

Attachment, guilt, and symptomatology among incarcerated women¹
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ABSTRACT

Eighty-eight women prisoners completed a biographical questionnaire; 2 attachment measures (Hazan & Shaver's, 1987, forced-choice procedure and Armsden & Greenberg's, 1987, IPPA; O'Connor, et al.'s (1997) Interpersonal Guilt Questionnaire; and Derogatis's (1993) BSI.

Only 26% of this sample reported secure attachments, with 43% insecure-avoidant and 32% insecure-ambivalent. There were higher levels of symptoms of several kinds than normative samples and higher levels of self-hate guilt. Abused prisoners had lower quality attachments, higher separation and self-hate guilt, and higher levels of several symptoms than those not abused. Both attachment and guilt variables accounted for significant amounts of variance for most symptoms; guilt variables accounted for more variance than attachment variables, consistent with our model of guilt as a mediator between attachment experience and adjustment outcome.

We propose that insecure attachments provide a context for developing irrational beliefs concerning the child's excessive sense of responsibility for maintaining the relationship with parents; and/or the sense that the child is unworthy of care and love, and thus deserving of abuse and/or punishment. That is, due to her relative egocentrism and the importance of maintaining attachment, the child tends to assume that (1) trauma (e.g., abuse; neglect; patterns of nonoptimal responsiveness) are largely her responsibility, and (2) pursuit of normal developmental goals will threaten attachment ties or bring harm to loved ones (Weiss's control-mastery theory, 1993; Shilkret & Shilkret, 1993). In later life, such maladaptive guilt contributes to depression and other forms of psychopathology (Meehan, O'Connor, Berry, Weiss, Morrison, & Acampora, 1996; O'Connor, Berry, Weiss, Bush, & Sampson, 1997). These beliefs are often quite pernicious and resistant to change; for example, substance abuse (Lieb & Young, 1994) and depression (Fretter, 1995) arising from trauma histories may be seen as repeated unsuccessful attempts to master unconscious guilt from the original trauma patterns.

Such a model was demonstrated, in part, by Sweezy (1997), who found that maladaptive guilt predicted females' recidivism to prison, even with childhood abuse held constant. Recidivating women had higher levels of maladaptive guilt and psychological symptomatology than nonrecidivators; their pathogenic beliefs may have been that they were bad and therefore deserved abuse, neglect, and the punishment of prison. We

¹ Poster presented at Biennial Meeting of Society for Research in Child Development (SRCD), Minneapolis, MN, April, 2001. This study was based on Renee Simone's 1999 Honors Thesis at Mount Holyoke College. For further information, write Robert Shilkret, Department of Psychology, Mount Holyoke College, South Hadley, MA 01075 (shilkret@mtholyoke.edu).

partially replicated Sweezy's findings, and added an attachment variable. We expected that attachment quality and maladaptive guilt would predict symptomatology, and that incarcerated women would report both more insecure attachments, higher guilt levels and symptomatology than published norms.

METHOD

Eighty-eight participants from a population of approximately 150 women prisoners of a county facility completed 4 self-report measures and a biographical questionnaire (see Appendix A for demographic characteristics of the sample). About half the sample had been incarcerated earlier; about 25% were incarcerated as adolescent minors.

Attachment characteristics were assessed by (1) the Hazan and Shaver (1987) forced-choice measure of adult attachment, requiring choice of one of three attachment-related paragraphs; and (2) Armsden and Greenberg's (1987) Inventory of Peer and Parent Attachment (IPPA), yielding measures of attachment to mother, father, and peers in terms of characteristics of trust, communication, and alienation.

Guilt, considered in control-mastery theory terms, was assessed by the 67-item Interpersonal Guilt Questionnaire (IGQ; O'Connor, et al., 1997). The IGQ yields estimates of 4 types of guilt: Survivor Guilt (22 items relating to surpassing loved ones and thus harming them by humiliating or implicitly criticizing them); Separation Guilt (15 items relating to being different than loved ones, having a life of one's own, and guilt about leaving others out); Omnipotent Responsibility Guilt (14 items related to feelings of excessive responsibility for others' welfare); and Self-Hate Guilt (16 items related to negative views of the self, assumed to derive from excessive compliance with negative parental views of the self). Additionally, a composite measure, Interpersonal Guilt, is the sum of the first three. Samples of measures are provided in Appendix B.

Symptomatology was assessed by the Brief Symptom Inventory (BSI; Derogatis, 1992), a widely-used measure of recent and current psychological distress and symptoms, composed of nine subscales of such problems as somatization, obsessive-compulsiveness, depression, hostility, paranoid ideation, and psychoticism.

FINDINGS

As expected, only 26% of this sample reported secure attachments (Hazan & Shaver measure), with 43% insecure-avoidant and 32% insecure-ambivalent; all these are quite different from samples not at high risk. This distribution partially replicates the finding of a similar sample by Turnbull (1966), which used the Bartholomew & Horowitz (1991) attachment measure. Also as expected, our sample reported high levels of guilt, notably similar to Sweezy's (1997) sample of women prisoners, with notably higher levels of Self-Hate Guilt as the most distinguishing feature (compared with college women samples, Separation and Survivor Guilt were higher among the prison sample, but not much higher; Self-Hate Guilt was much higher). Likewise, symptom reports were higher on all subscales of the BSI than in Derogatis's normative female sample.

