

The Associations Between Psychologists' Attachment Patterns  
and Their Experiences with Clients Including Sexual Attraction and Sexual Contact:  
A National Survey.

by

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## ABSTRACT

The goal of the research was to expand our understanding of therapist-client sexual contact and the related, but distinct, topic of therapists' sexual attraction to clients. Specifically, the study examined characteristics of psychologists who act on feelings of attraction by engaging in sexual contact with clients. In considering applicable theory for investigating such characteristics, attachment theory was selected for two primary reasons. First, attachment theory has been empirically validated as a theoretical construct for conceptualizing interpersonal relationships as well as a variety of adult sexual behaviors including sexual coercion, promiscuity, voyeurism and abstinence. Second, previous research regarding sexually exploitive professionals has revealed some consistencies with individuals demonstrating insecure attachment patterns. The data were collected via a national sample of 1500 members of The Canadian Register of Health Service Providers in Psychology. Of 1468 deliverable surveys, 588 useable returns yielded a response rate of 40%. The instrument collected data regarding participants' demographics, ratings on the Experiences in Close Relationships - Revised (ECR-R) and experiences with clients including sexual contact and sexual attraction. Several relationships were identified between participants' demographics and their experiences with clients. Relationships were also identified between participants' attachment patterns and their experiences with clients. Of specific note was the modest, but significant, relationship between attachment anxiety and sexual contact with clients. There was a notable discrepancy between the 25 (4.3%) respondents reporting experiences of sexual contact with clients or previous clients, and the 259 respondents (44%) reporting 556 client disclosures of sexual contact with another therapist. The results have implications for future research, education, prevention and treatment efforts.

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## CHAPTER 1: INTRODUCTION

The phenomena of therapist-client sexual contact and the related, but distinct, topic of therapists' sexual attraction to clients are of continuing interest in the professional literature (Olarte, 1991; Simon, 1999a). Prior to sexual contact with clients, there are often harbingers of sexual boundary crossings, including sexual feelings towards clients (Simon, 1999b). However, there is a clear delineation between sexual feelings in psychotherapy, which are considered acceptable and expected, and engaging in sexual acts with clients (Hamilton & Spruill, 1999; Houseman & Stake, 1999; Pope, Sonne & Holroyd, 1993). Research does indicate that the vast majority of therapists who experience sexual feelings do not report engaging in therapist-client intimacies (Pope, Sonne, & Holroyd). However, there continues to be limited understanding of the distinguishing characteristics of therapists who do act on feelings of sexual attraction by engaging in sexual contact with clients (Jackson & Nuttall, 2001). Investigating these characteristics may not only enhance our understanding of how therapist-client sexual contact occurs, but also guide education, prevention and treatment efforts (Jackson & Nuttall; Pope, 1993; Seto, 1995). Further, such research may contribute to the wider body of knowledge in the area of sexually exploitive behavior.

There has been limited theoretically-based investigation of therapist-client sexual contact. For the current research, attachment theory (Ainsworth, 1991; Bowlby, 1969/1997) was selected as a theoretical framework. Over the past two decades, attachment theory has been explored in relation to adult relationships including siblingships, friendships and romantic involvement (Collins & Read, 1990; Hazan and Shaver, 1987, 1994a). Some research has explored the relevance of attachment theory to counselling although the focus has primarily been on clients' attachment to therapists and the therapeutic applications thereof (Bartholomew & Thompson, 1995; Mallinckrodt, Coble & Gantt, 1995). Attachment

theory has also been validated as an explanatory framework with regard to such topics as sexual promiscuity, affect regulation, relationship characteristics, autonomy and support-seeking (Belsky, 1999a; Feeney, 1999; Griffin & Bartholomew, 1994a; Hazan & Zeifman, 1994; Hazan & Shaver, 1987).

This author first investigated the topic of sexual dual relationships as a minor component of a master's thesis on various types of dual relationships. During a literature review for the thesis, it was noted that research regarding the topic of sexual contact has been considered important for over three decades (Masters & Johnson's, 1970; Olarte, 1991; Pope, 2000). Additionally, several authors observed that despite the ethical prohibitions and evidence of harm to clients, such sexual intimacies continue to occur and represent a major source of licensing complaints, ethics complaints and malpractice suits (Blanchard & Lichtenberg, 1998; Jackson & Nuttall, 2001; Pope, 1987). Given this, it was surprising to find such a relative paucity of research in this area and in the area of psychologists' sexual attraction to clients. It appeared that, with some notable exceptions, the topic has largely been avoided, evaded and essentially relegated to a dusty place under a far corner of the rug. The goal of the current research is to build upon the notable exceptions to expand our knowledge base in relevant ways for helping professionals and their clients

#### Definition of Terms

*Fiduciary relationship.* Professional therapy constitutes a fiduciary relationship in which therapists are entrusted to protect the welfare of their clients (Thoreson, Shaughnessy, & Frazier, 1995). Bayles's (1989) discussion of professional relationships identifies the fiduciary type as the ideal. Within fiduciary relationships, "the professional's superior knowledge is recognized, but the client retains a significant authority and responsibility in decision-making" (p. 77). The client's participation in informed consent indicates the

professional's role of proposing courses of action. As it is the professional who is providing the information, there is the element of trust on the part of the client and an obligation of trustworthiness on the part of the professional. This trust is premised upon expectations that the professional exercises their judgment and skill in the best interest of the client (Zaner, 1991).

*Boundaries.* The topic of boundaries is frequently addressed in the literature as integral to sexual dual relationship issues (Smith & Fitzpatrick, 1995; Borys, 1994). According to Gutheil and Gabbard (1993) "a boundary may parsimoniously be defined as the 'edge' of appropriate behaviour. This edge resists sharp definition not only because of the diversity of psychotherapeutic approaches, but also because within any one school of thought, most clinicians would agree that the therapist must attempt to tailor the treatment strategy to the particular requirements of the individual patient" (p. 410). Therapeutic boundaries can be conceptualized as a framework that defines the characteristics of the relationship, allocation of roles and styles of relating (Gutheil & Gabbard; Owen, 1997).

*Sexual dual relationships.* The same phenomena have been labeled with various terms such as erotic contact, sexual contact, sexual abuse, sexualized relationships, sexual misconduct, sexual dual relationships and sexual exploitation. Various definitions of sexual contact involved in sexual dual relationships have been proposed. Holroyd and Brodsky (1977) describe erotic contact as "that which is primarily intended to arouse or satisfy sexual desire" (p. 844). Gartrell, Herman, Olarte, Feldstein and Localio (1986) describe sexual contact as contact intended to arouse or satisfy sexual desire in the patient, therapist, or both. Rodolfa et al. (1994) define sexually involved as touching in a sexually arousing manner or having genital contact with clients. The College of Psychologists of Ontario (1998) define sexual abuse by a psychologist as "sexual intercourse or other forms of physical sexual

relationship between a member and a client; touching, of a sexual nature of the client by the member; or, behaviour or remarks of a sexual nature by a member toward a client” (p. 5).

Sexual violations have been defined as therapist-client sex, whether initiated by the patient or not or engaging in any contact with a patient that is sexual or may be reasonably interpreted as sexual (Robinson, 1999). For the purposes of this project, the various labels will be considered synonymous and representative of behaviour and remarks of a sexual nature intended to arouse or satisfy sexual desire.

## CHAPTER 2: LITERATURE REVIEW

### Attachment Theory

Attachment theory has emerged as a lifespan theory and has thus been applied to the study of adult relationships (Shaver et al., 2000). A challenge in reviewing the literature is the use of multiple terms for various types of insecure attachments. While the writer will attempt to use consistent terms, referral back to original works will unavoidably reflect different terminologies. Topics to be explored include the historical development of attachment theory, the foundation and basic tenets of attachment theory, childhood attachment, adult attachment and attachment in the therapeutic process. As attachment theory endeavors to provide explanations for normative aspects and individual differences of interpersonal relating, many of the topics will include these two perspectives. Finally, some ongoing controversies regarding attachment theory will be identified.

### The Historical Development of Attachment Theory

Attachment theory originated with John Bowlby who graduated from Cambridge in 1928. He subsequently volunteered at a school for maladjusted children, which highlighted for him of the important effects of early family relationships on personality development (Lopez, 1995). During his career as a child psychiatrist he founded a research unit to study mother-child separation including hospitalized and institutionalized children (Bretherton, 1992). Bowlby was struck by the similarity in the way children responded to separation from caregivers (Hazan & Shaver, 1994a; Perlman & Bartholomew, 1994). After concluding that to thrive emotionally, children need a close and continuous caregiving relationship, Bowlby began developing an explanation for his observations. Dissatisfaction with then-current psychoanalytic views led Bowlby to explore and meld ideas from theories of evolution, object relations, developmental psychology, evolutionary biology, ethology and

cognitive psychology (Simpson, 1999). Bowlby's first formal statement of attachment theory was presented to the British Psychoanalytic Society in three seminal papers: "The nature of the child's tie to his mother" in 1958.

Mary Ainsworth (nee Salter), is considered one of the most influential contributors to the development of attachment theory (Bretherton, 1992, 1998; Cassidy, 1999). After completing graduate studies at the University of Toronto in 1950 she began work at Bowlby's research unit at the Tavistock Institute (Ainsworth & Ainsworth, 1958; Ainsworth & Bowlby, 1991). In 1953 Ainsworth relocated to Uganda where her naturalistic research regarding toddlers' responses to weaning struck her as pertinent to Bowlby's theorizing. The findings in Uganda foreshadowed her work in America a decade later on the Baltimore project which explored individual differences in infant attachment patterns. Her subsequent research identified three distinct patterns of attachment between infants and their primary caregivers: secure, ambivalent and avoidant (Ainsworth, Blehar, Waters & Wall, 1978; Ainsworth & Bowlby).

More recently, there has been a focus upon the relevance of attachment theory to adult relationships. Both Bowlby and Ainsworth recognized that attachment bonds exert a powerful and enduring influence on human behaviour throughout the lifespan (Lopez, 1995). However, the application of attachment theory to adults came to the forefront with Hazan and Shaver's (1987) conceptualization of adult romantic relationships as attachment processes. Since that time attachment theory has provided a theoretical foundation for numerous empirical investigations of adults' affective, cognitive, somatic, interpersonal and behavioural experiences.

#### *The Foundation and Basic Tenets of Attachment Theory*

Attachment theory attempts to explain the human tendency to form attachment

relationships by pointing out the evolutionary survival value of attachment behaviour (Jones, 1983). The notion that attachment is a very real biological need was established in studies of infants reared in orphanages and other institutional settings where they lacked attachment opportunities (Hazan & Zeifman, 1999). An initial distinction between the presence of an attachment relationship and the quality of an attachment relationship is important.

According to Bowlby, all human infants will form an attachment, of varying qualities, as long as someone is there to interact with and serve as an attachment figure. Even for those who are mistreated, attachment relationships are formed with caregivers. Individual differences in these attachment relationships are dependent on, and reflective of, differences in the history of care (Bowlby, 1969/1997; Grossmann & Grossmann, 1990; Weinfield, Sroufe, Egeland & Carlson, 1999).

#### *Evolutionary Basis of Attachment Theory*

Attachment theory has been strongly influenced by evolutionary principles such as 'inclusive fitness' which suggests that the ultimate target of natural selection is not the survival of the individual, but rather the transmission of genetic material to subsequent generations. As human infants are born relatively premature to accommodate a particularly large head, they have a prolonged period of dependency. In order to increase the chances of survival through the most vulnerable years of development an attachment behavioural system evolved to increase survival rate and subsequent transmission of genetic material (Belsky, 1999a; Simpson, 1999).

### *Attachment Behavioural System*

According to attachment theory, humans evolved to a point where newborns arrive in the world equipped with an attachment behavioural system (Feeney & Collins, 2001). The goal of attachment behaviour is to maintain proximity between infants and their caretakers to provide protection from danger by keeping the individual in proximity to one or a few caregivers (Bartholomew & Horowitz, 1991; Bowlby, 1988). Thus it provides multiple functions including protection from predation, starvation, illness, injury, emotional upset, natural disaster, and the risk of separation (Goldberg, Grusec & Jenkins, 1999; Main, 1995). Although human infants initially direct proximity-promoting signals fairly indiscriminately to all caregivers, these behaviours become increasingly more organized and focused on those primary figures that are responsive (Bretherton, 1992). Main (1995) suggests that the attachment system is, at some level, continually active in the individual, but should be most strongly activated under conditions of distress (Bowlby, 1988; Posada & Jacobs, 2001; Simpson, Rholes & Nelligan, 1992).

### *Defining Features of Attachment Relationships*

Attachment relationships have four defining features evidenced by behaviours directed toward an attachment figure: a) seeking and maintaining physical proximity (proximity maintenance), b) seeking comfort or aid when needed (safe haven), c) experiencing distress with unexpected or prolonged separations (separation distress), and d) relying on the figure as a base of security from which to engage in exploratory and other nonattachment activities (secure base) (Bartholomew & Thompson, 1995; Mallinckrodt, 1995; Mallinckrodt, Coble & Gant, 1995a; Posada & Jacobs, 2001).

### *Multiple Attachment Relationships*

The concept of multiple attachments frequently arises within the professional literature. Bowlby has suggested three principal propositions about multiple attachments in infancy. First, most infants are thought to form more than one attachment within any emotionally close relationship (Ainsworth, 1991; Belsky, 1999b). Second, the potential number of attachment figures is not limitless (Bowlby, 1969/1997; Cassidy, 1999). Third, although most infants have multiple attachment figures, attachment figures are not interchangeable and may be treated differently by the infant in a sort of "attachment hierarchy." Hazan & Shaver (1994b) stress that there is nothing in attachment theory requiring that mother be the primary attachment figure; infants form a primary attachment to the person who most consistently provides care.

### *Childhood Attachment*

While the current research is directed toward adults, a brief review of childhood attachment will be provided as it is foundational to a discussion of adult attachment.

### *Individual Differences in Childhood Attachment*

Individual differences in the quality of attachment are thought to arise from the caregiver's sensitivity to the infant's expressions (Ainsworth & Marvin, 1995). Caregiver sensitivity is described as the ability to notice, accurately interpret and respond to communicative signals of the infant (Mallinckrodt et al., 1995a; Vaughn & Bost, 1999). Those caregivers who respond sensitively foster secure attachment whereas those who do not respond sensitively foster insecure attachment of varying types, such as ambivalent or avoidant. The terms 'secure' and 'insecure' do not refer to the intensity of the attachment. Rather, they describe the infant's perception of the availability of the caregiver if needed for comfort or protection (Weinfield et al., 1999). Secure attachment is defined by Ainsworth, et

al., (1978) as the state of being secure or untroubled about the availability of the attachment figure and is promoted by caregivers who are sensitive (Mallinckrodt et al., 1995a).

Securely attached infants generally direct few attachment behaviours toward caregivers in non-threatening environments. When threats do arise, secure infants are able to direct attachment behaviours to their caregivers and take comfort in the sensitive reassurance provided.

Children will respond to the adaptive problems posed by different rearing environments by attempting different strategies to cope. Ambivalent patterns may develop when caregivers respond inconsistently, at times being unresponsive and at other times being intrusive (Mallinckrodt et al., 1995a; Rothbard & Shaver, 1994). Infants with ambivalent attachment relationships fear that caregivers will be ineffectively responsive when needed and may be angry about this. There is a focus upon the attachment figure that is maintained by a heightened responsiveness to minimal cues of threat and is reflected by the expression of many attachment behaviours in apparently non-threatening environments (Weinfield et al., 1999).

Caregivers of avoidant infants tend to be consistently unresponsive, emotionally distant and rebuff their infant's cues for proximity (Mallinckrodt et al., 1995a; Rothbard & Shaver, 1994). Avoidant infants direct attention away from conditions normally eliciting attachment behaviour, thus reducing activation of the attachment system (Main, 1990). Such children minimize contact with caregivers and appear not to be distressed by separations (Ainsworth et al., 1978; Hazan & Shaver, 1994a). Over time, behavioural avoidance is augmented with psychological inhibition (Crittenden, 1995).

*Internal Working Models*

Ainsworth (1989) defines internal working models as conscious and/or unconscious rules for the organization of information relevant to attachment and for obtaining or limiting access to that information. These working models are seen as mechanisms through which early attachment experiences influence various relationships in various environments across the lifespan (Baldwin & Fehr, 1995; Bowlby, 1969/1997; Collins & Read, 1990). The influence of internal working models may be unconscious and especially prominent when individuals experience distress or general threats to feelings of security (Bowlby, 1969/1997; Lopez & Brennan, 2000).

Over repeated interactions children are theorized to develop internal working models that represent those interactions and contribute to the endogenous regulation of the attachment behavioural system (Kobak, 1994; Main, Kaplan, & Cassidy, 1985). During early childhood, the models are relatively flexible although consistent interactions with primary caregivers serve to consolidate the emerging models (Rothbard & Shaver, 1994). These emerging models integrate perceptions of one's own competence and love worthiness (self-model) together with expectations of the availability and likely responsiveness of attachment figures (other-model) (Bartholomew & Horowitz, 1991; Bowlby, 1969/1997). Infants who receive consistent sensitive care are thought to develop positive models of the self and other, whereas infants who do not receive this type of care are thought to develop negative models of the self and/or other. Models originally derived from relationships with primary caregivers are thought to eventually generalize to broader conceptualizations of others and the world.

Once organized, working models do not tend to change dramatically for several reasons (Collins & Read, 1994; Main et al., 1985). First, working models affect direction and

duration of attentional processes (Lopez & Brennan, 2000). Second, new information tends to be assimilated in ways consistent with existing models, rather than existing models accommodating to new information, leading to some distortion of incoming information (Bretherton, 1992; Kirkpatrick & Hazan, 1994). Third, models create biases in memory encoding and retrieval (Feeney & Noller, 1996). Fourth, working models affect attributional and explanatory processes (Collins & Read; Feeney & Noller; Sroufe, 1988). Fifth, individuals may choose environments that are consistent with, and thus reinforcing of, working models (Sroufe). Finally, working models are likely to become 'self-fulfilling prophecies' through the creation of social environments which confirm existing representations of self and others (Collins & Read; Sroufe).

Despite the multiple reasons for stability in working models, it is widely accepted that one's models can change, particularly in response to disconfirming evidence (Krause & Haverkamp, 1996; Waters et al., 2000). In fact, Bowlby repeatedly warned of the pathogenic potential of working models that are not updated based on new information (Bretherton & Munholland, 1999). Disconfirming evidence often occurs in the context of developmental milestones such as having a child or death of a parent. The likelihood that one's internal models would be altered is thought to relate to various factors including openness to accommodating new information, the emotional significance and duration of the experiences and metacognitive abilities (Collins & Read, 1994).

