The influences of parent-child affectional bonding and self-esteem on fear of intimacy in young adults

Hendrik Janong

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THE INFLUENCES OF PARENT-CHILD AFFECTIONAL BONDING AND SELF-ESTEEM ON FEAR OF INTIMACY IN YOUNG ADULTS

By

Hendrik Janong

A Thesis Submitted in Partial Fulfillment of the Requirements for the Award of Masters of Psychology (Clinical Psychology)

At the Faculty of Community Services, Education and Social Sciences, Edith Cowan University

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ABSTRACT

Fear of intimacy has been reported as one of the most significant problems experienced by adults in their relationships (Bartholomew, 1990; DesCartes & Thelen, 1991; Lutwak, 1985). It has also been argued that individuals’ perceptions of their relationship with their parents in the past and their level of self-esteem can also significantly influence their fear of intimacy. This present study was conducted to examine the relationship between parent-child affectional bonding, self-esteem, and fear of intimacy in young adults. Male and female undergraduate students from Edith Cowan University aged 19-25 years, were given the Parental Nurturance Scale (PNS), Self-Esteem Rating Scale (SERS), and Fear of Intimacy Scale (FIS). Based on standard regression analyses, the results indicated that the most significant contribution to fear of intimacy was young adults’ level of self-esteem, followed by gender differences, and relationship status. This study did not find any link between parent-child affectional bonding and young adults’ fear of intimacy. However, females were found to have lower fear of intimacy than males. Single participants reported higher levels of fear of intimacy compared to participants who had a resident or non-resident partner. The implications of this study are also discussed, especially the importance of addressing self-esteem issues in the context of clinical interventions when fear of intimacy is present. Further research conducted on clinical samples is required.
DECLARATION

I certify that this thesis does not, to the best of my knowledge and belief:

(i) incorporate without acknowledgment any material previously submitted for a degree or diploma in any institution of higher education;

(ii) contain any material previously published or written by another person except where due reference is made in the text; or

(iii) contain any defamatory material.
ACKNOWLEDGMENTS

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CHAPTER 1

INTRODUCTION

Intimate relationships have long been regarded as being vital for psychological growth and well being (Descutner & Thelen, 1991). Specifically happiness and sense of meaning in life are fostered when an individual experiences a satisfying intimate relationship (Bartholomew, 1990; Klinger, 1977; Prager, 1995). Conversely, relationships that have a lack of intimacy are often associated with less positive personal growth, emotional loneliness, and interpersonal problems (Horowitz, 1979; Perlman & Fehr, 1987; Weiss, 1973).

The word intimacy is derived from the Latin intimus, meaning inner (cited in Perlman & Fehr, 1987). Intimacy refers to a process in which individuals attempt to get close to others, to explore similarities and differences in the way they think, feel, and behave (Hatfield, 1984). Thus in intimate relationships people feel free to express their feelings and share information about their beliefs, strengths, and weaknesses.

Erikson (1963) argued that building an intimate relationship with a member of the opposite sex is an essential developmental task for 19-25 year olds. This allows the young adult to experience warmth, affection, trust, deep feelings of acceptance, and cohesiveness between people (Gilbert, 1976; Hatfield, 1988; Prager, 1995). Intimate relationships allow young adults to build social support networks, gain assistance from others when they are stressed or ill, and overcome social isolation. Prager (1995) points out that people who have positive intimate relationships have fewer stress related symptoms, experience a faster recovery from illness, and a lower probability of relapse or recurrence of illness than those who do not have intimate
relationships. In contrast, individuals who lack intimate relationships have higher mortality rates and higher risks for developing illnesses or physical complaints (e.g., hypertension) than those who have intimate relationships (Prager, 1995). In addition, it has also been reported that young adults who were involved in relationships that lacked intimacy were more likely to experience depression, feel vulnerable, lonely, have poor self-efficacy, and have a higher risk of suicidal behaviour (e.g., Costello, 1982; Coyne & Smith, 1994; Goldberg, 1976; Keitner & Miller, 1990; Peterson et al., 1993; Rhodes, Ebert, & Meyers, 1994; Wheeler, Reis, & Nezlek, 1983). In a clinical setting, Horowitz (cited in Descutner & Theilen, 1991) reported that one of the most common problems identified by psychotherapy outpatients was difficulty with intimacy in relationships.

Both theoreticians and clinicians have reported that one difficulty encountered by young adults in their relationships is a fear of intimacy (Bartholomew, 1990; Descutner & Theilen, 1991; Lutwak, 1985). Fear of intimacy can be defined as the inhibited capacity of an individual to build and maintain emotional bonding in intimate relationships, due to anxiety, fear of rejection, fear of losing control of themselves, or difficulty in trusting others (Bartholomew, 1990; Descutner & Theilen, 1991; Lutwak, 1985). Those who have a fear of intimacy often report a strong need for safety and security, and a strong fear of getting hurt in an intimate relationship. They often perceive themselves as unlovable and unworthy. They may also be prone to thinking negatively about marriage and other people, and have a strong need to appear and behave emotionally independent (Bartholomew, 1990; Bartholomew & Horowitz, 1991; Lutwak, 1985). The negative attitudes about relationships held by people who are afraid of intimacy can predispose them to social isolation and
significant interpersonal problems (Bartholomew & Horowitz, 1991; Descutner & Thelen, 1991).

One factor that may be associated with fear of intimacy is parent-child affectional bonding (Bowlby, 1969; Hazan & Shaver, 1987). The relationship between these two factors has long been a question of interest in clinical and developmental psychology. Typically, the parent-child affectional bond can be defined as an enduring affectional bond between a child and a caregiver (parent), the purpose of which is to provide protection and nurturance for the child (Bowlby, 1980). It has been demonstrated that the child's early experiences of affectional bonding to the mother and father have a significant long term effect on the development of young adults' expectations of intimate relationships with others (Berman & Sperling, 1994; Hazan & Shaver, 1987). For instance, young adults' perceptions about intimate relationships with others are more likely associated with their perceptions about early parent-child relationships. In a clinical setting, it has also been reported that young adults' perceptions of the quality of parental relationships are significantly correlated with depression. For example, some studies indicated that people with depression perceived their parents as unsupportive and rejecting (Fonagy et al., 1996; Raskin, Boothe, Reatig, Schulerbrandt, & Odel, 1971). Other studies have also demonstrated that individuals with anxiety disorders frequently reported more problems in their relationship with their parents. Parents may be perceived as either rejecting them or attempting to control them (Cassidy, 1995; Chambless, Gillis, Tran, & Steketee, 1996).

A number of studies have also been conducted to examine the link between parent-child affectional bonding and fear of intimacy in young adults. For example, Collins and Read (1990) reported that young adults aged 17-24 years who perceived
their relationship with their parents as warm and not rejecting were more comfortable with intimacy and less likely to be anxious about being unloved. In contrast, those who remembered their parents as cold and rejecting scored higher on a measure of anxiety and found it difficult to trust others. In a second study, Naus and Theis (1995) demonstrated that male college students who had high self-esteem were more likely to report that they received more positive affirmation from their father. They also reported a negative association between perceived fatherly affirmation and fear of intimacy. Furthermore, Scheffler and Naus (1999) replicated the results from Naus and Theis’ (1995) study with a female sample. Their results confirmed that perceived fatherly affirmation was positively associated with self-esteem and negatively associated with fear of intimacy in both genders.

However, there are studies that do not support the link between parent-child affectional bonding and fear of intimacy. First, Kirshenbaum and Laver (1993) demonstrated that young adults who experienced the loss of a parent obtained similar scores on the Fear of Intimacy Scale (Descutner & Thelen, 1991) to those who had not lost a parent. In addition, there was no difference between those whose loss occurred before age seven and those who experienced loss after age seven. Cho and Falbo (1995) also found that Taiwanese college students’ perceptions of their parents’ conflict styles had a significant positive association with their attitude toward marriage and divorce. However, there was no significant association between perceived conflict behaviour of parents, their sense of emotional security, and fear of intimacy. Clark and Kanoy (1998) also reported that females with divorced parents experienced significantly less intimacy than those who had married parents. However, both groups had similar levels of trust, anxiety, and dating satisfaction. Moreover, comparisons of females high and low in father-daughter intimacy showed that there
were no differences in trust, dating anxiety, or dating satisfaction. Finally, Braun (1998) reported that college students' perceptions of the climate of their family of origin (i.e., cohesiveness and communication between family members) did not influence their satisfaction with their current relationship or their fear of intimacy.

Overall, studies that have examined the impact of parent-child affectional bonding on fear of intimacy in young adults have yielded mixed results. Further research is required to ascertain whether young adults' perceptions of their early affectional bonding with their mother and father relates to their fear of intimacy. These findings also indicate that further research should consider other factors that may be associated with parent-child affectional bonding and fear of intimacy in young adults. One other variable that may be associated with these two factors is young adults' level of self-esteem. For example, some of the studies reviewed have indicated that self-esteem had a significant correlation with parent-child affectional bonding and fear of intimacy (e.g., Naus & Theis, 1995; Scheffler & Naus, 1999).

It has been argued that individuals who have high self-esteem are more capable of experiencing a satisfying intimate relationship than those who have low self-esteem (Dion & Dion, 1975). Bixler (1993) and Ellison (1993) also reported that individuals who felt negatively about themselves tended to express the same rejecting attitude toward those around them and were more prone to feeling anxious, unlovable, and acting defensive in their relationships (e.g., maintaining distance and preventing others from getting too close). Furthermore, Bartholomew and Horowitz (1991) have reported that adults with a high fear of intimacy (or a fearful style) had a high fear of rejection by others and low self-confidence. These studies demonstrate that self-esteem should be considered as an important factor that is associated with fear of intimacy in young adults. However, it must be noted that it is quite plausible that the
association between self-esteem and the ability to experience a satisfying intimate relationship is bi-directional. For instance, those who are not able to experience an intimate relationship may also have low self-esteem.

There are very few studies that have examined the relationship between parent-child affectional bonding, self-esteem, and fear of intimacy in young adults (e.g., Calabrese, 1998; Naus & Thers, 1995; Schefller & Naus, 1999). Specifically, the previous studies that have examined the influence of parent-child affectional bonding on young adults' fear of intimacy have produced mixed results. In addition, the previous studies that have investigated the link between these three factors tend to utilise young adults' perceptions of their affectional bond with a single parent not both parents. For example, Naus and Thers (1995), and Schefller and Naus (1999) investigated only the influence of the father-child relationship on young adults' level of self-esteem and fear of intimacy. Therefore, further research that investigates the link between father-child and mother-child affectional bonding, self-esteem, and fear of intimacy in young adults is required to ascertain whether these concepts relate to each other.

**Aim of the Present Study**

This study was designed to consider two important factors which may affect fear of intimacy in young adults: parent-child affectional bonding and young adults' level of self-esteem. However, the complex interactions between these constructs are poorly understood and this project was designed to explore this in further detail. Therefore, the purpose of this study was to analyse whether there was a significant relationship between parent-child affectional bonding, self-esteem, and fear of intimacy in young adults.
CHAPTER 2

LITERATURE REVIEW

Parent-Child Affectional Bonding and Fear of Intimacy

Building an intimate relationship with a member of the opposite sex has long been regarded as being vital for psychological growth and well being, especially in young adults (Descutner & Thelen, 1991; Erikson, 1963). Prager (1995) reports that many studies have demonstrated that individuals who lack intimate relationships are at risk for developing illnesses or physical complaints and mental health problems. In a clinical setting, intimacy problems have been found as one of the central themes in the work of psychotherapy (Holmes, 1996; Horowitz, 1979). Specifically, fear of intimacy is often an important antecedent to relationship problems (Descutner & Thelen, 1991). It is also possible that fear of intimacy can be viewed as a consequence of relationship problems too. Bartholomew (1990) argued that fear of intimacy is characterised by a strong need for social contact and intimacy which is inhibited by fear of its consequences. In particular, individuals with a high fear of intimacy actively maintain distance, avoid social situations and close relationships in which they perceive themselves as being vulnerable to rejection or hurt (e.g., Bartholomew, 1990; Bartholomew & Horowitz, 1991; Lutvak, 1985). As a result, these individuals experience distress associated with their lack of intimacy with others, low self-confidence, and disturbed social relations characterised by a hypersensitivity to social approval (Bartholomew, 1990).

