SOCIAL SUPPORT, REASSURANCE-SEEKING, AND DEPRESSION IN FEMALE INTIMATE PARTNER VIOLENCE VICTIMS

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ABSTRACT

The purpose of this study was to explore the utility of Coyne's interpersonal theory as an explanatory model of depression in IPV victims. Depressed nonvictims reported higher depression than IPV victims. IPV victims and depressed nonvictims reported greater depression at low levels of social support and high levels of reassurance-seeking than they did at low levels of social support and low levels of reassurance-seeking. Depressed nonvictims with low levels of social support who engaged in high reassurance-seeking were more depressed than those at high levels of social support who engaged in high levels of reassurance-seeking. Clinical implications and future research are discussed in the context of the results.

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DEDICATION

I would like to dedicate this thesis to my mother, Karen Claycomb. Her continuous love, support, help, and words of wisdom have kept me going and meant more to me than she will ever know. I could have never asked for a better friend, confidante, and mother.

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INTRODUCTION

Intimate partner violence (IPV) is a prevalent social problem. IPV victimizations accounts for 22% of all non-fatal violent crimes against females (Bureau of Justice Statistics; BJS, 2004). IPV accounted for 30% of fatal female victimization incidents, as compared to 5% of male homicides (BJS, 2004).

There is a strong positive relationship between IPV and mental health. Data from the National Violence Against Women Survey indicated that women who report IPV also report poorer physical and mental health (Coker et al., 2002). In longitudinal research examining changes in mental health responses to IPV, a positive association is found between higher IPV severity and increased rates of post-traumatic stress disorder (PTSD), depression, and substance abuse (Hedtke et al., 2008). In addition to PTSD and depression, IPV has also been linked to greater anxiety, depression, and suicidal ideation in female victims (Pico-Alfonso et al., 2006).

A great deal of IPV research focuses on the buffering effects of social support and social networks for victims (Bybee & Sullivan, 2005; Holt & Espelage, 2005; Levendosky et al., 2004; Michalski, 2004; Rose, Campbell, & Kub, 2000). Little research has been done on the way IPV victims interact with those in their social networks, and how this interaction affects their mental health. Almost none of the IPV social support research is grounded in established theoretical models of social support. Better understanding of the role social support plays in IPV may help elucidate mechanisms responsible for IPV maintenance as well as provide direction for effective clinical interventions.

Coyne's Interpersonal Theory of Depression

Coyne's (1976) interpersonal theory of depression is an exacerbation model of depression in which a person's initial mildly depressive symptoms are, through a series of stressful

interpersonal interactions, aggravated into more severe depressive symptoms. According to Coyne (1976), mildly depressed individuals (targets) question whether others in their social circle really care about them and act on this doubt by asking for reassurance. Initial responses by people in the social circle to the depressed individuals' reassurance-seeking are typically positive. Targets subsequently doubt the sincerity of the reassurance and engage in even more reassurance-seeking, causing others to provide even more reassurance (see Figure 1). This results in a vicious cycle, with the targets continuously seeking reassurance. When others provide reassurance, targets doubt their sincerity, and seek even more reassurance as a result.

Due to targets' escalating reassurance-seeking, others become frustrated and hostile toward them. Despite targets' awareness of growing hostility, they continue to seek reassurance. This results in a downward spiral as targets feel rejected and dismissed by others (Coyne, 1976). This cycle leads to an interpersonal environment characterized by disparity between others' verbal assurances and their non-verbal behaviors. Howes and Hokanson (1979) labeled these behaviors "dual messages," consisting of positive content and negative non-verbal behaviors. Supporting this, Howes and Hokanson (1979) found that non-depressed people will begin to give dual messages to a depressed confederate after interacting with them.

Eventually others become so frustrated with targets they stop giving reassurance, leading to increasingly severe symptoms of depression (Coyne, 1976). The reassurance-seeking and depression-rejection components of this model have been examined longitudinally in a sample of depressed undergraduates and their roommates (Joiner, Alfano, & Metalsky, 1992). In this study, mildly depressed students engaged in excessive reassurance-seeking (ERS), leading to rejection by their roommates. In meta-analyses, ERS was associated with higher depression and

rejection. Associations between ERS and depression are highest among females, indicating that it may be more likely to occur in women (Starr & Davila, 2008).

Social Support and Stress Buffering

Research indicates that social support strongly moderates the effects of stress on psychological well-being (Cohen & Wills, 1985). The social support literature makes a distinction between perceived and received social support. Perceived support is measured by assessing a person's views on support availability and their overall satisfaction with available support. Received support is measured by looking at the specific supportive behaviors people get from their social networks. For the purpose of this study, we assessed perceived social support (Haber, Cohen, Lucas, & Baltes, 2007).

Perceived social support involves a cognitive appraisal assessing reliable bonds with others. In times of stress such appraisals may serve as moderators for stress-related psychopathology (Pruitt & Zoellner, 2008). In one study, college students reporting low social support who viewed a distressing video showed higher levels of negative affect than participants reporting higher support. A meta-analysis of PTSD studies revealed that perceived post-trauma social support strongly predicts PTSD symptoms (Ozer, Best, Lipsey, & Weiss, 2008). Other research shows that social support strongly moderates the effects of interpersonal work stressors (e.g., reducing social anxiety and irritation; Frese, 1999).

Perceived social support also serves as a protective factor for depressed mood following stress. Although this has been demonstrated for many different stressors, there is evidence that perceived social support moderates the effects of violence on a persons' mental health (Haden & Scarpa, 2008; Rosario, Salzinger, Feldman, & Ng-Mak, 2008). College students with low social support who experience violent behavior (e.g., being chased, robbed) report much higher

depression levels than those with adequate support (Haden & Scarpa, 2008). In addition, adolescent girls with high social support who witness community violence report less internalizing disorders such as depression and PTSD (Rosario et al., 2008).

Social Support and IPV

There is some evidence that social support moderates the effects of abuse on IPV victims' psychological health. Higher perceived social support is associated with better IPV victims self-reported psychological health (Coker, Watkins, Smith, & Brandt, 2003; Lee, Pomeroy, & Bohman, 2007). Greater numbers of nonvictim supporters in female IPV victims' social network is also associated with better mental health (Levendosky et al., 2004). Bybee and Sullivan (2005) found that women who reported they had people to talk to and ask for help were at less risk for IPV three years after leaving a shelter program. IPV victims with higher levels of social support were also less likely to attempt suicide or report clinical depression or anxiety.

All forms of social support may not be equally helpful. Some research indicates that female IPV victims are more likely to go to family and friends for support after a violent incident (as opposed to the police or shelters; Tan, Basta, Sullivan, & Davidson, 1995). Other research indicates that women use female friends more than family members for social support (Rose, Campbell, & Kub, 2000). Still, other data indicates ethnic differences in support use. For example, more parental support is associated with lower depression and anxiety in adolescent African-American than Caucasian IPV victims (Holt & Espelage, 2005). These findings are important because some research suggests that family and friends are unlikely to have instrumental resources available to successfully address IPV (Bybee & Sullivan, 2005). These studies indicate better psychological outcomes are associated with instrumental social support rather than simple reflective listening (Coker et al., 2002).

There is a growing literature investigating maladaptive support in female IPV victims. Studies have generally found that female IPV victims tend to have low levels of social support (Mitchell & Hodson, 1983). Caucasian IPV victims in particular may view their social network as less supportive than Caucasian nonvictims (Barnett, Martinez, & Keyson, 1996). Levandosky et al. (2004) found low levels of social support in his study of pregnant IPV victims, and impairment in emotional support received. His data indicate that low social support may be due to homophily. He theorized that female IPV victims confide more frequently in other female IPV victims because of their shared experiences. Such victims give ineffective emotional support because they have few psychological resources themselves (Levendosky et al., 2004).

A number of studies demonstrate that IPV victims tend to be socially isolated (Coohey, 2007; Michalski, 2004). Rose et al. (2000) showed that IPV victims reported isolation due to negative familial responses, partners' attempts at control, and self-consciousness about partners' actions. They theorized that low self-esteem led to self-isolation. In a study comparing female IPV victims experiencing moderate or severe abuse to female nonvictims, Coohey (2007) found that women reporting severe assault had fewer friends, less overall contact with friends, and less long term friendships, suggesting that more severe assault may have detrimental effects on social networks.

Social Support, Coping and Psychopathology

One mechanism by which social support may help maintain mental health is through its influence on coping. A number of studies of clinical and nonclinical populations demonstrate that social support directly impacts the type of coping strategies used in stressful situations (Asberg, Bowers, Renk, & McKinney, 2008; Devereaux, Hastings, Noone, Firth, & Totsika,

2009; Mitchell & Hodson, 1983; Park, Edmondson, Fenster, & Blank, 2008). Reaching out for social support can be a coping strategy in and of itself.

Coping is defined as any response designed to manage stress. Coping includes cognitive processes and problem-solving behaviors that are used to manage affect or behavior associated with stressors (Lazarus and Folkman, 1988). The most commonly studied coping strategies include problem-focused and emotion-focused strategies. In problem-solving coping, an individual engages in behavior designed to change environmental contingencies (i.e., focusing on solutions to the problem and planning ways to enforce those solutions). In emotion-focused coping, individuals engage in behavior designed to regulate their emotional response to a stressor (i.e., venting and reaching out to others for social support; Lazarus & Folkman, 1985).

In the last two decades, researchers have noted that individuals are far more complex in their coping efforts than once thought. Dunkel-Schetter, Folkman, and Lazarus's (1987) Ways of Coping Scale assessed coping on eight general dimensions (e.g., seeking social support, positive reappraisal, escape/avoidance, and self-control). Carver, Scheier, & Weintraub (1989) include 14 different coping behaviors in their research (e.g., planning, seeking of instrumental or emotional social support, positive reinterpretation and religion). The benefit of using more dimensions is that it allows researchers to more fully capture exactly what behaviors are being utilized to cope.

Skinner et al. (2003) further distinguished between engagement or approach coping, which includes coping attempts to deal directly with the stressor. Carver, Scheier and Weintraub (1989) described disengagement coping, which includes strategies designed to avoid dealing directly with the stressor. Use of disengagement coping (e.g., avoidance and escapist thoughts) has been associated with greater anxiety and depression in a number of studies, including those

of IPV victims. Engagement coping efforts such as planning and problem focused strategies may be associated with less anxiety and depression in IPV victims (Calvete, Coral, & Estévez, 2008; Clements, Sabourin & Spiby, 2004).

Other studies of IPV victims distinguish between the utility of problem-focused coping vs. emotion focused. Clements & Sawhney (2000) found that emotion-focused coping was associated with greater depression in IPV victims. Problem-focused coping was associated with less depression. In contrast, Kocot & Goodman (2003) found problem-focused coping was positively associated with higher levels of depression. However, when an IPV victim reported higher perceived social support and problem-focused advice, women reported lower levels of anxiety and depression.

While there are conflicting findings on coping, the previous studies strongly indicate that perceived social support plays a role in how IPV victims cope with assault. A least one study of IPV victims indicates that engagement coping is associated with greater social support (Taft, Resick, Panuzio, Vogt, & Mechanic, 2007). IPV victims with high perceived social support that use less disengagement coping report lower depression levels (Haden & Scarpa, 2008). In the same study low levels of perceived social support and problem-focused coping, along with high disengagement coping are associated with higher levels of depression.

Rationale

There is a great deal of evidence suggesting that female IPV victims report impaired social support (Coohey, 2007; Bybee & Sullivan, 2005; Levendosky et al., 2004). There is an even larger literature linking impaired social support to psychopathology in female nonvictims (Ozer et al., 2008; Pruitt & Zoellner, 2008). In particular, interpersonal models of depression emphasize the central role that impaired social support plays in the onset and maintenance of

depressive symptoms. The purpose of this study was to apply Coyne's (1976) interpersonal theory of depression as an explanatory model of depression following IPV. Using the logic of Coyne's model, it was theorized that IPV victims would respond to abuse by asking for reassurance. Like depressives, it was hypothesized that IPV victims would subsequently doubt the sincerity of the reassurance and engage in even more reassurance-seeking, causing increases in verbal reassurance and nonverbal withdrawal. This would result in the same vicious depressogenic cycle previously described with depressed nonvictims (Coyne, 1976). Others becoming frustrated may contribute to the social isolation typically exhibited by IPV victims (Coyne, 1976). Alternatively the victim may turn to her partner for support, which serves to maintain the abusive relationship (Carlson, Mc-Nutt, Choi, & Rose, 2002).

