Objective: The aim of this study was to examine the relationships among social support, attachment security, and psychopathology in an adult sample of high risk abuse survivors. Attachment security was conceptualized in terms of two underlying dimensions, the working models of self and other.

Method: Sixty-six participants (24 men and 42 women) who met conditions for physical or sexual abuse were recruited from the greater Boston area. They completed the “Record of Maltreatment Experiences,” the “Relationship Scales Questionnaire,” the “Norbeck Social Support Questionnaire,” and multiple measures of psychopathology.

Results: When multiple risk and protective factors were examined concurrently (e.g., social support, attachment, abuse history, IQ, SES), a negative view of self (one of the attachment poles) was the strongest predictor of overall psychopathology. Social support did not emerge as a significant direct predictor of psychopathology, once the effects of negative view of self were accounted for. However, among participants low on social support, in comparison to those who are high, a negative view of self was more highly correlated with some psychopathology measures.

Conclusions: These findings indicate that among maltreatment survivors, negative view of self emerges as the most substantial predictor of psychopathology when examined in combination with other relevant risk factors. © 2000 Elsevier Science Ltd.

Key Words—Abuse, Social support, Attachment, Psychopathology.

CHILD MALTREATMENT AS A RISK FACTOR

ONE OF THE most significant areas of risk studied in developmental psychopathology has been that of child maltreatment. Cicchetti (1990) described the effects of maltreatment on the child’s ability to negotiate stage-salient developmental tasks. Considerable risk for the development of psychopathology has been found among survivors of physical abuse (Feldman et al., 1995; Muller, Fitzgerald, Sullivan, & Zucker, 1994; Prino & Peyrot, 1994), and among survivors of sexual abuse (Beitchman et al., 1992).

Discussing the damaged attachments of trauma survivors, Herman (1992) explained that among these individuals, a negative view of self is prevalent; and it is characterized by a lack of self-respect and a lack of autonomy in relation to others. When the view of self is damaged, the individual loses the sense of agency and power to direct his/her own life in relationships. In maltreated individuals, there is a “violation of human connection” which fosters the belief that the
world is a dangerous place (Herman, 1992). The individual’s sense of trust in others is compromised.

Resilience Among Individuals at Risk

The terms “invulnerable” (Anthony & Cohler, 1987), and “resilient” (Cicchetti & Garmezy, 1993; Higgins, 1994; Masten & Garmezy, 1985; Werner, 1990, 1993; Werner & Smith, 1982) have been used to describe those who have the ability to overcome adversity. Higgins (1994) described such individuals as those who are able to negotiate significant challenges to development yet consistently “snap back” in order to complete the developmental task that confronts them as they grow. Among those at risk, notable individual differences exist, with some showing the ability to overcome the effects of their misfortune.

Protective factors function in such a manner as to buffer the effects of a high risk background upon these persons and their functioning. Social support is among the most significant of the protective factors. Higgins (1994) and Rutter (1987) found that individuals having at least one supportive relationship with a caring adult (including siblings, grandparents, teachers, etc.) functioned much better than expected given their troubled histories.

One of the most ambitious studies of risk, protection, and the development of psychopathology was conducted by Werner (1990, 1993) in a longitudinal study in Kauai spanning several decades. This study of 698 children examined protective factors, including the protective effects of social support. Werner found that children identified as resilient established a close bond with at least one person who provided them with stable care. Alternate caregivers such as grandparents and older siblings were often important sources of social support and buffers of stressful life experiences.

Protective Mechanisms: A Reciprocal Effects Model of Social Support, Attachment and Psychopathology

Research on those at risk has identified protective factors, particularly the protective effects of social support. However, theorists such as Rutter (1987, 1994) have argued that the field should move beyond the simple identification of protective factors, and instead examine protective mechanisms. That is, mechanisms or processes by which these factors exercise their protective effects (Cicchetti, Rogosch, Lynch, & Holt, 1993). By which processes do some individuals at risk move from maladaptive to adaptive developmental trajectories? And specifically, what are the processes by which social support gives rise to resilience?

The answer to these questions may lie partially within a different construct in the area of developmental psychopathology. The “reciprocal effects” model of socialization (Stice & Barrera, 1995) holds that children are active participants in their developmental environments. That is, child generated factors are critical to the socialization process along which children subsequently develop (Lerner & Spanier, 1978; Sameroff, 1975). Discussing processes yielding resilience, Egeland, Carlson, and Sroufe (1993) asserted that the individual actively participates in the developmental process, bringing to new experiences the beliefs and feelings that influence the manner in which environmental cues and stimuli are interpreted and organized. Reciprocal effects models of developmental psychopathology have been well supported in recent studies (Muller, 1996; Stice & Barrera, 1995). A reciprocal effects model of social support, attachment, and psychopathology would hold that social support is beneficial to individuals who are at high risk to the extent that such persons are active relationship seekers. Those who have the psychological preparedness to accept intimacy, and who have the capacity to form a secure attachment should be more able to accept and utilize social supports. Thus, this model proposes an interaction between the availability of social support and the individual’s capacity for a secure attachment in promoting better outcome. Werner’s (1990, 1993) longitudinal study had findings consistent with this model. Werner reported that resilient children were adept at actively recruiting surrogate parents even if
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