There are few studies that have investigated the nature of fear of intimacy (e.g., Bartholomew, 1990; Bartholomew & Horowitz, 1991; Descutner & Thelen, 1991; Lutvak, 1985). One of the problems that have hampered research in this area is
the lack of measurement devices designed to assess fear of intimacy. Currently there
is only one self-report questionnaire that meets psychometric criteria developed to
measure an individual’s level of fear of intimacy, namely, the Fear of Intimacy Scale
(Descutner & Thelen, 1991). Another problem affecting research is the different
theoretical orientations that have been adopted by researchers working in this area.

It has been argued that individuals’ fear of intimacy has its roots in early
attachment experiences (parent-child affectional bonding) in which emotional
vulnerability is associated with parental rejection (Bartholomew, 1990). Crittenden
(1997) reports that many studies have demonstrated the effect of early parent-child
relationships on the development of social relationships in adulthood. For instance, in
a study conducted by Armsden and Greenberg (1987), 179 college students (16-20
years of age) were asked to complete the Inventory of Parent and Peer Attachment
(Armsden & Greenberg, 1987). This study demonstrated that adolescents who had
experienced strong affectional bonding to their parents appeared to be very well
adjusted, had higher self-esteem, and enjoyed frequent and satisfactory
communication with their families. In addition, almost half of these subjects also
reported that they had “quality” peer relationships. In contrast, participants who had
weak affectional bonds reported feelings of resentment and alienation, and
relationships with parents that were characterised by a sense of verbal and emotional
detachment.

It has also been argued that individuals’ ability to build social and intimate
relationships are shaped through their prior social learning experiences with
significant others, especially parents (Bandura, 1992; Parke & O’Neil, 1997).
Children develop beliefs and expectations regarding themselves, others, and their
interpersonal relationships through their observation and modelling of significant
others in their lives (Bandura, 1992; Crittenden, 1997; Kuczynski, Marshall, & Schell, 1997; Parke & O'Neil, 1997). Consequently, parents play an important role in the development of young adults' ability to build intimate relationships.

A number of studies that have examined the impact of parent-child affectional bonding on fear of intimacy in young adults have yielded mixed results (e.g., Braun, 1998; Cho & Falbo, 1995; Clark & Kanoy, 1998; Collins & Read, 1990; Kirshenbaum & Laver, 1993; Naus & Theis, 1995; Scheffler & Naus, 1999). The inconsistent results obtained from these studies indicate other factors or variables (e.g., self-esteem) might also be associated with parent-child affectional bonding and young adults’ fear of intimacy. For example, some studies (e.g., Naus & Theis, 1995; Scheffler & Naus, 1999) found that self-esteem had a significant correlation with parent-child affectional bonding and fear of intimacy in young adults. In addition, gender differences and relationship status have also been considered as additional factors which may influence the relationship between parent-child affectional bonding and fear of intimacy (e.g., Calabrese, 1998; Cho & Falbo, 1995; Sifry & Stricker, 1994).

This present study draws on attachment and social learning perspectives as the theoretical frameworks for understanding the influence of parent-child affectional bonding on fear of intimacy in young adults. These approaches have proved to be useful in providing explanations as to why some individuals are not comfortable with being close to others.

Attachment Theory

In attachment theory, it is assumed that the nature and quality of one's intimate relationships in adulthood are strongly influenced by attachment processes
that occur during childhood (Hazan & Shaver, 1987). Specifically, the early parent-child relationship becomes a model for later relationships and assists with the formulation of expectations and beliefs about oneself and others. Individuals’ expectations and beliefs are assumed to influence social competence and well being throughout life (Bowlby, 1969, 1973, 1980).

Bowlby (1969, 1973, 1980), a pioneer of attachment theory, places strong emphasis on attachment and separation/loss as central themes of his theory to understand parent-child affectional bonding. He argued that an infant feels safe and secure when she or he is close or becomes emotionally attached to his or her primary caregivers (parents) and emotionally distressed when separated from them. Bowlby (1969, 1973, 1980) also emphasised the importance of an attachment behavioural system in infants. According to Bowlby (1969, 1973), an attachment behavioural system refers to any form of behaviour that results in an individual (infant) attaining or retaining proximity to one or a few attachment figures who provide physical or psychological safety or security. When a child perceives separation from his or her caregivers (attachment figures) as a threat to his or her well-being, he or she will engage in any of several behaviours designed to re-establish proximity, including protest at separation, calling, seeking, crying, or touching. Consequently, parents (especially a mother) as the attachment figures serve as a secure base from which the child feels safe to explore and master the environment (Feeney & Noller, 1996). In other words, the nature and quality of parent-child affectional bonding is largely determined by the parents’ emotional availability and responsiveness to the child’s needs (Bowlby, 1973).

As a result of early parent-child affectional bonding, a child accumulates knowledge and develops a set of expectations (known as internal working models)
about the self, significant others, and their attachment relationships (Rothbard & Shaver, 1994). The internal working models can be defined as a set of beliefs and assumptions about the nature of relationships, which are based on prior history of attachment relationships and current interactions between self, attachment figures, and others (Berman & Sperling, 1994). Bowlby (1969, 1973, 1980) argued that the bond that develops between a child and his or her caregivers (parents) has a profound impact on the child's emerging self-concept and his or her views of the social world. Consequently, children who perceive their caregivers as warm, responsive, and not rejecting, tend to develop working models of self as worthy and others as trustworthy. On the other hand, children who experience their caregivers as behaving in rejecting ways are likely to develop negative working models of both self and others (Bretherton, 1985).

Children also develop different attachment styles, which are related to their internal working models. Ainsworth and her colleagues (Ainsworth, Blehar, Waters, & Wall, 1978) demonstrated that infants develop different patterns of attachment dependent on the amount of interaction between mother and infant, and the mother's responsiveness to the infant's needs and signals. Based on this study, three different attachment styles in infants were identified, namely: "secure", "anxious/ambivalent", and "avoidant". Infants with a secure style showed signs of distress when their parents left them alone or with a stranger. They sought out the mother upon her return, held her for a period of time, and then returned to play and explore their environment. Secure infants were more likely to interact well and show emotional resilience. Anxious/ambivalent infants showed protest behaviours and high levels of distress during the separation from their caretakers and anger-ambivalent attitudes toward the attachment figures during the reunion period. They tended to cry, cling, be fearful of
the environment, and emotionally labile. Finally, infants with an avoidant pattern demonstrated stress during the separation and showed detachment behaviours, and a lack of acknowledgment or rejection of the attachment figures during reunion (Ainsworth et al., 1978). Ainsworth et al. (1978) also reported that there was a different pattern of care behaviours provided by the infants’ mother. The mothers of infants with a secure style were generally sensitive, warm, and responsive to their infant’s signals. In contrast, the mothers of anxious/ ambivalent infants responded insensitively and inconsistently to the infant’s signals, being sometimes unavailable or unresponsive, and at other times intrusive or overly affectionate. Finally, the mothers of infants with an avoidant style were characterised as rigid, rejecting, hostile, and adverse to contact.

The different patterns of attachment in childhood are assumed to be relatively stable throughout life (in adulthood) (Bowlby, 1969; Bretherton, 1985; Feeney & Noller, 1996). Bowlby (1980) suggests that continuity of attachment styles are related to the persistence of working models of the self and others. Working models tend to be stable because they develop in the context of a fairly stable family setting and they are frequently self-fulfilling (Bowlby, 1980; Collins & Read, 1994; Feeney & Noller, 1996). Furthermore, Hazan and Shaver (1987) have used the attachment typology of parent-infant relationships (Ainsworth et al., 1978) to explore intimate relationships in adults. They developed a self-report instrument, which identified adult attachment styles in romantic relationships by translating the three infant attachment patterns (Ainsworth, et al., 1978) into three items or statements about intimate relationships. They argued that the different attachment styles are associated with the formation of different types of relationships that may be characterised by different degrees of intimacy between partners.
Based on the three adult attachment styles ("secure", "anxious/ambivalent", and "avoidant") from Hazan and Shaver (1987), some studies (e.g., Collins & Read, 1990; Feeney & Noller, 1990; Hazan & Shaver, 1987) have reported a significant relationship between adult attachment styles and early parent-child attachment relationships. For instance, secure adults perceived their relationship with their parents as warm, responsive, and not rejecting. Those with an anxious/ambivalent style described their parents as cold or inconsistent, and avoidant individuals described their parents as cold and rejecting. These studies also found that young adults' attachment styles influenced the degree of intimacy in their relationships. For example, secure adults felt easier and more comfortable with closeness and intimacy than those with an anxious/ambivalent or avoidant attachment style. They were more likely to feel that they could depend on others and less likely to feel anxious when someone got too close to them. They were also found to have higher levels of self-esteem and self-confidence in social situations. On the other hand, those with an anxious/ambivalent pattern were comfortable with intimacy, but very worried about being abandoned and unloved. They had more self-doubts and felt misunderstood by others and felt that others were reluctant to get as close as they would like. Finally, those characterised as having an avoidant style were found to not be comfortable with closeness and had difficulty in trusting and depending on others. The results of these studies have indicated that the patterns of attachment formed in childhood still exist in adulthood and influence adult's intimate relationships.

However, the stability of attachment styles in adults is also influenced by their internal working models of self and others, that formed during the early parent-child relationship and modified through subsequent experiences (Bowlby, 1969, 1980; Bretherton, 1985; Feeney & Noller, 1996). Even though the patterns of attachment in
adults tend to be stable throughout life, Bowlby (1969) does not claim that these patterns cannot be changed. According to Bowlby (cited in Feeney & Noller, 1996), there are several reasons why adult’s attachment styles can still change over time: (a) these patterns vary in stability depending on the degree of satisfaction that each individual derives from the pattern, (b) attachment styles may be changed by subsequent events that alter the attachment behaviour of either of the people in the relationship, and (c) adults’ working models are subject to change when they are no longer effective in accommodating actual social interchanges. Some studies have indicated that 30% of people change their attachment styles over time (Davila, Bradbury, & Karney, 1999). Attachment styles can change over time in response to major life transitions such as leaving home, getting married, or having a baby. They can also change as a result of previous negative experiences or stressful interpersonal experiences with family, friends, and romantic partners (e.g., experiencing divorce or death of a loved one, conflict with parents or partner, marital satisfaction or dissatisfaction) (Berman & Sperling, 1994; Collins & Read, 1994; Davila, Bradbury, & Karney, 1999; Feeney & Noller, 1996). People’s current relationships with their attachment figures (e.g., parents, partners), their expectations about interpersonal relationships, and people’s understanding or new interpretation of their past experiences are factors that can affect how secure they feel in an intimate relationship (Davila, Bradbury, & Karney, 1999; Feeney & Noller, 1996; Hammond & Fletcher, 1991). For example, a secure individual who is involved in a particularly negative relationship may become insecure as a result of that experience. On the other hand, an insecure person who experiences a positive relationship with his or her partner may be able to develop trust in people again (Feeney & Noller, 1996). Feeney and Noller (1996) have also suggested that young adults’ working models can also change when
they gain new understanding or new perspectives of their past experiences. For example, psychotherapy might help an individual to gain a new perspective about his or her stressful interpersonal relationships.

According to Collins and Read (1994), adults' working models do not only reflect the quality of the parent-child relationship. Infants can become attached to more than one attachment figure, and relationships with these other figures (e.g., siblings, grandparents, peers or partners) can affect their working models of the self and others (Bowlby, 1984; Collins & Read, 1994). People can also develop different working models in different relationships (Baldwin, Keelan, Fehr, Enns, & Koh-Rangarajoo, 1996; Feeney & Noller, 1996). For example, a person may have a secure working model with his or her father, but an insecure working model with his or her mother. Thus, the attachment styles formed in childhood can be perpetuated in adult's romantic relationships, however they can also change over time too.