This study assessed reassurance-seeking, quantity and quality of social support networks, IPV severity, and depression in college student IPV victims and nonvictims. Included was a comparison group of depressed, nonvictim college students to test effects specific to IPV. Establishing whether Coyne's interpersonal theory has explanatory utility as a model of depression in IPV situations has important implications for the understanding of the maintenance of abuse scenarios as well as effective points of intervention.

Hypotheses

The following hypotheses were made:

Main Effects:

1) IPV victims would report higher depression levels than non-depressed or depressed nonvictims;

2) IPV victims would report lower social support than both nonvictim groups;

3) IPV victims would engage in more reassurance-seeking behaviors than both nonvictim groups.

Interaction:

4. There would be an interaction between Group, Social Support and Reassurance-seeking such that IPV victims with lower social support and higher reassurance-seeking would report higher depression levels than all other groups.

METHOD

Participants

Participants consisted of 591 undergraduate women from a southeastern public university. Participants received class credit for their involvement in the study. They were told that the study was about social support in college students. Participants were assigned to the IPV Victim group if they scored 1 or higher on the physical aggression subscale on the *Conflict Tactics Scale*. Participants were labeled as depressed if they scored a 9 or higher on the *Beck Depression Inventory* (Beck, Steer, & Garbin, 1988).

Research Design

This study was a 3 (Group: IPV Victim, Depressed Nonvictim, and Non-depressed Nonvictim) X 2 (Perceived Social Support: High and Low) X 2 (Number of people in social support network: High and Low) X 2 (Reassurance-seeking: High and Low) between subjects factorial design.

Materials

Social Support Questionnaire (SSQ; Sarason, Shearin, Pierce, & Sarason, 1983; Sarason, Shearin, Pierce, & Sarason, 1987): This is a 27-item self-report questionnaire measuring two aspects of social support, number of perceived supports in a person's social network and overall satisfaction with that support. Participants were asked who they perceive as a viable social support in a variety of distressing situations (e.g., Whom can you really count on to be dependable when you need help?). Participants named up to nine friends or family members whom they feel support them and then rated their overall satisfaction with that support on a 6-point Likert scale, (1 being very dissatisfied to 6 being very satisfied).

The SSQ has demonstrated good overall internal consistency with the two-factor structure (i.e., the Number and Satisfaction subscales, with Cronbach's alphas of 0.85 and 0.94 respectively; Furukawa, Harai, Hirai, Kitamura, & Takahashi, 1999). The SSQ two-factor structure has also demonstrated factor validity and construct validity in psychiatric and normal populations (Furukawa et al., 1999), and good criterion-related validity (Friedman et al., 2006; see Appendix A). In order to test hypothesis two and four participants were divided into Low, High groups for number of people in a person's social support network and perceived social support. This was based on a within group median split of each groups' scores on the SSQ scales. This measure has shown good internal and test-retest reliability ($\alpha = .85$ and $\alpha = .41$ respectively; Ciarrochi, Scott, Deane, & Heaven, 2003), as well as good internal reliability ($\alpha > .80$; Ciarrochi & Heaven, 2008; see Appendix A).

Depressive Interpersonal Relationships Inventory (DIRI) (Joiner & Metalsky, 2001): The DIRI is a 24-item measure of different depressive interpersonal variables, including reassurance-seeking, need for approval, doubting others' sincerity ($\alpha = .74$; Joiner, Metalsky, Gencoz, & Gencoz, 2001), and dependency on others ($\alpha = .88$, Joiner et al., 2001), although need for approval has not been shown as a clear-cut factor (Joiner et al., 2001).

For the purposes of this study, we utilized the reassurance-seeking subscale (DIRI-RS), which consists of four items. An example of a DIRI-RS item is "Do you frequently seek reassurance from the people you feel close to as to whether they really care about you?" These items were rated on a 7-point scale. The overall score was the average of scores across all items, with higher scores corresponding to high levels of reassurance-seeking in interpersonal relationships.

In a factor analysis of the DIRI, Joiner and Metalsky (2001) found that the DIRI-RS demonstrated excellent overall reliability, with Chronbach's alpha of .88. Through a number of

studies, Joiner and Metalsky were also able to show excellent criterion and construct validity for the DIRI-RS subscale and demonstrated its role in vulnerability to depression (Joiner & Metalsky, 2001; see Appendix B). A median split was conducted on DIRI reassurance-seeking subscale scores for the purpose of assessing hypothesis three and four.

The Revised Conflict Tactics Scale (CTS2; Straus et al., 1996): The CTS2 is a 78-item self-report measure of IPV. The CTS2 has five subscales: physical injury, negotiation, sexual coercion, and psychological and physical aggression. For the purposes of this study, only the physical violence items on the CTS were calculated. As per previous research in this laboratory the IPV victim group consisted of those women scoring greater than 1 on any of the CTS physical violence subscale items (Clements, Sabourin & Spiby, 2004; Clements & Ogle, 2009).

Items were rated on a scale ranging from 0 (never) to 7 (more than 20 times). The CTS2 has shown good internal consistency with alphas ranging from .79 to .95. The physical violence subscale has shown good reliability in numerous samples of IPV victims. Connelly, Newton, & Aarons (2005) found good overall reliability for each of the subscales, specifically .78 for the physical violence subscale. This study added to the overall construct validity of the CTS2 (Connelly, Newton, & Aarons, 2005; see Appendix C).

Beck Depression Inventory (BDI; Beck, Rush, Shaw, & Emery, 1979; Buckner, Bernert, Cromer, Joiner, & Schmidt, 2008): The BDI assesses symptoms and levels of depression. This is a 21-item self-report which rates symptoms of depression on Likert scales. Participants indicated how well a statement regarding depressive symptoms described how they had felt in the past two weeks. The reliability and validity of this measure are well established (see Beck, Steer, & Garbin, 1988 for review; see Appendix D).

The following questionnaires were administered in this study but not analyzed for this master's thesis. They are part of a larger database.

Marlowe-Crowne Social Desirability Scale (MC-SDS; Crowne & Marlowe, 1960): This scale determines how a person will alter his or her behavior in order to maintain a favorable view in the eyes of his or her peers. Answers are given in a True or False format. This questionnaire was administered in order to remove those subjects that would alter answers on their questionnaires in order to make a favorable impression on the experimenter. .

Christopher, Manaster, Campbell, & Weinfeld, 2002 showed that the MC-SDS had adequate internal consistency (α 's ranging from .73-.88) and good overall test-retest reliability. They also demonstrated that the MC-SDS had good overall construct validity (Christopher et al., 2002; see Appendix E).

Symptom Checklist-90 (SCL-90; Derogatis, 1992): The SCL-90 is a 90-item questionnaire that measures symptoms of psychopathology. It consisted of items on a 5-point Likert scale ranging from 0 (not at all) to 4 (extremely). These items load onto nine different scales for psychological stress: Psychoticism, paranoid ideation, somatization, interpersonal sensitivity, depression, obsessive-compulsive factors, anxiety, hostility, and phobic anxiety (see Appendix F). It is sensitive to changes in a patient's symptoms with change in time or changes due to therapeutic intervention. The mean for each score is considered positive if it is above 1. The SCL-90 has demonstrated good reliability and validity for normal and clinical populations (Derogatis, 1994).

Cognitive Styles Questionnaire (CSQ ; Haeffel et al., 2008) : This questionnaire assesses three factors that make up the hopelessness theory of depression's cognitive vulnerability to depression. These factors are causal attributions, characteristics of self-worth, and

consequences. For causal attributions, the CSQ measures how high a person's tendency is to make stable and global attributions, as well as negative inferences about the consequences of a negative life event and negative inferences about the self. It does this through 12 positive and 12 negative situations which assess each individual inference one can make (cause, consequence, and self), and the different aspects of attributional style (internal, stable, and global). Participants are instructed to imagine themselves in that hypothetical situation, and are instructed to write down what they perceive to be a major cause of the event. The participant than rates the cause they wrote down on a 7-point Likert scale assessing different dimensions of attributional style (i.e., internality, stability, and globality).

The CSQ has demonstrated excellent internal consistency with Cronbach's alphas ranging from .88 to .97 across studies (Haeffel et al., 2008). Additionally, good construct validity and predictive validity has been established for the CSQ (Haeffel et al., 2008; see Appendix G).

Brief Cope (Cope-B; Carver, 1997): The Brief Cope is a 28-item self-report questionnaire that measures 14 different strategies used to cope with abuse. These 14 subscales are self-distraction, active coping, denial, substance abuse, emotional support, instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religious coping, and self-blame. In Carver's (1997) study, the Brief Cope achieved a Cronbach's alpha level of .60, except for the Venting, Denial, and Acceptance subscale (see Appendix H). It has particularly shown good reliability in IPV victims and college students, with Cronbach's alphas ranging from .07 for planning to .92 for drug use (Clements, Sabourin, & Spiby, 2004).

RESULTS

Participants were female college students (*N*=591) from a Southeastern university. They were divided into three groups, non-depressed, nonvictims (*n*=353), depressed nonvictims, (*n*=153), and IPV victims (*n*=85). As per Beck et al. (1988), a cut-off score of 9 was used to classify participants as depressed. A score of 9 indicates mild depression in college samples. As per Clements et al. (2004), a CTS cut-off of 1 on the physical violence subscale was used to classify women as abused. This was considered a conservative estimate of abuse status as it only included acts of severe physical aggression.

Demographic Analyses

Due to logistical error, demographic data were not collected on the first 39 women in the sample. Of the other women in the sample, five did not specify race and eight did not specify years of education. Therefore demographic analyses based on an *N* of 542. Because this is an undergraduate sample there is no reason to believe that the group missing demographic data differed from the group that completed these items. Most of the women in the sample were Caucasian (89.1%). A small number were African-American (3.3%), Hispanic (3.7%) or other ethnicity (3.9%). Participants averaged 19.28 years in age, and were required to have been in a romantic relationship in the past year, as abuse questions referenced a relationship in the past year.

Chi Square analyses indicated no between group differences in race, (χ^2 (12) = 16.58, ns. Numbers of women in racial group assessed can be seen in Table 1. Analyses of Variance (ANOVA) on continuous demographic variables showed no between group differences in age, (F (2,542) = 1.56, ns, or years of education, F (3, 542) = .93, ns. Participants were slightly over 19 years old and averaged almost two years of college education. Means and standard deviations

for continuous and categorical demographic variables for women in each participant group can be seen in Table 1.

Table 1. *Demographic Analyses*

Categorical Variables				
		Nondepressed Nonvictim	Depressed Nonvictim	IPV Victim
Race				
	Caucasian	293	125	65
	AA	5	9	4
	Hispanic	11	4	5
	Other	12	6	3
Class				
	Freshman	181	81	37
	Sophomore	65	20	16
	Junior	44	29	13
	Senior	27	13	9
	5^{th} year Senior	4	1	2
Continuous Variables				
		Nondepressed Nonvictim	Depressed Nonvictim	IPV Victim
		M (*SD*)	*M* (*SD*)	*M* (*SD*)
Age		19.13 (1.94)	19.56 (3.78)	19.40 (1.69)
Years of Education		1.78 (1.05)	1.84 (1.08)	2.00 (1.17)

Hypotheses Testing

Hypothesis one stated that IPV victims would report higher BDI depression than non-depressed or depressed nonvictims. To assess hypothesis one, an ANOVA was conducted using group as the independent variable and BDI depression scores as the dependent variable. Depression differed significantly between the three groups, F (2, 588) = 340.79, $p < .001$. Tukey's post-hoc comparisons indicated that non-depressed nonvictims had significantly lower

depression than depressed nonvictims and IPV victims. Depressed nonvictims had significantly higher depression than IPV victims (all p's < .05). Means and standard deviations by group for depression, physical aggression, received reassurance-seeking, number of social supports, and satisfaction with support received can be seen in Table 2.