#### *Adult Attachment*

More recently, attachment theory has been applied to the study of adult relationships (Shaver et al., 2000). The development and validation of an attachment system for infants has provided the foundation for developing a related taxonomy of attachment in adults (Sperling, Berman & Fagen, 1992). As with children, adult attachment is thought to have its

normative aspects as well as individual differences. For example, there is a normative expectation that all individuals have working models regarding close relationships while there are individual differences in the nature of those working models. Adult attachment is guided by these internal working models of self and others which shape an individual's beliefs about whether the self is worthy of love and whether others can be trusted to provide love and support (Mickelson et al., 1997). These models influence individual's cognitive, affective and behavioural patterns in predictable ways that are reflected in different patterns of adult attachment. While adults can have bonds with others, it is generally accepted that attachment relationships in adulthood are primarily with romantic intimates (Hazan & Zeifman, 1999). The literature and research has focused upon heterosexual pair-bonds as compared to same-sex pair-bonds. Given theorists' suppositions that bonds comparable to heterosexual couples may be formed by homosexual couples (Ainsworth, 1989, 1991; Mohr, 1999), much of the literature is theoretically applicable to homosexual couples.

#### *Evolutionary Theoretical Aspects of Adult Attachment Pair Bonds*

A superior evolutionary strategy is one that ensures survival and enhances reproductive success (Belsky, Steinberg & Draper, 1991; Hinde, 1991). Empirical investigations clearly outline that pair-bonds contribute to the survival of offspring and leave them better equipped to develop pair-bonds of their own (Hazan & Zeifman, 1999). Conveniently, a mechanism for fostering an enduring bond between two individuals was already available and it is parsimonious to presume that attachment was co-opted to bond reproductive partners. This exploitation of an evolved structure for another purpose is common in evolution and is termed 'exaptation' (Hazan & Diamond, 2000).

### *Normative Considerations in Adult Attachment*

Adult attachment relationships are distinguishable from other relationships and consistent with childhood attachments in that they possess the four specific attributes of proximity seeking and maintenance, safe haven, separation distress and secure base (Stevenson-Hinde, 1994; Weiss, 1991, 1994; West, Sheldon & Reiffer, 1987). Research suggests that adult attachment relationships take approximately two years to develop and nearly all romantic relationships of two years or longer are marked by reliance on romantic partners for all four attachment functions (Hazan & Shaver, 1994a; Fraley & Shaver, 2000). As with children, adults can have multiple attachments and the attachment system should be most strongly activated under conditions of distress (Bowlby, 1969/1997; Simpson & Rholes, 1994; Simpson et al., 1992).

### *Individual Differences in Adult Attachment*

Individual differences in attachment are thought to arise from one's internal working models (Baldwin, Keelan, Fehr, Enns & Koh-Rangarajoo, 1996; Shaver et al., 2000). Individuals are typically described as secure or insecure, with various types of insecurity.

*Conceptualizing individual differences in attachment: Categories, dimensions or prototypes.* Initially, a categorical perspective guided research regarding individual differences in adult attachment, with classification into three or four mutually exclusive types (Perlman & Bartholomew, 1994; West, Rose & Spreng, 1998). More recently, prototypical and dimensional measures have come to the forefront. A primary area of discussion in the field of attachment research is whether adult attachment patterns are best conceptualized and measured as categorical, dimensional or prototypical (Crowell, Fraley & Shaver, 1999; Hazan & Shaver, 1994b).

In both the childhood and adult attachment fields it has been common to conceptualize individual differences in terms of three or more discrete categories (Bartholomew, 1997). Categorical measurement of adult attachment has been widely used due to several advantages including ease of administration, theoretical connections with infant attachment theory and economy of communication (Feeney, 1999; Griffin & Bartholomew, 1994b; Hazan & Shaver, 1994b). Categorical measures may also “carve nature at its true joints”, thereby serving as an accurate shorthand summary of complex patterns of individual differences. Griffin and Bartholomew (1994b) suggest that a limitation of the categorical approach is its assumption that people do in fact come in discrete types and that only between-group differences are meaningful while within-group differences are essentially random error. Additional limitations of the categorical approach include decreased reliability of single item categorical measures given that the either-or format is sensitive to modest changes (Garbarino, 1998; Griffin & Bartholomew, 1994b). Research using taxometric techniques indicates that taxonic models are not applicable to adult attachment variation (Fraley, Waller & Brennan, 2000). Hence, attempts to impose categorical models may lead to problems with measurement precision, conceptual analyses and statistical power (Fraley and Waller; Shaver & Fraley, 2002).

Another approach to individual differences in adult attachment utilizes prototypes, or theoretical ideals which individuals may correspond with to varying degrees (Feeney & Collins, 2001; Griffin & Bartholomew, 1994b). Prototypes are defined by the common features of members, with no specific feature being individually sufficient, or necessary, to define group membership. Hence the prototypes have ‘fuzzy’ boundaries and may overlap. This approach is seen as avoiding some limitations of the categorical and dimensional approaches. The prototypical model considers individual differences in the degree of

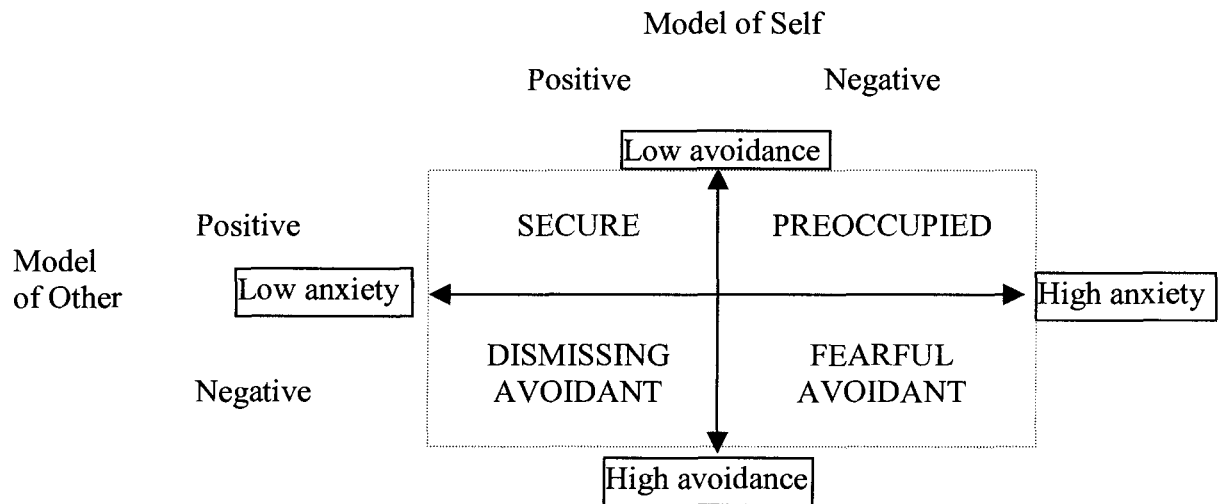
consistency with and across group exemplars. It is expected that people will show varying degrees of two or more attachment patterns. Griffin and Bartholomew (1994b) have suggested that while the four prototypes are related to attachment dimensions, they have additional predictive value above the dimensions in explaining interpersonal behaviour in intimate relationships (Griffin & Bartholomew, 1994a). For example, secure individuals function differently than fearful individuals in ways that are not predictable from considering a linear combination of dimensions.

Despite this, research in the field of adult attachment has progressively focused on dimensional models and creation of multi-item inventories to measure individual differences (Fraley, Waller & Brennan, 2000; West, Rose & Spreng, 1998). This is not surprising given Ainsworth et al.'s discriminant analyses of infant attachment types which revealed two discriminant functions, Anxiety and Avoidance (Brennan, Clark & Shaver, 1998). Based upon several empirical investigations, there is now widespread acceptance of a two dimensional structure underlying self-report measures of adult attachment (Brennan et al.; Crowell et al., 1999; Feeney, 1999).

However, the struggle for the "correct" conceptualization of the dimensions is not easily resolved (Fraley & Shaver, 2000; Stein et al., 1998). The literature generally identifies two interpretations of the dimensions (Fraley & Shaver, 2000). First, there is the model of self and model of other(s) approach pioneered by Bartholomew and colleagues and based upon Bowlby's theorizing (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994a). Others have suggested that the two dimensions reflect emotional (Anxiety) and behavioural (Avoidance) regulation strategies (Fraley & Shaver, 2000). These conceptualizations are viewed by some to be interrelated as one's model of others is related to the behavioural strategy of Avoidance and one's model of self is related to the emotional

coping strategy of anxiety regarding relationships (Brennan, Clark & Shaver; Feeney & Collins, 2001; Feeney & Noller, 1996; Griffin & Bartholomew, 1994a). The two dimensions and relevant prototypes are depicted in Figure 1 below.

Figure 1.



Dimensional measures have several advantages including high reliability, parsimonious communication, consideration of underlying attachment mechanisms and the possibility of indirect categorization if desired (Fraley & Waller, 1998; Griffin & Bartholomew, 1994b; Hazan & Shaver, 1994b). Dimensional measures are also considered more precise as they reveal small changes which could be exaggerated or masked by categorical measures (Bartholomew & Horowitz, 1991; Collins & Read, 1990; Hazan & Shaver; Stein et al., 1998). There is flexibility with statistical analyses ranging from simple correlations to structural equation modeling. Further, comparisons between measures are facilitated by a dimensional approach. Finally, a primary advantage of dimensional measurement approaches is the empirical support found in the literature (Crowell, Fraley & Shaver, 1999, 2000; Fraley & Waller; Griffin & Bartholomew, 1994a, 1994b; Sanford, 1997).

A detailed review of the four styles of adult attachment will now be presented. While there are merits in considering the dimensional and prototypical approaches, the literature is generally biased toward a categorical style approach and this will be reflected in the current discussion.

*Secure adult attachment.* Secure individuals have positive perceptions of self and others (Bartholomew, 1997). Secure individuals should be the most capable of entertaining a wide range of social feedback and conceptualizing other perspectives (Lopez, 1995). Their information processing and working models tend to be flexible and receptive with a relative balance between assimilative and accommodative processes. Their cognitive processes regarding attachment experiences are coherent and they tend to be able to reflect on others and the past in an insightful and realistic manner (Stein et al., 1998). Behaviourally, secure people tend to present as warm and confident. They react to feelings of threat with a normal activation of their attachment system including proximity seeking and soliciting comfort. In the affective domain, secure persons have internal resources to adequately cope with distress and react to it while not being overwhelmed. Secure individuals are more likely to appraise stressors as benign and less threatening, consider themselves as more competent to cope, and engage in constructive instrumental strategies for managing distress (Birnbaum, Orr, Mikulincer & Florian, 1997; Mikulincer & Florian, 1998). In close relationships, secure people balance autonomy with intimacy and access others as sources of emotional and instrumental support when needed (Bartholomew; Simpson et al., 1992). They tend to gravitate toward and develop stable relationships involving relatively high levels of mutuality, closeness, commitment, trust and satisfaction (Belsky, 1999a; Griffin & Bartholomew, 1994a; Hazan and Shaver, 1987). Secure individuals realistically evaluate their own and others' interpersonal needs and behaviours and constructively address

relationship tensions. They have relationships with more frequent experiences of positive emotion and less frequent occurrences of negative emotion compared to insecure individuals (Hazan & Shaver, 1994b). The sexual aspect of their relationships generally consists of mutually initiated contact, a wide range of sexual activities and limited promiscuity or extra-relationship sexual contact (Feeney, 1999; Hazan & Zeifman, 1994). Finally, they are able to end unsatisfying relationships and feel comfortable without a romantic relationship for an extended period (Bartholomew).

*Preoccupied adult attachment.* Although the literature includes several labels to describe this style, including anxious or ambivalent, Bartholomew's terminology of preoccupied will be used here. As per the four category model, preoccupied individuals have negative perceptions of self and positive perceptions of others (Bartholomew, 1997; Stein et al., 1998). They have a sense of personal unworthiness with an external orientation toward others in an attempt to receive validation (Bartholomew, 1997; Lyddon, 2001). This attachment style stems from childhood experiences of unpredictable or intrusive caregiving that often lead to feelings of hostility (Carnelley et al., 1996). The person experienced inadequate regulation of distress by the caregiver and feelings of inefficacy in relieving distress. Such people also suffer from internal conflict as they need and desire proximity, yet fear they will not receive as much of it as they desire because previous attachment figures have been inconsistently available. They tend to be preoccupied with the care they received as children with continued resentment toward parents (Rothbard & Shaver, 1994). Their cognitive processes involve directing excessive attention toward environmental threats, particularly social cues that may be disapproving or critical in nature (Sperling & Borgaro, 1995). There is a magnification of distressing events with more reaction to intrusive thoughts (Mikulincer & Florian, 1998). Affectively, they tend to be absorbed (even

overwhelmed) by intensely negative feelings of anxiety and helplessness in reaction to perceived interpersonal cues of a threatening nature (Birnbaum et al., 1997; Griffin & Bartholomew, 1994a). There is a preoccupation with their own needs being validated through relationships with others and a resultant anger when this is unsuccessful. In relationships, their desire for extreme intimacy and fear of rejection leads them to seek high levels of support which are generally perceived as inadequate (Hazan & Shaver, 1987; Krause & Haverkamp, 1996). The prospect of a significant separation from an attachment figure will lead to high degrees of anxiety and expression of attachment behaviour (Fraley & Shaver, 1998). Preoccupied people tend to engage in frequent indiscriminant self-disclosure and have limited ability to empathize with a partner's feelings (Hazan & Shaver, 1994a). Their work is often seen as an opportunity to address unmet attachment needs and this can interfere with work performance (Feeney & Noller, 1996). Romantic relationships are punctuated by emotional extremes and they immediately start a new relationship after one ends (Carnelley et al.). Research indicates the sexual aspect of their relationships emphasizes the cuddly affectional components more than the genital aspects (Fraley & Shaver, 2000). Also, preoccupied females report involvement in exhibitionism, voyeurism, and bondage, whereas males reported more sexual reticence (Feeney, 1999; Hazan & Zeifman, 1994).

*Avoidant adult attachment: Dismissive and fearful.* Historically in adult attachment, a single style of avoidance has been discussed. More recently, two avoidant styles are delineated: avoidant-dismissing and avoidant-fearful. Avoidance in general is characterized by a negative concept of others and the two types of avoidance differ as to the valence in perceiving the self and anxiety regarding relationships. This section will begin with a review of the literature on the general style of avoidance, and then address the avoidant-dismissing

and avoidant-fearful styles.

For avoidant individuals, a negative expectation regarding the responsiveness of others results from formative experiences where attachment figures have rebuffed efforts to establish contact. Repeated failure to achieve proximity, physical and/or emotional, eventually suppresses attempts to achieve it. However, the desire for proximity persists and avoidant persons cope with this by producing defensive efforts to keep this desire in check. Thus under stress, the attachment behavioural systems will be suppressed. These defensive efforts manifest through information processing strategies to prevent awareness of attachment needs (Simpson et al., 1992). There is an emphasis on self-reliance and control. There is restricted awareness of painful memories and unpleasant affect with resultant emotional inhibition (Birnbaum et al., 1997; Mikulincer & Florian, 1998). Interpersonally, avoidant people have difficulty being close to others and find trust difficult. Relationships are often short-term, distant and marked by lower interdependence, commitment and satisfaction (Hazan & Shaver, 1987; Simpson, 1990, 1999). They avoid self-disclosure, experience discomfort with those who do self-disclose and often work compulsively, perhaps to avoid intimate relationships (Feeney & Noller, 1990, 1996; Hazan & Shaver, 1994a). Avoidant adults tend to express relatively little distress at the end of a romantic relationship (Simpson, 1990). The sexual component of their relationship tends to minimize the bond-promoting cuddling aspects. Research suggests that they are more accepting of and more likely to engage in casual sex, extra-relationship sex, and promiscuity (Fraley & Shaver, 2000; Hazan & Shaver, 1994a; Hazan & Zeifman, 1994).

Avoidant-dismissing adults, hereafter referred to as dismissing, are thought to have a negative valence toward others and a positive valence toward self. However, Bartholomew (1997) suggests "that at some unconscious level, prototypical dismissing individuals do feel negatively about themselves and their adoption of a detached stance toward others is a way of defending a fragile sense of self" (p. 253). Hence they minimize the value of close relationships and maintain a sense of independence and invulnerability (Bartholomew, 1997; Bartholomew & Horowitz, 1991; Fraley, Davis & Shaver, 1998; Fraley & Shaver, 2000). Dismissing people also value emotional control and achievement (Fraley, Davis & Shaver, 1998; Stein et al., 1998). At times of stress or threat, dismissing persons' appraisal processes minimize conscious awareness of attachment-related needs and affect. Their coping strategies tend to involve distancing from others rather than seeking support, placing them on a trajectory of alienation and self-absorption (Mallinckrodt, 2000). Research indicates that these people are relatively successful at suppressing their attachment behavioural system as evidenced by relatively lower autonomic response to attachment related thoughts (Fraley & Shaver, 1997). They are quick to feel trapped or bored by relationships (Feeney, 1999; Stein et al.). Brennan, Clark and Shaver (1998) found that dismissing individuals were more likely to endorse promiscuous sexual behaviour.

Avoidant-fearful, hereafter referred to as fearful, have negative models of both self and other (Bartholomew, 1994, 1997). They have concluded that others are uncaring, untrustworthy and unavailable, and that they themselves are unlovable (Lyddon, 2001). Although they desire acceptance and intimacy with others, they avoid closeness due to expectations of being rejected as unworthy (Carnelley, Pietromonaco, & Jaffe, 1996; Bartholomew, 1997; Griffin & Bartholomew, 1994a). Their parents were typically rejecting and critical with behaviours ranging from extreme coldness to overt abuse (Stein et al.,

1998). Fearful individuals experience high levels of distress and although motivated to suppress attachment-related affect as dismissing persons do, they apparently lack the mechanisms to do so successfully (Fraley & Shaver, 1997). They come across as insecure, vulnerable, hesitant and self-conscious. There can be an appearance of unpredictability due to a tendency to oscillate erratically between avoidant and approaching behaviours (Lopez, 1995). In relationships they exhibit emotional dependence, conflict avoidance, limited self-disclosure, passivity, jealousy and separation anxiety (Feeney, 1999; Stein et al.). Upon a significant separation from attachment figures, they tend to experience relatively high levels of anxiety but withdraw from contact with their partner (Fraley & Shaver, 1998).