One of the adult attachment styles identified by Hazan and Shaver (1987), namely, the avoidant style has been found to be associated with fear of intimacy in young adults (Bartholomew, 1990; Bartholomew & Horowitz, 1991). Bartholomew (1990) has argued that there are two types of avoidant attachment styles in addition to the secure and preoccupied (or anxious/ambivalent) styles. The avoidant styles have been referred to as dismissing and fearful styles of attachment. Bartholomew (1990) argued that the different patterns of adult attachment are a result of working models of the self and others, which interact and influence each other. Bartholomew (1990) suggests that adult working models of the self can be classified as either positive (positive self-concept, the self as worthy of love and attention) or negative (negative self-concept, the self as unworthy). Similarly, adult internal working models of the
other can be categorised as either positive (the other as trustworthy, caring, available) or negative (the other as rejecting, uncaring, untrustworthy).

Bartholomew and Horowitz (1991) demonstrated that individuals with a dismissing style were likely to have positive working models of the self and negative working models of the other. Specifically, they had a positive self-concept and a high sense of self-worth, and emphasised the importance of achievement, self-reliance and independence. They were more comfortable not having an intimate relationship and preferred neither to depend on others nor to have others depend on them. Consequently, they passively avoided close relationships and asserted that relationships were relatively unimportant.

In contrast, young adults who had a fearful style were characterised by both negative working models of the self and the other (Bartholomew, 1990; Bartholomew & Horowitz, 1991). They identified themselves as unworthy and had low self-confidence. In social relationships, they desired social contact and intimacy. However, they felt uncomfortable with intimacy because of their fear of rejection. As a result, they actively avoided social situations and intimate relationships in which they perceived themselves as being vulnerable to loss of control or getting hurt.

In general, adults with a dismissing or fearful pattern have similar negative working models about the other, but they differ in their dependence upon others' acceptance (Bartholomew, 1990; Bartholomew & Horowitz, 1991). Individuals with a fearful style reported greater need for approval from others and more preoccupation with relationships compared to those with a dismissing style (cited in Feeney & Noller, 1996). Bartholomew and Horowitz (1991) also reported that the fearful group was rated significantly lower than the secure and preoccupied (anxious/ambivalent) groups on self-disclosure, level of romantic involvement, and reliance on others.
Thus, young adults with a fearful attachment style have the highest fear of intimacy compared to those with a preoccupied (anxious/ambivalent) or dismissing attachment pattern.

In conclusion, in attachment theory, it is argued that young adults’ ability to build intimate relationships with opposite-sex members appears to be closely associated with adult attachment styles. Arguably, adult attachment styles have their roots in childhood relationships with attachment figures (Berman & Sperling, 1994; Bowlby, 1969, 1973, 1980; Bretherton, 1985). The quality of parent-child affectional bonding will influence young adults’ attachment styles and their motivation to become attached to others in a romantic relationship (Collins & Read, 1990; Feeney & Noller, 1990, 1996; Hazan & Shaver, 1987). Specifically, the main problem in people who have a high fear of intimacy can be seen as a disturbance in the capacity to form interpersonal attachments, which stems from the internalisation of early adverse experiences within the family (Bartholomew, 1990). Consequently, individuals’ fear of intimacy can be seen as a result of poor parent-child affectional bonding with attachment figures who may be characterised as “cold” and “rejecting” (Bartholomew, 1990; Bartholomew & Horowitz, 1991; Collins & Read, 1990; Hazan & Shaver, 1987). Collins and Read (1994) argued that young adults’ internal working models formed during early parent-child affectional bonding will affect the quality of their relationships with others because the working model influences how they think, feel, and behave in interpersonal relationships. Consequently, young adults who have a fear of intimacy may have a working model that promotes the need to protect themselves from being hurt or rejected by others.

There are however some limitations in the attachment perspective that should be highlighted. The stability of attachment styles especially in adult intimate
relationships is still a major issue (Feeney & Noller, 1996). For example, Baldwin, Keelan, Fehr, Emms, and Koh-Rangarajoo (1996) have reported that adult attachment styles change over time. The majority of respondents in their study had experienced at least two of the three adult attachment styles in their interpersonal relationships. There are some issues that should be considered in regard to the stability of adult attachment styles. First, each individual is likely to have more than one attachment style and they are likely to utilise different attachment styles in different situations (Baldwin et al., 1996; Feeney & Noller, 1996). Consequently, attachment theorists need to provide a theoretical framework that explains the relationship between these issues and the stability of adult attachment styles. Second, it has been reported that some of the instability in adult attachment styles stems from unreliability of measurement (Feeney & Noller, 1996). For instance, Hazan and Shaver’s (1987) Adult Attachment Scale and the Parental Caregiving Style Questionnaire (Hazan & Shaver, 1986) utilise a single item (forced-choice format) to measure adults’ attachment styles in romantic relationships and adults’ perceptions of their attachment history with their caregivers (parents) respectively. Feeney and Noller (1996, p. 46) argued that “the original forced-choice item clearly had limitations as a measure of attachment style. In particular, reliance on a single item raised concerns about the reliability of measurement.”

However, there are a number of self-report questionnaires that have been developed to measure adults’ perceptions of their relationship with their parents in the past, such as the Parental Bonding Instrument (Parker, Tupling, & Brown, 1979), the Parent-Child Relationship Survey (Fine & Schwebel, 1983), and the Parental Nurturance Scale (Buri, Misukanis, & Mueller, 1988). Of these questionnaires the Parental Nurturance Scale demonstrates the best consistency and reliability (Buri,
1989; Corcoran & Fischer, 2000). It meets the minimum suggested criterion of .90 for internal consistency and test-retest reliability (Bracken, 1987; Salvia & Ysseldyke, 1988). In contrast, the Parental Bonding Instrument has yielded internal consistencies of .88 and .74 and test-retest reliability of .68 and .62 for the subscales of care and overprotection respectively (Corcoran & Fischer, 2000; Parker, Tupling, & Brown, 1979). The Parental Nurturance Scale can also be utilised to assess young adults’ perceptions of their affectional bond with their mother and father in the past (Buri, 1989; Corcoran & Fischer, 2000). The Parent-Child Relationship Survey can also be utilised to measure parent-child relationship from young adults’ perceptions, however this questionnaire was originally developed to assess the effects of parental divorce on young adults (Corcoran & Fischer, 2000; Fine & Schwebel, 1983).

**Social Learning Theory**

Bandura’s conception of social learning or social cognition can also be used as a framework to explain how parent-child affectional bonding can affect young adults’ fear of intimacy. The social learning perspective has been used to analyse developmental changes that individuals undergo during the course of their lives (Bandura, 1992). This approach emphasises the importance of social variables as determinants of behaviour and personality (Thomas, 1996). It is argued that most of a child’s behaviour is learned by observing and modelling other people in his or her environment (Bandura, 1977). In particular, parents play a very important role in the modelling process (Crittenden, 1997; Maccoby & Jacklin, 1974; Marvin, 1993; Parke & O’Neil, 1997). Bandura (1977) argued that a child’s behaviour is learned not only through the direct experience of reinforcement, but also through vicarious reinforcement (i.e., observation of reinforcements that have been obtained by others).
As a result, a child adds or modifies his or her actions by observing others perform the behaviour rather than by overtly carrying out the behaviour himself or herself (Bandura, 1969).

Bandura (1977) also argued that human beings' psychological functioning could be viewed as the product of a mutual interaction between behavioural, cognitive, and environmental factors. Cognitive factors play a major role in human beings' behaviour, especially during the social modelling process. Bandura (1977, 1992) proposed that observational learning from models incorporates four main processes: (a) observing the behaviour of model visually, (b) recalling the behaviour of model through imagery or symbolic coding, (c) reproducing the modelled behaviour into appropriate courses of action, and (d) evaluating the consequences of the new behaviour and deciding whether or not to engage in that behaviour in a particular situation.

In social learning theory, an individual is viewed as an active, rational agent, responsible for his or her own actions and able to change his or her own behaviours rather than being passively controlled by environmental influences (Martin, 1993). According to Bandura (1977), people set certain standards of behaviour for themselves, self-administering reinforcement when the standards are met and self-administering punishment when they are not. However, people's standards of behaviour are originally established by observational learning, modelling of significant others, and socialisation processes (Bandura, 1992; Gruerec & Lytton, 1988).

The other theme of Bandura's social learning perspective is the concept of personal efficacy. According to Bandura (1992), individuals' behaviour is also influenced by their beliefs about their own abilities (self-efficacy). Self-efficacy refers
to "beliefs in one's capabilities to mobilise the motivation, cognitive resources, and
courses of action needed to meet situational demands" (Wood & Bandura, 1989, p.
408). Children's self-efficacy is shaped by a variety of sources including observation
of others' accomplishments (peer comparison), the quality of their personal
experiences, and their interaction with their parents (Bandura, 1992; Grusec &
Lytton, 1988).

It has been argued that parents are primary agents who have strong influences,
both directly and indirectly, on the development of children's social competence and
understanding of interpersonal relationships (Ainsworth & Bell, 1974; Parke &
O'Neil, 1997; Yarrow, Rubenstein, & Pedersen, 1975). Children's understanding of
intimate and social relationships are shaped by their observation and modelling of
significant others. In particular, the pattern of interaction between the parent and child
and parental reinforcement is influential. Many studies have demonstrated that
positive parent-child relationships can lead to more intimate peer relationships and
greater interpersonal competence for children as they age (e.g., Armsden &
Greenberg, 1987; Attili, 1989; Gold & Yanof, 1985; Putallaz, 1987). In contrast, poor
family relationships in childhood and adolescence are related to poor peer adjustments
and a restricted social support network (e.g., Harris, Pettit, Dodge, & Bates, 1994;
Henggeler, Edwards, Cohen, & Summerville, 1991; Kobak & Sceery, 1988). Thus,
parents play an important role in shaping children's intimate relationships by acting as
models and providing guidelines about social relationships. It is also assumed that
children's early experiences with their parents shape their beliefs, values, and
expectations regarding themselves, others, and their social relationships (Crittenden,
1997; Kuczynski, Marshall, & Schell, 1997; Parke & O'Neil, 1997). Individuals who
observed their parents as cold and rejecting are more likely to develop a belief that
they are unworthy (Bednar & Peterson, 1995). As a consequence of negative parent-child relationships, individuals can develop a poor self-image and negative perceptions about others and intimate relationships (Crittenden, 1997; Parke & O’Neil, 1997). From a social learning perspective, young adults’ fear of intimacy can be viewed as a result of their negative prior social learning experiences with significant others, especially parents.

There are however some limitations with the social learning theory as an approach that explains child development and how this influences intimate relationships in young adults. First, social learning theory only emphasises how children learn from their environment: it does not explain what children are like at different stages of their lives (Thomas, 1996). Second, the social learning perspective does not cover hereditary and personality influences on child development. Third, Bandura’ social learning theory does not provide a specific theoretical framework to explain how children’s prior social learning experiences influence the quality of intimate relationships in adults. However, there are few studies that have been conducted on young adults’ fear of intimacy based on social learning perspective (e.g., Cho & Falbo, 1995).

Self-Esteem

Some researches have demonstrated that self-esteem is an important factor that can influence the quality of young adults’ intimate relationships (Bartholomew & Horowitz, 1991; Coopersmith, 1967; Dion & Dion, 1975). As early as 1939, Fromm argued that self-love (self-esteem) is a critical determinant of healthy interpersonal relationships. Self-esteem can be defined as:

The evaluation, which the individual makes and customarily maintains with regard to himself (sic): it expresses an attitude of approval or
disapproval, and indicates the extent to which the individual believes himself (sic) to be capable, significant, successful, and worthy. In short, self-esteem is a personal judgment of worthiness that is expressed in the attitudes the individual holds toward himself. (Coopersmith, 1967, p. 5)

According to Branden (1969, p. 110), “self-esteem has two interrelated aspects: it entails a sense of personal efficacy and a sense of personal worth. It is the integrated sum of self-confidence and self-respect. It is the conviction that one is competent to live and worthy of living.” Thus, Coopersmith’s (1967) and Branden’s (1969) definitions of self-esteem imply competence and worthiness as two basic components in self-esteem (Mruck, 1999).