Table 2. *Within Group Analyses of Ms and SDs of BDI, CTS, DIRI-RS, SSQ-N, and SSQ-S*

	Non-Depressed Non-Victim (n =353)	Depressed Non-Victim (n = 153)	IPV Victim (n = 85)
	M (*SD*)	*M* (*SD*)	*M* (*SD*)
BDI	3.64 (2.53)[a,b]	14.95 (5.93)[a,c]	10.00 (7.50)[b,c]
CTS	0 (0)	0 (0)	3.99 (5.08)
DIRI-RS	2.17 (1.21)[g, h]	2.87 (1.61)[g]	2.93 (1.57)[h]
SSQ-N	4.55 (1.57)[d]	3.79 (1.36)[d]	4.15 (1.56)
SSQ-S	3.64 (2.53)[e,f]	5.02 (.72)[e]	5.17 (.63)[f]

Note. Means sharing a common subscript are statistically different at $p \leq .05$.

Hypothesis two stated that IPV victims would report lower social support than nonvictim groups. To assess hypothesis two, a multivariate analysis of variance (MANOVA) was constructed using group as the as the independent variable and number of people in one's support network and satisfaction with social support as the dependent variables. There was a significant multivariate effect (Wilk's Lambda; F (4, 1168) = 21.68, p < .001. Univariate analyses showed significant between group differences for number of people in one's social

support network, F (2, 585) = 13.70, $p < .001$, and satisfaction with support received, F (2, 585) = 39.03, $p < .001$.

Tukey's post-hoc comparisons indicated that the non-depressed nonvictims reported significantly greater numbers of people in their support networks than depressed nonvictims, $p<.05$. IPV victims did not differ from non-depressed nonvictims or from depressed, nonvictims in the number of people in their social support network. Non-depressed nonvictims reported significantly more satisfaction in their social support networks than did depressed nonvictims or did IPV victims, $p< .05$. IPV victims did not differ from depressed nonvictims in satisfaction with social support.

Hypothesis three stated that IPV victims would engage in more reassurance-seeking than nonvictims. A one-way ANOVA conducted using group as the independent variable and reassurance-seeking as a dependent variable showed significant between group differences, F (2, 588) = 19.66, $p < .001$. Tukey's post-hoc comparison indicated that the non-depressed nonvictims reported significantly less reassurance-seeking than depressed nonvictims and IPV victims, $p<.05$. Depressed nonvictims did not differ from IPV victims in reported reassurance-seeking.

Hypothesis four stated there would be an interaction between group, social support and reassurance-seeking such that IPV victims with lower social support and higher reassurance-seeking would report higher depression levels than all other groups. In order to construct the equation for hypothesis four, median splits were conducted within group for reassurance-seeking, number of people in one's social support network, and satisfaction with social support. The group appropriate medians were used to create a low, high distinction for each of these three variables.

To test hypothesis four, a 3 X 2 X 2 X 2 ANOVA was conducted using BDI depression score as the dependent variable, and group, median splits on reassurance-seeking, number of people in the participant's social support network, satisfaction with support received as independent variables. In this ANOVA there was a significant three-way interaction between group, reassurance-seeking, and number of people in participants' social networks, $F(2, 566) = 4.085$, $p < .05$. There were no effects of satisfaction with social support. Because of this, in the rest of this results section social support will refer to number of people in participants support networks. Means and standard deviations by group for the different levels of reassurance-seeking, social support, and depression are seen in Table 3.

Table 3. *Three-way Interaction of Group X Reassurance-Seeking X Social Support*

Low levels of reassurance						
	Nondepressed Nonvictim		Depressed Nonvictim		IPV Victim	
	M (*SD*)		*M* (*SD*)		*M* (*SD*)	
Social support	Low	High	Low	High	Low	High
	3.70	3.16[a]	14.73[b]	12.68	7.34[d]	7.27
	(2.71)	*(2.43)*	*(5.82)*	*(4.44)*	*(7.34)*	*(4.89)*
High levels of reassurance						
	Nondepressed Nonvictim		Depressed Nonvictim		IPV Victim	
	M (*SD*)		*M* (*SD*)		*M* (*SD*)	
Social support	Low	High	Low	High	Low	High
	3.88	3.91[a]	18.77[b,c]	13.70[c]	4.58[d]	10.38
	(2.68)	*(2.21)*	*(6.43)*	*(5.16)*	*(8.63)*	*(7.11)*

Note. Means sharing a common subscript are statistically different at $p \leq .05$.

Post hoc analyses (Tukey's *HSD*) indicated that for non-depressed nonvictims, reassurance-seeking and social support network did not predict depression (all *p*s >.05). Depressed nonvictims with high reassurance-seeking and low social support reported higher depression than depressed nonvictims with high social support and high reassurance-seeking (all *p*s < .05). Depressed nonvictims with low social support reported greater depression at high levels of reassurance-seeking than depressed nonvictims with low social support and low levels of reassurance-seeking (all *p*s < .05).

IPV victims reporting high levels of reassurance-seeking and low social support were more depressed than IPV victims with low social support and low reassurance-seeking. There were no other differences in IPV victims as a consequence of either social support or reassurance-seeking (all *p*s < .05). The interactions by group are depicted in Figures 1, 2, and 3.

Figure 1. *Social Support and Reassurance-seeking in Nondepressed Nonvictims*

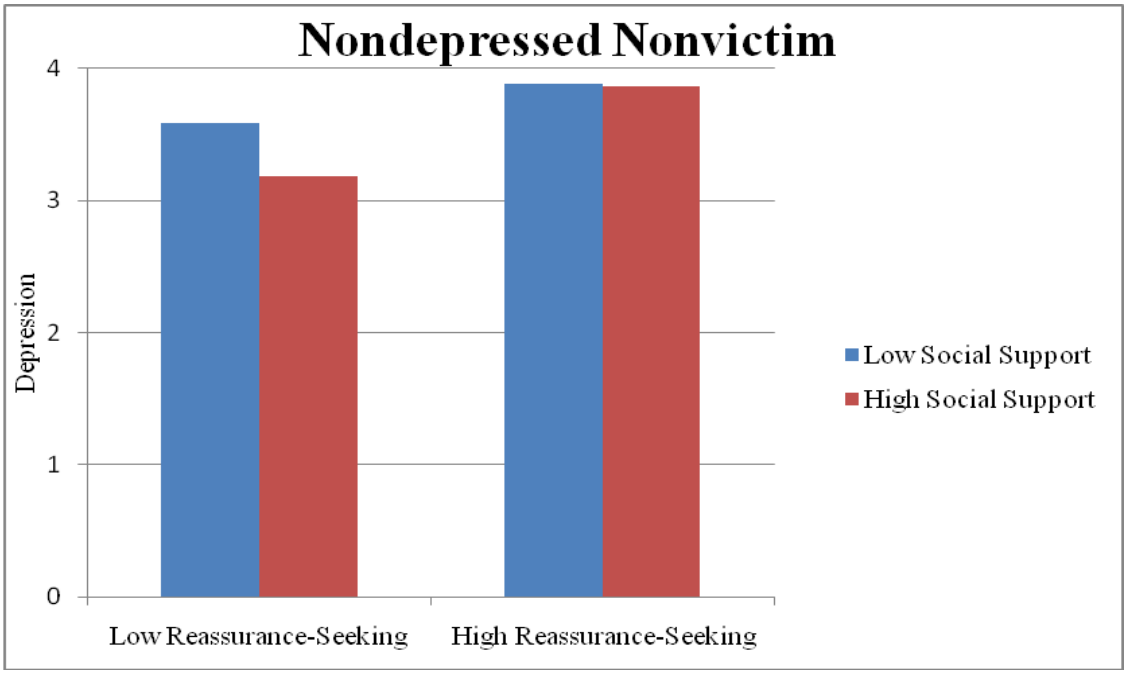


Figure 2. *Social Support and Reassurance-seeking in Depressed Nonvictims*

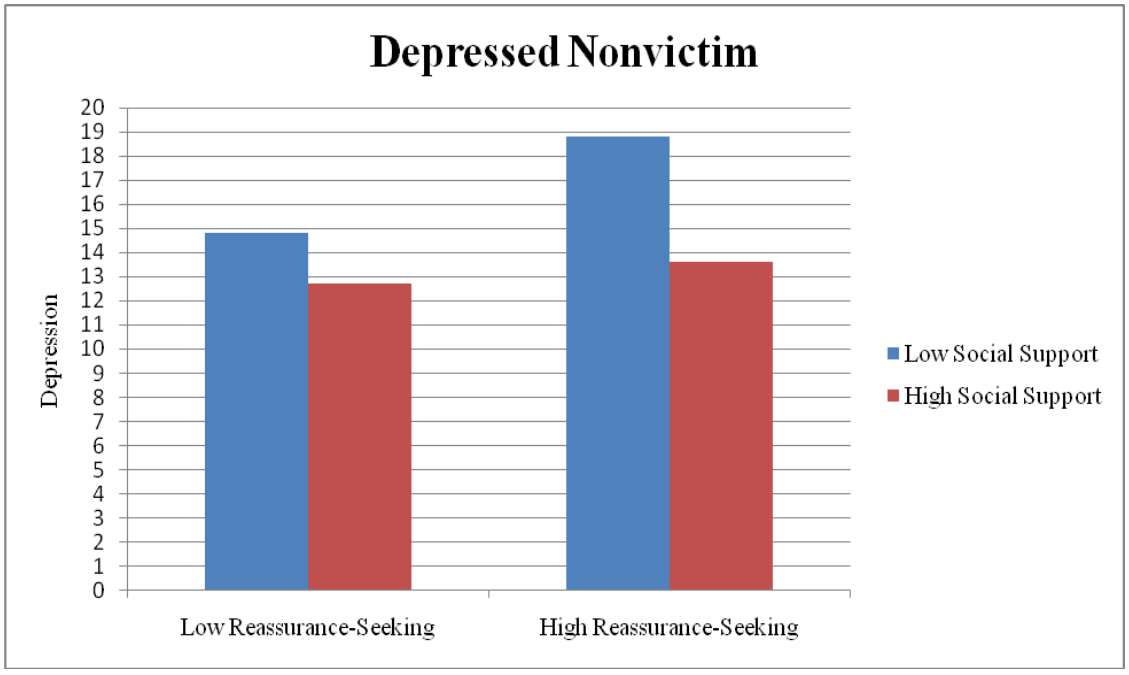
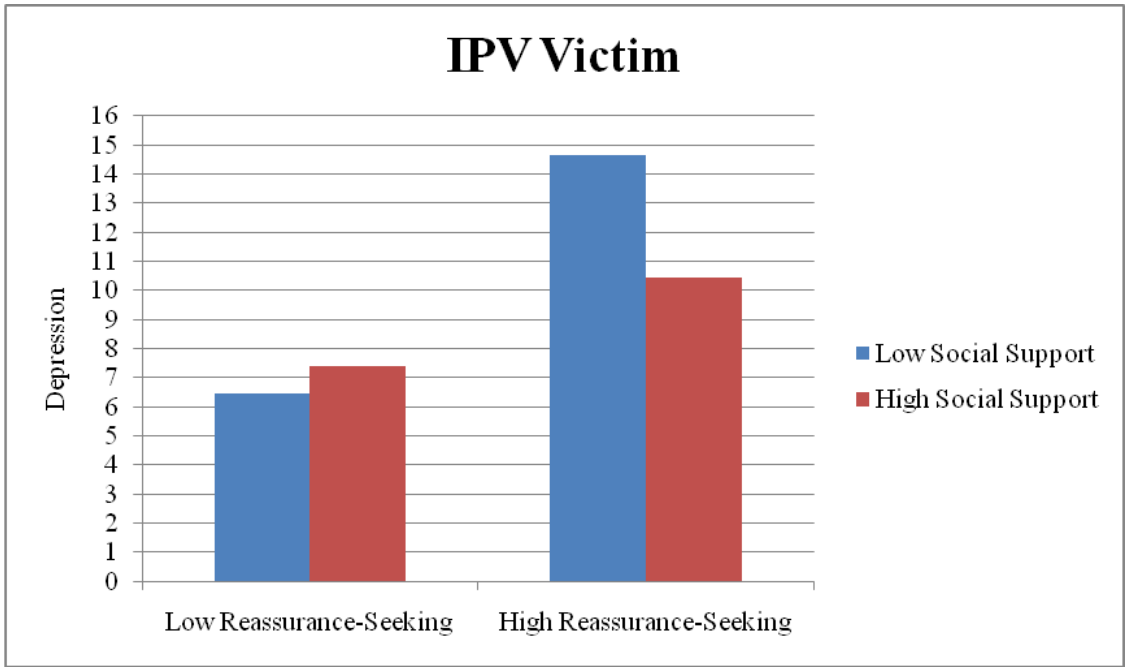


Figure 3. *Social Support and Reassurance-seeking in IPV Victim*



DISCUSSION

The purpose of this study was to apply Coyne's (1976) interpersonal model of depression to intimate partner violence. It was predicted that IPV victims would report higher depression levels, lower social support, and engage in more reassurance-seeking than non-depressed or depressed nonvictims. Additionally, it was predicted that there would be an interaction between group, social support and reassurance-seeking such that IPV victims with lower social support and higher reassurance-seeking would report higher depression than all other groups.