#### *Attachment and Gender*

The relationship between gender and attachment patterns has been explored by various researchers and theorists (Bartholomew & Thompson, 1995; Feeney, 1998). Initial research into adult attachment using three patterns of individual differences did not find reliable gender differences (Bartholomew, 1994; Kirkpatrick & Hazan, 1994). Subsequent research using a four-category model has shown gender differences (Bartholomew & Horowitz, 1991; Brennan et al., 1991). Females obtain higher mean ratings of preoccupied styles and males are more likely to endorse the dismissing style and less likely to endorse the fearful style (Bartholomew and Horowitz, 1991; Brennan et al.). This suggests that males are more prone to deactivating strategies (Cole-Detke & Kobak, 1996). There are two primary explanations in the literature for gender differences in attachment patterns: socialization (Chao, 2001; Pietromonaco & Carnelley, 1994) and biological predisposition (Ainsworth, 1991). Socialization, particularly regarding affect regulation in close relationships, is quite different for males than females. Further, women are thought to be socialized more toward social-emotional tasks whereas men are socialized toward

achievement. Biological predispositions toward attachment are thought to have evolved based on inclusive fitness (Ainsworth). From this perspective, females may be more predisposed toward becoming attached and relying more on attachment figures than males due to inferior strength and speed resulting in a lower ability to protect themselves from environmental threats. This is particularly the case during pregnancy, childbirth and rearing of young. This evolutionary view provides an explanation for culturally-ingrained sex role differences.

Miller and Fishkin (1997) illustrated gender differences and interrelationships between the attachment and sexual behavioral systems. They surveyed a large group of college students asking what their ideal number of sex partners over the next 30 years would be with a mean for women of two and the mean for men of 64. The median response was one with a small minority number of males skewing the distribution by reporting a desire for over 100 future sexual partners. Interestingly, these males were all insecurely attached, particularly with their paternal relationship.

#### *Measurement of Adult Attachment*

The study of attachment patterns in adults has focused on individual differences (Crowell, Fraley & Shaver, 1999; Garbarino, 1998). To this end, various instruments designed to measure individual differences in adult attachment have been developed (Stein et al., 1998). Several self-report measures of attachment will now be reviewed.

*The Adult Attachment Style Measure (AASM; Hazan & Shaver, 1987).* The Adult Attachment Style (AASM) was the first widely published measurement tool and drew upon Ainsworth's threefold typology to explore individual differences in adult romantic relationships (Hazan & Shaver, 1987). Based upon this, the authors developed three paragraphs corresponding to hypothesized adult experiences of romantic relationships for

Ambivalent, Avoidant and Secure styles. The instrument is a single-item, forced-choice measure consisting of three paragraphs describing characteristic feelings, desires, behaviours and feedback from partners (Shaver & Fraley, 2002). Identified limitations of this measure include the forced choice categorical format which requires choosing from complex alternatives covering a range of themes and the assumption that styles were mutually exclusive (Baldwin & Fehr; Feeney, 1999; Leiper & Casares; Simpson, 1990).

*The Attachment Style Measure (ASM; Simpson, 1990).* The ASM was based upon Hazan and Shaver's (1987) Adult Attachment Style Measure (AASM). The three attachment vignettes were broken down into 13 individual sentences to be scored on a 7-point Likert scale, ranging from strongly agree to strongly disagree. Three of the sentences were worded in a negative direction to address acquiescent response bias. Summing the scores for statements corresponding to each style resulted in a continuous measure. Cronbach's alpha coefficients were relatively low with Secure at .51, Avoidant at .79 and Anxious at .59. Replication by Sperling, Foelsch and Grace (1996) resulted in Cronbach's alphas of .42, .8 and .79 respectively. Factor analysis revealed a two-factor solution.

*Adult Attachment Scale (AAS; Collins & Read, 1990).* The AAS was developed using the individual sentences from Hazan and Shaver's (1987) measure as well as new items. Analysis yielded a three-factor solution with the factors containing items from different attachment style descriptions. Thus the analysis did not provide three factors directly corresponding to the three styles. Instead there was evidence of three underlying dimensions that were labeled Depend (the extent to which one could trust others and depend on them), Anxiety, and Close (the extent to which one was comfortable with closeness and intimacy). Cronbach's alphas for the Depend, Anxiety and Close items were .75, .72, and .69 respectively.

*Reciprocal Attachment Questionnaire (RAQ; West and Colleagues).* The RAQ was developed based upon a review of the theoretical propositions of adult attachment with an emphasis on Bowlby's clinical observations (West, Sheldon & Reiffer, 1987; West, Rose & Spreng, 1998; West & Sheldon-Keller, 1992, 1994). Based on this, six scales were developed: a) proximity seeking, b) secure base effect, c) separation protest, d) feared loss of the attachment figure, e) reciprocity of support (this scale was later removed), and f) use of the available attachment relationship. A large (400) item pool was generated which was culled to 183 items rated on a five-point Likert scale. After psychometric analysis, the instrument evolved to 40 items and based on further testing, two underlying factors were identified. Brennan, Clark and Shaver (1998) suggest that this two-factor structure is consistent with that uncovered in subsequent analyses of self-report measures. One factor represents concerns about availability and responsiveness of the attachment figure; the other factor is concerned with proximity-seeking strategies and secure base activities. Validity and reliability of the RAQ have been established with coefficient alphas ranging from .74 to .85

and test-retest reliability over four months ranging from .76 to .82 (Crowell et al, 1999; West et al., 1998).

*Measures developed by Bartholomew and colleagues: The Relationship Questionnaire (RQ) and the Relationship Scales Questionnaire (RSQ).* Based on Bowlby's concept of internal working models, Bartholomew developed the RQ as a self-report measure using a four-prototype structure (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994a, 1994b). The questionnaire consists of four short paragraphs designed to assess the four attachment styles: a) Secure, b) Preoccupied, c) Fearful, and d) Dismissing. Respondents are asked to consider their relationships in general, choose the RQ description that best characterizes them, and then rate each description on a seven-point scale according to how well it describes them. Analyses revealed negative correlations between Secure and Fearful (-.65) and between Preoccupied and Dismissing (-.37). Test-retest reliabilities over eight months have ranged from .49 to .71 (Scharfe & Bartholomew, 1994).

The Relationship Scale Questionnaire (RSQ) consists of 30 items rated on a five-point Likert scale, from "not at all like me" to "very much like me" (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994a, 1994b; Stein et al. 1998). The items were extracted from the works of Hazan and Shaver (1987), Collins and Read (1990), and Bartholomew's Relationship Questionnaire (Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994a, 1994b). Computing the mean of the items representing each prototype derives the RSQ scores for the four prototypes. Average Cronbach's alpha coefficients for prototype scores range from .41 for Secure to .70 for Dismissing. Griffin and Bartholomew (1994b) suggest the lower coefficients to be reflective of two orthogonal dimensions being combined. Test retest correlations over 8 months were .53 for females and .49 for males.

*Experiences in Close Relationships (ECR and ECR-R)*. Development of the ECR began with the creation of a pool of 482 items designed to assess 60 attachment related constructs such as trust, angry withdrawal, proximity-seeking and caregiving (Brennan et al., 1998; Crowell et al., 1999 Fraley, Waller & Brennan, 2000). After eliminating redundant items, a 323-item questionnaire was administered to 1, 082 undergraduate students. Factor analysis produced two essentially independent factors corresponding to the familiar Avoidance and Anxiety dimensions. The instrument was reduced to two 18-items scales based on items with the highest absolute-value correlations and alpha coefficients of greater than .90. Cluster analysis (both hierarchal and non-hierarchal) revealed four distinct groups. The patterns of scores on the Avoidance and Anxiety factors closely resembled Bartholomew's model of four prototypes. Interestingly when the statistical program was instructed to find three clusters, the two Avoidant clusters were collapsed into one that was similar to Hazan and Shaver's (1987) instrument.

Fraley et al. (2000) subsequently revised the ECR based upon item response theory (IRT) analysis of several adult attachment measures (Lopez et al, 2001). The authors conducted an IRT analysis of four existing dimensional measures of adult attachment: a) The Experiences in Close Relationships (ECR; Brennan et al.'s, 1998), b) The Adult Attachment Scales (AAS; Collins & Read, 1990), c) The Relationship Styles Questionnaire (RSQ; Griffin & Bartholomew's, 1994b), and d) The Attachment Style Measure (ASM; Simpson, 1990). Data from 1, 085 individuals were analyzed and items selected based upon their discrimination values for a total of 36 items including 20 from the original ECR. While this instrument was considered an improvement, it continues to have limited precision in assessing the low ends of the Anxiety and Avoidance dimensions. Sibley and Liu's (2004) recent investigation found "that the ECR-R displayed a clear two factor structure and

provided reliable and replicable measures of both the attachment anxiety and avoidance subscales” (p. 973)

### *Attachment in the Therapeutic Process*

While attachment theory has had a dramatic effect on developmental psychology, until recently it had relatively minimal impact on clinical theory and practice (Lopez, 1995; Lyddon, 1995; Slade, 1999). Theoreticians and researchers in the area have suggested that attachment theory is particularly applicable to counselling given its emphasis on interpersonal relating (Bartholomew & Thompson, 1995; Dozier & Tyrrell, 1998; Feeney & Collins, 2001; Pistole & Watkins, 1995). Several authors have suggested that the client experiences an attachment bond with the therapist in a relationship characterized by the four criteria of attachment: proximity-seeking, safe-haven, separation distress and secure base (Mallinckrodt et al., 1995b; Pistole, 1997, 1999). There is empirical support for the idea that counsellors' attributes have an effect on the therapeutic outcome, which is distinct from technique (Leiper & Casares, 2000; Main, 1995). The limited literature available in the area does suggest that counsellors' individual differences in attachment are expected to influence responses to the client, although these responses are (ideally) more subtle and acknowledged than the influences of clients' attachment patterns (Slade, 1999). Bowlby (1988) suggests that a therapist “must strive always to be aware of the nature of his own contribution to the relationship which, amongst other influences is likely to reflect in one way or another what he experienced himself during his own childhood” (p. 141). Secure counsellors are expected to be more likely than insecure counsellors to serve effectively as a secure base for clients (Main, 1995). They are also more likely to establish a safe emotional connection and sensitively respond to clients' needs in a therapeutically corrective manner (Dozier et al., 1994; Slade). Insecure counsellors' caregiving is vulnerable to distortion and they are more

likely to become entangled with insecure clients (Slade).

The minimal research in this area indicates that psychotherapists have experienced a disproportionately higher frequency of severe loss in early childhood (Fussell & Bonney, 1990). In a retrospective study investigating early family experiences of psychotherapists compared to physicists, psychotherapists reported a significantly higher incidence of parental absence, parent-child role inversion, ambiguous communication and emotional deprivation. Leiper and Casares (2000) suggest these early experiences may result in obstacles to the therapeutic process, including therapists' avoidance of the client's pain or enmeshment with the client.

Leiper and Casares (2000) surveyed 500 psychotherapists in the United Kingdom regarding their attachment patterns with a 40.4 % response rate. The majority classified themselves as securely attached (69.9%), 18.4% were classified as avoidant, and 9.2% were classified as preoccupied. This distribution was compared with a diverse sample of 574 American adults indicating that psychotherapists tend to rate themselves as more secure than the general population.

Dozier, Cue and Barnett (1994) studied the attachment style of clinicians involved in case management of clients with serious psychopathological disorders. In general, preoccupied clinicians tended to intervene more intensively than dismissing clinicians, irrespective of clients' attachment patterns. Additionally, secure versus insecure clinicians made very different decisions regarding interventions with clients with differing attachment classifications.

### *Controversies of Attachment Theory*

As with any theory, there are several ongoing controversies regarding attachment. First, there is the question of whether attachment is a trait versus a manifestation of different

relationships (Baldwin et al., 1996; Bartholomew, 1994; Hendrick & Hendrick, 1994).

Feeney (1999) suggests that these are not two mutually exclusive perspectives as individual characteristics and relationships are mutually influential. Second, if attachment is a trait, is it best conceptualized as discrete types, prototypes or dimensions (Stein et al., 1998)? Third, the limited stability of attachment patterns is often cited by those who presume attachment theory to suggest 100% stability. Fourth, there are inconsistencies within the literature regarding measurement of attachment such as the number and names of categories and the focus of attachment (e.g. romantic partners, parents or friends) (Lopez & Brennan, 2000). Fifth, several researchers (Rothbaum et al., 2000) question the cultural relativity of attachment, particularly the core hypotheses of sensitivity, social competence and use of the secure base. There is a suggestion that attachment emphasizes western values of individuation and exploration. Sixth, there are differing opinions regarding attachment as a narrow conceptualization of specific relationships including child-caregiver and long term-romantic, versus a broader conceptualization of various types of relationships such as counselling (Bartholomew & Thompson, 1995; Goldberg et al., 1999; Pederson & Moran, 1999). Finally, some have expressed concerns regarding attachment theory's focus upon the mother. In rebuttal, Hazan and Shaver (1994b) emphasize that there is nothing in attachment theory requiring the mother to be the primary childhood attachment figure. While this list of ongoing controversies regarding attachment theory includes those most often addressed in the literature, it should not be considered exhaustive.

#### Therapists' Sexual Contact With Clients

Authors addressing therapist-client sexual contact invariably assert such behaviour to be unethical, unprofessional and potentially damaging (Garrett, 1998; Lamb, Catanzaro & Moorman, 2003; Pope, 1988). Additionally, the therapist is always considered to be

responsible for avoiding sexual contact, even when initiated by the client (Blanchard & Lichtenberg, 1998; Hoffman, 1995; Pope, 1988). Historically, sexual contact between health care professionals and clients has been proscribed since the Hippocratic Oath that directs practitioners to avoid seduction and especially the pleasure of love with one's clients (Pope, 2000). Ethical codes in modern psychology did not explicitly address therapist-patient sexual involvement until the mid-1970's as it was assumed to occur rarely and to be so clearly unethical that explicit mention of it was unnecessary (Pope, 2000). Despite these ethical prohibitions and evidence of harm to client, sexual intimacies between therapists and clients continue to occur and represent a major source of licensing complaints, ethics complaints and malpractice suits against psychologists (Blanchard & Lichtenberg, 1998; Jackson & Nuttall, 2001; Pope, 1987). This topic has also been a source of widespread attention in the professional literature.

#### *Client Consent and Post-termination Issues*

A foundational consideration in this area is the issue of client consent to sexualized contact with the therapist. It is widely accepted, in various theoretical schools of thought, that there is an inherent power imbalance within the therapeutic relationship (Hoffman, 1995; Houseman & Stake, 1999; Lerman, 1994; Masters & Johnson, 1970; Penfold, 1992; Strasberger & Jorgenson, 1992). Given the power discrepancy and a client's limited knowledge regarding potential problems, it is impossible for a client to give meaningful consent to sexual involvement with a therapist (Adleman & Barrett, 1990; College of Psychologists of Ontario, 1998; Kitchener, 1988; Simon, 1999b). This power imbalance is thought to continue even after counselling, making the negotiation of a post-termination mutual relationship unrealistic (Kagle & Giebelhausen, 1994; Pope, 1988; Simon, 1999b). However, this is not an undisputed position and post-termination relationships continue to be

a topic of contention (Lamb, Catanzaro & Moorman, 2003; Smith & Fitzpatrick, 1995). In fact, research suggests that while substantial variability exists in attitudes regarding post-termination relationships, they are generally viewed as more acceptable than concurrent relationships (Hoffman, 1995; Thoreson, Shaughnessy, & Frazier, 1995). However, numerous professional organizations and courts of law have not accepted termination of a therapeutic relationship as justification for sexual contact, regardless of the time lapse between relationships (Houseman & Stake, 1999; Robinson, 1999; Seto, 1995). In addition to the issue of power imbalance, the lasting nature of transference, and the fact that patients often return for further therapy, are additional rationales proposed for refraining from post-termination relationships (Robinson, 1999). These reasons, and others, underlie the popular axiom "once a client, always a client" (Anderson & Kitchener, 1995; Borys & Pope, 1989).

*Professional Ethical Guidelines Regarding Sexual Contact Between  
Psychologists and Clients*

Professionals have an ethical obligation to practice in the best interest of the client. What constitutes ethical practice is described in codes of ethics by organizations such as the Canadian Psychological Association (CPA) and the American Psychological Association (APA). Each of these codes makes specific reference to the issue of sexual intimacy between therapists and clients; none directly addresses sexual attraction although several sections could be considered applicable.

*Canadian Psychological Association (CPA).* With regard to sexual intimacy, the Canadian Code of Ethics for Psychologists (2000) urges psychologists to

II.27 Be acutely aware of the power relationship in therapy and, therefore, not encourage or engage in sexual intimacy with therapy clients, neither during therapy, nor for that period of time following therapy during which the power relationship reasonably could be expected to influence the client's personal decision making.

While the CPA code of ethics does not directly address sexual attraction to clients, the following aspects of Principle II, Responsible Caring are applicable.

II 10 Evaluate how their own experiences, attitudes, culture, beliefs, values, social context, individual differences, specific training, and stresses influence their interactions with others, and integrate this awareness into all efforts to benefit and not harm others

II 11 Seek appropriate help and/or discontinue scientific or professional activity for an appropriate period of time, if a physical or psychological condition reduces their ability to benefit and not harm others.

*The Canadian Counselling Association (CCA).* The CCA addresses the issue of sexual dual relationship in the following section of their Code of Ethics (1999).

B12. Sexual Intimacies. Counsellors avoid any type of sexual intimacies with clients and they do not counsel persons with whom they have had a sexual relationship. Counsellors do not engage in sexual intimacies with former clients within a minimum of three years after terminating the counselling relationship. This prohibition is not limited to the three year period but extends indefinitely if the client is clearly vulnerable, by reason of emotional or cognitive disorder, to exploitative influence by the counsellor. Counsellors, in all such circumstances, clearly bear the burden to ensure that no such exploitative influence has occurred, and to seek consultative assistance.

The Code of Ethics of the CCA does not make reference to sexual attraction by counsellors.

*The American Psychological Association.* The APA's code of ethics is one of the most detailed in addressing sexual contact between therapists and clients.

#### 10.05 Sexual Intimacies With Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

#### 10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients.

Psychologists do not terminate therapy to circumvent this standard.

#### 10.07 Therapy With Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

#### 10.08 Sexual Intimacies With Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors

Similar to the previously discussed ethical guidelines, the APA Code of Ethics does not specifically address sexual attraction to clients. Also similar, is the relevance of some aspect to the guidelines to this issue. Specifically, Principal A relates to beneficence and nonmaleficence and suggests "Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work."