Self-esteem can be measured in a variety of ways. A number of questionnaires have been developed to assess this construct such as the Coopersmith Self-Esteem Inventory (Coopersmith, 1981), the Rosenberg Self-Esteem Scale (Rosenberg, 1979), and the Self-Esteem Rating Scale (Nugent & Thomas, 1993). Of these questionnaires the Self-Esteem Rating Scale demonstrates the best consistency and validity (Corcoran & Fischer, 2000; Nugent & Thomas, 1993). It shows good construct validity and meets the minimum suggested criterion of .90 for internal consistency (Bracken, 1987; Corcoran & Fischer, 2000; Nugent & Thomas, 1993; Salvia & Ysseldyke, 1988). In contrast, Bracken and Keith (1996) reported that there was not enough data to support construct validity of the Coopersmith Self-Esteem Inventory, and the Rosenberg Self-Esteem Scale had yielded internal consistency, with an alpha of .77 (cited in Bracken & Keith, 1996). The SERS can also be utilised to measure two major components of self-esteem: competence and worthiness. According to Mruk (1999), a good self-esteem test should cover these components.

There are numerous theoretical frameworks which can be utilised to understand the development of self-esteem. In this thesis, two frameworks will however be reviewed, namely; Coopersmith’s (1967) antecedents of self-esteem, and
Bednar and Peterson's (1995) model of self-esteem. Coopersmith (1967) argued four major factors contributing to the development of self-esteem: (a) the amount of positive regard that an individual receives from his or her significant others in his or her life, (b) the individual's experience of success and the status or position that one perceives oneself to hold in his or her environment, (c) the individual's values and aspirations – the aspirations and demands (personal goals) one places upon oneself to determine what constitutes success, and (d) behavioural styles utilised by the individual to deal with negative feedback (e.g., failures, threats, criticism, unpleasant situations).

According to Coopersmith (1967), to have high self-esteem, one must perceive a sense of positive regard or support from significant others, especially parents. Conversely, if significant others have little regard for the self, one will view himself or herself as an unworthy person and have low self-esteem (Bednar & Peterson, 1995; Harter, 1993). A number of studies (e.g., Coopersmith, 1967; Harter, 1990, 1993; Harter & Marold, 1991) have demonstrated that children and adolescents' level of self-esteem is shaped by their social interactions with significant others in their life (e.g., parents, peers) and their views of their self in relation to competence in domains for which they have aspirations of success. In particular, the study by Harter and Marold (1991) indicated that significant others played an important role in older children and adolescents' values and aspirations in an area deemed important to that person.

Bednar and Peterson's (1995) model of self-esteem can also be used as a theoretical framework to explain why some individuals have low self-esteem. In contrast to Coopersmith (1967) - who views individuals' level of self-esteem as the result of social learning processes (especially how individuals are treated and valued...
by their significant others), - Bednar and Peterson (1995) tend to view individuals' level of self-esteem as a product of their interpersonal feedback (internal self-evaluations) rather than feedback from their social environment (external evaluations). However, even though they acknowledge that these two factors can have a significant influence on individuals' levels of self-esteem, it is individuals' perceptions of themselves that will always be the most influential in determining self-esteem (Bednar & Peterson, 1995).

Bednar and Peterson (1995) have argued that each individual will experience, and have to respond to, negative feedback or interpersonal rejection from his or her social environment. Rejection per se is not the major cause of low self-esteem; rather self-esteem is the result of the individual's response to rejection. According to Bednar and Peterson (1995), individuals' behavioural reactions to rejection will involve varying degrees and mixtures of coping and avoidance (defence). The act of avoidance is motivated by fear, anxiety, or denying unpleasant psychological realities. Individuals who adopt an avoidant response style are likely to perceive themselves as unable to deal with anxiety, fear, or conflict. They will also fail to learn new or more adaptive response patterns to deal with threatening situations productively (Bednar & Peterson, 1995). In contrast, the act of coping is characterised by higher levels of risk taking, personal responsibility, willingness to face personal issues realistically, and more satisfying psychological responses to anxiety and conflicts. Individuals who adopt a coping response style are likely to experience an enhanced sense of personal identity, self-evaluation, and personal growth (Bednar & Peterson, 1995).

Bednar and Peterson (1995) also argued that self-evaluations play a major role in the development and maintenance of individuals' levels of self-esteem because they provide continuous affective feedback about the adequacy of the self and reflect
the degree to which a person has developed a response style that favours either coping or avoidance. Unfavourable self-evaluations have a significant relationship with the presence of avoidance response styles. Conversely, favourable self-evaluations are associated with patterns of coping behaviour. Thus, people develop and maintain their level of self-esteem through their experience of themselves and their own behaviour patterns (Bednar & Peterson, 1995). For example, coping response styles promote a pleasant and rewarding affective experience and improve the individual’s level of self-esteem. On the other hand, avoidance is more likely to create an unpleasant experience and negative self-evaluative process and thus promote low levels of self-esteem.

In conclusion, an individual’s level of self-esteem is influenced by internal and external factors. Coopersmith’s (1967) antecedents of self-esteem emphasise the importance of social learning experiences and the presence of significant others in the development of individuals’ self-esteem. On the other hand, Bednar and Peterson’s (1995) model of self-esteem emphasises the importance of the individual’s internal, affective feedback (positive or negative) and behaviour patterns (coping or avoidance). However, both models fail to provide a specific theoretical framework to explain how individuals’ level of self-esteem influences the quality of their social and intimate relationships.

However, Coopersmith (1967), and Bednar and Peterson (1995) emphasise that how the individual deals with negative feedback influences the development of his or her self-esteem. As highlighted above, individuals with low self-esteem have unfavourable self-evaluations and response styles that favour avoidance rather than attempting to deal with negative experiences or rejection by others (Bednar & Peterson, 1995). In many respects these individuals share similar qualities to those
individuals who have a fear of intimacy due to the formation of an avoidant or fearful style of attachment (Bartholomew, 1990; Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987). The similarity in the behaviour patterns of people who have low self-esteem and those who have a high fear of intimacy may be due to the fact that there are similarities in the cognitive schemas (internal working models) that underlie fear of intimacy and low self-esteem. For instance, a number of studies (e.g., Arkin, 1981; Campbell & Lavallee, 1993; Tice, 1993; Wolfe, Lennox, & Cutler, 1986) have demonstrated that the self-schemas of people who have low self-esteem are characterised by poor self-concepts. People with low self-esteem are also motivated to protect themselves from failure, humiliation, anxiety, or rejection by others. They tend to be self-protective in social relationships and avoid circumstances that may expose them as failures. Only situations that have a low risk of embarrassment are likely to be tried by people with low self-esteem (e.g., Arkin, 1981; Campbell & Lavallee, 1993; Tice, 1993; Wolfe et al., 1986). Similarity the working models of people who have a high fear of intimacy are characterised by the need to protect themselves from getting hurt by others (Bartholomew, 1990; Bartholomew & Horowitz, 1991; Feeney & Noller, 1996). Therefore, it is reasonable to expect that self-esteem will relate to fear of intimacy in young adults.

**Gender Differences and Relationship Status**

In addition to parent-child affectional bonding and self-esteem, gender differences and relationship status are additional factors, which may be associated with young adults' fear of intimacy. A number of studies have documented the importance of gender differences in self-disclosure and intimacy. In particular, it has been reported that females disclose more intimate information about themselves
compared to males (e.g., Gerdes, Gehling, & Rapp, 1981; Grigsby & Weatherley, 1983; Pedersen & Breglio, 1968; Rosenfeld, 1979; Rubin & Shenker, 1978). Women are also more likely than men to share their fears or personal problems and discuss intimate topics with close friends or partners (e.g., Aries & Johnson, 1983; Booth, 1972; Cadwell & Peplau, 1982). The results obtained from all of these studies support the view that men are less comfortable with intimacy or self-disclosure than are women. It has been argued that gender differences in close relationships tend to be determined by socialisation (e.g., sex-role stereotypes and the role of modelling) rather than physical differences (Bandura, 1992; Maccoby & Jacklin, 1974; Mischel, 1967).

Different models have been proposed to explain gender differences. In most instances these models argue that gender roles are shaped by the influence of significant others (e.g., parents, teachers) during childhood (Bandura, 1992; Martin, 1999). Gender identity remains a central part of a person's self-image in adulthood and influences gender-congruent interests and attributes (Martin, 1999; Spence, 1984; 1993).

It is reasonable to expect that gender differences in intimate relationships are the result of sex-role stereotypes rather than physical differences. Traditional sex-role stereotypes emphasise that women are expected to value close relationships and have "feminine" traits such as warmth, expressiveness, and be affectionate in nature (Miller, 1976). In contrast, men are encouraged by their social environment to have "masculine" traits such as being competent, independent, assertive, rational, and having a goal-directed orientation (Lowenthal & Haven, 1968). Arguably, men have been shaped to be emotionally constricted and inexpressive and to be less intimate (Tschann, 1988). Some evidence has been found to support this view. Spence and
Helmreich (1978) found that males tended to rate themselves as less expressive and more instrumental in terms of personal attributes than females. The study was replicated by Spence (1999) and similar results were obtained. Spence (1999, p. 268) went on to conclude that “men, it would appear, have not changed in response to recent messages encouraging them to develop their softer side.” Males appear to have a higher risk for deficiencies in self-disclosure and intimacy (Perlman & Fehr, 1987) and potentially have higher fear of intimacy than females.

A number of studies have been conducted to investigate the influence of gender differences on individuals’ fear of intimacy and self-esteem. The results from studies that have focused on gender differences in fear of intimacy have been inconsistent. For instance, Descutner and Thelen (1991) found no differences between males and females’ scores on the Fear of Intimacy Scale (Descutner & Thelen, 1991). In contrast, Sifry and Stricker (1994) reported a significant gender difference, with men displaying more fear of intimacy than women. However, Sherman and Thelen (1996) have shown that males reported higher fear of intimacy in their same-sex friendships, while females reported higher fear of intimacy in their opposite-sex relationships. Gender differences in self-esteem have been reported (Major, Barr, Zubek, & Babey, 1999). However, Major et al. (1999) demonstrated that age, ethnicity, and socio-economic status could influence the relationship between gender difference and self-esteem. For example, boys tended to have similar or lower self-esteem than girls, whereas male adolescents and adults tended to have higher self-esteem than female adolescents and adults (e.g., Feingold, 1994; Major et al., 1999). Children from minority groups were more likely to have lower self-esteem compared to those from majority groups when they (children from both groups) interacted frequently (e.g., attended the same school) (Mruk, 1999). In addition, individuals
from lower socio-economic status were also found to have lower self-esteem than those from higher socio-economic status (e.g., Major et al., 1999).