Hypotheses One, Two, and Three were not confirmed. Depressed nonvictims were more depressed than IPV victims, a finding opposite than predicted. IPV victims did not report significantly fewer people or less satisfaction in their social support networks than depressed nonvictims. Lastly, IPV victims did not report more reassurance-seeking than depressed nonvictims.

It is possible that depression differences were not found because of the relatively low levels of abuse severity in this college IPV sample. In shelter IPV studies, where abuse severity is much higher, IPV victims report higher depression levels (Clements et al., 2004; Clements & Ogle, 2009). It is important to note that abuse severity on this sample was low only relative to shelter living samples. Indeed the abuse criteria used in this study were conservative and involved a minimum of one severe act of physical violence committed at least one time in the last two months (Clements & Ogle, 2009). The mean describes a minimum of one act of physical violence committed four or more times or four acts committed at least once. Thus it cannot be said that these women are not abused and therefore not depressed. It may be that their level of abuse was not high enough to trigger the depression severity seen in shelter samples. One would have to study depression along the IPV severity continuum to explore this possibility.

There is evidence that abuse severity could play a role in self-acknowledgement as an assault victim, and that self-acknowledgement impacts psychopathology after abuse (Hamby & Gray-Little, 2000). Clements and Ogle (2009) found that almost 26% of their college student participants identified as IPV victims by CTS criteria did not acknowledge as victims by self-report. These authors found that discordance decreased as abuse severity increased. In their sample, IPV victims who did not acknowledge victim status reported depression levels similar to nonvictims. It may be the case that IPV women in this sample reported lower depression levels than those seen in shelter samples not because of abuse severity per se but because abuse severity was not sufficient to trigger abuse acknowledgement. Thus these women may not have reported depression because they did not perceive they had experienced a trigger for depression. It would be important to assess abuse acknowledgement in follow-ups to this study to examine this possibility.

College samples also differ from typical shelter samples in socioeconomic status (SES), a known correlate of IPV severity and of depression. College samples tend to come from higher SES backgrounds (Benson, Fox, & DeMaris, 2003; Miles-Doan, 1998). The lower levels of abuse severity and depression seen in this college sample may have reflected a higher SES associated with college attendance. Depression concomitants such as reassurance-seeking and social support may simply not have been relevant for these higher SES participants.

It was hypothesized that there would be an interaction between group, social support and reassurance-seeking such that IPV victims with low social support and high reassurance-seeking would report higher depression levels than all other groups. Hypothesis Four was partially confirmed in our within group analyses. IPV victims and depressed nonvictims reported greater depression at low levels of social support and high levels of reassurance-seeking than they did at

low levels of social support and low levels of reassurance-seeking. In addition, depressed nonvictims with low levels of social support who engaged in high reassurance-seeking were more depressed than those at high levels of social support who engaged in high levels of reassurance-seeking.

The finding that higher depression levels in IPV victims and depressed nonvictims was associated with high reassurance-seeking and low social support supports the reassurance-seeking and rejection (i.e., leading to lower social support) component of Coyne's theory (Joiner et al., 1992; Starr and Davila, 2008). A weakness of this study was that we did not know if it was rejection that led to loss of social support. Indeed, in a cross-sectional design we could not assess whether social support has been "lost," only that it was low according to participant report. Longitudinal research would be needed to fully test Coyne's model as currently articulated.

One interesting trend in these data is that IPV victims who reported high reassurance-seeking were trending toward higher depression levels at both high and low social support. This was not true of depressed nonvictims, whose depression reports at high levels of social support were flat across levels of reassurance-seeking. Although it would be important to gather more data to assess this trend, it appears as if reassurance-seeking rather than social support distinguishes IPV victims from depressed nonvictims.

It is possible that the impact of reassurance-seeking is different for IPV victims than for nonvictims because of reassurance-seeking content. There is a growing literature showing decreased social support in women who return to their abusers and associated increases in psychopathology (Walker, 1981). It is possible that IPV victims with high social support and high reassurance-seeking are more likely to lose that support when they seek reassurance about

their abuser (Lanier and Clements, in preparation). Depressed non-victims may have less isolating reassurance needs and thus may not experience the social support loss at high levels of reassurance-seeking that IPV victims experience. One would have to assess reasons for reassurance-seeking in a longitudinal design to examine this possibility.

Currently the DIRI does not allow for content analysis of reassurance-seeking (Joiner & Metalsky, 1992). The DIRI asks such questions as is "Do you frequently seek reassurance from the people you feel close to as to whether they really care about you" to assess reassurance-seeking behaviors. It does not ask IPV specific questions such as (e.g., do you think that I am a bad person for staying with him?). Modifying the DIRI to make it content specific may be useful in further assessing the role of reassurance seeking in depression (Joiner & Metalsky, 1992). Making DIRI items content specific would allow for its use in other clinical populations as well (e.g., war veterans, rape victims).

It is important to note that IPV victims in the low reassurance groups did not report depression levels above the cut-off score denoting mild depression for college students (Beck et al., 1988). In contrast, depressed nonvictims in all reassurance and support groups were above the cut-off score for mild depression for college students (Beck et al., 1988). When designing this study, the assumption was made that college students who were IPV victims would all meet the cut-off score for mild depression. This assumption was based on a small number of studies showing depression in college IPV victims. IPV victims were not subdivided into depressed and nondepressed groups in these studies but the mean depression level is consistently above the cut-off (Saewyc et al., 2009). Because almost fifty percent of this college sample did not meet the depression cut-off, it may be important to include nondepressed IPV victims in future studies of depression following IPV. This would eliminate the possibility that between group differences

are or are not found because we are comparing groups that differ in depression as well as IPV victim status.

Coyne's (1976) model was partially confirmed for IPV victims, in that social support and high reassurance-seeking interactively predicted depression. Specifically, IPV victims reporting high levels of reassurance-seeking and low social support were more depressed than IPV victims with low social support and low reassurance-seeking. From the perspective of the reassurance-seeking and rejection hypothesis, these results confirm the notion that high reassurance-seeking leads to higher depression and the mediator of this relationship is social rejection (Joiner et al., 1992). Longitudinal research would be needed to establish the temporal relationship among the components of the reassurance-seeking and rejection hypothesis.

It is possible that these results simply reflect greater social isolation among depressed IPV victims. A number of theorists suggest that IPV is maintained through social isolation of the victim by the perpetrator (Lanier & Maume, 2009). IPV victims may seek more reassurance at all levels of perceived social support because they are more isolated than nonvictims. This would explain why IPV victims showed a trend toward greater depression at high reassurance-seeking regardless of self-reported social support.

This research suggests that high reassurance-seeking is more problematic for IPV victims at all levels of social support than it is for nonvictims, whose depression is higher at low social support. This may occur because reassurance-seeking at high levels of social support is effective in ameliorating depression for nonvictims but is not as efficacious for victims. It may be important clinically to look at differences in the quality of social support networks between victims and nonvictims. Although differences in satisfaction with social support were not found in this study, other qualitative indices may be important and are an obvious point of clinical

intervention. Clinical mechanisms such as encouraging IPV victims to involve themselves in social support groups may be particularly helpful in this regard (Beeble, Bybee, Sullivan, & Adams, 2009). Helping IPV victims utilize social support instrumentally rather than simply seeking reassurance may be especially beneficial in reducing depression. This would be particularly helpful for high reassurance-seekers, where social support is associated with highest depression (Bybee & Sullivan, 2005).

Clements and Ogle (2007) have studied the role of coping in depression etiology in IPV victims. It is possible that their coping skills framework may prove more useful in understanding depression following IPV than Coyne's interpersonal model. This would be particularly relevant if it could be demonstrated that depressed IPV victims' quality of social support is significantly less than depressed nonvictims. Applying Carver et al.'s (1989) transtheoretical model of coping strategies to IPV victims to determine the role of inefficient social support coping vs. impaired instrumental coping in depression following IPV may be more useful than Coyne's interpersonal model (Scheier & Carver, 1987). This would occur because social support strategies are better defined in transtheoretical model than the interpersonal model.

Limitations

This study provides interesting findings regarding social support in IPV college student victims. The findings may not generalize to a community sample due to the fact that college students differ from most community samples in abuse severity, SES, race and years of education (Clements & Ogle, 2007). Thus it would be important to replicate these results in a community sample to establish their validity for non-college victims.

These results are limited by the nature of the self-report instruments used. Consequently, our results may be influenced by factors such as socially desirable responding. Using measures such

as clinical interviews that are geared toward increasing rapport may diminish the socially desirable responding. Nonintrusive behavioral observation would also accomplish this. At the very least, it may be useful to include measures assessing the tendency to respond in a socially desirable manner in future studies of this type.

It is important to note that this study is cross-sectional in design. It is not possible to test the temporal components of Coyne's theory using a cross-sectional design. Prospective designs would be needed to test Coyne's (1976) model longitudinally.

This study contributes to the IPV literature by expanding the social support literature to IPV victims by finding partial support for Coyne's (1976) interpersonal model of depression in IPV victims. The findings suggest that IPV victims could be interacting with those in their social support networks (e.g., reassurance-seeking) less adaptively than depressed nonvictims. Moreover, our lack of findings in regard to victim depression may indicate that IPV victims are not acknowledging victim status and therefore not reporting IPV associated depression.

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APPENDIX

Appendix A. Social Support Questionnaire

INSTRUCTIONS:

The following questions ask about people in your environment who provide you with help or support. Each question has two parts. For the first part, list all the people you know, excluding yourself, whom you can count on for help or support in the manner described. Give the person's initials and their relationship to you (see example). Do not list more than one person next to each of the letters beneath the question.

For the second part, circle how satisfied you are with the overall support you have.

If you have no support for a question, check the words "No one," but still rate your level of satisfaction. Do not list more than nine persons per question.

Please answer all questions as best you can. All responses will be kept confidential.

EXAMPLE:

Who do you know whom you can trust with information that could get you in trouble?