#### *Prevalence of Sexual Contact Between Therapists and Clients*

Since the 1970's, several empirical investigations have explored the prevalence of therapist-client sexual contact. Some research has focused exclusively on one professional group such as psychiatrists, social workers or psychologists, whereas other research has included multiple professions. Systematic investigation of the prevalence of therapist-client sexual involvement began with Masters and Johnson's (1970) research on human sexuality at the Reproductive Biology Research Foundation. In their discussion of therapists' sexual contact with clients, these authors note "this problem is of such serious import and is

encountered by the Foundation with such frequency in patients' histories that it must be mentioned" (p. 389). While no specific frequencies were reported, the authors noted that after a decade of evaluating and treating individuals with sexual dysfunction, the number of clients having previous sexual contact with various disciplines of therapists was overwhelming.

Various researchers have investigated the prevalence of sexual contact between therapists and clients (Akamatsu, 1988; Borys & Pope, 1989; Bouhoutsos, Holroyd, Lerman, Forer & Greenberg, 1983; Gartrell, Herman, Olarte, Feldstein & Localio, 1986; Holroyd & Brodsky, 1977; Lamb & Catanzaro, 1998; Lamb, Catanzaro & Moorman, 2003; Pope, Keith-Spiegel & Tabachnick, 1986; Pope, Levenson & Schover, 1979; Pope, Tabachnick & Keith-Spiegel, 1987; Pope & Vetter, 1991; Rodolfa et al., 1994; Stake and Oliver, 1991). Although the current project will focus exclusively on psychologists, this chronological review of empirical investigations will consider research involving other professions. The rationale for this inclusive approach is twofold. First, research comparing different professionals has not found significant differences in the rates at which the different groups become sexually involved with their patients (Bernsen, Tabachnick & Pope, 1994; Pope, 1990a; Seto, 1995). Second, there is limited research in this area that exclusively addresses psychologists and so involving other research provides a breadth of knowledge.

Table 1 displays a chronological review of this research including respondents' reports of any sexual contact with current clients, sexual contact with previous clients. Additionally, data is provided regarding the percentage of respondents whose clients reported sexual contact with other therapists.

Table 1

*Research Regarding Sexual Contact Between Therapists and Clients*

Research	n	% Return	% Contact With			% Contact With		Client Reported Contact
			Current client		Previous client			
		Rate	Male	Female	M	Male	Female	
Holroyd & Brodsky (1977)	1000	70	9	1	5.3	8.1	1	-
Pope et al. (1979)	1000	48	-	-	7	-	-	-
Bouhoutsos et al. (1983)	4385	16	-	-	6	-	-	45
Pope et al. (1986)	1000	58.5	9.4	2.5	6.5	-	-	-
Pope et al. (1987)	1000	46	3.6	0.4	-	14	8	-
Akamatsu (1988)	1000	39.5	3.5	2.3	-	14.2	4.7	-
Borys & Pope (1989)	4800	56.5	0.9	0.2	-	6	2	-
Pope & Vetter (1991)	1320	50	-	-	-	-	-	50
Stake & Oliver (1991)	1041	31	8.2	5.4	7.3	-	-	43.6
Rodolfa et al. (1994)	908	43	5.55	2.16	4	-	-	-
Parsons & Wincze (1995)	678	49	-	-	-	-	-	26
Lamb et al. (2003)	1000	38	-	-	2	-	-	-

Table 1 illustrates a trend of declining prevalence of therapists' reported sexual contact with clients while reported sexual contact with previous clients appears to fluctuate. It is also notable that every study reveals males to be more likely than females to report sexual contact, although the differences are not always statistically significant (Stake & Oliver, 1991). Further, Gartrell et al. (1986) found that respondents who reported sexual contact with multiple clients were exclusively male

It is important to consider that studies in the area are believed to underestimate the prevalence of therapist-client sexual contact due to underreporting (Hetherington, 2000; Holroyd & Bouhoutsos, 1985; Simon, 1999a). Further, while it is possible that declining

reports of sexual contact are genuine, it is also possible that the decline reflects progressively less candid reporting despite the anonymity of such surveys (Hoffman, 1995; Samuel & Gorton, 1998; Williams, 1992). The possibility of underreporting is supported by the disparity between self-reports of sexual contact and the high percentages of therapists who report encountering a client with previous sexual contact with a therapist (Houseman & Stake, 1999; Layman & McNamara, 1997; Pope, 1993; Stake & Oliver, 1991). Some have proposed that the actual prevalence rate of therapist-client sexual contact to be as high as 15-25% (Hetherington; Simon).

#### *Characteristics of Therapists Who Have Sexual Contact With Clients*

There continues to be limited data on the characteristics of therapists who have sexual contact with their clients (Olarde, 1991). As previously noted, most offenders are male and multiple offenders are almost exclusively male (Blackshaw & Patterson, 1992; Hoffman, 1995; Olarte, 1991). Offending therapists also tend to be older which may provide more opportunity for such boundary transgressions (Lamb & Catanzaro, 1999; Stake & Oliver, 1991). Additionally, older professionals are less likely to have received education regarding dual relationships and may be overconfident in their ability to manage difficulties without supervision (Epstein & Simon, 1990a; Lamb & Catanzaro, 1999). Offending counsellors tend to be more likely to have Master's degrees rather than Doctoral degrees (Stake & Oliver, 1991). The single most effective predictor of sexual involvement with a client is previous sexualized behaviour with a client (Hoffman, 1995; Pope, 2000).

Therapists who have sexual contact with clients are likely to be socially isolated (Abel, Osborn & Warberg, 1995; Smith & Fitzpatrick, 1995), lacking intimacy in their personal lives, and focused on work for emotional fulfillment (Folman, 1991; Hamilton & Spruill, 1999; Lamb, Catanzaro & Moorman, 2003; Schoener & Gonsiorek, 1989). Many describe

themselves as “vulnerable”, “needy” or “lonely” since childhood and particularly at the time of offending (Butler & Zelen, 1977; Folman, 1991; Gabbard, 1996; Penfold, 1992). They are often undergoing relationship stress, such as divorce, bereavement or marital problems (Coleman & Schaefer, 1986; Gabbard, 1994, 1996; Layman & McNamara, 1997; Simon, 1999b; Smith & Fitzpatrick, 1995). Other characteristics include depression, occupational stress and substance misuse (Abel, Osborn & Warberg, 1995; Folman, 1991; Layman & McNamara; Seto, 1995). Therapists who violate sexual boundaries also tend to habitually cross other boundaries such as socializing with and hiring clients (Epstein & Simon, 1990a). There is often differential touching in that sexual intercourse with patients is associated with frequent touching of opposite-sex patients but not same-sex patients (Pope, 2000; Holroyd & Brodsky, 1980).

Some investigators have noted grandiose and narcissistic thinking by therapists who have sexual contact with clients (Epstein & Simon, 1990a; Schoener & Gonsiorek, 1989). Some offenders meet the criteria for personality disorders, generally in the Cluster B continuum of Narcissistic, Antisocial, Borderline and Histrionic personality disorders (Abel, Osborn & Warberg; Gabbard, 1994; Hetherington, 2000). Of particular note to the current project is a history of ungratifying parental relationships for therapists who report sexual contact with clients (Hetherington, 2000; Gabbard, 1999). Gabbard observes that a common theme in the childhood experiences of these individuals is that their parental figures did not provide sufficient love and nurturance. Hetherington proposes that this has led to feelings of deprivation and entitlement, and such therapists seek to compensate for their deprivation through physical and emotional gratification via their clients.

Celenza (1998) collected data on 17 offenders (14 male and 3 female) from therapists and those who evaluated or supervised them. Analysis of the data revealed several

characteristics occurring in 73% or more of the cases including unresolved neediness, long-standing low self-esteem, and a sense of powerlessness, wanting patients to hold them in positive regard, and a restricted ability to use fantasy. Because this restriction impedes the capacity to imagine multiple levels of meaning (e.g. to recognize transference, etc.), feelings are taken at face value. There was a family history of boundary transgressions by a parental figure such as extramarital affairs. The most frequently noted characteristic was intolerance of negative transference in the therapist's clients.

*Typologies of Therapists Who Have Sexual Contact With Clients*

Those who have worked extensively in the field of offending therapists have developed categories or typologies of offenders. Simon (1999b) suggests five main groupings of therapists at increased risk for sexually exploiting clients: a) character disordered including borderline, narcissistic and antisocial; b) sexually disordered including frotteurism, pedophilia and sexual sadism; c) incompetence including poor training and persistent boundary blind spots; c) impaired through drugs, alcohol or mental illness; and d) situational reactors secondary to marital discord, loss of important relationships and professional crisis. Repeat offenders are usually character disordered, paraphilic or incompetent. Gabbard (1994) classifies sexually abusing therapists into three broad categories of psychotic, "lovesick" and antisocial. The lovesick therapist is characterized by several features including emotional dependence, intrusive thinking of the other, and a sense of incompleteness closely linked to emotional dependency.

Schoener and Gonsiorek (1988, 1989) have developed several categories of sexually exploitative therapists. These categories are based upon the authors' extensive experience with assessment and treatment of such individuals and are often cited in the professional literature (Layman & McNamara, 1997; Olarte, 1991). The first category is the uniformed or

naïve therapist who lacks knowledge regarding standards of care and professional boundaries in mental health. They have difficulty distinguishing personal from professional relationships. The second category is the healthy or mildly neurotic individuals, which form a reasonably large proportion. Their sexual contact with clients is quite limited, there is awareness of the unethical nature of their conduct, and they are remorseful and often terminate the inappropriate behaviour on their own. Situational stressors are often in evidence. The third category is the severely neurotic or socially isolated individuals. These therapists have long-standing and significant emotional problems (especially depression), feelings of inadequacy, low self-esteem and social isolation. Their work tends to be at the center of their lives and most of their personal needs are met in the work setting.

Inappropriate behaviour with clients normally begins with excessive emotional and/or social involvement outside the therapy sessions. There is often excessive self-disclosure, rationalization that the relationship is not inappropriate and that they truly love the client.

The fourth category is the impulsive character disordered therapists who have a history of inappropriate behaviour and a number of compulsive sex offenders are found in this category. While they can show guilt and remorse, they rarely have any true appreciation of the effect of their behaviour on their victims. They use denial and minimize the seriousness of their misconduct. The fifth category is the sociopathic or narcissistic character disordered individuals who are far more deliberate, cunning, and detached in their sexual exploitation.

The final category is the psychotic or borderline personalities for whom the common denominator is poor social judgment and impaired reality testing.

#### *The Effects of Sexual Contact on the Client and the Therapeutic Relationship*

A growing body of evidence documents a pattern of negative effects of therapist-client sexual involvement (Hoffman, 1995; Pope, 2000; Pope & Vasquez, 1991; Rodolfa et al.,

1994; Stake & Oliver, 1991; Williams, 1992). Pope (1988, 2000) suggests that the sequelae for the client of therapist-client sexual involvement may form a distinct clinical syndrome similar to post-traumatic stress disorder, which is termed the therapist-patient sex syndrome. Ten common aspects to this syndrome are: ambivalence about the therapist, feelings of guilt, a sense of emptiness and isolation, sexual confusion, impaired ability to trust, role confusion, emotional lability, suppressed rage, increased suicidal risk and cognitive dysfunction (such as impaired attention and concentration, flashbacks, nightmares, intrusive thoughts and unbidden images). In addition to these symptoms, other writers note such symptoms as anxiety, depression (Seto, 1995), regression, resistance to future therapy (Simon, 1999a), and self-doubt about their own judgment and perceptions (Penfold, 1992). Further, Stake and Oliver (1991) describe such symptoms as substance abuse, social isolation, psychosomatic disorders and exacerbation of symptoms for which the client sought help. As with other forms of sexual exploitation, the resultant harm from therapist-client sexual intimacy can be delayed, sometimes for a period of years (Penfold, 1992; Pope & Vetter, 1991).

Several authors have expressed concerns that findings regarding harmful effects of therapist-client sexual contact are not as clear cut as some would suggest (Pope & Vetter, 1991, Seto, 1995; Williams, 1992). Pope and Vetter observe that in some cases in which the client has experienced previous sexual trauma, it may be difficult to determine what harm is attributable to what source. Seto notes that the representativeness of survey respondents is uncertain and there are potential biases in the use of retrospective reports to identify harm. Williams provides an extensive critique of the research in this area. With regard to the case studies conducted, the potential for higher self-selection for individuals who experience harm leads to difficulties estimating the representativeness of these clients. Williams goes on to

suggest that those whose experience was positive or neutral would not be motivated to volunteer for such research.

*The Development of Sexual Dual Relationships*

The literature regarding development of sexual dual relationships frequently outlines a gradual erosion of treatment boundaries that typically occur prior to sexualized contact (Celenza, 1998; Epstein & Simon, 1990a, 1990b; Folman, 1991; Gabbard, 1994, 1996; Seto, 1995; Simon, 1999a, 1999b; Strasberger & Jorgenson 1992). Simon (1999a) notes that this gradual erosion is almost always present except in cases where a patient is sexually assaulted by the therapist. Simon (1995, 1999b) proposes that except for the cases of sexual assault, therapists generally move through a strikingly typical pattern of progressive treatment boundary violations before sexual contact. The following list outlines this typical pattern: a) gradual erosion of therapist neutrality; b) boundary violations begin “between the chair and the door”, c) socialization of therapy; d) client is treated as “special”; e) disclosure of confidential information about other clients; f) therapist self-disclosures begins; g) physical contact begins (e.g., touching, hugs, kisses); h) therapist gains control over patient; i) extra therapeutic contacts occur, j) therapy session extended in time; k) therapy sessions rescheduled for the end of the day; l) therapist stops billing client; m) dating begins; and n) therapist -client sex occurs. Although not all cases of sexual misconduct follow this precise progression, most demonstrate this path to sexual contact. This gradual erosion of boundaries is consistent with the literature suggesting that therapists who engage in nonsexual boundary crossing, such as excessive self disclosure, are more likely to become sexually involved with their patients than therapists who maintain their professional boundaries (Strasberger & Jorgenson). Research by Lamb & Catanzaro (1999) found that those who engaged in sexual boundary violations also reported significantly more

engagement in nonsexual boundary crossings than did non-offenders. In particular, the two items that were significantly more frequently endorsed by offenders were "Becoming social friends with a former client," and "Giving a client theater, sports, or other event tickets that you learned at the last minute you could not use".

*Graduate Training Regarding Sexual Dual Relationships.*

Graduate training in this area is currently considered an important part of professional training in ethics (Gabbard, 1996; Heiden, 1993; Russell, 1993; Strasberger & Jorgenson 1992). Since the late 1980's there has been a marked increase in the existence of education regarding sexual dual relationships in graduate training programs. Samuel and Gorton (1998) surveyed all 410 directors listed in the APA accredited doctoral program in professional psychology with a 56.9% response rate. Virtually all (98.7%) of the directors reported that their program provides at least one session of education on sexual dual relationships. The authors go on to state that the question of whether specific education on sexual exploitation and boundary maintenance can ultimately lead to a lower incidence of psychologists or other professionals' unethical behaviour remains unanswered and research to date has yielded inconsistent results (Houseman & Stake, 1999).

### Therapists' Sexual Attraction to Clients

The professional literature contains limited consideration of the experience of therapists' sexual attraction to clients (Averill et al., 1989; Blanchard & Lichtenberg, 1998; Bridges, 1994; Giovazolias & Davis, 2001; Goodyear & Shumate, 1996). Throughout discussion of this issue, the important distinction between sexual attraction and acting on that attraction through sexual contact should be borne in mind (Byrne, 1997; Pope, 2000).

#### *Investigations of Therapists' Sexual Attraction to Clients*

Most therapists experience sexual attraction to clients at some point in their professional career (Brown, 2001; Goodyear & Shumate, 1996; Ladany et al., 1997; Meek & McMinn, 1999; Pope, 2000). Research published in peer-reviewed journals suggests that between 72 and 90% of American therapists experience sexual feelings for at least one patient over the course of their career (Blanchard & Lichtenberg, 1998; Pope et al., 1986; Pope, Tabachnick & Keith-Spiegel, 1987; Rodolfa et al., 1994; Tubbs & Pomerantz, 2001). This prevalence is similar for British psychologists with 77.9% of survey respondents acknowledging sexual attraction to clients (Giovazolias & Davis, 2001). Table 2 below displays results of the more detailed investigations into therapists' experiences of sexual attraction.

Table 2

#### *Results of Research Regarding Therapists' Sexual Attraction Toward Clients*

Research	n	Response Rate	% Males Attracted to			% Females Attracted to		
			Male	Female	Both	Male	Female	Both
Pope et al. (1986)	1000	58.5%	0.6	81	13.3	50	2.4	23.2
Bernsen et al. (1994)	1000	45%	18.1	90.3	-	67.4	17.4	-
Rodolfa et al. (1994)	908	43%	2.5	81.9	9.4	55.6	1.6	24.1

Pope and Tabachnick (1993) surveyed 600 (300 male and 300 female) psychologists who were randomly selected from the APA register. There was a 48% response rate with 87.3% reporting at least one incidence of feeling sexually attracted to a client and 57.9 reporting feeling sexually aroused while in the presence of a client. Almost all respondents (95.8%) had noticed a client's physical attractiveness. This research found no gender difference for therapist's incidence of sexual attraction. However, therapists were more likely to be attracted to female clients.

#### *Stigma Associated With Therapists' Sexual Attraction to Clients*

Despite the overwhelming prevalence of sexual attraction in counselling, there continues to be an associated stigma (Averill et al., 1989). In addition to the general cultural mores regarding sexuality, three reasons have been proposed to explain this. First, in some schools of thought regarding countertransference, a therapist's attraction to a client is, almost by definition, a therapeutic error (Case & McMinn, 1997; Pope et al., 1987). A second explanation for the stigma is that the profound and understandable negative reaction to sexual exploitation of clients has become associated with the experience of sexual attraction (Pope, Sonne & Holroyd, 1993). The third reason is that the topic of sexual feelings calls public attention to aspects of therapists that are not expounded as professional virtues (Pope, Sonne & Holroyd). Given this stigma, "the lack of virtually any systematic research in the area is understandable. Yet it is dismaying" (Pope, Keith-Spiegel, & Tabachnick, 1986, p. 150).