The inconsistent results obtained from these studies indicate other factors or variables (e.g., relationship status) might potentially influence the relationship between gender differences and fear of intimacy in young adults. Tschann (1988) argued:

If sex-role is the major cause of gender differences in disclosure to friends, then gender effects should be found regardless of other factors, such as the presence of relationships with other people. It was concluded that research on gender differences in self-disclosure and friendship has neglected an important variable, that of marital status. (p. 65-66)

Thus, in addition to gender differences, relationship status (e.g., being single, having a partner, or being married) should also be considered as an important factor that could influence young adults' fear of intimacy. The results obtained from a study by Cho and Falbo (1995) on Taiwanese college students demonstrated that those who had prior romantic relationships, or were currently dating, were more likely to have higher levels of emotional security and less fear of intimacy than those who had never been involved in a romantic relationship. Calabrese (1998) also found that university students with a low fear of intimacy were more likely to be involved with someone than those with a high fear of intimacy. The results obtained from these studies indicated that there was a relationship between young adults' fear of intimacy and relationship status. The direction of causation is not understood but it follows that gender differences and relationship status should also be included in the list of additional factors that may be associated with fear of intimacy in young adults. It was predicted that males would have higher fear of intimacy than females and that single participants would score higher on fear of intimacy than those who had a partner or married.
Hypotheses

Based on the theoretical frameworks and previous studies above, it appears that parent-child affectional bonding and self-esteem may be associated with fear of intimacy in young adults. In addition, gender differences and relationship status should also be considered as the additional factors which may be associated with young adults’ fear of intimacy. Therefore, this study was conducted to investigate the following hypotheses:

Major Hypotheses

1. It was hypothesised that young adults who perceived their relationship with their parents as strong in terms of affectional bonding would have lower fear of intimacy. In contrast those who appraised their past relationship with their parents as weak in affectional bonding would score higher on the Fear of Intimacy Scale.

2. It was also predicted that self-esteem would relate to fear of intimacy. In particular, fear of intimacy would be lower in young adults who had high self-esteem as measured by the Self-Esteem Rating Scale.

Minor Hypotheses

1. Males and females would differ in their fear of intimacy. Females would have lower fear of intimacy compared to males.

2. Relationship status was expected to influence young adults’ fear of intimacy. Individuals who had a partner or were married would have lower fear of intimacy compared to those who were single or not attached.
CHAPTER 3

METHOD

Participants

Forty-five male and one hundred and thirty-one female undergraduate students from Edith Cowan University participated in this study. To be eligible for the study, participants needed to be aged between 19 and 25, and have no children.

The mean age for male participants was 21.58 years (range 19 to 25) and for female participants was 21.45 years (range 19 to 25).

The ethnic composition of the sample included: Australian (62%), Indonesian (9%), British (4%), Chinese (2%), Indian (2%), American (2%), New Zealand (2%), and others (1%).

Of the total participants, 52.3% indicated that they had a partner. Of those with a partner, 39.8% indicated that their partner was not currently residing with them and 12.5% stated that their partner resided with them (married or de facto).

Instruments

Participants were given an information sheet (Appendix A) and a demographic data sheet (Appendix B). The Participant Information Sheet outlined the aims of the study. The Demographic Data Sheet was used to obtain information about age, sex, educational background, relationship status, nationality, and the participants’ current relationship with their mother, father, and partner. In particular, participants’ relationship status was classified into three groups, namely; being single, having a non-resident partner, and having a resident partner. In addition, the quality of young
adults' current relationship with their mother and father was rated on a Likert-type scale, with scores ranging from 'not close at all' (1) to 'very close' (5).

Participants also completed the following self-report questionnaires, namely: the Fear of Intimacy Scale (Descutner & Thelen, 1991), the Parental Nurturance Scale (Buri, Misukanis, & Mueller, 1988), and the Self-Esteem Rating Scale (Nugent & Thomas, 1993).

**Fear of Intimacy Scale (FIS)**

Fear of intimacy in young adults was assessed with the 35-item Fear of Intimacy Scale (Descutner & Thelen, 1991) (Appendix C). This instrument is utilised to measure individuals' fear of intimacy irrespective of whether or not they are currently in a close or dating relationship. The FIS has been primarily designed to assess close relationships or heterosexual-dating relationships. The instrument has 3 sub-scales, namely; content (the communication of personal information), emotional valence (strong feelings about the personal information exchanged), and vulnerability (high regard for the intimate other). All questionnaire items were rated on a Likert-type scale, with scores ranging from 'not at all characteristic of me' (1) to 'extremely characteristic of me' (5). The FIS is scored by summing individual items to make a total score which can range from 35 to 175. However, the total score was frequently utilised because the FIS did not provide what the items under its subscales (Corcoran & Fischer, 2000; Descutner & Thelen, 1991). Higher scores indicate high fear of intimacy and lower scores indicate low fear of intimacy. The scale shows excellent internal consistency, with an alpha of .93. The FIS also has excellent stability, with a one-month test-retest correlation of .89. In addition, the FIS has good construct validity (Corcoran & Fischer, 2000). For example, scores from the FIS have been
found to have a significant positive correlation with scores from the Revised UCLA Loneliness Scale (Russell, Peplau, & Cutrona, 1980). In addition, scores from the FIS also have a significant negative correlation with scores from the Miller Social Intimacy Scale (Miller & Lefcourt, 1982).

**Parental Nurturance Scale (PNS)**

The Parental Nurturance Scale (Buri, 1989; Buri, Misukanis, & Mueller, 1988) was utilised to assess participants’ past affectional bond with their mother and father (Appendix D and E). The PNS consists of 24 items that are clustered to make 3 subscales, namely; parental approval, acceptance, and affirmation of their children. Identical forms of the PNS can be used to assess the child’s past relationship with their mother and father separately. All items were rated on a Likert-type scale, with scores ranging from ‘strongly disagree’ (1) to ‘strongly agree’ (5). A total score is obtained by summing individual items. Scores obtained can range from 24 to 120. However, the total score was frequently utilised because the PNS did not provide what the items under its subscales (Buri, 1989; Corcoran & Fischer, 2000). Higher scores indicate that the participants have more positive perceptions of their past relationship with their mother or father. On the other hand, lower scores indicate a more negative perception of their past relationship with their parents. The PNS has excellent internal consistency, with alphas of .95 for relationship with mother and .93 for relationship with father. The PNS also has excellent stability with test-retest reliabilities of .92 for relationship with mother and .94 for relationship with father. In addition, the questionnaire has good concurrent validity (Buri, 1989; Corcoran & Fischer, 2000).
**Self-Esteem Rating Scale (SERS)**

Young adults' level of self-esteem was assessed with the Self-Esteem Rating Scale (Nugent & Thomas, 1993) (Appendix F). The SERS is a 40-item instrument designed to measure individuals' concept of overall self-worth, social competence, problem solving ability, intellectual ability, self-competence, and worth relative to other people. All items were rated on a Likert-type scale, with scores ranging from 'never' (1) to 'always' (7). The SERS is scored by summing individual positive and negative items and by placing a minus sign in front of the negative item scores. The items are summed to produce a total score which can range from −120 to +120. However, the total score was frequently utilised because the SERS did not provide what the items under its subscales (Corcoran & Fischer, 2000; Nugent & Thomas, 1993). Positive scores indicate higher self-esteem and negative scores indicate lower self-esteem. The scale has excellent internal consistency, with an alpha of .97. The SERS is reported as having good content and factorial validity (Corcoran & Fischer, 2000; Nugent & Thomas, 1993). This instrument also shows good construct validity (Corcoran & Fischer, 2000; Nugent & Thomas, 1993). For example, scores from the SERS have been found to significantly correlate with scores from the Index of Self-Esteem (Hudson, 1982) and the Generalised Contentment Scale (Hudson, 1982).

**Procedure**

First and second year students from Edith Cowan University who were enrolled in following course units: Accounting I, Accounting II, Concert Practice I, Effective Communication Strategies, Finance I, Finance II, Health in Society, Information Systems I, Introduction of Physics, Jazz History I, Systems Analysis, and Visual Art Theory II were approached and invited to participate in the study. They
were informed about the purpose of the study and the criteria for participation. They were informed that participation was voluntary and that they could withdraw from the study anytime. Participants completed the questionnaires (the demographic data sheet, the FIS, the PNS for mother, the PNS for father, and the SERS) and returned them to the researcher approximately 1 to 2 weeks later. Instructions on how to complete each of the questionnaires were included in the package.
CHAPTER 4

RESULTS

Data Screening

Analyses designed were conducted to assess the major and minor hypotheses. The following variables, namely; FIS, PNS1, PNS2, and SERS, would be included in the analyses. Data screening procedures were conducted to examine normality, linearity, outliers, and missing items. To analyse normality of the variables, the K-S (Lilliefors) test of normality (Table 1) was conducted. The results indicated that all the variables have near-normal distributions when an alpha level of .001 was adopted, except for PNS1. The assumption of normality for PNS1 was violated. A data transformation was conducted to obtain a normal or near-normal distribution for PNS1 (Tabachnick & Fidell, 1996). However, transformation of PNS1 did not lead to an improvement in the distribution for PNS1. As a result, the non-transformed, PNS1 scores were utilised in this study (Tabachnick & Fidell, 1996).

Table 1

Univariate Assumptions

<table>
<thead>
<tr>
<th>Variable</th>
<th>K-S Lilliefors Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIS</td>
<td>.024</td>
</tr>
<tr>
<td>PNS1</td>
<td>.000</td>
</tr>
<tr>
<td>PNS2</td>
<td>.001</td>
</tr>
<tr>
<td>SERS</td>
<td>.011</td>
</tr>
</tbody>
</table>

FIS = Fear of Intimacy Scale
PNS1 = Parental Nurturance Scale for mother
PNS2 = Parental Nurturance Scale for father
SERS = Self-Esteem Rating Scale
Box-plots demonstrated that univariate outliers for all variables were identified. The stem and leaf plots indicated one extreme high score for FIS and four extreme low scores for PNS1. Three extreme low scores for PNS2, and four extreme low scores for SERS were also identified. Univariate outliers were not eliminated, as their inclusion did not produce significantly different results.

The Mahalanobis distance test was used to detect the presence of multivariate outliers. No multivariate outliers (no values greater than or equal to the critical chi-square value of 18.47 at an alpha level of .001) were identified.

**Demographic Data**

The majority (59.8%) of those with a partner indicated that they had a very close relationship with their partner during the past month, a further 26.1% of respondents indicated that their relationship with their partner was moderately close and 14.1% stated that their relationship with their partner was not close during the past month.

More than half of the total participants stated that they had a moderately close relationship with their mother (60.2%) and their father (55.1%) during the past month. A very close relationship with mother was reported by 28.4% of the sample and a very close relationship with father was reported by 10.8% of participants. Participants were more likely to state that they did not have a close relationship with their father (34.1%) compared to their mother (11.4%).

**Descriptive Statistics**

Table 2 shows the means and standard deviations for FIS, PNS1, PNS2, and SERS for all participants. Several trends in the data were noted. Participants generally
rated that their past relationship with their mother as more nurturing than their past relationship with their father. In order to assess the first minor hypothesis that males and females would differ in their fear of intimacy, an independent samples t-test was conducted. This analysis demonstrated that scores from the Fear of Intimacy Scale were significantly higher for males than females (t(174) = 3.31, p < .001). In contrast, significant gender differences in PNS1 (t(174) = -1.85, p < .05), PNS2 (t(174) = .19, p > .05), and SERS (t(174) = .46, p > .05) were not obtained.

**Table 2**

**Mean Scores of Predictor Variables according to Gender Differences**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Males (n = 45)</th>
<th>Females (n = 131)</th>
<th>Total (N = 176)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>FIS</td>
<td>83.60</td>
<td>21.35</td>
<td>72.07</td>
</tr>
<tr>
<td>PNS1</td>
<td>95.27</td>
<td>17.43</td>
<td>100.75</td>
</tr>
<tr>
<td>PNS2</td>
<td>89.89</td>
<td>19.11</td>
<td>89.21</td>
</tr>
<tr>
<td>SERS</td>
<td>52.22</td>
<td>29.48</td>
<td>49.39</td>
</tr>
</tbody>
</table>

Means and standard deviations for the major variables categorised according to participants’ relationship status are reported in Table 3. The highest scores on the Fear of Intimacy Scale were obtained by those who were single (M = 79.7, SD = 20.4) and the lowest scores were obtained by those who resided with their partner (M = 63.7, SD = 14.5). A one-way ANOVA was conducted to determine if there were differences in FIS scores for participants categorised into different groups based on relationship status. Significant differences were reported (F(2,173) = 6.08, p < .01) with those having a resident partner obtaining the lowest scores on the FIS scale. This result supported the second minor hypothesis. Furthermore, the post hoc tests were conducted to determine which groups differed significantly in FIS scores. Tukey HSD
mean comparison test revealed that there was a significant difference in FIS scores between participants who did not have a partner and those who had a resident partner (p < .01). In contrast, a one-way ANOVA demonstrated that there were no differences in SERS scores between groups based on relationship status (F(2,173) = 1.67, p > .05).