No one	1) T.N. (brother)	4) T.N. (father)	7)
	2) L.M. (friend)	5) L.M. (employer)	8)
	3) R.S. (friend)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

1. Whom can you really count on to listen to you when you need to talk?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

2. Whom could you really count on to help you if a person whom you thought was a good friend insulted you and told you that he/she didn't' want to see you again?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

3. Whose lives do you feel that you are an important part of?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

4. Whom do you feel would help you if you were married and had just separated from your spouse?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

5. Whom could you really count on to help you out in a crisis situation, even though they would have to go out of their way to do so?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

6. Whom can you talk with frankly, without having to watch what you say?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

7. Who helps you feel that you truly have something positive to contribute to others?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

8. Whom can you really count on to distract you from your worries when you feel under stress?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

9. Whom can you really count on to be dependable when you need help?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

10. Whom could you really count on to help you out if you had just been fired from your job or expelled from school?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

11. With whom can you totally be yourself?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

12. Whom do you feel really appreciates you as a person?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

13. Whom can you really count on to give you useful suggestions that help you to avoid making mistakes?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

14. Whom can you count on to listen openly and uncritically to your innermost feelings?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

15. Who will comfort you when you need it by holding you in their arms?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

16. Whom do you feel would help if a good friend of yours had been in a car accident and was hospitalized in serious condition?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

17. Whom can you really count on to help you feel more relaxed when you are under pressure or tense?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

18. Whom do you feel would help if a family member very close to you died?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

19. Who accepts you totally, including both your worst and best points?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

20. Whom can you really count on to care about you, regardless of what is happening to you?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

21. Whom can you really count on to listen to you when you are very angry at someone else?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

22. Whom can you really count on to tell you, in a thoughtful manner, when you need to improve in some way?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

23. Whom can you really count on to help you feel better when you are feeling generally down-in-the-dumps?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

24. Whom do you feel truly loves you deeply?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

25. Whom can you count on to console you when you are very upset?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

26. Whom can you really count on to support you in major decisions you make?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

27. Whom can you really count on to help you feel better when you are very irritable, ready to get angry at almost anything?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

Appendix B. Depressive Interpersonal Relationships Inventory

INSTRUCTIONS: Please answer each of the following questions. Some of the questions are of a personal nature. There are no right or wrong answers to the questions. Please answer each question openly and honestly. Read each question carefully before responding. **CIRCLE ONLY ONE NUMBER FOR EACH QUESTION.**

1. How important is it to you to always have an ongoing romantic relationship? (Circle one number.)

Not important at all	1	2	3	4	5	6	7	Extremely important

2. To what degree do you need other people in order to feel okay about yourself? (Circle one number.)

Not at all	1	2	3	4	5	6	7	To an extreme degree

3. How important is it to you to receive positive comments from the people you feel close to? (Circle one number.)

Not important at all	1	2	3	4	5	6	7	Extremely important

4. Do you often fear being rejected by those you love? (Circle one number.)

Never	1	2	3	4	5	6	7	All the time

5. Do you often fear being criticized by those you love? (Circle one number.)

Never	1	2	3	4	5	6	7	All the time

6. To what degree do you depend on the people you feel close to for meeting your needs? (Circle one number.)

Not at all	1	2	3	4	5	6	7	To an extreme Degree

7. How hard do you try to fulfill the needs of the people you feel close to? (Circle one number.)

Not at all	1	2	3	4	5	6	7	Extremely hard

8. Do you feel resentful when you do not get your way with the people you feel close to? (Circle one number.)

Not at all	1	2	3	4	5	6	7	Extremely resentful

9. To what degree will you go out of your way to preserve friendships? (Circle the number.)

Not at all	1	2	3	4	5	6	7	To an extreme degree

10. How important is it for you to always be accepted by your friends? (Circle one number.)

Not important at all	1	2	3	4	5	6	7	Extremely important

11. To what degree does it hurt when you feel criticized by someone you feel close to? (Circle one number.)

Not at all	1	2	3	4	5	6	7	To an extreme degree

12. Do you often find yourself giving in to the wishes of others? (Circle one number.)

Not at all	1	2	3	4	5	6	7	Extremely often

13. To what degree do you go along with others so they will still like you? (Circle one number.)

Not at all	1	2	3	4	5	6	7	To an extreme degree

14. In general, how sincere are the people you feel close to? (Circle one number.)

Not at all sincere	1	2	3	4	5	6	7	Extremely sincere

15. How sincere are the people you feel close to when they tell you how they feel about you? (Circle one number.)

Not at all sincere	1	2	3	4	5	6	7	Extremely sincere

16. Do you often wonder whether people you feel close to are sincere when they compliment you? (Circle one number.)

Do not wonder at all	1	2	3	4	5	6	7	Wonder all the time

17. Do you often think that people you feel close to may not truly care about you ever when they say they do? (Circle one number.)

Never think so	1	2	3	4	5	6	7	Always think so

18. To what degree are you dependent on the people you feel close to? (Circle one number.)

Not at all dependent	1	2	3	4	5	6	7	Extremely dependent

19. Do you feel worthless without the approval of others? (Circle one number.)

Definitely do not feel worthless without the approval of others	1	2	3	4	5	6	7	Definitely feel worthless without the approval of others

20. Do you find yourself often asking the people you feel close to how they truly feel about you? (Circle one number.)

Not at all	1	2	3	4	5	6	7	Extremely often

21. Do you frequently seek reassurance from the people you feel close to as to whether they really care about you? (Circle one number.)

Not at all	1	2	3	4	5	6	7	Extremely often

22. Do the people you feel close to sometimes become irritated with you for seeking reassurance from them about whether they really care about you? (Circle one number.)

Not at all	1	2	3	4	5	6	7	Extremely often

23. Do the people you feel close to sometimes get "fed up" with you for seeking reassurance from them about whether they really care about you? (Circle one number.)

Not at all	1	2	3	4	5	6	7	Extremely often

24. When it comes to the people you feel close to, how certain are you that they really care about you? (Circle one number.)

Not at all certain	1	2	3	4	5	6	7	Extremely certain

25. After you've asked the people you feel close to how they feel about you and they've said that they have positive feelings for you, do you continue to ask them how they feel about you? (Circle one number.)

Not at all	1	2	3	4	5	6	7	Extremely often

26. After you've asked for and received reassurance from the people you feel close to, how soon thereafter do you feel a need to ask for more reassurance about their feelings for you? (Circle one number.)

Not soon at all	1	2	3	4	5	6	7	Right away

Appendix C. Conflicts Tactics Scale-Revised

Please circle how many times you did each of these things in the past two months, and how many times your partner did them in the past two months. If you or your partner did not do one of these things in the past two months, but it happened before that, circle "7."

How often did this happen?

1= Once in the past two months	5= 11-20 times in the past two months
2= Twice in the past two months	6= More than 20 times in the past two months
3= 3-5 times in the past two months	7= Not in the past two months
4= 6-10 times in the past two months	0= This has never happened

1. I showed my partner I cared even though we disagreed.	1 2 3 4 5 6 7 0
2. My partner showed care for me even though we disagreed.	1 2 3 4 5 6 7 0
3. I explained my side of a disagreement to my partner.	1 2 3 4 5 6 7 0
4. My partner explained his or her side of a disagreement to me.	1 2 3 4 5 6 7 0
5. I insulted or swore at my partner.	1 2 3 4 5 6 7 0
6. My partner did this to me.	1 2 3 4 5 6 7 0
7. I threw something at my partner that could hurt.	1 2 3 4 5 6 7 0
8. My partner threw something at me that could hurt.	1 2 3 4 5 6 7 0
9. I twisted my partners' arm or hair.	1 2 3 4 5 6 7 0
10. My partner did this to me.	1 2 3 4 5 6 7 0
11. I had a sprain, bruise, or small cut because of a fight with my partner.	1 2 3 4 5 6 7 0
12. My partner had a sprain, bruise, or small cut because of a fight with me.	1 2 3 4 5 6 7 0
13. I showed respect for my partner's feelings about an issue.	1 2 3 4 5 6 7 0
14. My partner showed respect for my feelings about an issue.	1 2 3 4 5 6 7 0
15. I made my partner have sex without a condom.	1 2 3 4 5 6 7 0
16. My partner did this to me.	1 2 3 4 5 6 7 0
17. I pushed or shoved my partner.	1 2 3 4 5 6 7 0
18. My partner did this to me.	1 2 3 4 5 6 7 0

19. I used force (like hitting, holding down, or using a weapon) to make my partner have oral or anal sex. 1 2 3 4 5 6 7 0
20. My partner did this to me. 1 2 3 4 5 6 7 0

21. I used a knife or gun on my partner. 1 2 3 4 5 6 7 0
22. My partner did this to me. 1 2 3 4 5 6 7 0

23. I passed out from being hit on the head by my partner in a fight. 1 2 3 4 5 6 7 0
24. My partner passed out from being hit on the head in a fight with me. 1 2 3 4 5 6 7 0

25. I called my partner fat or ugly. 1 2 3 4 5 6 7 0
26. My partner called me fat or ugly. 1 2 3 4 5 6 7 0

27. I punched or hit my partner with something that could hurt. 1 2 3 4 5 6 7 0
28. My partner did this to me. 1 2 3 4 5 6 7 0

29. I destroyed something belonging to my partner. 1 2 3 4 5 6 7 0
30. My partner did this to me. 1 2 3 4 5 6 7 0

31. I went to a doctor because of a fight with my partner. 1 2 3 4 5 6 7 0
32. My partner did this to me. 1 2 3 4 5 6 7 0

33. I choked my partner. 1 2 3 4 5 6 7 0
34. My partner did this to me. 1 2 3 4 5 6 7 0

35. I shouted or yelled at my partner. 1 2 3 4 5 6 7 0
36. My partner did this to me. 1 2 3 4 5 6 7 0

37. I slammed my partner against the wall. 1 2 3 4 5 6 7 0
38. My partner did this to me. 1 2 3 4 5 6 7 0

39. I said I was sure we could work out a problem. 1 2 3 4 5 6 7 0
40. My partner was sure we could work it out. 1 2 3 4 5 6 7 0

41. I needed to see a doctor because of a fight with my partner, but I didn't. 1 2 3 4 5 6 7 0
42. My partner needed to see a doctor because of a fight with me, but didn't. 1 2 3 4 5 6 7 0

43. I beat up my partner. 1 2 3 4 5 6 7 0
44. My partner did this to me. 1 2 3 4 5 6 7 0

45. I grabbed my partner. 1 2 3 4 5 6 7 0
46. My partner did this to me. 1 2 3 4 5 6 7 0

47. I used force (like hitting, holding down, or using a weapon) to make my partner have sex. 1 2 3 4 5 6 7 0
48. My partner did this to me. 1 2 3 4 5 6 7 0

49. I stomped out of the room or house or yard during a disagreement. 1 2 3 4 5 6 7 0
50. My partner did this to me. 1 2 3 4 5 6 7 0

51. I insisted on sex when my partner did not want to (but did not use physical force.) 1 2 3 4 5 6 7 0
52. My partner did this to me. 1 2 3 4 5 6 7 0

53. I slapped my partner. 1 2 3 4 5 6 7 0
54. My partner did this to me. 1 2 3 4 5 6 7 0

55. I had a broken bone from a fight with my partner. 1 2 3 4 5 6 7 0
56. My partner had a broken bone from a fight with me. 1 2 3 4 5 6 7 0

57. I used threats to make a partner have oral or anal sex. 1 2 3 4 5 6 7 0
58. My partner did this to me. 1 2 3 4 5 6 7 0

59. I suggested a compromise to a disagreement. 1 2 3 4 5 6 7 0
60. My partner did this to me. 1 2 3 4 5 6 7 0

61. I burned or scalded my partner on purpose. 1 2 3 4 5 6 7 0
62. My partner did this to me. 1 2 3 4 5 6 7 0

63. I insisted my partner have oral or anal sex (but did not use physical force). 1 2 3 4 5 6 7 0
64. My partner did this to me. 1 2 3 4 5 6 7 0

65. I accused my partner of being a lousy lover. 1 2 3 4 5 6 7 0
66. My partner accused me of this. 1 2 3 4 5 6 7 0

67. I did something to spite my partner. 1 2 3 4 5 6 7 0
68. My partner did this to me. 1 2 3 4 5 6 7 0

69. I threatened to hit or throw something at my partner. 1 2 3 4 5 6 7 0
70. My partner did this to me. 1 2 3 4 5 6 7 0

71. I felt physical pain that still hurt the next day because of a fight with my partner. 1 2 3 4 5 6 7 0
72. My partner still felt physical pain the next day because of a fight we had. 1 2 3 4 5 6 7 0

73. I kicked my partner. 1 2 3 4 5 6 7 0
74. My partner did this to me. 1 2 3 4 5 6 7 0

75. I used threats to make my partner have sex. 1 2 3 4 5 6 7 0
76. My partner did this to me. 1 2 3 4 5 6 7 0

77. I agreed to try a solution to a disagreement my partner suggested. 1 2 3 4 5 6 7 0
78. My partner agreed to try a solution I suggested. 1 2 3 4 5 6 7 0

Appendix D. Beck Depression Inventory

Directions: Please read each group of statements and circle the letter of the corresponding statement that best describes how you're feeling at this very moment. PLEASE CAREFULLY READ EACH STATEMENT IN THE GROUP BEFORE CHOOSING! There are no right or wrong answers, please answer each question openly and honestly. CIRCLE ONLY ONE LETTER FOR EACH QUESTION.

