected or let down. This may relate to actual experiences of having been let down which has generalized to fear of future interactions. There may, however, be high desire to get close to others, together with fear of doing so. Fearful style will always have '1: Marked' or '2: Moderate' Fear of Rejection, and is the only style that rates high on this scale. Reporting style may indicate underlying anxiety with discussing emotive material, but will usually be full and expressive. **(Rated 3, 4 or 10)**

Angry-Dismissive

This style is characterised by avoidance, with high Mistrust, high Self-reliance and low Desire for Company. Its key characteristic is high Anger. These people will choose to be on their own and often be contemptuous of others or claim others can't be trusted. They will also tend to be isolated but more 'prickly' than the Fearful type. Angry-Dismissive style will always have '1: Marked' or '2: Moderate' Anger. Reporting style will tend to be brief and laconic and maybe a little sharp or irritable with the interview situation. **(Rated 5, 6 or 11)**

Withdrawn

This is an avoidant style characterised by high Self-reliance and high Constraints on Closeness – often expressed as desire for privacy and clear boundaries with regard to others. However, there is neither Fear of Rejection, nor high Anger. It can appear as very practical, rational and non-emotional style, with no psychopathological connotations. Reporting style is often brief, factual and unemotional. **(Rated 7, 8 or 12)**

Clearly Secure

This is the most stable style with a lack of negative attitudes denoting either anxious/ambivalence or avoidance. Self-reliance and Desire for Company will usually be rated as '2: Moderate/Average' and this will denote flexibility in approach/avoidance issues. This style is always accompanied by good Ability to Make and Maintain Relationships (rated '1: Marked' or '2: Moderate'). A single negative element (e.g. Anger or Fear of Separation) can occur and still be given this rating overall. Reporting style is usually coherent and clear. **(Rated 13)**

Interview questions for in law and religious believe (These added to the ASI questions)

【Religious believe】

1. How do you get your religious believe?
   (introduced by friends or family legacy or…?)

2. How often do you attend religious activity (public and private)?

3. What kind of influence this religious has on your view about life?

4. Has there any change happened in your life (personal or interpersonal) after you have this religion ?

5. How important this religion is for you?

【Relationship with in law】

1. Do you live with your in law family?
   (If yes, whom are they?)

2. How do you and your husband decide where to live / if live with your in law family or not after you married?

3. How is your relationship with your in law family and mother in law?

4. Have you had any quarrels with your husband about your in law family?

5. Where did you have your postpartum confinement?
   How did you make decision?
   What happen in your postpartum confinement?

6. If there anything change in your relationship with in law after your child was born?