#### *Characteristics of Therapists who Acknowledge Sexual Attraction to Clients*

Surprisingly, there is minimal literature available regarding characteristics of therapists who acknowledged sexual attraction to clients. Some authors have found younger therapists to be more frequently attracted to clients (Pope, Keith-Spiegel & Tabachnick, 1986; Rodolfa

et al, 1994). Research has been conducted with therapists who define themselves as Christian to investigate concerns that Christian therapists deny their sexual feelings and thereby put themselves at risk for sexual misconduct (Case, McMinn & Meek, 1997; Meek & McMinn, 1999). While the research does suggest that self-defined Christian therapists are less accepting of and less likely to report being attracted to a client, this changes with increasing levels of education (Case & McMinn, 1997).

#### *Therapists' Reactions to Feelings of Sexual Attraction to Clients*

Given the stigma associated with feeling sexual attraction toward clients, it is not surprising that most therapists experience surprise, guilt and anxiety in relation to these feelings (Blanchard & Lichtenberg, 1998; Pope, 1988, 2000; Pope et al, 1986; Rodolfa et al, 1994). Therapists also typically experience fear of losing control, fear of being criticized, frustration at not being able to speak openly, frustration at not being able to make sexual contact, confusion about tasks, confusion about boundaries and roles, anger at the patient's sexuality, and discomfort at frustrating the patient's demands (Pope, Sonne & Holroyd, 1993). Younger psychologists experience more discomfort with sexual feelings in therapy than older psychologists (Pope, Keith-Spiegel, & Tabachnick, 1986). Those who perceive their training as adequate in this regard report feeling more self assured when encountering sexual feelings than those who perceived their training as inadequate (Blanchard & Lichtenberg, 1998).

#### *Graduate Training Regarding Therapist Sexual Attraction to Clients*

Individuals who receive graduate training regarding sexual attraction to clients report significantly more self-assurance than those without such training. Given this, it is surprising to find continued observations in the literature that graduate training neglects the topic of therapist sexual attraction to clients (Bernsen, Tabachnick & Pope, 1994; Blanchard

& Lichtenberg, 1998; Folman, 1991; Pope, 2000). Pope and Tabachnick's (1993) survey indicated that more than half (54.8%) of psychologists felt they had not received adequate training in these matters. Rodolfa et al.'s (1994) survey indicated that 40% of psychologists did not receive such education during graduate school. Neglect of this topic is viewed as having potential negative consequences such as modeling for trainees that sexual attraction is abnormal, taboo and not to be acknowledged or discussed (Folman, 1991; Pope, 2000). This is important as previous research suggests that a common error in clinical judgment that places therapists at a high risk for enacting boundary violations is withholding information regarding attraction from supervisors or consultants (Blanchard & Lichtenberg, 1998; Meek & McMinn, 1999; Samuel & Gorton, 1998). Another negative consequence of neglecting this topic is that the therapists' perception of the topic as taboo can lead to negative emotional reactions, such as shame and anxiety, in response to a normal and expected experience (Pope, 2000; Pope, Keith-Spiegel, & Tabachnick, 1986).

#### Attachment and Sexually Coercive Behaviour

Marshall (1989) introduced the concept of attachment in relation to sexual offending with the observation that sex offenders characteristically fail to achieve secure childhood and adult attachment bonds. A limited body of research has explored the empirical validity of these observations. A preliminary study by Ward, Hudson and Marshall (1996) included 55 child molesters, 30 rapists, 32 violent non-sex offenders, and 30 non-violent non-sex offenders. This research suggested that sex offenders are insecurely oriented to adult intimate relationships (Ward, Hudson, & Marshall, 1996). There was also evidence that child molesters were more likely to have a preoccupied or fearful attachment style than were rapists and to be less dismissive. Rapists were similar in some ways to violent non-sex

offenders (i.e., both tended to be dismissive), and non-violent non-sex offenders were comparatively the most securely attached.

Smallbone and Dadds (1998) compared 48 incarcerated sex offenders, 16 property offenders and 16 non-offenders on measures of childhood and adult attachment. The combined sex offender groups reported less secure childhood and adult attachment than non-offenders and less secure maternal attachment than property offenders. Marshall, Serran and Cortone (2000) examined 30 child molesters, 24 nonsexual offenders and 39 non-offenders. The child molesters were more likely to have insecure patterns of childhood attachment.

In a study of 162 male undergraduate students, insecure childhood attachment was associated with coercive sexual behaviour after antisociality and aggression were statistically controlled (Smallbone & Dadds, 2000). Adult attachment was measured using Bartholomew and Griffin's (1994) Relationship Scales Questionnaire. A small negative correlation was found between adult secure attachment and sexually coercive behaviour. Overall, the results lend support for an attachment-theoretical framework for understanding offending behaviour in general and sexual offending behaviour in particular. A replication of this study by Smallbone and Dadds (2001) with 119 male undergraduate students confirmed the previous findings that insecure childhood attachment is associated with coercive sexual behaviour. In this research, adult attachment was measured using the Experiences in Close Relationships (Brennan et al., 1998) rather than the Relationship Scales Questionnaire. Analysis of the dimensional measures of Anxiety and Avoidance was conducted which identified a relationship between Avoidance and coercive sexual behaviour, but no relationship between anxiety and sexually coercive behaviour.

### Integrative Summary of Literature

In reviewing the literature on attachment theory, therapist-client sexual contact, and therapists' sexual attraction to clients, various connections became apparent. With regard to sexual contact, several characteristics of therapists who have engaged in such behaviour bear striking similarity to characteristics of individuals with insecure attachment patterns.

Examples of this include historical boundary transgressions by parents, intolerance of others' negative affect, over involvement in work, feelings of loneliness, difficulties with intimacy, meeting personal needs via work, and excessive self-disclosure. Further, therapists who have sexual contact with clients are likely to have recently experienced stress or loss with their primary relationship. According to attachment theory, this stress would result in strong activation of their attachment behavioural system, which could be directed toward pair-bonding. There is no evidence of a specific pattern of insecurity being related to specific patterns of sexual contact. Avoidant individuals are more likely to engage in sexual promiscuity, possibly related to disconnection from their affective realm. Preoccupied individuals are more likely to rely on work for meeting emotional gratification, possibly including sexual contact. The limited extant research regarding attachment patterns and sexually coercive behaviour does indicate that insecure patterns of attachment related to such behaviour.

With regard to sexual attraction, there are no investigations in the literature reviewed that relate to therapists' patterns of attachment. However, one could speculate that therapists with avoidant patterns may report a relatively lower incidence of sexual attraction, and therapists with preoccupied patterns may report a relatively higher incidence of sexual attraction. These speculations are consistent with current understanding of characteristics of

individuals with insecure patterns and make intuitive sense (K. Bartholomew, personal communication, December 16, 2001).

### Research Questions and Hypotheses

The preceding discussion was intended primarily to familiarize the reader with the nature of the phenomena to be studied, including attachment theory, therapists' sexual contact with clients and therapist's sexual attraction to clients. In particular, the author attempted to convey the utility of exploring attachment theory as a theoretical framework for understanding individual differences in therapists' sexual attraction to, and sexual contact with clients. Having established this foundational understanding of the phenomena and utility of additional exploration, the following research questions were proposed:

- 1) What are psychologists' experiences of sexual contact with and sexual attraction to clients?
- 2) Are there identifiable relationships between psychologists' demographic characteristics and their experiences with clients?
- 3) Are there identifiable relationships between psychologists' patterns of attachment and their experiences with clients?

The first research question regarding Canadian psychologists' experiences of sexual attraction and sexual contact with clients is exploratory in nature and no specific hypotheses were formulated. The second research question regarding relationships between psychologists' demographic characteristics and their experiences with clients was also exploratory in nature. The third research question related to relationships between psychologists patterns of attachment and their experiences with clients. With particular regard to the experiences of sexual attraction and sexual contact, the following hypotheses were formulated based upon the professional literature: a) Psychologists with lower levels of

anxiety and avoidance will be more likely to report sexual feelings while being less likely to report in sexual contact with clients, b) Psychologists with higher levels of attachment avoidance patterns will report a lower incidence of sexual attraction but a higher incidence of sexual contact with clients, and c) Psychologists with higher levels of anxiety will report a higher incidence of sexual attraction and a higher incidence of sexual contact with clients.

## CHAPTER 3: METHOD

This chapter will outline the process of data collection. Where indicated, reference will be made to the professional literature supporting particular aspects of this process. Topics to be addressed include sampling, procedure, instrumentation, response rate and representativeness of respondents.

### Sampling

A sample of 1500 psychologists from across Canada was selected from the Canadian Register of Health Service Providers in Psychology (CRHSPP). CRHSPP was chosen as the to sample since the membership was thought to be comprised of psychologists providing direct services to clients, rather than clinicians involved solely in academia or research. Although membership is voluntary, there is substantial motivation for clinicians to register as this exempts them from collecting a national tax from their clients. At the time of sampling there were 2917 active registrants. After selecting registrants whom identified English as their primary language, a random sample of 1500 mailing labels was generated by information systems personnel at CRHSPP.

### Procedure

Given the large number and broad geographical area of the sample, a mail out questionnaire was considered the most feasible method for data collection (Gall, Borg & Gall, 1996; Hepner, Kivlighan, & Wampold, 1992), and is consistent with similar research (Borys, 1988; Pope, Tabachnick & Keith-Spiegel, 1987). Hence, a survey research design (Babbie, 1973; Dillman, 1978; Weathers, Furlong & Solorzano, 1993) was selected. Maximizing the response rate is paramount for this type of method for several reasons (Gore-Felton et al., 2002; Krosnick, 1999; Puleo et al., 2002). First, increasing the response rate increases the sample size, which improves statistical power and reduces sampling error. An

increased response rate also increases generalizability of the research finding. Finally, non-respondents can introduce a source of bias if they differ from respondents in ways that affect their answers (Gore-Felton et al.).

To address the concern of response rate, the professional literature was reviewed for empirically validated methods of improving response rate which were incorporated when not precluded by resources or ethical considerations. Examples of such methods include the use of paid return postage, particularly with commemorative stamps (Childers & Skinner, 1996; Weathers, Furlong & Solorzano, 1993). Metaanalysis indicates reminder contact is one of the most effective strategies of increasing response rates (Fox, Crask & Kim, 1988; Weathers et al.). The use of colored paper has also been shown to increase response rates by around two percent and so will be used for the instrument itself (Dillman, 1978; Fox et al.; Weathers et al.). The format of the questionnaire was also designed to be brief, attractive and easy to complete (Childers & Skinner; Dillman; Rea & Parker, 1992; Weathers et al.). University sponsorship has also been found to increase response rate and this will be represented in the University letterhead for the cover letter (Fox et al.). Given the sensitive nature of the topic, respondent anonymity and confidentiality were emphasized in the cover letter to promote responses (Gordon, 1987).

Several common practices in surveys have been found not to increase response rates and so will not be included in the current instrument. First, giving respondents a deadline does not have any consistent positive effect on response rates and occasionally has a negative effect (Childers & Skinner, 1996; Fox et al., 1988). Second, the literature identifies that increasing personalization through hand-signed cover letters does not significantly increase response rates (Fox et al; Weathers et al., 1993).

Based upon this literature review, each potential participant was sent a package containing the following materials: a one-page cover letter, the three page survey instrument and an addressed stamped return envelope for the completed survey form (see APPENDICES A and B). The cover letter was on white paper with University of Victoria letterhead and described the purpose of the study. The letter assured respondents of their anonymity, provided an email contact for requesting a summary of results, and thanked them for their participation. The survey instrument was on a pastel-blue paper. The return envelope, as well as the mailed envelope used oversized, colorful, commemorative stamps.

Surveys were mailed November 1, 2003. Reminder postcards (see APPENDIX C) were sent to all 1500 potential respondents on November 12. The postcards reminded them to complete the survey if they had not already done so, and thanked them for their participation. Data collection and coding continued until February 28, 2004. The survey returns had declined to only 2 over the last week of February. All return envelopes of completed surveys were destroyed.

#### Instrument

The instrument was comprised of three sections (see APPENDIX B): (a) respondent demographics, (b) The Experiences in Close Relationships - Revised (ECR-R), and (c) experiences related to sexual attraction to and sexual contact with clients.

The first section of the instrument collected data regarding various respondent demographics. This included age, sex, marital status, recent therapeutic activity, education, training in sexual contact with and sexual attraction to clients, type of practice and practice locale. These items were selected for various reasons including comparison to previous research, establishment of the respondent demographics, and addressing specific research questions and hypotheses.

The second section of the instrument was the ECR-R (Fraley, Waller & Brennan, 2000), a self-report measure of adult attachment. The ECR-R is comprised of two 18-items scales corresponding to the Avoidance and Anxiety dimensions for a total of 36. The items are rated on a seven-point Likert scale ranging from one to seven with the end-point anchors of Strongly Disagree and Strongly Agree.

The third section of the survey included items regarding various experiences including sexual attraction and physical contact with clients. The questions were informed by several previous investigations (Akamatsu, 1988; Borys & Pope, 1989; Rodolfa et al., 1994; Stake & Oliver, 1991). These previous investigations indicated that responses to similar questionnaires have typically been skewed toward the low frequency anchor of the scale (Akamatsu, 1988; Borys & Pope, 1989; Pope & Tabachnick, 1993). To minimize this response set, one item that may be considered as an accepted boundary crossing was included. "Calling a client by their first/given name" is seen as ethical under many, most, or all circumstances by 95% of therapists (Pope, Tabachnick & Keith - Spiegel, 1987, p. 995). This approach is consistent with Weisberg, Krosnick and Bowen (1996) who suggest introducing some variety into the questions to keep respondent's attention and encourage deliberation over each item. This was the second item listed as it was thought early presentation would be more effective in minimizing response set compared to a later presentation. Consistent with previous research, a six-point scale was used. Responses for frequency of such experiences with clients were as follows: 0 = Never, 1 = 1-2%, 2 = 3-10%, 3 = 11-20%, 4 = 21-40%, 5 = 41-60%, and 6 = over 60%. This scaling allowed for more differentiation at the lower ( $\leq 40\%$ ) end of reported incidence compared to previous research by Stake and Oliver (1991). The numerical anchors were also less open to interpretation than anchors such as "rarely" or "fairly often" which were used in previous research (Pope,

Tabachnick & Keith-Spiegel, 1987). In addition to the Likert scale items, there were four open ended questions to collect data regarding specific numbers of sexual contact for clarification purposes and experiences of clients reporting sexual contact with other therapists.

The survey was pilot tested on ten individuals who were attending or had completed a Master's level psychology program. The final version of the instrument included alterations made on the basis of feedback from the pilot respondents. These alterations included reformatting the layout to provide increased space for responses, minor revisions in the phrasing of some experience items, and changing the font size for some instructions.

#### Response Rate

Thirty one surveys were returned undeliverable. One was reported not returned by a member of the dissertation committee. Out of the 1468 deliverable surveys, 611 were returned for a response rate of 42%. Twelve of the returned surveys were missing data from one or more entire sections of the instrument and so were not entered into the statistical program. Of the 599 surveys entered, 11 were withdrawn from analysis due to incomplete responses on the ECR-R component of the survey. The criteria for withdrawal was over three items incomplete on the entire 36-items or over two items incomplete on either one of the 18-items subscales of Anxiety and Avoidance. Thus a total of 588 (40%) returned surveys were considered adequate for subsequent analysis.

### Representativeness of Respondents

In order to determine the representativeness of the sample, respondents' gender and degree were compared to the CRHSPP membership. Respondents were comprised of 54% females, 45% males, 80% with Doctorates and 20% with Master's degrees. The CRHSPP membership is comprised of 53% females, 47% males, 61% with doctorates and 39% with master's degrees. With regard to gender, respondents were not significantly different from the CRHSPP population. With regard to degree held, respondents were significantly different from the CRHSPP population ( $p = 0.003$ ). This difference is based upon a higher proportion of respondents with doctorates compared to the general CRHSPP membership.

## CHAPTER 4: RESULTS

Data were evaluated with a view to answering the research questions guiding the investigation. This chapter will provide an overview of the analyses performed beginning with descriptive statistics of respondents' demographic data. This will be followed by analyses of the ECR-R including descriptive statistics, Principal Component Analysis (PCA), factor scores, item analysis, and internal consistency. Next, the experience items will be reviewed including descriptive statistics followed by crosstabulations with respondents' demographics. Finally, the results of several regression analyses, both linear and logistic, will be provided. .

### Demographics

*Age.* Forty-one respondents (7.0%) were 31 to 40 years old, 163 respondents (27.7%) were 41 to 50 years old, 288 respondents (49%) were 51 to 60 years old, 82 respondents (13.9%) were 61 to 70 years of age, and 14 respondents (2.4%) were 71 years and over.

*Sex.* Six (1%) people did not indicate sex. There were 264 (44.9%) male respondents and 318 (54.1%) female respondents.

*Marital Status.* Most of the respondents were married ( $n = 434$ , 73.8%), 78 respondents (13.3%) were divorced or separated, 39 respondents (6.6%) were single, 18 (3.1%) reported common-law marriage, and 10 (1.7%) were widowed. Eight (1.4%) respondents selected "Other" but did not specify. One respondent (0.2%) did not indicate his/her marital status.

*Recent therapy provision.* Respondents were asked if they had provided therapy services within the last two years. Most respondents ( $n=554$ , 94.2%) reported providing therapy services in the last two years. Thirty-two (5.4%) reported not providing such services and two (0.3%) did not provide a response. While the intention had been to remove

respondents without recent therapy experience from analysis, one such respondent was in the modest group acknowledging sexual contact with clients. It was deemed important to maximize the size of this group for statistical purposes, while not making a solitary exception to withdrawal from analysis. Hence respondents without recent therapeutic experience were included.

*Degree.* The majority of respondents reported holding doctoral degrees ( $n = 469$ , 79.80%). Master's degrees were held by 119 (20.2%) respondents.

*Academic degree department.* The largest proportion of respondents ( $n = 354$ , 60.2%) reported attending clinical psychology departments. Counselling psychology departments were attended by 21.1% ( $n = 124$ ) of respondents. Educational psychology departments were attended by 5.6% ( $n = 33$ ) respondents. The remaining ( $n = 66$ , 11.2%) respondents reported a variety of academic departments which were included in an "other" category. Examples of such responses included developmental, experimental, neuropsychological, and applied departments. Eleven (1.9%) respondents did not indicate their academic department.

*Duration of providing therapy.* Respondents reported providing therapy for a range of 0 to 60 years with a mean of 20.91 years ( $N = 584$ ,  $SD = 8.6$  years).

*Graduate training.* Respondents were asked if the topics of sexual contact with, and sexual attraction to clients had been addressed during their graduate training. Data regarding graduate training was collected in a closed rather than open ended format. This format was selected as previous research with open-ended formats (Nigro, 2000) revealed difficulties with categorizing highly variable responses into usable groupings.