1. A. I do not feel sad
   B. I feel blue or sad
   C. I am blue or sad all the time and I can't snap of it
   D. I am so sad or unhappy that it is quite painful
   E. I am so sad or unhappy that I can't stand it

2. A. I am not particularly pessimistic or discouraged about the future
   B. I feel discouraged about the future
   C. I feel I have nothing to look forward to
   D. I feel that I won't ever get over my troubles
   E. I feel that the future is hopeless and that things cannot improve

3. A. I do not feel like a failure
   B. I feel I have failed more than the average person
   C. I feel I have accomplished very little that is worthwhile or that means anything
   D. As I look back on my life all I can see is a lot of failures
   E. I feel I am a complete failure as a person

4. A. I am not particularly dissatisfied
   B. I feel bored most of the time
   C. I don't enjoy things the way I used to
   D. I don't get satisfaction out of anything anymore
   E. I am dissatisfied with everything

5. A. I don't feel particularly guilty
   B. I feel bad or unworthy a good part of the time
   C. I feel quite guilty
   D. I feel bad or unworthy practically all the time now
   E. I feel as though I am very bad or worthless

6. A. I don't feel I am being punished
   B. I have a feeling that something bad may happen to me
   C. I feel I am being punished or will be punished
   D. I feel I deserve to be punished
   E. I want to be punished

7. A. I don't feel disappointed in myself
   B. I am disappointed in myself
   C. I don't like myself
   D. I am disgusted with myself
   E. I hate myself

8. A. I don't feel I am any worse than anybody else
   B. I am critical of myself for my weaknesses or mistakes
   C. I blame myself for my faults
   D. I blame myself for everything bad that happens

9. A. I don't have any thoughts of harming myself
   B. I have thoughts of harming myself but I would not carry them out
   C. I feel I would be better off dead
   D. I feel my family would be better off if I were dead
   E. I have definite plans about committing suicide
   F. I would kill myself if I could

10. A. I don't cry anymore than usual
    B. I cry more now than I used to
    C. I cry all the time now. I can't stop it
    D. I used to be able to cry but now I can't cry at all even though I want to

11. A. I am no more irritated now than I ever am
    B. I get annoyed or irritated more easily than I used to
    C. I feel irritated all the time
    D. I don't get irritated at all at the things that used to irritate me

12. A. I have not lost interest in other people
    B. I am less interested in other people now than I used to be
    C. I have lost most of my interest in other people and have little feeling for them
    D. I have lost all my interest in other people and don't care about them at all

13. A. I make decisions about as well as ever
    B. I try to put off making decisions
    C. I have great difficulty in making decisions
    D. I can't make any decisions at all any more

14. A. I don't feel I look any worse than I used to
    B. I am worried that I am looking old or unattractive
    C. I feel that there are permanent changes in my appearance and they make me look unattractive
    D. I feel that I am ugly or repulsive looking

15. A. I can work about as well as before
B. It takes extra effort to get started at doing something
C. I don't work as well as I used to
D. I have to push myself very hard to do anything
E. I can't do any work at all

16. A. I can sleep as well as usual
B. I wake up more tired in the morning than I used to
C. I wake up 1-2 hours earlier than usual and find it hard to get back to sleep
D. I wake up early every day and can't get more than 5 hours of sleep

17. A. I don't get anymore tired than usual
B. I get tired more easily than I used to
C. I get tired from doing anything
D. I get too tired to do anything

18. A. My appetite is no worse than usual
B. My appetite is not as good as it used to be
C. My appetite is much worse now
D. I have no appetite at all any more

19. A. I haven't lost much weight, if any, lately
B. I have lost more than 5 pounds
C. I have lost more than 10 pounds
D. I have lost more than 15 pounds

20. A. I am no more concerned about my health than usual
B. I am concerned about aches and pains or upset stomach or constipation
C. I am so concerned with how I feel or what I feel that it's hard to think of much else
D. I am completely absorbed in what I feel

21. A. I have not noticed any recent change in my interest in sex
B. I am less interested in sex than I used to be
C. I am much less interested in sex now
D. I have lost interest in sex

Appendix E. Marlowe-Crowne Social Desirability Scale

Directions: Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is true or false as it pertains to your personality. Circle your answer.

1. Before voting, I thoroughly investigate the qualifications of all the candidates.
   True False

2. I never hesitate to go out of my way to help someone in trouble.
   True False

3. It is sometimes hard for me to go on with my work if I am not encouraged.
   True False

4. I've never intensely disliked anyone.
   True False

5. On occasion, I've had doubts about my ability to succeed in life.
   True False

6. I sometimes feel resentful when I don't get my way.
   True False

7. I am always careful about my manner of dress.
   True False

8. My table manners at home are as good as when I eat out in a restaurant.
   True False

9. If I could get into a movie without paying for it and be sure I was not seen, I would probably do it.
   True False

10. On a few occasions, I have given up doing something because I thought too little of my ability.
   True False

11. I like to gossip at times.
   True False

12. There have been times when I felt like rebelling against people in authority even though I knew they were right.
True False

13. No matter who I'm talking to, I'm always a good listener.
True False

14. I can remember "playing sick" to get out of something.
True False

15. There have been occasions when I took advantage of someone.
True False

16. I'm always willing to admit it when I make a mistake.
True False

17. I always try to practice what I preach.
True False

18. I don't find it particularly difficult to get along with loud-mouthed, obnoxious people.
True False

19. I sometimes try to get even, rather than forgive and forget.
True False

20. When I don't know something I don't at all mind admitting it.
True False

21. I'm always courteous, even to people who are disagreeable.
True False

22. At times I have really insisted on having things my own way.
True False

23. There have been occasions when I felt like smashing things.
True False

24. I would never think of letting someone else be punished for my wrong doings.
True False

25. I never resent being asked to return a favor.
    True False

26. I have never been irked when people expressed ideas very different from my own.
    True False

27. I never make a long trip without checking the safety of my car.
    True False

28. There have been times when I was quite jealous of the good fortune of others.
    True False

29. I've almost never felt the urge to tell someone off.
    True False

30. I am sometimes irritated of people who ask favors of me.
    True False

31. I have never felt that I was punished without cause.
    True False

32. I sometimes think when people have a misfortune they only got what they deserved.
    True False

33. I've never deliberately said something that hurts someone's feelings.
    True False

Appendix F. Symptom Checklist-90

Below is a list of problems and complaints that people sometimes have. Read each one carefully, and select one of the numbered descriptors that best describes **HOW MUCH DISCOMFORT THAT PROBLEM HAS CAUSED YOU DURING THE PAST <u>TWO WEEKS</u> INCLUDING TODAY**. (Please place the number selected in the space to the left of the problem/complaint.)

HOW MUCH WERE YOU
DISTRESSED BY:_____ DESCRIPTORS: 0- Not at all
1-A little bit
2-Moderately
3-Quite a bit
4-Extremely

_____1. Headaches
_____2. Nervousness or shakiness.
_____3. Repeated unpleasant thought that won't leave your mind.
_____4. Faintness or dizziness.
_____5. Loss of sexual interest or pleasure.
_____6. Feeling critical of others.
_____7. The idea that someone else can control your thoughts.
_____8. Feeling others are to blame for most of your troubles.
_____9. Trouble remembering things.
_____10. Worried about sloppiness or carelessness.
_____11. Feeling easily annoyed or irritated.
_____12. Pains in heart or chest.
_____13. Feeling afraid in open spaces or on the streets.
_____14. Feeling low in energy or slowed down.
_____15. Thoughts of ending your life.
_____16. Hearing voices that other people do not hear.
_____17. Trembling.
_____18. Feeling that most people cannot be trusted.
_____19. Poor appetite.
_____20. Crying easily.
_____21. Feeling shy or uneasy with the opposite sex.
_____22. Feelings of being trapped or caught.
_____23. Suddenly scared for no reason.
_____24. Temper outbursts that you could not control.
_____25. Feeling afraid to go out of your house alone.
_____26. Blaming yourself for things.

_____27. Pains in lower back.
_____28. Feeling blocked in getting things done.
_____29. Feeling lonely.
_____30. Feeling blue.
_____31. Worrying too much about things.
_____32. Feeling no interest in things.
_____33. Feeling fearful.
_____34. Your feelings being easily hurt.
_____35. Other people being aware of your private thoughts.
_____36. Feeling others do not understand your or are unsympathetic.
_____37. Feeling that people are unfriendly or dislike you.
_____38. Having to do things very slowly to insure correctness.
_____39. Heart pounding or racing.
_____40. Nausea or upset stomach.
_____41. Feeling inferior to others.
_____42. Soreness of your muscles.
_____43. Feeling that you are watched or talked about by others.
_____44. Trouble falling asleep.
_____45. Having to check and double check what you do.
_____46. Difficulty making decisions.
_____47. Feeling afraid to travel on buses, subways, or trains.
_____48. Trouble getting your breath.
_____49. Hot or cold spells.
_____50. Having to avoid certain things, places, or activities because they frighten you.
_____51. Your mind going blank.
_____52. Numbness or tingling in parts of your body.
_____53. A lump in your throat.
_____54. Feeling hopeless about the future.
_____55. Trouble concentrating.
_____56. Feeling weak in parts of your body.
_____57. Feeling tense or keyed up.
_____58. Heavy feelings in your arms or legs.
_____59. Thoughts of death or dying.
_____60. Overeating.
_____61. Feeling uneasy when people are watching or talking to you.
_____62. Having thoughts that are not your own.
_____63. Having urges to beat, injure, or harm someone.
_____64. Awakening in the early morning.
_____65. Having to repeat the same actions such as touching, counting, washing.
_____66. Sleep that is restless or disturbed.

_____67. Having urges to break or smash things.
_____68. Having ideas or beliefs that others do not share.
_____69. Feeling very self-conscious with others.
_____70. Feeling uneasy in crowds, such as shopping or at a movie.
_____71. Feeling everything is an effort.
_____72. Spells of terror or panic.
_____73. Feeling uncomfortable about eating or drinking in public.
_____74. Getting into frequent arguments.
_____75. Feeling nervous when you are left alone.
_____76. Others not giving you proper credit for your achievements.
_____77. Feeling lonely even when you are with people.
_____78. Feeling so restless you couldn't sit still.
_____79. Feelings of worthlessness.
_____80. The feeling that something bad is going to happen to you.
_____81. Shouting or throwing things.
_____82. Feeling afraid you will faint in public.
_____83. Feeling that people will take advantage of you if you let them.
_____84. Having thoughts about sex that bother you a lot.
_____85. The idea that you should be punished for your sins.
_____86. Thoughts and images of a frightening nature.
_____87. The idea that something serious is wrong with your body.
_____88. Never feeling close to another person.
_____89. Feeling of guilt.
_____90. The idea that something is wrong with your mind.

Appendix G. Cognitive Styles Questionnaire

Directions

Please try to vividly imagine yourself in each of the situations or sequences of events that follow. Picture each situation as clearly as you can and as if the events were happening to you right now. Place yourself in each situation and decide what you feel would have caused it if it actually happened to you. Although events may have many causes, we want you to choose only one--the major cause if the event actually happened to you. For each situation, you will write down this cause in the blank provided. Then we will ask you some questions about the cause. After you have answered the questions about the cause of the event, think about how you'd react if the situation actually occurred in your life and what the occurrence of the situation would mean to you. Then we will ask you some questions about your views of and reactions to the situation.

It is important to remember that there are no right or wrong answers to the questions. The important thing is to answer the questions in a way that corresponds to what you would think and feel if the situations actually were occurring in your life

1. Imagine that the following sequence of events actually happens to you:

You take an exam and receive a low grade on it.