Table 3

<table>
<thead>
<tr>
<th>Variable</th>
<th>Single (n = 84)</th>
<th>Non-Resident Partner (n = 70)</th>
<th>Resident Partner (n = 22)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>FIS</td>
<td>79.67</td>
<td>20.40</td>
<td>73.00</td>
</tr>
<tr>
<td>PNS1</td>
<td>97.83</td>
<td>16.46</td>
<td>98.11</td>
</tr>
<tr>
<td>PNS2</td>
<td>87.86</td>
<td>20.45</td>
<td>89.67</td>
</tr>
<tr>
<td>SERS</td>
<td>45.33</td>
<td>38.77</td>
<td>53.16</td>
</tr>
</tbody>
</table>

The inter-correlations among parent-child affectional bonding, self-esteem, and fear of intimacy are shown in Table 4. There are significant correlations between all of the variables. A significant negative relationship between mother-child affectional bonding (PNS1) and fear of intimacy (r = -.19, p < .05) was obtained. A significant negative relationship between father-child affectional bonding (PNS2) and fear of intimacy (r = -.20, p < .01) was also reported. In addition, a strong negative association between young adults' level of self-esteem and their fear of intimacy (r = -.50, p < .01) was also reported. The results demonstrated that a high fear of intimacy was associated with lower scores on parent-child affectional bonding and self-esteem.
Table 4

Correlation among predictor variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>FIS</th>
<th>PNS1</th>
<th>PNS2</th>
<th>SERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIS</td>
<td>1</td>
<td>-.19*</td>
<td>-.20**</td>
<td>-.50**</td>
</tr>
<tr>
<td>PNS1</td>
<td>1</td>
<td>.36**</td>
<td>.23**</td>
<td></td>
</tr>
<tr>
<td>PNS2</td>
<td>1</td>
<td>.33**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SERS</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

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

Factors associated with fear of intimacy

*Parent-child affectional bonding and self-esteem*

The major hypotheses were tested with a regression analysis. A standard regression analysis was conducted to determine the relationship between FIS scores and the predictor variables. Table 5 demonstrates that the most significant contribution to FIS was young adults’ level of self-esteem, followed by gender differences, and relationship status. Self-esteem accounted for 20% of the variance in fear of intimacy. Gender differences and relationship status contributed 6% and 3% respectively toward the variance in fear of intimacy. In contrast, parent-child affectional bonding did not predict fear of intimacy in young adults (accounted for 0% of the variance in fear of intimacy).
### Table 5

**Regression Analysis for Variables Predicting Young Adults’ Fear of Intimacy**

<table>
<thead>
<tr>
<th>Predictors</th>
<th>B</th>
<th>SE B</th>
<th>Beta</th>
<th>$R^2$ Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother-child affectional bonding</td>
<td>-6.78E-02</td>
<td>.10</td>
<td>-.06</td>
<td>.00</td>
</tr>
<tr>
<td>Father-child affectional bonding</td>
<td>-1.72E-02</td>
<td>.09</td>
<td>-.02</td>
<td>.00</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>-.28</td>
<td>.04</td>
<td>-.48</td>
<td>.20***</td>
</tr>
<tr>
<td>Sex</td>
<td>-12.36</td>
<td>3.18</td>
<td>-.26</td>
<td>.06***</td>
</tr>
<tr>
<td>Relationship status a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relstat A</td>
<td>10.68</td>
<td>4.25</td>
<td>.26</td>
<td>.03*</td>
</tr>
<tr>
<td>Relstat B</td>
<td>7.56</td>
<td>4.32</td>
<td>.18</td>
<td></td>
</tr>
<tr>
<td>Current relationship with mother b</td>
<td>1.83</td>
<td>1.78</td>
<td>.09</td>
<td>.00</td>
</tr>
<tr>
<td>Current relationship with father c</td>
<td>-.68</td>
<td>1.58</td>
<td>-.04</td>
<td>.00</td>
</tr>
</tbody>
</table>

* Relationship status was classified into three groups (being single, having a non-resident partner, and having a resident partner) using Dummy variable coding.

**Current relationships with parents and partner**

Further analysis was conducted to examine whether young adults’ perceptions of their current relationship with their mother and father during the past month related to their fear of intimacy. The quality of young adults’ current relationship with their parents was reclassified into three groups (not close at all, moderately close, and very close). Young adults who reported that they had a very close current relationship with their mother were found to have the lowest FIS scores and the highest scores for PNSI (for mother) and SERS (see Table 6). A one-way ANOVA demonstrated that the closeness of the current relationship with mother significantly influenced young adults’ fear of intimacy ($F$ (2,173) = 3.41, $p < .05$), self-esteem ($F$ (2,173) = 5.06, $p < .01$), and mother-child affectonal bonding ($F$ (2,173) = 43.91, $p < .001$). Furthermore, Tukey HSD mean comparison test revealed that there was a significant difference in SERS scores between young adults who reported that they had a very close current
relationship with their mother and those who reported a moderately close (p < .05) or not close relationship with their mother during the past month (p < .01). Tukey HSD mean comparison test also demonstrated that there was a significant difference in PNS1 scores between these groups (very close, moderately close, and not close) one another based on current relationship with mother (p < .001). In contrast, Tukey HSD mean comparison test demonstrated that there were no differences in FIS scores between these groups (very close, moderately close, and not close) based on current relationship with mother (p > .05).

Table 6
Mean Scores of Predictor Variables according to Current Relationship with Mother

<table>
<thead>
<tr>
<th>Variable</th>
<th>Not close (n = 20)</th>
<th>Moderately close (n = 106)</th>
<th>Very close (n = 50)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>FIS</td>
<td>80.65</td>
<td>21.17</td>
<td>76.83</td>
</tr>
<tr>
<td>PNS1</td>
<td>76.30</td>
<td>17.15</td>
<td>98.22</td>
</tr>
<tr>
<td>SERS</td>
<td>34.50</td>
<td>28.15</td>
<td>47.61</td>
</tr>
</tbody>
</table>

In addition, young adults who had a very close current relationship with their father were also found to have the lowest FIS scores and the highest scores on PNS2 (for father) and SERS (see Table 7). A one-way ANOVA indicated that the closeness of the current relationship with father significantly associated with young adults' fear of intimacy (F(2,173) = 4.92, p < .01), self-esteem (F(2,173) = 7.10, p < .01), and father-child affectional bonding (F(2,173) = 54.38, p < .001). Tukey HSD mean comparison test revealed that there was a significant difference in FIS scores between participants who reported that they had a very close current relationship with their father and those who reported a moderately close (p < .05) or not close relationship
with their father during the past month ($p < .01$). Tukey HSD mean comparison test also demonstrated that there was a significant difference in SERS scores between participants who did not have a close current relationship with their father and those who had a moderately close ($p < .05$) or very close current relationship with their father ($p < .01$). In addition, Tukey HSD mean comparison test also demonstrated that there was a significant difference in PNS2 scores between these groups (very close, moderately close, and not close) one another based on current relationship with father ($p < .001$).

Table 7

Mean Scores of Predictor Variables according to Current Relationship with Father

<table>
<thead>
<tr>
<th>Variable</th>
<th>Not Close (n = 20)</th>
<th>Moderately Close (n = 106)</th>
<th>Very Close (n = 50)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>FIS</td>
<td>79.15</td>
<td>18.13</td>
<td>74.93</td>
</tr>
<tr>
<td>PNS2</td>
<td>72.32</td>
<td>19.13</td>
<td>95.90</td>
</tr>
<tr>
<td>SERS</td>
<td>38.33</td>
<td>35.26</td>
<td>53.57</td>
</tr>
</tbody>
</table>

Finally, a one-way ANOVA was conducted to explore whether fear of intimacy was affected by the closeness of young adults’ current relationship with their partner. The quality of young adults’ current relationship with their partner was classified into three groups (not close at all, moderately close, and very close). This analysis demonstrated that there was a significant difference, $F (2,89) = 17.60$, $p < .001$ in young adults’ level of fear of intimacy. Young adults who reported that they had a very close current relationship with their partner ($M = 62.76$, $SD = 17.08$) had lower FIS scores than those who reported a moderately close ($M = 77.67$, $SD = 15.42$) and not close ($M = 91.92$, $SD = 21.01$) relationship with their partner during the past
month. Tukey HSD mean comparison test demonstrated that there was a significant
difference in FIS scores between participants who had a very close current
relationship with their partner and those who had a moderately close \((p < .01)\) or not
close current relationship with their partner \((p < .001)\). Tukey HSD mean comparison
test also demonstrated that there was a significant difference in FIS scores between
participants who reported that they had a moderately close and not close relationship
with their partner during the past month \((p < .05)\).
CHAPTER 5
DISCUSSION

General Findings

This study was conducted to examine the relationship between parent-child affectional bonding, self-esteem, and fear of intimacy in young adults. The findings of the present study support the major hypothesis that young adults' level of self-esteem was related to fear of intimacy. Specifically those who had low self-esteem were more likely to have a high fear of intimacy. In contrast, the results did not support the hypothesis that there would be a link between parent-child affectional bonding and young adults' fear of intimacy. Minor hypotheses relating to the influence of gender differences and relationship status on young adults' fear of intimacy were also supported. It was demonstrated that males and females differed significantly in their fear of intimacy with males reporting higher fear of intimacy than females. Results also demonstrated that there was a significant difference in fear of intimacy between single individuals and individuals who had a partner. Those who had a resident or non-resident partner had lower FIS scores than those who were single. The standard regression analysis indicated that the most significant contribution to fear of intimacy was young adults' level of self-esteem, followed by gender differences, and relationship status. Self-esteem accounted for 20% of the variance in fear of intimacy. Gender differences and relationship status contributed 6% and 3% respectively toward the variance in fear of intimacy.
Parent-Child Affectional Bonding

Consistent with the results of a number of previous studies (e.g., Braun, 1998; Cho & Falbo, 1995; Clark & Kanoy, 1998; Kirshenbaum & Laver, 1993), this study failed to demonstrate a link between parent-child affectional bonding and fear of intimacy in young adults. The quality of participants’ current relationship with their parents was found to correlate with all the major variables. In particular, a close current relationship was associated with higher self-esteem, less fear of intimacy, and a more positive perception of the past relationship with parents. These findings indicate that people’s current relationship with their attachment figures (e.g., parents) can also affect how secure they feel in intimate relationships and how they think and feel about themselves and others (Collins & Read, 1994; Davila, Bradbury, & Karney, 1999; Feeney & Noller, 1996; Hammond & Fletcher, 1991). Thus, the quality of the present relationship with parents also plays an important role in reducing fear of intimacy and maintaining high self-esteem in young adults.

There may be a number of reasons why a significant relationship between parent-child affectional bonding and fear of intimacy in young adults was not found. First, it could be speculated that the method utilised in this study may be too simple to reveal the complex relationship between these variables, or the role that attachment style plays in this relationship. Specific adult attachment styles (internal working models) that could influence the association between parent-child affectional bonding and young adults’ fear of intimacy were not explored.

Second, the presence of other attachment figures (e.g., a partner, close friends, other family members) and stressful interpersonal experiences with family, friends, or romantic partners could be more influential on young adults’ fear of intimacy than parent-child affectional bonding. Some support for this contention was provided. The
presence of a partner and the quality of young adults' current relationship with their partner was correlated with their fear of intimacy. As highlighted by a number of researchers, relationships and interpersonal experiences are more likely to have a significant association with how secure young adults feel in intimate relationships and potentially affect their working models about self and others (Davila, Bradbury, & Karney, 1999, Feeney & Noller, 1996; Hammond & Fletcher, 1991). The quality of present relationships rather than parent-child affectional bonding may be more important in determining fear of intimacy. Attachment styles or internal working models can change over time and may not only reflect the quality of parent-child affectional bonding (Baldwin et al., 1996; Berman & Sperling, 1994; Bowlby, 1969; Collins & Read, 1994; Davila, Bradbury, & Karney, 1999, Feeney & Noller, 1996).