With regard to the topic of sexual contact with clients, 60% ( $n = 353$ ) reported the topic having been addressed. A substantial minority ( $n = 230$ , 39.1%) reported that sexual contact with clients was not addressed during their graduate training. Five (0.9%)

individuals did not provide a response. With regard to the topic of sexual attraction to clients, a small majority ( $n = 304$ , 51.7%) reported the topic was not addressed while and 47.3% ( $n = 278$ ) reported that this topic had been addressed during graduate training. Six (1.0%) individuals did not provide a response.

*Practice locale.* Urban practices were reported by 501 (85.2%) respondents. Rural practices were reported by 63 (10.7%) respondents. Twenty-three (3.9%) individuals reported having both rural and urban practices, and one (0.2%) individual did not report their practice locale. Cross tabulations indicated that psychologists in rural settings were more likely than those in urban settings to have Master's degrees  $\chi^2(2, 578) = 26.688, p < 0.001$ .

*Proportion of typical work week spent in therapy.* Respondents reported that therapy comprised a mean of 63.14% of their work week with a range from zero to 100% ( $SD = 35.55\%$ ,  $n = 581$ ).

#### Experiences in Close Relationships - Revised (ECR-R)

The data collected were initially reorganized to group items based upon the two subscale dimensions of Anxiety and Avoidance for convenience. Reverse-scored items were then recoded.

#### *Descriptive Statistics*

The ECR-R data were subject to analysis for descriptive statistics as shown in Table 3 below.

Table 3

*Descriptive Statistics for 36 Items of the ECR-R.*

Anxiety Items	n	Min	Max	M	SD
1) I'm afraid that I will lose my partner's love	587	1	7	2.01	1.254
3) I often worry that my partner will not want to stay with me	587	1	7	1.84	1.157
5) I often worry that my partner doesn't really love me	587	1	7	1.72	1.090
7) I worry that romantic partners won't care about me as much as I care about them	587	1	7	2.14	1.369
9) I often wish that my partner's feelings for me were as strong as my feelings for him or her	585	1	7	2.40	1.589
11) I worry a lot about my relationship	588	1	7	2.20	1.386
13) When my partner is out of sight, I worry that he or she might become interested in someone else	585	1	7	1.67	1.030
15) When I show my feelings for romantic partners, I'm afraid they will not feel the same about me	586	1	7	2.05	1.237
17) I rarely worry about my partner leaving me	588	1	7	2.04	1.451
19) My romantic partner makes me doubt myself	588	1	7	2.08	1.384
21) I do not often worry about being abandoned	586	1	7	1.98	1.406
23) I find that my partner(s) don't want to get as close as I would like	588	1	7	2.51	1.651
25) Sometimes romantic partners change their feelings about me for no apparent reason	587	1	7	1.89	1.193
27) My desire to be very close sometimes scares people away	586	1	7	2.09	1.368
29) I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am	587	1	6	1.92	1.246
31) It makes me mad that I don't get the affection and support I need from my partner	585	1	7	2.42	1.595
33) I worry that I won't measure up to other people	588	1	7	2.45	1.502
35) My partner only seems to notice me when I'm angry	586	1	7	1.62	1.036

table continues

Avoidance Items	n	Min	Max	M	SD
2) I prefer not to show a partner how I feel deep down	588	1	7	1.95	1.173
4) I feel comfortable sharing my private thoughts and feelings with my partner	587	1	7	2.70	1.833
6) I find it difficult to allow myself to depend on romantic partners	588	1	7	2.52	1.550
8) I am very comfortable being close to romantic partners	587	1	7	2.48	1.783
10) I don't feel comfortable opening up to romantic partners	588	1	7	2.01	1.172
12) I prefer not to be too close to romantic partners	587	1	7	1.83	1.093
14) I get uncomfortable when a romantic partner wants to be very close	586	1	7	1.85	1.164
16) I find it relatively easy to get close to my partner	587	1	7	2.41	1.546
18) It's not difficult for me to get close to my partner	586	1	7	2.21	1.330
20) I usually discuss my problems and concerns with my partner	588	1	7	2.04	1.247
22) It helps to turn to my romantic partner in times of need	587	1	7	1.84	1.119
24) I tell my partner just about everything	588	1	7	2.38	1.403
26) I talk things over with my partner	587	1	7	1.78	1.015
28) I am nervous when partners get too close to me	586	1	7	1.96	1.230
30) I feel comfortable depending on romantic partners	587	1	7	2.56	1.544
32) I find it easy to depend on romantic partners	587	1	7	2.59	1.414
34) It's easy for me to be affectionate with my partner	587	1	7	2.01	1.236
36) My partner really understands me and my needs	586	1	7	2.70	1.501

Normality of the data was assessed through the Kolmogorov-Smirnov (K-S) test (Field, 2000). The results of this analysis indicated a deviation from normality for all items. Based upon this, analyses for inter-item correlations were conducted using the non-parametric statistic Spearman's Rho. As no directional hypothesis was made a two-tailed test was performed. Analyses were conducted between ECR-R Avoidance items, between ECR-R Anxiety items and between ECR-R Anxiety and Avoidance items. Overall, the inter-item

correlations ranged from .061 to .725 with 732 of 936 (78%) inter-item correlations falling between 0.3 and 0.599 (see APPENDIX D). All inter-item correlations were identified as statistically significant ( $p < 0.05$ ).

### *Principal Components Analyses*

For the purpose of data reduction for regression analyses, Principal Components Analyses (PCA) were conducted with subsequent generation of individual factor scores for the Anxiety and Avoidance subscales of the ECR-R. PCA was chosen as the mode of data reduction as it is consistent with the original development of the ECR-R and more recent analyses of the instrument (Brennan, Clark & Shaver, 1998; Sibley & Liu, 2004).

The data were first reviewed for fit of assumptions for PCA. As noted earlier, analyses indicated a deviation from normality for all items. However, according to Tabachnick and Fidell (1996), since PCA is being used descriptively as a convenient way “to summarize the relationships in a large set of observed variables, and not to determine the number of factors, assumptions regarding the distributions of variables are not in force” (p. 641).

The assumption of Factorability of R was examined given the bivariate correlations matrix (see APPENDIX D). Given the size and number of correlations, the data were considered adequate for PCA. In further assessing for fit for assumptions, the descriptive statistics in Table 3 shows no items with SD's of 0 which would warrant withdrawal from analysis. It is also important to note that all items had at least 585 responses, which for a factor analysis is considered very good with a suggested minimum of at least 300 cases (Fidell & Tabachnick). While the issue of multicollinearity was considered, Tabachnick and Fidell note that when PCA is to be used, “multicollinearity is not a problem because there is no need to invert a matrix” (p. 641).

Having reviewed the data, a principal components analysis (PCA) with Varimax rotation was performed on all 36 items of the ECR-R with two factors extracted given the two dimensions of the ECR-R. The rotated factor solution accounted for 40.96% of the total variance. Factor 1 accounted for 22.12% and Factor 2 accounted for 18.75%. Table 4 shows the factor loadings for the rotated component matrix of the 36 items. Three of the 36 items (6, 28 and 35) were removed as they either loaded high on both factors, or loaded on a different factor than was theoretically predicted.

Table 4

*Rotated Component Matrix for 36 Items of the ECR-R.*

Anxiety Items	Component	
	1	2
1) I'm afraid that I will lose my partner's love	.746	.111
3) I often worry that my partner will not want to stay with me	.783	.107
5) I often worry that my partner doesn't really love me	.731	.193
7) I worry that romantic partners won't care about me as much as I care about them	.765	.135
9) I often wish that my partner's feelings for me were as strong as my feelings for him or her	.663	.109
11) I worry a lot about my relationship	.674	.223
13) When my partner is out of sight, I worry that he or she might become interested in someone else	.597	.018
15) When I show my feelings for romantic partners, I'm afraid they will not feel the same about me	.724	.217
17) I rarely worry about my partner leaving me	.495	.220
19) My romantic partner makes me doubt myself	.539	.296
21) I do not often worry about being abandoned	.504	.224
23) I find that my partner(s) don't want to get as close as I would like	.609	.128

table continues

25) Sometimes romantic partners change their feelings about me for no apparent reason	.535	.197
27) My desire to be very close sometimes scares people away	.490	-.031
29) I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am	.590	.289
31) It makes me mad that I don't get the affection and support I need from my partner	.487	.314
33) I worry that I won't measure up to other people	.419	.140
35) My partner only seems to notice me when I'm angry	.353	.314

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Avoidance Items

2) I prefer not to show a partner how I feel deep down	.202	.516
4) I feel comfortable sharing my private thoughts and feelings with my partner	-.106	.538
6) I find it difficult to allow myself to depend on romantic partners	.494	.278
8) I am very comfortable being close to romantic partners	-.029	.469
10) I don't feel comfortable opening up to romantic partners	.229	.561
12) I prefer not to be too close to romantic partners	.345	.524
14) I get uncomfortable when a romantic partner wants to be very close	.334	.450
16) I find it relatively easy to get close to my partner	.190	.642
18) It's not difficult for me to get close to my partner	.325	.703
20) I usually discuss my problems and concerns with my partner	.118	.679
22) It helps to turn to my romantic partner in times of need	.161	.687
24) I tell my partner just about everything	.131	.700
26) I talk things over with my partner	.124	.745
28) I am nervous when partners get too close to me	.386	.376
30) I feel comfortable depending on romantic partners	.306	.452
32) I find it easy to depend on romantic partners	.419	.536
34) It's easy for me to be affectionate with my partner	.203	.685
36) My partner really understands me and my needs	.328	.622

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A second PCA was performed on the remaining 33 items of the ECR-R. The rotated factor solution accounted for 41.98% of the total variance. Factor 1 accounted for 22.54% and Factor 2 accounted for 19.71%. Table 5 shows the factor loadings for the rotated component matrix of the 33 items with missing values generated from mean to create factor scores. Factor scores were calculated with missing data being generated according to the mean response.

Table 5

*Rotated Component Matrix for 33 Retained Items of the ECR-R*

Anxiety Items	Component	
	1	2
1) I'm afraid that I will lose my partner's love	.750	.127
3) I often worry that my partner will not want to stay with me	.791	.114
5) I often worry that my partner doesn't really love me	.743	.187
7) I worry that romantic partners won't care about me as much as I care about them	.768	.130
9) I often wish that my partner's feelings for me were as strong as my feelings for him or her	.670	.114
11) I worry a lot about my relationship	.681	.227
13) When my partner is out of sight, I worry that he or she might become interested in someone else	.605	.038
15) When I show my feelings for romantic partners, I'm afraid they will not feel the same about me	.709	.211
17) I rarely worry about my partner leaving me	.504	.216
19) My romantic partner makes me doubt myself	.554	.295
21) I do not often worry about being abandoned	.505	.217

table continues

23) I find that my partner(s) don't want to get as close as I would like	.601	.153
25) Sometimes romantic partners change their feelings about me for no apparent reason	.551	.193
27) My desire to be very close sometimes scares people away	.478	-.025
29) I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am	.585	.274
31) It makes me mad that I don't get the affection and support I need from my partner	.482	.315
33) I worry that I won't measure up to other people	.404	.146

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Avoidance Items

2) I prefer not to show a partner how I feel deep down	.186	.528
4) I feel comfortable sharing my private thoughts and feelings with my partner	-.104	.535
8) I am very comfortable being close to romantic partners	-.023	.458
10) I don't feel comfortable opening up to romantic partners	.201	.572
12) I prefer not to be too close to romantic partners	.336	.521
14) I get uncomfortable when a romantic partner wants to be very close	.313	.457
16) I find it relatively easy to get close to my partner	.206	.628
18) It's not difficult for me to get close to my partner	.325	.674
20) I usually discuss my problems and concerns with my partner	.118	.693
22) It helps to turn to my romantic partner in times of need	.164	.689
24) I tell my partner just about everything	.132	.711
26) I talk things over with my partner	.119	.748
30) I feel comfortable depending on romantic partners	.267	.471
32) I find it easy to depend on romantic partners	.376	.511
34) It's easy for me to be affectionate with my partner	.203	.672
36) It's easy for me to be affectionate with my partner	.328	.632

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### *Factor Scores*

Factor scores for Avoidance ranged from -1.53726 to 4.84297. Factor scores for Anxiety ranged from -2.16722 to 3.61448. Bivariate correlation analyses indicated that the two factors were not correlated to each other. This confirms the use of an orthogonal rotation and addresses concerns of multicollinearity for subsequent regression analysis (Field, 2000; Tabachnick & Fidell, 1996).

Comparison of group means of Avoidance factor scores based on gender revealed a mean for males ( $n = 264$ ) of .1201 ( $SD = 1.008$ ), and a mean for females ( $n = 318$ ) of -0.09825 ( $SD = .9902$ ). The gender difference for Avoidance factor scores was significant with male respondents demonstrated higher scores than females ( $t(1, 580) = 6.901, p < 0.009$ ). For the comparison of group means of Anxiety factor scores based on gender, the mean for males ( $n = 264$ ) was -0.0185 ( $SD = 0.9826$ ) and the mean for females ( $n = 318$ ) was 0.01524 ( $SD = 1.0219$ ). The gender difference for Anxiety factor scores was not statistically significant.

### *Item Analysis*

SYSTAT's classical test item analysis was used to conduct item discrimination analyses on the Anxiety and Avoidance dimensions of the 33 item ECR-R (see Table 6). Item discrimination values indicate the degree to which an item relates to total test scores.

Table 6

*Item Discrimination Scores for ECR-R Items*

	Item	
	M	Disc.
<b>Anxiety Items</b>		
1) I'm afraid that I will lose my partner's love	2.007	0.736
3) I often worry that my partner will not want to stay with me	1.852	0.765
5) I often worry that my partner doesn't really love me	1.725	0.740
7) I worry that romantic partners won't care about me as much as I care about them	2.148	0.751
9) I often wish that my partner's feelings for me were as strong as my feelings for him or her	2.397	0.685
11) I worry a lot about my relationship	2.210	0.712
13) When my partner is out of sight, I worry that he or she might become interested in someone else	1.674	0.557
15) When I show my feelings for romantic partners, I'm afraid they will not feel the same about me	2.056	0.735
17) I rarely worry about my partner leaving me	2.030	0.561
19) My romantic partner makes me doubt myself	2.097	0.637
21) I do not often worry about being abandoned	2.007	0.568
23) I find that my partner(s) don't want to get as close as I would like	2.508	0.647
25) Sometimes romantic partners change their feelings about me for no apparent reason	1.880	0.574
27) My desire to be very close sometimes scares people away	2.083	0.491
29) I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am	1.928	0.654
31) It makes me mad that I don't get the affection and support I need from my partner	2.427	0.583
33) I worry that I won't measure up to other people	2.448	0.490

table continues

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Avoidance Items

2) I prefer not to show a partner how I feel deep down	1.943 0.553
4) I feel comfortable sharing my private thoughts and feelings with my partner	2.707 0.510
8) I am very comfortable being close to romantic partners	2.481 0.491
10) I don't feel comfortable opening up to romantic partners	2.005 0.608
12) I prefer not to be too close to romantic partners	1.835 0.615
14) I get uncomfortable when a romantic partner wants to be very close	1.842 0.541
16) I find it relatively easy to get close to my partner	2.413 0.669
18) It's not difficult for me to get close to my partner	2.212 0.739
20) I usually discuss my problems and concerns with my partner	2.035 0.652
22) It helps to turn to my romantic partner in times of need	1.844 0.671
24) I tell my partner just about everything	2.368 0.684
26) I talk things over with my partner	1.776 0.705
30) I feel comfortable depending on romantic partners	2.554 0.567
32) I find it easy to depend on romantic partners	2.589 0.631
34) It's easy for me to be affectionate with my partner	2.010 0.695
36) My partner really understands me and my needs	2.696 0.688

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*Internal consistency*

Two separate reliability analyses were conducted for items on each of the Anxiety and Avoidance dimensions of the retained 33 item ECR-R. The retained 17 Anxiety dimension items (see Table 6) had a Cronbach's alpha of 0.91. The retained 16 Avoidance dimension items (see Table 6) had a Cronbach's alpha of 0.89.

### Psychologists' Experience Items

Data were collected about psychologists' experiences with clients with 18 Likert-scale and four open-ended items. Respondents received the following instructions: "Previous client refers to a person who has stopped receiving therapy sessions. Client refers to a person who receives ongoing therapy sessions with you. "Termination refers to the end of scheduled therapy sessions. In your responses, only consider adult clients (those 19 and over)." Table 7 provides descriptive statistics of the 18 Likert-scale experience items.

Table 7

*Descriptive statistics of 18 Likert-scale experience items*

Item	n	Never	1-2%	3-10%	11-20%	21-40%	41-60%	>60%	M	SD
Noticing a client is physically attractive	574	9(1.6)	59(10.3)	169(29.4)	100(17.4)	88(15.3)	57(9.9)	92(16.0)	3.29	1.662
Kissing a client	584	554(94.9)	25(4.3)	1(0.2)	2(0.3)	1(0.2)	0	1(0.2)	0.07	0.405
Feeling sexual attraction toward female clients	588	291(49.8)	143(24.5)	101(17.3)	24(4.1)	16(2.7)	8(1.4)	1(0.2)	0.90	1.156
Feeling sexual attraction toward male clients	586	331(56.5)	156(26.6)	78(13.3)	15(2.6)	4(0.7)	2(0.3)	0	0.65	0.893
Flirting with a client	585	467(79.8)	99(16.9)	14(2.4)	3(0.5)	0	1(0.2)	1(0.2)	0.25	0.594
Calling a client by their first name	588	11(1.9)	7(1.2)	10(1.7)	13(2.2)	22(3.7)	54(9.2)	471(80.1)	5.53	1.209
Disclosing feelings of sexual attraction to a client	587	551(93.9)	28(4.8)	6(1.0)	0	1(0.2)	0	1(0.2)	0.09	0.413
Giving a client theater, sports, or other event tickets that you learned at the last minute you could not use	588	563(95.70)	18(3.1)	5(0.9)	2(0.3)	0	0	0	0.06	0.303
Hugging a client	587	118(20.1)	190(32.3)	144(24.5)	74(12.6)	37(6.3)	13(2.2)	11(1.9)	1.67	1.378
Engaging in sexual contact with a client including intercourse	588	585(99.5)	3(0.5)	0	0	0	0	0	0.01	0.071
Engaging in sexual contact with a client <u>not</u> including intercourse	588	580(98.6)	8(1.4)	0	0	0	0	0	0.01	0.116
Accepting an invitation to a client's special occasion	586	342(58.4)	199(33.8)	35(6.0)	7(1.2)	1(0.2)	2(0.3)	0	0.52	0.782
Becoming social friends with a former client	588	394(67.0)	162(27.6)	24(4.1)	6(1.0)	2(0.3)	0	0	0.40	0.652
Seriously thought about becoming friends with a client but not acted on these thoughts	583	272(46.7)	217(37.2)	69(11.8)	21(3.6)	3(0.5)	0	1(0.2)	0.75	0.869
Engaging in any sexual contact with a previous client <u>after</u> a two year post-termination time period	588	579(98.5)	8(1.4)	0	1(0.2)	0	0	0	0.02	0.169
Engaging in any sexual contact with a previous client <u>within</u> two years of termination	588	574(97.6)	13(2.2)	1(0.2)	0	0	0	0	0.03	0.168
Holding a client's hand	582	369(63.4)	128(22.0)	55(9.5)	16(2.7)	10(1.7)	2(0.3)	2(0.3)	0.60	0.987
Seriously thought about having sexual contact with a client but not acted on these thoughts	588	495(84.2)	71(12.1)	20(3.4)	1(0.2)	0	0	1(0.2)	0.20	0.541

*Reported sexual contact experiences with clients or previous clients*

Cross-tabulation analyses were performed on the two relevant Likert-scale experience items “Engaging in any sexual contact with a previous client after a two year post-termination time period” and “Engaging in any sexual contact with a previous client within two years of termination.” Seventeen individuals responded affirmatively on one of the two items and three individuals responded affirmatively on both of the items for a total of 20 (3.4%) respondents reporting sexual contact with a previous client. Twelve (2%) of the respondents were male, seven (1.2%) were female and one respondent did not report his/her gender.