Questions 1a-d ask about the cause of your low grade on the exam.

a. Write down the one major cause of your low grade on the exam.

_____

b. Is it something about you or something about other people or circumstances that caused your low grade on the exam? (Circle one number.)

Totally caused by other people	1	2	3	4	5	6	7	Totally caused by me or circumstances

c. In the future when taking exams, will the cause of the low grade on this exam also cause other exam grades of yours to be low? (Circle one number.)

Will never again cause my exam grades to be low	1	2	3	4	5	6	7	Will always cause my grades to be low

d. Is the cause of your low grade on the exam something that just causes problems in your exam grades, or does it also cause problems in other areas of your life? (Circle one number.)

Causes problems just in my exam grades	1	2	3	4	5	6	7	Causes problems in all areas of my life

Questions 1e-g ask for your views of and reactions to your low grade on the exam and <u>not</u> about the cause of your low grade on the exam.

e. How likely is it that your receiving a low grade on the exam will lead to other negative things happening to you? (Circle one number.)

Not at all likely to lead to other negative things happening to me	1	2	3	4	5	6	7	Extremely likely to lead to other negative things happening to me

f. To what degree does your low grade on the exam mean to you that you are flawed in some way? (Circle one number.)

Definitely does not mean I am flawed in some way	1	2	3	4	5	6	7	Definitely does mean I am flawed in some way

g. How important is it to you that your grade on the exam is low? (Circle one number.)

Not at all important	1	2	3	4	5	6	7	Extremely important

2. Imagine that the following sequence of events actually happens to you:

You don't have a boyfriend/girlfriend (or spouse) although you want one.

Questions 2a-d ask about the cause of your not having a boyfriend/girlfriend (or spouse) although you want one.

a. Write down the one major cause of your not having a boyfriend/girlfriend (or spouse) although you want one.

_____

b. Is it something about you or something about other people or circumstances that caused your not having a boyfriend/girlfriend (or spouse) although you want one? (Circle one number.)

Totally caused by other people or circumstances	1	2	3	4	5	6	7	Totally caused by me

c. In the future when you want a boyfriend/girlfriend (or spouse), will the cause of your not having a boyfriend/girlfriend (or spouse) now also cause you to not have a boyfriend/girlfriend (or spouse) then? (Circle one number.)

Will never again cause me to not have a boyfriend/ girlfriend (or spouse)	1	2	3	4	5	6	7	Will always cause me to not have a girlfriend/boyfriend (or spouse)

d. Is the cause of your not having a boyfriend/girlfriend (or spouse) something that just causes problems in whether or not you have a boyfriend/girlfriend (or spouse), or does it also cause problems in other areas of your life? (Circle one number.)

Causes problems just in whether or not I have a boyfriend/ girlfriend (or spouse)	1	2	3	4	5	6	7	Causes problems in all areas of my life

Questions 2e-g ask for your views of and reactions to your not having a boyfriend/girlfriend (or spouse) and <u>not</u> about the cause of your not having a boyfriend/girlfriend (or spouse).

e. How likely is it that your not having a boyfriend/girlfriend (or spouse) although you want one will lead to other negative things happening to you? (Circle one number.)

Not at all likely to lead to other things happening to me	1	2	3	4	5	6	7	Extremely likely to lead to other negativethings happening to me

f. To what degree does your not having a boyfriend/girlfriend (or spouse) although you want one mean to you that you are flawed in some way? (Circle one number.)

Definitely does not mean I am flawed in some way	1	2	3	4	5	6	7	Definitelydoes mean I am flawed in some way

g. How important is it to you that you don't have a boyfriend/girlfriend (or spouse) although you want one? (Circle one number.)

Not at all important	1	2	3	4	5	6	7	Extremely important

3.Imagine that the following sequence of events <u>actually</u> happens to you:

A friend comes to you with a problem, and you are not as helpful as you would like to be.

Questions 3a-d ask about the <u>cause</u> of your not being as helpful as you would like to be to your friend.

a. Write down the <u>one</u> major cause of your not being as helpful as you would like to be to your friend.

_____

b. Is it something about you or something about other people or circumstances that caused your not being as helpful as you would like to be to your friend? (Circle one number.)

Totally caused by other people or circumstances	1	2	3	4	5	6	7	Totally caused by me

c. In the future when a friend comes to you with a problem, will the cause of your not being as helpful as you would like to be to your friend now also cause you to not be as helpful as you would like to be to a friend then? (Circle one number.)

Will never again cause me to not be as helpful as I would like to be	1	2	3	4	5	6	7	Will always cause me tonot be as helpful as I would like to be

d. Is the cause of your not being as helpful as you would like to be to your friend something that just causes problems in your helping friends, or does it also cause problems in other areas of your life? (Circle one number.)

Causes problems just in my helping friends	1	2	3	4	5	6	7	Causes problems in all areas of my life

Questions 3e-g ask for your views of and reactions to your not being as helpful as you would like to be to your friend and <u>not</u> about the cause of your not being as helpful as you would like to be to your friend.

e. How likely is it that your not being as helpful as you would like to be to your friend will lead to other negative things happening to you? (Circle one number.)

Not at all likely to lead to other negative things happening to me	1	2	3	4	5	6	7	Extremely likely to lead to other negativethings happening to me

f. To what degree does your not being as helpful as you would like to be to your friend mean to you that you are flawed in some way? (Circle one number.)

Definitely does not mean I am flawed in some way	1	2	3	4	5	6	7	Definitely does mean I am flawed in some way

g. How important is it to you that you are not as helpful as you would like to be to your friend? (Circle one number.)

Not at all important	1	2	3	4	5	6	7	Extremely important

4. Imagine that the following sequence of events actually happens to you:

As an assignment, you give an important talk in class, and the class reacts negatively.

Questions 4a-d ask about the cause of the class reacting negatively to your talk.

a. Write down the one major cause of the class reacting negatively to your talk.

_____

b. Is it something about you or something about other people or circumstances that caused the class to react negatively to your talk? (Circle one number.)

Totally caused by other people or circumstances	1	2	3	4	5	6	7	Totally caused by me

c. In the future when you give important talks in class, will the cause of the class reacting negatively to this talk also cause the class to react negatively to other talks of yours? (Circle one number.)

Will never again cause the class to react negatively to my talks	1	2	3	4	5	6	7	Will always cause the class to react negatively to my talks

d. Is the cause of the class reacting negatively to your talk something that just causes problems when you give talks, or does it also cause problems in other areas of your life? (Circle one number.)

Causes problems just when I give talks	1	2	3	4	5	6	7	Causes problems in all areas of my life

Questions 4e-g ask for your views of and reactions to the class reacting negatively to your talk and not about the cause of the class reacting negatively to your talk.

e. How likely is it that the class reacting negatively to your talk will lead to other negative things happening to you? (Circle one number.)

Not at all likely to lead to other negative things happening to me	1	2	3	4	5	6	7	Extremely likely to lead to other negative things happening to me

f. To what degree does the class reacting negatively to your talk mean to you that you are flawed in some way? (Circle one number.)

Definitely does not mean I am flawed in some way	1	2	3	4	5	6	7	Definitely does mean I am flawed in some way

g. How important is it to you that the class reacts negatively to your talk? (Circle one number.)

Not at all important	1	2	3	4	5	6	7	Extremely important

5. Imagine that the following sequence of events actually happens to you:

Your parents have been treating you in a negative way.

Questions 5a-d ask about the cause of your parents treating you in a negative way.

a. Write down the one major cause of your parents treating you in a negative way.

_____

b. Is it something about you or something about other people or circumstances that caused your parents to treat you in a negative way? (Circle one number.)

Totally caused by other people or circumstances	1	2	3	4	5	6	7	Totally caused by me

h. In the future when interacting with your parents, will the cause of them treating you in a negative way now also cause them to treat you in a negative way then? (Circle one number.)

Will never again cause my parents to treat me in a negative way	1	2	3	4	5	6	7	Will always cause my parents to treat me in a negative way

i. Is the cause of your parents treating you in a negative way something that just causes problems when you interact with them, or does it also cause problems in other areas of your life? (Circle one number.)

Causes problems just when I interact with my parents	1	2	3	4	5	6	7	Causes problems in all areas of my life

Questions 5e-g ask for your views of and reactions to your parents treating you in a negative way and <u>not</u> about the cause of your parents treating you in a negative way.

j. How likely is it that your parents treating you in a negative way will lead to other negative things happening to you? (Circle one number.)

Not at all likely to lead to other negative things happening to me	1	2	3	4	5	6	7	Extremely likely to lead to other negative things happening to me

k. To what degree does your parents treating you in a negative way mean to you that you are flawed in some way? (Circle one number.)

Definitely does not mean I am flawed in some way	1	2	3	4	5	6	7	Definitely does mean I am flawed in some way

l. How important is it to you that your parents have been treating you in a negative way? (Circle one number.)

Not at all important	1	2	3	4	5	6	7	Extremely important

6. Imagine that the following sequence of events actually happens to you:

Your gradepoint average (GPA) for the semester is low.

Questions 6a-d ask about the cause of your low gradepoint average (GPA) for the semester.

a. Write down the one major cause of your low gradepoint average (GPA) for the semester.

_____

b. Is it something about you or something about other people or circumstances that caused your low gradepoint average (GPA) for the semester? (Circle one number.)

Totally caused by other people or circumstances	1	2	3	4	5	6	7	Totally caused by me

c. In the future when you receive your grades for a semester, will the cause of this semester's low gradepoint average (GPA) also cause other semesters' gradepoint averages (GPA's) of yours to be low? (Circle one number.)

Will never again cause my semester gradepoint averages (GPA's) to be low	1	2	3	4	5	6	7	Will always cause my semester gradepoint averages (GPA's) to be low

d. Is the cause of your low gradepoint average (GPA) for the semester something that just causes problems in your grades, or does it also cause problems in other areas of your life? (Circle one number.)

Causes problems just in my grades	1	2	3	4	5	6	7	Causes problems in all areas of my life

Questions 6e-g ask for your views of and reactions to your low gradepoint average (GPA) for the semester and not about the cause of your low gradepoint average (GPA) for the semester.

e. How likely is it that your low gradepoint average (GPA) for the semester will lead to other negative things happening to you? (Circle one number.)

Not at all likely to lead to other negative things happening to me	1	2	3	4	5	6	7	Extremely likely to lead to other negative things happening to me

f. To what degree does your low gradepoint average (GPA) for the semester mean to you that you are flawed in some way? (Circle one number.)

Definitely does not mean I am flawed in some way	1	2	3	4	5	6	7	Definitely does mean I am flawed in some way

g. How important is it to you that your gradepoint average (GPA) for the semester is low? (Circle one number.)

Not at all important	1	2	3	4	5	6	7	Extremely important

7. Imagine that the following sequence of events actually happens to you:

At a party, people don't act interested in you.

Questions 7a-d ask about the cause of people not acting interested in you at the party.

a. Write down the one major cause of people not acting interested in you at the party.

_____

b. Is it something about you or something about other people or circumstances that caused people to not act interested in you at the party? (Circle one number.)

Totally caused by other people or circumstances	1	2	3	4	5	6	7	Totally caused by me

c. In the future when at parties, will the cause of people not acting interested in you at this party also cause people to not act interested in you at other parties? (Circle one number.)

Will never again cause people to not act interested in me at parties	1	2	3	4	5	6	7	Will always cause people to not act interested in me at parties

d. Is the cause of people not acting interested in you at the party something that just causes problems in your interactions at parties, or does it also cause problems in other areas of your life? (Circle one number.)

Causes problems just in my interactions at parties	1	2	3	4	5	6	7	Causes problems in all areas of my life

Questions 7e-g ask for your views of and reactions to people not acting interested in you at the party and <u>not</u> about the cause of people not acting interested in you at the party.

e. How likely is it that people not acting interested in you at the party will lead to other negative things happening to you? (Circle one number.)

Not at all likely to lead to other negative things happening to me	1	2	3	4	5	6	7	Extremely likely to lead to other negative things happening to me

f. To what degree does people not acting interested in you at the party mean to you that you are flawed in some way? (Circle one number.)