About half (54%) of this sample reported childhood abuse. Those who were abused had lower quality attachments than those who did not report abuse; higher Survivor and Self-Hate Guilt; and higher levels of several symptoms. Those who reported struggles with alcohol and drugs were higher in Self-Hate Guilt than those who did not, consistent with

other studies showing that substance abuse is often accompanied by symptomatology, such as depression (e.g., McClellan, Farabee, & Crouch, 1997; Meehan, et al., 1997). More than half (58%) were recidivists, and several poignantly reported great difficulties they faced in avoiding criminal activities when released earlier, especially related to benefiting from drug and alcohol treatment programs, due the powerful pull of families and peers not to be “better” than they (survivor guilt). Many women recidivists dependent on drugs reported them to be the one, even the only, reliable relationship as “friend” in their lives (also discussed by Lieb & Young, 1995).

Hierarchical regression analyses showed that both attachment and guilt variables accounted for significant amounts of variance in most symptom types (e.g., 47% for depression; 37% for hostility). For most symptom types, guilt variables accounted for more variance than attachment variables, consistent with our model of guilt as a mediator between attachment experience and adjustment outcome. Our findings are also consistent with those of others who have found insecure attachments linked to childhood trauma, and to the development of adult depression (Mickelson, Kessler, & Shaver, 1997). We propose that guilt and irrational beliefs about one’s trauma history constitute a mechanism for understanding the connections between attachment quality and subsequent symptomatology, depression being a notable example in the control-mastery literature (Fretter, 1995; Meehan, et al., 1996; Sweezy, 1997).

Criminal behavior among female recidivists which appears nonconforming may actually be rigidly conformist (Sweezy, 1997). A woman engaging in criminal behavior may have identified with an image of herself as inherently bad and deserving of punishment, thereby remaining loyal to the internalized beliefs originally perpetuated by her abuser/caretaker. Simultaneously, excessive levels of survivor guilt contributes to precisely the paradox argued by Sweezy: A woman may perceive herself as a source of harm to others, incapable of caring successfully for loved ones, unless she does so by “protecting” them from herself. These results also suggest ways to intervene with these women to prevent recidivism as well as serving women who may be at increased risk for criminal activity.

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Characteristics of the Sample
(Absolute numbers in parentheses)

Age (87)

30 and under	48% (42)
31-40	40% (35)
41-50	12% (10)

Ethnicity (69)

European American	38% (33)
Hispanic American	19% (17)
African American	17% (15)
Native American	3% (5)
Other	1% (1)

Education (88) (highest level completed)

Grade school	9% (6)
Junior high school	10% (17)
High school	61% (53)
College	20% (18)

Prearrest Income Source (82)

Legal job	22% (18)
Illegal source (e.g., sold drugs)	36% (29)
State or federal assistance	23% (19)
Both legal and illegal sources	19% (16)

Marital Status (88)

Single	61% (53)
Married	11% (10)
Divorced	20% (18)
Separated	6% (5)
Widowed	2% (2)

Current Offense (77)

Drugs or prostitution	53% (41)
Non-violent (no weapon)	34% (26)
Violent (with weapon)	13% (10)

Prior Adult Incarceration (88)

Prior incarceration	58% (51; 21 of these were juvenile)
First incarceration	42%(37)

EXAMPLES FROM MEASURES

Hazan-Shaver (1987) forced-choice attachment paragraphs

Secure attachment is associated with closeness, trust, and little anxiety over fears of abandonment or excessive dependence: “It is pretty easy to get close to others. I am comfortable depending on others and having them depend on me. I don’t worry too much about being abandoned or about someone getting too close to me.”

Insecure-avoidant attachment is associated with anxiety around intimacy and unstable affect: “I am a little uncomfortable being close to others. It is hard to trust them completely and hard to depend on them. I get nervous when anyone gets too close, especially when love partners want me to be more intimate than I feel comfortable being.”

Insecure-ambivalent attachment is characterized by possessiveness, jealousy, desire for extreme closeness, as well as unstable affect: “I think that others don’t really want to get as close as I would like to get. I worry a lot that my partner doesn’t really love me or won’t stay with me. I would like to get so close to another person that I feel we are completely together, like one person, and I think that others get scared away sometimes.”

Inventory of Parent and Peer Attachment (IPPA) (Armsden & Greenberg, 1987)

Scales for trust, communication, and alienation (25 items each); 5-point Likert scales; done separately for mother, father, and peers:

Trust

My mother (father, friends) accepts me as I am.

My mother (father, friends) respects my feelings.

Communication

Talking over my problems with my father (mother, friends) makes me feel ashamed or foolish.

If my father (mother, friends) knows something is bothering me, he asks me about it.

Alienation

I feel alone or apart when I am with my friends (mother, father).

I feel angry with my friends (mother, father).

Interpersonal Guilt Questionnaire (IGQ) (O’Connor, et al., 1997)

67 items, rated on 5-point Likert scales

Survival Guilt (about accomplishments; 22 items)

I am uncomfortable talking about my achievements in social situations.

It makes me very uncomfortable to receive better treatment than the people I am with.

Separation Guilt (15 items)

I feel that bad things happen to my family if I do not stay in close contact with them.

It is difficult to see my parents’ flaws.

I am very reluctant to express an opinion that is different from the opinions held by my family or friends.

Omnipotence Guilt (excessive responsibility for others; 14 items):

I worry about hurting other people's feelings if I turn down an invitation from somebody who is eager for me to accept.

I worry a lot about the people I love even when they seem to be fine.

Self-Hate Guilt (about being worthy; 16 items):

I deserve to be rejected by people.

I feel there is something inherently bad about me.

Interpersonal Guilt: Sum of Survivor Guilt, Separation Guilt, and Omnipotence Guilt.