Finally, the social learning perspective can also assist with the provision of some insight about the impact of present relationships on intimacy. The presence of a partner and the quality of young adults' present relationship with their parents, partner, and other people (e.g., close friends, university students, lecturers) can act as a reinforcement and serve to provide new social learning experiences for young adults. These experiences can help individuals gain new perspectives about close relationships, how to maintain affectional bonds, and to challenge their fear of intimacy.

Self-Esteem

Self-esteem was found to be the best predictor of fear of intimacy, supporting previous studies that also reported this result (e.g., Bartholomew & Horowitz, 1991; Naus & Theis, 1995; Scheffler & Naus, 1999). Bartholomew and Horowitz (1991) demonstrated that individuals who had a high fear of intimacy viewed themselves as
unworthy and had low self-confidence. They also viewed others as untrustworthy and actively avoided intimate relationships because of their fear of rejection. The results from this study provide support for Bartholomew’s (1990) argument that individuals who have a high fear of intimacy (a fearful style) tend to have negative working models of the self and others. In many respects these individuals share similar behaviour patterns to those individuals who have low self-esteem. Individuals who have low self-esteem have negative self-evaluations and response styles that favour avoidance rather than attempting to deal with negative experiences or rejection by others (Bednar & Peterson, 1995). A number of studies found that individuals who had low self-esteem tended to be self-protective in social relationships and avoided circumstances that may expose them as failures (e.g., Arkin, 1981; Campbell & Lavallee, 1993; Tice, 1993; Wolfe et al., 1986). The similarity in the behaviour patterns of people who have low self-esteem and those who have a high fear of intimacy may be due to the fact that the cognitive schemas (internal working models) that underlie low self-esteem and fear of intimacy are interrelated. In both instances individuals with low self-esteem and fear of intimacy seek to protect themselves from failure, getting hurt, and rejection by others (Arkin, 1981; Bartholomew & Horowitz, 1991; Campbell & Lavallee, 1993; Feeney & Noller, 1996; Tice, 1993; Wells & Marwell, 1976; Wolfe et al., 1986).

**Gender Differences and Relationship Status**

The results of this present study demonstrated that males had significantly higher FIS scores than females. The standard regression analysis provided evidence that gender differences was the second contributor in predicting young adults’ fear of intimacy. The findings obtained from this present study support results from previous
studies indicating that men are less comfortable with intimacy or self-disclosure than women (e.g., Aries & Johnson, 1983; Booth, 1972; Cadwell & Peplau, 1982; Gerdes, Gehling, & Rapp, 1981; Grigsby & Weatherley, 1983; Pedersen & Breglio, 1968; Rosenfeld, 1979; Rubin & Shanker, 1978). It has been argued that gender differences in fear of intimacy tend to be determined by sex-role stereotypes rather than physical differences (Bandura, 1992; Maccoby & Jacklin, 1974; Mischel, 1967). Through social learning experiences in their family and society, males are shaped to have “masculine” traits (e.g., competent, independent, rational) and females are expected to have “feminine” traits (e.g., warm, affectionate, expressive) (Lowenthal & Haven, 1968; Miller, 1976). As a consequence, females have been encouraged to value close relationships and even to define themselves in terms of the close relationships they are involved in (Miller, 1976; Spence & Helmreich, 1978). In contrast, males’ behaviours are shaped to promote self-reliance, and inhibit emotional expressiveness (emotionally constricted) and self-disclosure (Lowenthal & Haven, 1968; Spence & Helmreich, 1978; Tschann, 1988). These conditions encourage males to hide their fears, control their unpleasant feelings, and to be potentially less intimate with others. Therefore, young adult males are more likely to protect themselves from rejection or getting hurt by others in comparison with young adult females.

Furthermore, this study also demonstrated that relationship status was associated with young adults’ level of fear of intimacy. Participants who were single had the highest FIS scores compared to those who had a resident or non-resident partner. However relationship status accounted for only 3% of the variance in fear of intimacy. The findings from this study are consistent with those reported in previous studies (e.g., Calabrese, 1998; Cho & Falbo, 1995). Calabrese (1998), and Cho and Falbo (1995) demonstrated that college students who were in a dating relationship
were more likely to have lower fear of intimacy than those who had never been involved in a romantic relationship. Relationship status was also associated with self-esteem in young adults. In particular, participants who had a resident or non-resident partner had higher self-esteem scores than participants who were single. It appears that the presence of a partner serves to provide a learning experience for young adults to develop their level of self-esteem and social competence, and to maintain intimate relationships by receiving social support or approval from their partner. Therefore, the results of this study support the view that having a partner plays an important role in not only reducing young adults' fear of intimacy but also by improving their level of self-esteem. Participants who had a resident or non-resident partner were more likely to have more self-confidence and perceived themselves as more competent in building intimate relationships with other opposite-sex members compared to participants who were single.

Limitations

There are a number of limitations with this present study that need to be considered. First, this study utilised self-report questionnaires as the primary source of data collection. Even though self-report questionnaires eliminated interviewer bias, the ability of the participants to make accurate self-reports could not be guaranteed. For example, some participants may have had difficulty recalling details about their relationship with their father and mother during their years of growing up at home. It is also plausible that the quality of participants' present relationship with their parents, partners, or friends, affected their responses to items examining their past relationship with parents and self-esteem.
A second factor that could have influenced the results of this study is past romantic relationships. It cannot be assumed that those who were single have not had a significant past romantic relationship. The quality of past relationships for those who were single and those who were partnered may have had some impact on all participants' psychological well being. The demographic questionnaire failed to address these issues. In addition, this study also did not explore participants' perceptions of the climate of their family of origin (i.e., cohesiveness and communication between family members). It has been recognised that individuals' perceptions of their family, their family dynamics can also affect the quality of their social and intimate relationships (Crittenden, 1997; Parke & O'Neil, 1997).

Another possible factor that may have influenced the results was the incidence of stressful interpersonal relationships individuals may have had with their significant others (e.g., parents, close friends, or partners). Information about whether participants had experienced stressful interpersonal relationships in their life was not obtained. Ideally they should be considered as an important factor that can probably influence young adults' fear of intimacy. Stressful interpersonal relationships have been argued to be one of the major causes of why adults change their attachment styles (Collins & Read, 1994; Davila, Bradbury, & Karney, 1999; Feeney & Noller, 1996; Berman & Sperling, 1994).

Finally, unequal sample sizes of males and females were recruited in this study. It was difficult to generalise about the influence of gender differences and to predict the contribution of gender differences on young adults' fear of intimacy. In addition, the nature of the research sample (university students) can also be viewed as another limitation. The relationship between parent-child affectional bonding and fear
of intimacy in young adults may be stronger or more apparent in clinical populations rather than in university samples.

**Implications and Future Research Recommendations**

The present study was successful in demonstrating that fear of intimacy and self-esteem in young adults are related to each other. A number of other studies have also reported similar findings (e.g., Bartholomew & Horowitz, 1991; Naus & Theis, 1995; Scheffler & Naus, 1999). Taken together these findings highlight the need for clinicians to address self-esteem issues when clients present in clinical settings with fear of intimacy issues. In order to further understand the relationship between self-esteem and fear of intimacy, young adults’ views (internal working models) of self and others in intimate relationships need to be explored, especially in terms of what they expect of themselves and their romantic partner, and what they believe their partner expects of them in romantic relationships.

This study also highlighted the importance of gender differences and relationship status on young adults’ fear of intimacy. The significant differences between males and females on fear of intimacy could be explored in more detail by looking at gender roles as assessed by the Bem Sex Role Inventory (Bem, 1974). The purpose of this would be to see whether gender differences in young adults’ fear of intimacy could be influenced by their gender role orientation (e.g., masculine, feminine, or androgynous). Previously, it has been reported that individuals’ level of self-esteem, psychosocial adjustments, and attitudes toward other opposite-sex members were influenced by their gender role orientation (e.g., Bem, 1975; Bem & Lenney, 1976; Deutsch & Gilbert, 1976; Spence, Helmreich, & Stapp, 1975).
Results from the present study also demonstrated that male and female participants who had a resident or non-resident partner reported significantly lower FIS scores than those who were single. The presence of a partner confirms the importance of approval or social support from significant others in reducing or controlling young adults' fear of intimacy. Further research could explore whether there is a significant difference between single young adults, who experienced intimate relationships in the past and single young adults who have never been involved in what they would classify as an intimate relationship.

The other interesting result that emerged from this study was the association between young adults' current relationship with their parents and partner, and their fear of intimacy. Participants who had a very close relationship with their mother and father in the present had significantly lower FIS scores and higher SERS scores than those who had a moderately close, or not close, current relationship with their parents. In contrast, past relationship with parents did not relate to fear of intimacy in young adults. In addition, participants who did not have a close current relationship with their partner had the highest FIS scores compared to those who perceived their current relationship with their partner as very close or moderately close. Taken together these results highlight that the quality of participants' relationship with their parents and partner in the present seems to be more important than their relationship with their parent in the past. It is recommended that further research explaining the effects of current relationship with parents on fear of intimacy be conducted. The Parental Nurturance Scale (Buri, Misukanis, & Mueller, 1988) could be utilised to examine young adults' current relationship with their parents. Interview methods could also be used to explore participants' difficulty in recalling their relationship with their parents during their years of growing up at home. Likewise they could also be used to explore
in detail the quality of their relationship with their parents and to provide information about participants’ stressful interpersonal relationships with their significant others (e.g., parents, close friends, or a partner).

Finally, further research replicating this study with clinical samples and with those who have encountered stressful interpersonal relationships would be beneficial. Future studies would be expected to provide more light on the association between parent-child affectional bonding, self-esteem, and fear of intimacy in young adults and how these factors impact on psychopathology in this cohort.

**Conclusion**

The results of the present study demonstrated that self-esteem was the most significant contributor to fear of intimacy, followed by gender differences, and relationship status. This study also found that the presence of a partner and the quality of current relationship with father, mother, and partner had stronger an association with young adults’ fear of intimacy than did parent-child affectional bonding. It is hoped that these findings can be used to guide clinicians and develop appropriate intervention programs for young adults who are experiencing fear of intimacy. For instance, low self-esteem and relationship issues (e.g., relationship status, the quality of present relationship with significant others) can be viewed as important factors which are associated with young adults’ fear of intimacy and they should be elaborated when conducting clinical assessments and interventions.

Finally, without minimising the significant findings of the present study, the results should be interpreted according to the limitations outlined in this chapter. Further research is needed to replicate this study, especially using a clinical sample.
References


APPENDIX A

PARTICIPANT INFORMATION SHEET

Relationships Study

My name is Hendrik Janong and I am a Master in Clinical Psychology student at Edith Cowan University. As a part of this study program, I am required to complete a research project. This project is concerned with relationships that are established by young adults. In particular, the study is concerned with how young adults’ relationships with their parents during their years of growing up at home has influenced their present views about themselves. This study has been reviewed by the Ethics Committee of the School of Psychology at Edith Cowan University.

Participants will be asked to complete several questionnaires about themselves, their views about relationships and their relationship with their parents. You do not need to write your name on any of the questionnaires. Your participation in this study is voluntary and you are free to withdraw at anytime.

If you wish to participate please complete the questionnaires as soon as possible and enclose them in the envelope provided. Your answers are strictly confidential.

Finally, if you require further details about this study please contact me on 9214 2430 or my supervisor Dr. Elizabeth Kaczmarek on 9400 5193.

Thank you for your assistance and for making this study possible.