Definitely does not mean I am flawed in some way	1	2	3	4	5	6	7	Definitely does mean I am flawed in some way

g. How important is it to you that at a party, people don't act interested in you? (Circle one number.)

Not at all important	1	2	3	4	5	6	7	Extremely important

8. Imagine that the following sequence of events actually happens to you:

   You can't get all the work done that others expect of you.

Questions 8a-d ask about the cause of your not getting all the work done that others expect of you.

a. Write down the one major cause of your not getting all the work done that others expect of you.

_____

b. Is it something about you or something about other people or circumstances that caused your not getting all the work done that others expect of you? (Circle one number.)

Totally caused by other people or circumstances	1	2	3	4	5	6	7	Totally caused by me

c. In the future when doing the work that others expect, will the cause of your not getting all the work done now also cause you to not get all the work done then? (Circle one number.)

Will never again cause me to not get all the work done	1	2	3	4	5	6	7	Will always cause me to not get all the work done

d. Is the cause of your not getting all the work done that others expect of you something that just causes problems in your getting the work done that others expect, or does it also cause problems in other areas of your life? (Circle one number.)

Causes problems just in getting the work done that others expect	1	2	3	4	5	6	7	Causes problems in all areas of my life

Questions 8e-g ask for your views of and reactions to your not getting all the work done that others expect of you and not about the cause of your not getting all the work done that others expect of you.

e. How likely is it that your not getting all the work done that others expect of you will lead to other negative things happening to you? (Circle one number.)

Not at all likely to lead to other negative things happening to me	1	2	3	4	5	6	7	Extremely likely to lead to other negative things happening to me

f. To what degree does your not getting all the work done that others expect of you mean to you that you are flawed in some way? (Circle one number.)

Definitely does not mean I am flawed in some way	1	2	3	4	5	6	7	Definitely does mean I am flawed in some way

g. How important is it to you that you can't get all the work done that others expect of you? (Circle one number.)

Not at all important	1	2	3	4	5	6	7	Extremely important

9.Imagine that the following sequence of events actually happens to you:

You apply for admission into graduate or professional schools but don't get accepted at any you want to attend.

Questions 9a-d ask about the cause of your not getting accepted at any of the graduate or professional schools you want to attend.

a. Write down the one major cause of your not getting accepted at any of the graduate or professional schools you want to attend.

_____

b. Is it something about you or something about other people or circumstances that caused your not getting accepted at any of the graduate or professional schools you want to attend? (Circle one number.)

Totally caused by other people or circumstances	1	2	3	4	5	6	7	Totally caused by me

c. In the future when applying for admission into graduate or professional schools, will the cause of your not getting accepted now at any of the graduate or professional schools you want to attend also cause you to not get accepted then at any of the graduate or professional schools you want to attend? (Circle one number.)

Will never again cause me to not get accepted at the graduate or professional schools I want to attend	1	2	3	4	5	6	7	Will always cause me to not get accepted at the graduate or professional schools I want to attend

d. Is the cause of your not getting accepted at any of the graduate or professional schools you want to attend something that just causes problems in your getting accepted at graduate or professional schools you want to attend, or does it also cause problems in other areas of your life? (Circle one number.)

Causes problems just in my getting accepted at graduate or professional schools I want to attend	1	2	3	4	5	6	7	Causes problems in all areas of my life

Questions 9e-g ask for your views of and reactions to your not getting accepted at any of the graduate or professional schools you want to attend and not about the cause of your not being accepted.

e. How likely is it that your not getting accepted at any of the graduate or professional schools you want to attend will lead to other negative things happening to you? (Circle one number.)

Not at all likely to lead to other negative things happening to me	1	2	3	4	5	6	7	Extremely likely to lead to other negative things happening to me

f. To what degree does your not getting accepted at any of the graduate or professional schools you want to attend mean to you that you are flawed in some way? (Circle one number.)

Definitely does not mean I am flawed in some way	1	2	3	4	5	6	7	Definitely does mean I am flawed in some way

g. How important is it to you that you don't get accepted at any of the graduate or professional schools you want to attend? (Circle one number.)

Not at all important	1	2	3	4	5	6	7	Extremely important

10. Imagine that the following sequence of events actually happens to you:

During the first year of working in the career of your choice, you receive a negative evaluation of your job performance from your employer.

Questions 10a-d ask about the cause of the negative evaluation of your job performance from your employer.

a. Write down the one major cause of the negative evaluation of your job performance from your employer.

_____

b. Is it something about you or something about other people or circumstances that caused the negative evaluation of your job performance from your employer? (Circle one number.)

Totally caused by other people or circumstances	1	2	3	4	5	6	7	Totally caused by me

c. In the future when your job performance in the career of your choice is evaluated, will the cause of this negative job evaluation also cause other job evaluations to be negative? (Circle one number.)

Will never again cause my job evaluations to be negative	1	2	3	4	5	6	7	Will always cause my job evaluations to be negative

d. Is the cause of the negative evaluation of your job performance from your employer something that just causes problems in your job evaluations in the career of your choice, or does it also cause problems in other areas of your life? (Circle one number.)

Causes problems just in my job performance in the career of my choice	1	2	3	4	5	6	7	Causes problems in all areas of my life

Questions 10e-g ask for your views of and reactions to the negative evaluation of your job performance from your employer and <u>not</u> about the cause of the negative evaluation of your job performance from your employer.

e. How likely is it that the negative evaluation of your job performance from your employer will lead to other negative things happening to you? (Circle one number.)

Not at all likely to lead to other negative things happening to me	1	2	3	4	5	6	7	Extremely likely to lead to other negative thing happening to me

f. To what degree does the negative evaluation of your job performance from your employer mean to you that you are flawed in some way? (Circle one number.)

Definitely does not mean I am flawed in some way	1	2	3	4	5	6	7	Definitely does mean I am flawed in some way

g. How important is it to you that during the first year of working in the career of your choice, you receive a negative evaluation of your job performance from your employer? (Circle one number.)

Not at all important	1	2	3	4	5	6	7	Extremely important

11. Imagine that the following sequence of events <u>actually</u> happens to you:

Your relationship with your boyfriend/girlfriend (or spouse) ends even though you would like it to continue.

Questions 11a-d ask about the <u>cause</u> of your relationship with your boyfriend/girlfriend (or spouse) ending even though you would like it to continue.

a. Write down the <u>one</u> major cause of your relationship with your boyfriend/girlfriend (or spouse) ending even though you would like it to continue.

_____

b. Is it something about you or something about other people or circumstances that caused your relationship with your boyfriend/girlfriend (or spouse) to end even though you would like it to continue? (Circle one number.)

Totally caused by other people or circumstances	1	2	3	4	5	6	7	Totally caused by me

c. In the future when you are involved in a relationship, will the cause of your relationship with your boyfriend/girlfriend (or spouse) ending now also cause other relationships with boyfriends/girlfriends (or spouses) to end even though you would like them to continue? (Circle one number.)

Will never again cause my relationships with boyfriends/ girlfriends (or spouses) to end	1	2	3	4	5	6	7	Will always cause my relationships with boyfriends/ girlfriends (or spouses) to end

d. Is the cause of your relationship with your boyfriend/girlfriend (or spouse) ending even though you would like it to continue something that just causes problems in your relationships, or does it also cause problems in other areas of you life? (Circle one number.)

Causes problems just in my relationships	1	2	3	4	5	6	7	Causes problems in all areas of my life

Questions 11e-g ask for your views of and reactions to your relationship with your boyfriend/girlfriend (or spouse) ending even though you would like it to continue and <u>not</u> about the cause of your relationship with your boyfriend/girlfriend (or spouse) ending even though you would like it to continue.

e. How likely is it that the ending of your relationship with your boyfriend/girlfriend (or spouse) will lead to other negative things happening to you? (Circle one number.)

Not at all likely to lead to other negative things happening to me	1	2	3	4	5	6	7	Extremely likely to lead to other negative things happening to me

f. To what degree does the ending of your relationship with your boyfriend/girlfriend (or spouse) even though you would like it to continue mean to you that you are flawed in some way? (Circle one number.)

Definitely does not mean I am flawed in some way	1	2	3	4	5	6	7	Definitely does mean I am flawed in some way

g. How important is it to you that your relationship with your boyfriend/girlfriend (or spouse) ends even though you would like it to continue? (Circle one number.)

Not at all important	1	2	3	4	5	6	7	Extremely important

12. Imagine that the following sequence of events actually happens to you:

A person with whom you really want to be friends does not want to be friends with you.

Questions 12a-d ask about the cause of the person not wanting to be friends with you.

a. Write down the one major cause of the person not wanting to be friends with you.

_____

b. Is it something about you or something about other people or circumstances that caused the person to not want to be friends with you? (Circle one number.)

Totally caused by other people or circumstances	1	2	3	4	5	6	7	Totally caused by me

c. In the future when you want to be friends with someone, will the cause of this person not wanting to be friends with you also cause other people to not want to be friends with you? (Circle one number.)

Will never again cause other people to not want to be friends with me	1	2	3	4	5	6	7	Will always cause other people to not want to be friends with me

d. Is the cause of the person not wanting to be friends with you something that just causes problems in your making friends, or does it also cause problems in other areas of your life? (Circle one number.)

Causes problems just in my making friends	1	2	3	4	5	6	7	Causes problems in all areas of my life

Questions 12e-g ask for your views of and reactions to the person not wanting to be friends with you and <u>not</u> about the cause of the person not wanting to be friends with you.

e. How likely is it that the person not wanting to be friends with you will lead to other negative things happening to you? (Circle one number.)

Not at all likely to lead to other negative things happening to me	1	2	3	4	5	6	7	Extremely likely to lead to other negative things happening to me

f. To what degree does the person not wanting to be friends with you mean to you that you are flawed in some way? (Circle one number.)

Definitely does not mean I am flawed in some way	1	2	3	4	5	6	7	Definitely does mean I am flawed in some way

g. How important is it to you that a person with whom you really want to be friends does not want to be friends with you? (Circle one number.)

Not at all important	1	2	3	4	5	6	7	Extremely important

Appendix H. COPE-B

These items deal with the ways you've been coping with any difficulties you might be experiencing. There are many ways to deal with stress. These items ask you to indicate how *you* cope. Each item says something about a particular way of coping. Please indicate *how frequently* you've been doing what the item says. Don't answer on the basis of whether it seems to be *working* or not, just whether or not you're doing it. Try to rate each item separately from the others. Make your answers as true *for you* as you can.

1 = I haven't been doing this at all
2 = I've been doing this a little bit
3 = I've been doing this a medium amount
4 = I've been doing this a lot

1. _____ I've been turning to work or other activities to take my mind off things.
2. _____ I've been concentrating my efforts on doing something about the situation I'm in.
3. _____ I've been saying to myself this isn't real.
4. _____ I've been using alcohol or other drugs to make myself feel better.
5. _____ I've been getting emotional support from others.
6. _____ I've been giving up trying to deal with it.
7. _____ I've been taking action to try to make the situation better.
8. _____ I've been refusing to believe that it has happened.
9. _____ I've been saying things to let my unpleasant feelings escape.
10. _____ I've been getting help and advice from other people.
11. _____ I've been using alcohol or other drugs to help me get through it.
12. _____ I've been trying to see it in a different light, to make it seem more positive.
13. _____ I've been criticizing myself.
14. _____ I've been trying to come up with a strategy about what to do.
15. _____ I've been getting comfort and understanding from someone.
16. _____ I've been giving up the attempt to cope.
17. _____ I've been looking for something good in what is happening.
18. _____ I've been making jokes about it.
19. _____ I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
20. _____ I've been accepting the reality of the fact that it has happened.
21. _____ I've been expressing my negative feelings.
22. _____ I've been trying to find comfort in my religion or spiritual beliefs.
23. _____ I've been trying to get advice or help from other people about what to do.

24. _____ I've been learning to live with it.
25. _____ I've been thinking hard about what steps to take.
26. _____ I've been blaming myself for things that happened.
27. _____ I've been praying or meditating.
28. _____ I've been making fun of the situation.