Following the Likert-scale items were four open-ended items regarding counsellor's experiences with clients. The first two items collected data regarding sexual contact with clients. Respondents were asked to indicate the number of male and female clients with whom they had experienced sexual contact. The majority (572, 97.3%) reported no such contact. Fifteen (2.6%) respondents reported sexual contact with one female client and one respondent (0.2%) reported sexual contact with four female clients. Respondents were asked to indicate the number of male clients with whom they had experienced sexual contact. The majority (581, 99.1%) reported no such contact. Four (0.7%) respondents reported sexual contact with one male client and one (0.2%) respondent reported sexual contact with two male clients. Two (0.3%) respondents did not provide data. Thus 21 respondents reported a total of 25 incidents of sexual contact. Five respondents reported that the sexual contact with clients had occurred within the last five years. A cross-tabulation of reported respondent and client genders is presented in Table 8.

Table 8

*Gender of Respondents and Clients Engaging in Sexual Contact (n = 22)*

Respondent	Client			
	Male		Female	
	Multiple	Single	Multiple	Single
Male	0	2	1	12
Female	1	2	-	3
Missing gender	-	-	-	1

One respondent reported sexual contact with a client on the Likert-scale items, but did not complete the open-ended items. Thus when Likert-scale and open-ended items were considered together, a total of 22 (3.7%) respondents reported sexual contact with a current client. Of these 22 respondents, 16 (2.6%) were male and six (1%) were female.

Responses were tabulated for all Likert-scale and open ended items related to sexual contact with either a current client or previous client. This resulted in 25 respondent reports of sexual contact with either a previous or current client. Of these 25, 22 respondents reported sexual contact with a current client and 20 reported sexual contact with a previous client. Cross tabulations were conducted to identify respondents reporting sexual contact with both previous and current clients (see Table 9).

Table 9

*Crosstabulations of Reported Sexual Contact with Current or Previous Clients*

Total current client sexual contact	Total previous client sexual contact		
	No	Yes	Total
No	561	5	566
Yes	7	15	22
Total	568	20	588

*Respondents' experiences with clients disclosing sexual contact with another therapist*

The third and fourth open-ended experience items collected data regarding psychologists' experiences with clients reporting sexual contact with another therapist. A few respondents reported sexual contact with medical practitioners but these were not considered. A total of 259 (44.0%) psychologists experienced client reports of sexual contact with another therapist. Respondents were also asked to indicate the frequency of such reports. For respondents who reported a range of frequencies (e.g. 3 - 5), the mean was used. Of the 259 who had such experiences, 21 did not report the frequency and eleven responses were not quantifiable (e.g. "several", "a few"). The remaining 227 respondents reported a range of one to 25 ( $M = 1.3$ ,  $SD = 2.546$ ) with a cumulative total of 556 such reports. One respondent did report an allegation had been investigated by police and a professional body and was found to be attributable to a client's psychotic process.

*Respondent experiences of sexual attraction toward clients*

Two of the 18 Likert-scale items related to experiences of sexual attraction toward clients. A majority (465, 79%) reported experiencing sexual attraction to a client (either male or female) at least once, 118 (20.1%) reported never experiencing sexual attraction to a client and 5 (0.9%) did not respond to the item (See Table 10). Eighty two (14%) respondents reported experiencing sexual attraction to both male and female clients. Thirty two (5.4%) of these were men and 50 (8.5%) were women. Cross tabulations were performed on gender and the two items relating to sexual attraction to clients as illustrated in Table 10 below.

Table 10

*Crosstabulations of Respondent Gender and Sexual Attraction Items*

Response	Respondent Gender				Total
	Male		Female		
	<i>f</i>	%	<i>f</i>	%	
Feeling sexual attraction toward female clients					
Never	27	10.3	261	82.6	288
1-2%	98	37.4	43	13.6	141
3 - 10%	90	34.4	10	3.2	100
11 - 20%	22	8.4	2	0.6	24
20 - 40%	16	6.1	0	0	16
40 - 61%	8	3.1	0	0	8
Over 61%	1	0.4	0	0	1
Total	262	100	316	100	578
Feeling sexual attraction toward male clients					
Never	230	87.1	96	30.4	326
1-2%	19	7.2	136	43	155
3 - 10%	10	3.8	68	21.5	78
11 - 20%	3	1.1	12	3.8	15
20 - 40%	1	0.4	3	0.9	4
40 - 61%	1	0.4	1	0.3	2
Total	264	100	316	100	580

## Analyses of Relationships Between Respondent Demographics and

## Likert-scale Experiences Items

The data were analyzed to identify statistically significant relationships between respondents' demographics and the 18 Likert-scale experience items. The responses were then cross-tabulated and Spearman's correlation was utilized for the ordinal independent

variables. For the nominal independent variables a non-directional Pearson Chi-square was utilized to assess for significant relationships. Due to the number of analyses conducted, alpha was set at 0.01.

*Gender.* Four of the 18 Likert-scale experience items were found to be significantly related to respondent gender (see Table 11). Women more frequently reported feeling sexual attraction toward male clients and hugging clients. Men more frequently reported feeling sexual attraction toward female clients and having serious thought about sexual contact with a client but not acting on these thoughts.

Table 11

*Experience Items Significantly Related to Respondent Gender*

Item	n	df	$\chi^2$	p
Feeling sexual attraction toward female clients **	578	6	314.95	<.001
Feeling sexual attraction toward male clients *	580	5	189.788	<.001
Hugging a client *	581	6	58.238	<.001
Seriously thought about having sexual contact with a client but not acted on these thoughts **	582	4	24.68	<.001

\* Women reported experience occurring more frequently than men

\*\* Men reported experience occurring more frequently than women

*Age.* Three of the 18 Likert-scale experience items were found to be significantly related to respondent age (see Table 12). Increasing age was associated with increasing endorsement of all three items.

Table 12

*Experience Items Significantly Related to Respondent Age*

Item	n	r	p
Accepting an invitation to a client's special occasion	586	.211	<.001
Becoming social friends with a former client	588	.150	<.001
Holding a client's hand	582	.144	<.001

*Education.* Three of the 18 Likert-scale experience items were found to be significantly related to respondent education (see Table 13).

Table 13

*Experience Items Significantly Related to Respondent Education*

Item	n	df	$\chi^2$	p
Giving a client theater, sports, or other event tickets that you learned at the last minute you could not use	588	3	16.156	0.001
Hugging a client	587	6	17.065	0.009
Becoming social friends with a former client	588	4	14.77	0.005

All significant items reflect higher than expected counts for “Never” by respondents with Doctorates and lower than expected counts for “Never” by respondents with Masters.

*Marital status.* Initial cross tabulations of marital status and Likert-scale experience items yielded six by seven tables with high frequencies of inadequate cell counts. To reduce the number of cells, the marital status variable was reduced to four categories by combining married and common-law, and adding widowed to the “other” category. The Likert scale responses were collapsed from seven to four by combining the five categories of 11-20%, 21-40%, 41-60% and over 60% into one response of  $\geq 11\%$ . This strategy was selected as the higher frequency responses were associated with low cell counts.

The resultant four by four tables were subject to analyses with two significant relationships identified. The first was “Feeling sexual attraction toward male clients”  $\chi^2 (9, n = 585) = 42.643, p < 0.001$ . This item relationship reflects a higher than expected count for “Never” by married/common-law respondents and lower than expected counts for “Never” by separated/divorced and single respondents. Thus, married/common-law

respondents were less likely to report sexual attraction to a male client than their separated/divorced or single counterparts.

*Graduate training regarding sexual contact.* A significant relationship was identified between graduate training regarding sexual contact and “Engaging in sexual contact with a client not including intercourse”  $\chi^2 (1, n = 583) = 7.84, p = 0.005$ . This item relationship reflects a higher than expected count for “Never” by respondents reporting such graduate training, and lower than expected counts for “Never” by respondents without such graduate training.

*Graduate Training regarding sexual attraction.* A significant relationship was identified between graduate training regarding sexual attraction and “Engaging in sexual contact with a client not including intercourse”  $\chi^2 (1, n = 582) = 7.418, p = 0.006$ . This item relationship reflects a higher than expected count for “Never” by respondents reporting such graduate training and a lower than expected count for “Never” by respondents without such graduate training.

*Practice Locale.* A significant relationship was identified between practice locale and “Becoming social friends with a former client”  $\chi^2 (8, n = 587) = 24.645, p = 0.002$ . Rural psychologists reported this experience more frequently than their urban counterparts.

*Academic Department.* Analyses were conducted for significant relationships between reported academic department and responses on the Likert-scale experience items. Even with collapsing the Likert scale responses from seven to four, there were no significant results identified in cross-tabulations that had yielded adequate cell counts.

### Linear Regression Analyses of ECR-R Factor Scores and Experience Items

Linear regression analyses were performed for each of the 18 Likert-scale experience items with factor scores on the Avoidance and Anxiety dimensions included in the model (see Table 14).

To investigate the possibility of gender confounds on the results for the items Feeling Sexual Attraction Toward Male clients a regression using SYSTAT's GLM was conducted. Both gender and Anxiety factor scores contributed significantly to the model ( $R^2 = 0.224$ ,  $p < 0.001$ ).

Table 14

*Linear Regression of 18 Likert-scale Experience Items and Factor Scores for Anxiety and Avoidance Dimensions*

Item	Model		Factor Anxiety		Factor Avoidance				
	R <sup>2</sup>	p	Constant	B	Beta	p	Beta	p	
1) Noticing a client is physically attractive	.005	.21	3.285	-.110	-.066	.11	-.054	-.033	.43
2) Kissing a client	.003	.38	.074	.018	.044	.29	.015	.038	.36
3) Feeling sexual attraction toward female clients	.012	.031	.903	.048	.041	.32	.117	.101	.02
4) Feeling sexual attraction toward male clients	.025	.001	.654	.131	.147	<.001	-.050	-.056	.174
5) Flirting with a client	.026	.001	.251	.063	.107	.009	.070	.119	.004
6) Calling a client by their first name	<.001	.959	5.527	.012	.010	.817	-.009	-.007	.860
7) Disclosing feelings of sexual attraction to a client	<.001	.901	.085	.001	.003	.933	.008	.019	.653
8) Giving a client theater, sports, or other event tickets that you learned at the last minute you could not use	<.001	.948	.058	.004	.012	.763	-.002	-.005	.898
9) Hugging a client	.003	.387	1.668	-.040	-.029	.48	-.067	-.049	.237
10) Engaging in sexual contact with a client including intercourse	.002	.517	.005	<.001	.005	.910	.003	.047	.253
11) Engaging in sexual contact with a client <u>not</u> including intercourse	.013	.021	.014	.013	.109	.008	.004	.037	.374
12) Accepting an invitation to a client's special occasion	.004	.356	.519	.014	.019	.651	-.041	-.056	.173
13) Becoming social friends with a former client	.005	.261	.401	.015	.023	.584	-.042	-.062	.123
14) Seriously thought about becoming friends with a client but not acted on these thoughts	.001	.814	.748	.021	.024	.556	.009	.036	.796
15) Engaging in any sexual contact with a previous client <u>after</u> a two year post-termination time period	.015	.012	.019	.021	.121	.003	-.003	-.016	.694
16) Engaging in any sexual contact with a previous client <u>within</u> two years of termination	.015	.010	.026	.018	.106	.01	-.011	.007	.114
17) Holding a client's hand	.001	.084	.598	-.006	-.006	.889	-.023	-.023	.579
18) Seriously thought about having sexual contact with a client but not acted on these	.016	.008	.204	.034	.062	.130	.060	.112	.007

### Logistic Regression Analyses of ECR-R Factor Scores and Experience Items

A direct logistic regression analysis was performed on sexual contact as outcome and six predictors: age, gender, degree, graduate training regarding sexual contact, Avoidance factor scores and Anxiety factor scores. Analyses were performed using SPSS binary logistic regression and SYSTAT LOGIT. After deletion of 11 cases with missing data, data from 577 respondents were available for analysis. Respondents were categorized as having any sexual contact if they responded affirmatively to experience items 10, 11, 15, 16, 19 (female), and 19 (male) (see APPENDIX B). Statistical significance level was set at  $p < 0.05$ . It is important to note that those reporting any sexual contact comprised a small proportion (4.3%,  $n = 25$ ) of the respondents.

A test of the full model with all six predictors against a constant-only model was statically reliable,  $\chi^2(6, 577) = 17.312, p = 0.008$ . This indicates that the predictors as a set, reliably distinguished between those who reported sexual contact and those who did not. The variance accounted for by the model was small with McFadden's Rho squared = 8.7%. Table 15 shows regression coefficients, Wald Statistics, odds ratios and 95% confidence intervals for odds ratios for each of the four predictors. According to the Wald Criterion, only gender and Anxiety factor scores reliably predicted sexual contact with clients.

Table 15

*Logistic Regression Analysis of Any Sexual Contact as a Function of Age, Gender, Degree, Graduate Training Regarding Sexual Contact, Avoidance Factor Scores and Anxiety Factor Scores*

Variables	B	Wald test (z-ratio)	Odds Ratio	95% CI for Odds Ratio		p
				Upper	Lower	
Age	.310	1.326	1.363	2.311	0.804	.250
Gender	1.159	6.003	3.186	8.053	1.261	.014
Degree	.429	.731	1.536	4.109	0.574	.392
Graduate training	.124	.069	1.132	2.852	0.449	.792
Anxiety factor score	.495	7.386	1.641	1.204	0.462	.007
Avoidance factor score	-.294	1.440	.746	2.344	1.148	.230

A model run with only gender and Anxiety factor scores included was statistically reliable  $\chi^2(2, 582) = 13.421, p = 0.001$  (see Table 16). The variance accounted for continued to be small with McFadden's rho-squared = 0.067.

Table 16

*Logistic Regression of Any Sexual Contact as a Function of Gender and Anxiety Factor Scores*

Variables	B	Wald test (z-ratio)	Odds Ratio	95% CI for Odds Ratio		p
				Upper	Lower	
Gender	-1.116	6.382	3.208	7.296	1.299	.012
Anxiety factor score	.488	7.388	1.629	2.316	1.146	.007

The dependent variable of reported sexual contact with both current and previous clients was also subject to logistic analysis with gender and Anxiety dimension factor scores included in the model (see Table 17). This model was statistically reliable  $\chi^2(2, 582) = 6.164, p = 0.046$ . The variance accounted for was small with McFadden's rho-squared = 0.047. Again, it is important to note that the number of respondents reporting sexual contact with both previous and current clients was relatively small (2.6%,  $n = 15$ ).

Table 17

*Logistic Regression of Sexual Contact with Both Previous and Current Clients as a Function of Gender and Anxiety Factor Scores*

Variables	B	Wald test (z-ratio)	Odds Ratio	95% CI for Odds Ratio		p
				Upper	Lower	
Anxiety factor score	.482	.226	1.619	2.524	1.039	.033
Gender	.832	2.149	2.298	6.992	0.755	.143

*Examination of residuals of logistic regressions.* Casewise listings of residuals were examined for logistic regression models including gender and Anxiety factor scores to identify outliers. For the model of any sexual contact, casewise listings for cases outside 1.5 standard deviations were performed. One of the 25 respondents reporting such sexual contact was not included in analysis as gender was not reported. The casewise listings for cases outside 1.5 standard deviations accounted for 20 of the 24 respondents reporting sexual contact and included in the analysis. At a standard deviation of 2.0, 24 of the 24 respondents' sexual contact with current clients were identified. There were no identified outliers for respondents not reporting sexual contact with clients. For the model of sexual contact with both current and previous clients contact casewise listings for cases outside 1.5 standard deviations were performed. Again, one of the respondents did not report is/her gender and was deleted from analysis. The casewise listings for cases outside 1.5 standard deviations accounted for 14 of the 14 included respondents reporting sexual contact and included in the analysis.

## CHAPTER 5: DISCUSSION

The results of the survey and their implications will be discussed in this chapter.

First, the research questions will be presented with the associated findings, followed by the implications of these findings. Next, the limitations and cautions of the research results will be identified. Finally, directions for future research in this area will be suggested.

Interpretations of the results of this survey are premised upon a level of confidence in their validity. One potential threat to validity considered was response set, which occurs when people do not seriously consider each question but simply reply in an acquiescent fashion (Weisberg, Krosnick & Bowen, 1996). For this survey it was anticipated that response set could manifest through automatic responses toward the lower frequency anchor of the rating scale. One item in the experiences section of the survey was intended to address response set by encouraging responses toward the higher frequency anchor of the scale. The purpose of this item appears to have been fulfilled as over 80% of respondents did rate this behaviour as occurring with over 60% of their clients. Further, inter-item movement across the scale suggests that respondents carefully considered each item (see Table 3). While the potential impact of response bias cannot be eliminated, these patterns of responses do lend support to the validity of the survey results.

### Discussion of the Research Questions and Hypotheses

#### *Research Question One*

What are Canadian Psychologists' experiences of sexual contact with and sexual attraction to clients?