Yours sincerely,
Hendrik Janong
APPENDIX B

DEMOGRAPHIC DATA SHEET

I am interested in find out about you. Could you please answer the following questions as indicated:

1. Your age:
   
   _____ years   _____ months.

2. Sex:

   [  ] male
   [  ] female

3. Your relationship status:

   [  ] single       [  ] defacto
   [  ] separated   [  ] married
   [  ] divorced

4. Do you have any children?

   [  ] yes
   [  ] no

5. What is your nationality?

   ____________________________

6. What is your highest level of education?

   [  ] secondary
   [  ] TAFE
   [  ] professional qualification .........................
   [  ] other .........................
7. How many brothers and sisters do you have?

8. Who do currently reside with?

9. Have you lived with both parents most of your life?

[ ] yes

[ ] no

10. With whom do you have a closer relationship?

[ ] mother

[ ] father

[ ] both (mother and father)

11. How close would you describe your relationship with your mother during the past month?

1 ----------- 2 ----------- 3 ----------- 4 ----------- 5

not close            moderately        very close

at all              close

12. How close would you describe your relationship with your father during the past month?

1 ----------- 2 ----------- 3 ----------- 4 ----------- 5

not close            moderately        very close

at all              close

13. Do you have a partner?

[ ] yes

[ ] no
If you answered yes to question 13, could you please answer the following questions:

14. Is your partner
   [ ] male
   [ ] female

15. How long have you been together?
   _____ years _____ months.

16. How close would you describe your relationship with your partner during the past month?

   1 ------------ 2 ------------ 3 ------------ 4 ------------ 5
   not close     moderately     very close
   at all        close
APPENDIX C

FEAR OF INTIMACY SCALE

Part A Instructions: Imagine you are in a close, dating relationship. Respond to the following statements as you would if you were in that close relationship. Rate how characteristic each statement is of you on a scale of 1 to 5 as described below, and put your response in the space to the left of the statement.

1 = Not at all characteristic of me
2 = Slightly characteristic of me
3 = Moderately characteristic of me
4 = Very characteristic of me
5 = Extremely characteristic of me

Note. In each statement "O" refers to the opposite sex person who would be in the close relationship with you.

1. I would feel uncomfortable telling O about things in the past that I have felt ashamed of.
2. I would feel uneasy talking with O about something that has hurt me deeply.
3. I would feel comfortable expressing my true feelings to O. *
4. If O were upset I would sometimes be afraid of showing that I care.
5. I might be afraid to confide my innermost feelings to O.
6. I would feel at ease telling O that I care about him/her. *
7. I would have a feeling of complete togetherness with O. *
8. I would be comfortable discussing significant problems with O. *
9. A part of me would be afraid to make a long-term commitment to O.
10. I would feel comfortable telling my experiences, even sad ones, to O. *
11. I would probably feel nervous showing O strong feelings of affection.
12. I would find it difficult being open with O about my personal thoughts.
13. I would feel uneasy with O depending on me for emotional support.
14. I would not be afraid to share with O what I dislike about myself. *
Part A Instructions: Imagine you are in a close, dating relationship. Respond to the following statements as you would if you were in that close relationship. Rate how characteristic each statement is of you on a scale of 1 to 5 as described below, and put your response in the space to the left of the statement.

1 = Not at all characteristic of me
2 = Slightly characteristic of me
3 = Moderately characteristic of me
4 = Very characteristic of me
5 = Extremely characteristic of me

Note. In each statement "O" refers to the opposite sex person who would be in the close relationship with you.

----- 15. I would be afraid to take the risk of being hurt in order to establish a closer relationship with O.
----- 16. I would feel comfortable keeping very personal information to myself.
----- 17. I would not be nervous about being spontaneous with O. *
----- 18. I would feel comfortable telling O things that I do not tell other people. *
----- 19. I would feel comfortable trusting O with my deepest thoughts and feelings.*
----- 20. I would sometimes feel uneasy if O told me about very personal matters.
----- 21. I would be comfortable revealing to O what I feel are my shortcomings and handicaps.*
----- 22. I would be comfortable with having a close emotional tie between us. *
----- 23. I would be afraid of sharing my private thoughts with O.
----- 24. I would be afraid that I might not always feel close to O.
----- 25. I would be comfortable telling O what my needs are.*
----- 26. I would be afraid that O would be more invested in the relationship than I would be.
----- 27. I would feel comfortable about having open and honest communication with O. *
----- 28. I would sometimes feel uncomfortable listening to O’s personal problems.
----- 29. I would feel at ease to completely be myself around O. *
----- 30. I would feel relaxed being together and talking about our personal goals.*
Part B Instructions: Respond to the following statements as they apply to your past relationships. Rate how characteristic each statement is of you on a scale of 1 to 5 as described below, and put your response in the space to the left of the statement.

1 = Not at all characteristic of me
2 = Slightly characteristic of me
3 = Moderately characteristic of me
4 = Very characteristic of me
5 = Extremely characteristic of me

----- 31. I have shied away from opportunities to be close to someone.
----- 32. I have held back my feelings in previous relationships.
----- 33. There are people who think that I am afraid to get close to them.
----- 34. There are people who think that I am not an easy person to get to know.
----- 35. I have done things in previous relationships to keep me from developing closeness.

* reverse-scored items.
APPENDIX D

PARENTAL NURTURANCE SCALE 1 (FOR MOTHER)

For each of the following statements, indicate the number on the 5-point scale below that best describes how that statement applies to you and your mother. Try to read and think about each statement as it applies to you and your mother during your years of growing up at home. There are no right or wrong answers, so don’t spend a lot of time on any one item. We are looking for your overall impression regarding each statement. Be sure not to omit any items. Record your answer in the space to the left.

1 = Strongly disagree
2 = Disagree
3 = Neither agree nor disagree
4 = Agree
5 = Strongly agree

1. My mother seldom said nice things about me. *
2. I was an important person in my mother’s eyes.
3. My mother often acted as if she didn’t care about me. *
4. My mother enjoyed spending time with me.
5. My mother expressed her warmth and affection for me.
6. My mother was easy for me to talk to.
7. I was tense and uneasy when my mother and I were together. *
8. I felt that my mother found fault with me more often than I deserved. *
9. My mother took an active interest in my affairs.
10. I felt very close to my mother.
11. My mother did not understand me. *
12. My mother believed in me.
13. I didn’t feel that my mother enjoyed being with me. *
14. My mother didn’t really know what kind of person I was. *
15. My mother was a warm and caring individual.
16. My mother didn’t feel that I was important and interesting. *
17. My mother was very interested in those things that concerned me.
For each of the following statements, indicate the number on the 5-point scale below that best describes how that statement applies to you and your mother. Try to read and think about each statement as it applies to you and your mother during your years of growing up at home. There are no right or wrong answers, so don’t spend a lot of time on any one item. We are looking for you overall impression regarding each statement. Be sure not to omit any items. Record your answer in the space to the left.

1 = Strongly disagree
2 = Disagree
3 = Neither agree nor disagree
4 = Agree
5 = Strongly agree

----- 18. My mother was often critical of me and nothing I did ever seems to please her.*

----- 19. My mother seldom showed me any affection. *

----- 20. My mother consoled me and helped me when I was unhappy or in trouble.

----- 21. My mother was generally cold and removed when I was with her. *

----- 22. I received a lot of affirmation from my mother.

----- 23. My mother was very understanding and sympathetic.

----- 24. My mother did not really care much what happened to me. *

* reverse-scored items.
APPENDIX E

PARENTAL NURTURANCE SCALE 2 (FOR FATHER)

For each of the following statements, indicate the number on the 5-point scale below that best describes how that statement applies to you and your father. Try to read and think about each statement as it applies to you and your father during your years of growing up at home. There are no right or wrong answers, so don’t spend a lot of time on any one item. We are looking for you overall impression regarding each statement. Be sure not to omit any items. Record your answer in the space to the left.

1 = Strongly disagree
2 = Disagree
3 = Neither agree nor disagree
4 = Agree
5 = Strongly agree

----- 1. My father seldom said nice things about me. *
----- 2. I was an important person in my father’s eyes.
----- 3. My father often acted as if he didn’t care about me. *
----- 4. My father enjoyed spending time with me.
----- 5. My father expressed his warmth and affection for me.
----- 6. My father was easy for me to talk to.
----- 7. I was tense and uneasy when my father and I were together. *
----- 8. I felt that my father found fault with me more often than I deserved. *
----- 9. My father took an active interest in my affairs.
----- 10. I felt very close to my father.
----- 11. My father did not understand me. *
----- 12. My father believed in me.
----- 13. I didn’t feel that my father enjoyed being with me. *
----- 14. My father didn’t really know what kind of person I was. *
----- 15. My father was a warm and caring individual.
----- 16. My father didn’t feel that I was important and interesting. *
----- 17. My father was very interested in those things that concerned me.
For each of the following statements, indicate the number on the 5-point scale below that best describes how that statement applies to you and your father. Try to read and think about each statement as it applies to you and your father during your years of growing up at home. There are no right or wrong answers, so don’t spend a lot of time on any one item. We are looking for you overall impression regarding each statement. Be sure not to omit any items. Record your answer in the space to the left.

1 = Strongly disagree
2 = Disagree
3 = Neither agree nor disagree
4 = Agree
5 = Strongly agree

----- 18. My father was often critical of me and nothing I did ever seems to please him.*

----- 19. My father seldom showed me any affection. *

----- 20. My father consoled me and helped me when I was unhappy or in trouble.

----- 21. My father was generally cold and removed when I was with him. *

----- 22. I received a lot of affirmation from my father.

----- 23. My father was very understanding and sympathetic.

----- 24. My father did not really care much what happened to me. *

* reverse-scored items.
APPENDIX F

SELF-ESTEEM RATING SCALE

This questionnaire is designed to measure how you feel about yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

1 = Never
2 = Rarely
3 = A little of the time
4 = Some of the time
5 = A good part of the time
6 = Most of the time
7 = Always

1. I feel that people would NOT like me if they really knew me well. *
2. I feel that others do things much better than I do. *
3. I feel that I am an attractive person.
4. I feel confident in my ability to deal with other people.
5. I feel that I am likely to fail at things I do. *
6. I feel that people really like to talk with me.
7. I feel that I am a very competent person.
8. When I am with other people I feel that they are glad I am with them.
9. I feel that I make a good impression on others.
10. I feel confident that I can begin new relationships if I want to.
11. I feel that I am ugly. *
12. I feel that I am a boring person. *
13. I feel very nervous when I am with strangers. *
14. I feel confident in my ability to learn new things.
15. I feel good about myself.
16. I feel ashamed about myself. *
17. I feel inferior to other people. *
18. I feel that my friends find me interesting.
19. I feel that I have a good sense of humor.
This questionnaire is designed to measure how you feel about yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

1 = Never
2 = Rarely
3 = A little of the time
4 = Some of the time
5 = A good part of the time
6 = Most of the time
7 = Always

----- 20. I get angry at myself over the way I am. *
----- 21. I feel relaxed meeting new people.
----- 22. I feel that other people are smarter than I am. *
----- 23. I do NOT like myself. *
----- 24. I feel confident in my ability to cope with difficult situations.
----- 25. I feel that I am NOT very likeable. *
----- 26. My friends value me a lot.
----- 27. I am afraid I will appear stupid to others. *
----- 28. I feel that I am an OK person.
----- 29. I feel that I can count on myself to manage things well.
----- 30. I wish I could just disappear when I am around other people. *
----- 31. I feel embarrassed to let others hear my ideas. *
----- 32. I feel that I am a nice person.
----- 33. I feel that if I could be more like other people then I would feel better about myself.*
----- 34. I feel that I get pushed around more than others. *
----- 35. I feel that people like me.
----- 36. I feel that people have a good time when they are with me.
----- 37. I feel confident that I can do well in whatever I do.
----- 38. I trust the competence of others more than I trust my own abilities. *
----- 39. I feel that I mess things up. *
----- 40. I wish that I were someone else. *

* negative-scored items.