*Sexual contact.* On the Likert-scale experience items, three respondents (0.5%) reported engaging in sexual contact with a client including intercourse and eight respondents (1.4%)

reported engaging in sexual contact with a client not including intercourse. Nine respondents (1.6%) reported engaging in sexual contact with a previous client after a two year post-termination time period and 14 (2.4%) reported engaging in sexual contact with a previous client within two years of termination. On the open ended questions, 22 respondents reported engaging in sexual contact with clients. The disparity between the Likert-scale and open ended items is notable. One explanation for this is the language use for the anchor "1-2%." While this item was intended to capture experiences occurring at least once, some individuals interpreted this response as meaning with at least 1% of their clients. Given this possible incorrect interpretation of the Likert-scale anchor, the open-ended items are considered more accurate.

A comparison between results of the current project and previous research was conducted. The current data indicates self-reports of sexual contact with a current client by 22 (3.7%) respondents; sixteen (2.6%) were male and six (1%) were female. Previous research has shown sexual contact with current clients to be reported by an average of 5.4% of respondents with 5.74% being male and 1.99% being female (Akamatsu, 1988; Borys & Pope, 1989; Bouhoutsos et al., 1983; Holroyd & Brodsky, 1977; Lamb, Catanzaro & Moorman, 2003; Pope, Levenson & Schover, 1979; Pope, Keith-Spiegel & Tabachnick, 1986; Pope, Tabachnick & Keith-Spiegel, 1987; Rodolfa et al., 1994; Stake & Oliver, 1991). Thus, it appears that the results of the current project are consistent with existing literature regarding self-reported incidence of sexual contact with a current client, with male respondents being two to three times more likely than females to report such contact.

The current data indicates self-reports of sexual contact with a previous client by 20 (3.4%) respondents; twelve (2%) were male, seven (1.2%) were female and one respondent

did not report his/her gender. Previous research has shown sexual contact with previous clients to be reported by 6 - 14.26% of males and 2 - 8% of females (Akamatsu, 1988; Borys & Pope, 1989; Holroyd & Brodsky, 1977; Pope, Tabachnick & Keith-Spiegel, 1987). The disparity between the current and previous data appears sufficiently substantive to indicate a meaningful difference. Given the more recent concerns regarding post-termination relationships, it is not surprising to find a progressive decline of such reports. This difference could be attributed to an actual decline in such incidences, or a decline in reporting by respondents.

With regard to psychologists' experience of clients reporting sexual contact with another therapist, the results of the current research are similar to previous literature. In the current project, 44% of respondents in the current research reported such experiences. Previous researchers (Bouhoutsos et al., 1983; Parsons & Wincze, 1995; Pope & Vetter, 1991; Stake & Oliver, 1991) have reported similar results with an average of 41% of respondents receiving such reports from at least one client.

What is consistent across various investigations is the disparity between self-reports of sexual contact with clients or previous clients, and client reports of such contact. Two previous investigations collected data on both self reports and client reports of sexual contact (Bouhoutsos et al., 1983; Stake & Oliver, 1991). These studies noted client reports of sexual contact ranging from 43.6% to 45% of respondents while only 7.3% to 6% of respondents self-reported sexual contact with clients. Consistent with this research the current investigation revealed a substantial difference between the 25 (4.3%) respondents reporting experiences of sexual contact with clients and the 259 respondents (44%) reporting 556 client disclosures of sexual contact with another therapist. There are several

explanations for such a disparity including sampling issues, low survey response rates by psychologists engaging in sexual contact with clients, and inaccurate data provided by those who did respond. The issue of false allegations of sexual contact by clients has also been addressed in previous research. Pope and Vetter (1991) asked psychologists to report the frequency of what they believed to be such false allegations. Of the 1000 cases in which the issue of sexual intimacies arose, forty-two (4%) were reported to be considered false allegations. However, even if one speculated as many as 10% of client reported sexual contacts to be false, approximately 500 such reports in the current project would remain unaccounted for. Given the apparently minimal motivation to over-report client experiences, compared to high motivation by respondents to underreport one's own sexual contact, it is suggested that client reports are a more accurate reflection of the incidence of this phenomena. This topic will be addressed further in the implications section.

*Sexual attraction.* A large majority (79%) of respondents in the current research reported experiencing at least one incident of sexual attraction to a client. This is consistent with previous research indicating between 72 and 90% of therapists experience sexual feelings for at least one client over the course of their career (Blanchard & Lichtenberg, 1998; Pope et al, 1986; Pope, Tabachnick & Keith-Spiegel, 1987; Rodolfa et al, 1994; Stake & Oliver, 1991; Tubbs & Pomerantz, 2001). When the gender of the psychologist and client is considered, the current data is remarkably similar to that of Bernsen, Tabachnick and Pope (1994) with the exception of the incidence of males being attracted to males, which is still relatively similar (see Table 18).

Table 18

*Comparison of Current and Previous Research on Gender in Psychologist-Client Attraction*

Data	% Males Attracted to		% Females Attracted to	
	Male	Female	Male	Female
Bernsen et al. (1994)	18.1	90.3	67.4	17.4
Current data	12.9	89.7	69.6	17.4

*Research Question Two*

Are there identifiable relationships between psychologist's demographic characteristics and their experiences with clients?

Analysis of the associations between counsellors' characteristics and responses for the experience items yielded a number of significant relationships as follows.

*Gender.* Gender was the characteristic most frequently associated with significant relationships with a total of four (see Table 11). Males were more likely to endorse the items "Feeling sexual attraction toward female clients" and "Seriously thought about having sexual contact with a client but not acted on these thoughts." Females were more likely to endorse the items "Feeling sexual attraction toward male clients" and "Hugging a client." The gender differences in feeling attraction were expected based upon previous literature (Bernsen, Tabachnick and Pope, 1994; Rodolfa et al., 1994) and not considered particularly remarkable.

The other two items which differed based upon respondent gender were considered noteworthy. As noted above, female respondents were more likely to endorse the item Hugging a Client. It is possible that male psychologists may be less likely to hug clients due to social mores against males making physical contact in general. Further, there are particularly strong social mores against physical contact, such as hugging, between two males. Additionally, male psychologists may be more concerned than female that physical contact

could be interpreted as inappropriate.

Male respondents in the current research were more likely than females to endorse the item "Seriously thought about having sexual contact with a client but not acted on these thoughts." Pope, Keith-Spiegel and Tabachnick (1986) also found males more likely endorse this item. Given that males are more likely to report engaging in sexual contact, it is not surprising that they also report consideration of such behaviour more frequently than females. These results demonstrate that many male psychologists do refrain from engaging in sexual contact, or at least report refraining. It is possible that a proportion of respondents who endorse this item have actually engaged in sexual contact but are unwilling to report doing so. One could speculate that reporting serious consideration of sexual contact may be the closest some individuals are able, or willing to come in acknowledging sexual contact.

*Age.* Increasing age of respondents was associated with higher incidences of "Accepting an invitation to a client's special occasion", "Becoming social friends with a former client", and "Holding a client's hand." It is important to remember that the current research inquired about the percentage rather than the frequency of clients with whom these behaviours had occurred. Thus, these results are not simply attributable to a greater duration of opportunity for engaging in behaviours. Perhaps older psychologists demonstrate different social norms regarding interpersonal behaviour. Additionally, older psychologists may believe that their behaviour to be more appropriate in certain circumstances than if it was performed by a younger practitioner. For example, there may be a perceived difference between 65 and 30 year old psychologists holding the hand of a 25 year old client as the age disparity may minimize the sexual connotation. It is

interesting that the current data are inconsistent with previous research findings that younger therapists are more frequently attracted to clients (Pope et al., 1986; Rodolfa et al., 1994). One explanation is that over the past decade, the literature has normalized this experience to an extent that more respondents are willing to report it. Additionally the current data was collected from a Canadian population and the previous research was conducted in the United States. It is possible that cultural differences regarding sexuality are playing a role. Alternatively, the United State's progressively more litigious environment may have lead to more recent graduates being less comfortable reporting any behaviours they think could be construed as inappropriate.

*Education.* Respondents with Master's degrees were more likely than those with Doctorate degrees to endorse "Hugging a client", "Becoming social friends with a former client", "Giving a client theater, sports, or other event tickets that you learned at the last minute you could not use." One possible explanation for the item regarding becoming friends is that those with Master's degrees were more likely that those with doctorates to report practicing in rural communities, where there are limited social opportunities. This is consistent with the findings that those in rural locations are also more likely than their urban counterparts to become friends with a former client. The other two items related to respondent education are not so easily explained. It is possible that those with Doctorate education receive more training to avoid such activities.

*Practice Locale.* A significant relationship was identified between practice locale and "Becoming social friends with a former client." As previously mentioned, this finding is not surprising given the limited social opportunities available rural practitioners, and limited practitioners available in rural communities. Gates & Speares (1990) note that the

merging between a therapist's personal and professional life, coupled with the isolation often experienced by rural professional may contribute to the development of overlapping relationships. An additional complication of rural practice is that clinicians risk alienating the community if they abstain from connections to avoid dual relationships (Schank, 1998; Shank & Skovholt, 1997).

*Marital status.* A significant relationship was identified between marital status and "Feeling sexual attraction toward male clients" with married/common-law respondents less likely to report sexual attraction to a male client than their separated/divorced or single counterparts. It makes intuitive sense that those involved in attachment relationships would be less likely to notice the physical attractiveness of clients. However, this is inconsistent with the lack of significant relationship between marital status and reported sexual attraction to female clients. It is conceivable that gender is influential in some way given that male respondents were more likely to be attracted to female clients and vice versa. Perhaps involvement in an attachment relationship limits female but not male psychologists' sexual attraction to their clients.

*Graduate training.* A significant relationship was found between graduate training regarding sexual attraction and the item engaging in Sexual Contact With a Client Not Including Intercourse. Those who reported such training were less likely to endorse this item. While it is somewhat reassuring that graduate training is associated with different behaviour, it is discouraging to find only one instance of this in the analyses. There were no other significant relationships between graduate training regarding sexual contact or attraction and other experience items. Thus, there is little support in the current research

that training regarding sexual contact with clients or previous clients lead to decreased self-reported incidences of such behaviours.

### *Research Question Three*

Are there identifiable relationships between psychologists' patterns of attachment and their experiences with clients?

Linear and logistic regression analyses revealed several relationships between respondents' attachment patterns and their experiences with clients. A review of results related to the two dimensions of Anxiety and Avoidance will now be provided. This will be followed by a consideration of the research hypotheses.

*Avoidance dimension.* Linear regression revealed that increasing factor scores on the ECR-R Avoidance dimension were related to higher endorsement of the item "Seriously thought about having sexual contact with a client but not acted on these thoughts." The professional literature on avoidance suggests some explanations for this relationship. Avoidant individuals are likely to focus on their work life to meet emotional needs and continue to desire proximity with others despite expectations of disappointment. However, such individuals have long-established behavioural and psychological strategies for containing their desire for proximity. Further, avoidant individuals may be more likely to endorse this item due to increased attention to, and recall of, uncompleted opportunities for connecting with others. Another explanation is that avoidant individuals are underreporting actual sexual contact with clients based upon psychological defense mechanisms. As previously mentioned, there is a large disparity between self-reports and client reports of sexual contact. The possibility that avoidant individuals are underreporting sexual contact with clients is consistent with the literature in this area. Research has determined

that avoidant persons are more likely to engage in casual sex, extra-relationship sex and promiscuity. However, they also have restricted awareness of unpleasant memories, which could describe transgression of sexual boundaries with clients.

Logistic regression analyses were performed to identify significant relationships between attachment avoidance and reported sexual contact on any of the Likert or open ended experience items. No significant relationships were identified. If these self reports are accurate, then attachment Avoidance is apparently unrelated to frequency of sexual contact with clients. As previously stated, it is possible that avoidant individuals under report the incidence of sexual contact. However, it is also reasonable to expect that avoidant individuals do have a low incidence of sexual contact with clients due to their skills at self-restraint with regard to proximity-seeking behaviour and affect containment.

*Anxiety dimension.* Increasing factor scores on the ECR-R Anxiety dimension were related to higher endorsement of three items: a) Feeling sexual attraction toward male clients (even when gender was accounted for) b) Flirting with a client and c) Engaging in sexual contact with a client not including intercourse.

With regard to the feelings of sexual attraction to males, there is no readily evident explanation for the association with attachment anxiety. One possibility that was considered was a spurious relationship with gender which was also significantly related to this item. However, this possibility was not supported in the analysis. To identify another explanation, the literature in the field of attachment theory, with its emphasis upon evolutionary principles, was considered. People with anxious attachment patterns generally have a history of receiving care that was inconsistent and chaotic, resulting in feelings of anxiety and helplessness. It is possible that males are seen as a stronger form of

“safe haven” in terms of protection. Perhaps the relationship between attachment anxiety and attraction to males is a reflection of both attachment and reproductive behavioural systems which can become intertwined in adult pair-bonds (Ainsworth, 1989; Shaver, Morgan & Wu, 1996).

With regard to flirting with a client, a significant relationship with level of attachment anxiety is understandable. Such individuals tend to focus on opportunities for connecting with others and validation of themselves as worthy of care and attention. Flirting with a client would be such an opportunity for connection and to receive feedback of one's own desirability while not actually crossing the sexual contact boundary.

The item “Engaging in sexual contact with a client not including intercourse” was included in the logistic regression analysis for any sexual contact and will be discussed in that context. Given that a primary focus of the research was identifying relationships between reported sexual contact and attachment patterns, one of the most meaningful results of this research is the significant relationships between anxious attachment patterns and sexual contact with clients. Logistic regression analysis revealed that Anxiety factor scores and gender were significant contributors to a model predicting the 24 reports of sexual contact with clients or previous clients. Further, a second logistic regression of the 14 respondents reporting sexual contact with both previous and current also resulted in a significant model. This model for multiple forms of sexual contact retained Anxiety factor scores as statistically significant while gender was not significant. Thus, for respondents reporting sexual contact with both current and previous clients, Anxiety factor scores were statistically significant whereas gender was not. To date, the literature has identified gender as the primary characteristic associated with transgressing sexual boundaries. The

current research contributes new knowledge that attachment anxiety, rather than gender, is more likely to be associated with multiple forms of sexual transgressions. These findings are consistent with the literature that depicts several similarities between attachment anxiety and those who have sexual contact with clients.

One of the first similarities noted in the literature is related to cognitive attentional processes. Anxious individuals' cognitive processes tend to direct excessive attention toward environmental threats, particularly social cues that may be disapproving or critical in nature (Sperling & Borgaro, 1995). This is consistent with Celenza's (1998) research finding that those who have sexual contact with clients want all their clients to hold them in positive regard.

Second, Rothbard and Shaver (1994) describe anxious individuals as preoccupied with the care they received as children and having continued resentment toward parents. This parallels the observations that those receiving treatment for sexual contact with clients also report a history of ungratifying parental relationships (Hetherington, 2000; Gabbard, 1999). Further, there is a common theme in the reported childhood experiences of these individuals in that their parental figures frequently did not provide sufficient love and nurturance (Gabbard) that leads to feelings of deprivation and entitlement (Hetherington). This description is consistent with the characteristics of individuals with high attachment anxiety.

Third, high attachment anxiety is associated with emotional distress and expression of attachment behaviour in relation to termination of a romantic relationship (Fraley & Shaver, 1998). Anxious people typically start a new relationship immediately after one ends (Carnelley et al., 1996). Again, this is consistent with observations that individuals

who have sexual contact with clients are often undergoing relationship stress, such as divorce, bereavement, or marital problems (Coleman & Schaefer, 1986; Gabbard, 1994, 1996; Layman & McNamara, 1997; Simon, 1999b; Smith & Fitzpatrick, 1995).

Fourth, people with high attachment anxiety often see their work as an opportunity to address unmet attachment needs (Feeney & Noller, 1996). This parallels the literature on sexual contact with clients as the therapist is often focused on work for emotional fulfillment (Folman, 1991; Hamilton & Spruill, 1999; Lamb, Catanzaro & Moorman, 2003; Schoener and Gonsiorek, 1989).

Fifth, attachment anxiety is associated with feelings of insecurity, vulnerability, and helplessness, and the belief that one is not lovable (Birnbaum et al., 1997; Griffin & Bartholomew, 1994a; Lopez, 1995; Lyddon, 2001). These characteristics are reminiscent of individuals who have sexual contact with clients as they report neediness, long-standing low self-esteem and a sense of powerlessness (Celenza, 1998).

To summarize, the research results have been discussed in the context of the three research questions. With regard to psychologists' experiences of sexual contact with and sexual attraction to clients, 22 (3.7%) of respondents reported sexual contact with a current client, with male respondents being two to three times more likely than females to report such contact. Sexual contact with a previous client was reported by 20 respondents (3.4%) with males reporting such contact approximately twice as often as females. Of note was the disparity between self-reports of sexual contact and client disclosures of sexual contact with 259 (44%) respondents reporting a cumulative total of 556 such client disclosures. Consistent with previous research, most (79%) respondents reported at least one incident of sexual attraction to a client. With regard to the second research question concerning

relationships between psychologists' demographics and their experiences with clients, several significant relationships were identified. Gender was the demographic characteristic most frequently associated with significant relationships with a total of four. With regard to the third research question concerning relationships between psychologists' attachment patterns and various experiences with clients, several relationships were identified. Of particular import was the relationship between attachment anxiety and sexual contact with previous and current clients.

#### *Review of Support for the Research Hypotheses*

*Research hypothesis one.* The first hypothesis was that psychologists with lower levels of anxiety and avoidance would be more likely to report sexual feelings while being less likely to report in sexual contact with clients. There was partial support for this hypothesis in that respondents with lower levels of anxiety were less likely to report sexual contact. There was no support for the hypothesis that level of avoidance was related to reported sexual contact.

*Research hypothesis two.* The second hypothesis was that psychologists with higher levels of attachment avoidance patterns would report a lower incidence of sexual attraction but a higher incidence of sexual contact with clients. There was no support for this hypothesis.

*Research hypothesis three.* The third hypothesis was that psychologists with higher levels of anxiety would report a higher incidence of sexual attraction and a higher incidence of sexual contact with clients. There was partial support for this hypothesis. Respondents with higher levels of attachment anxiety did report a higher incidence of sexual attraction, but this was only significant in relation to attraction to male clients.

There was support for the hypothesis that increasing levels of attachment anxiety is associated with a higher incidence of sexual contact with clients. In particular, increasing levels of anxiety were associated with more frequent reporting of sexual contact with both current clients and previous clients. This relationship was significant even with the contribution of gender statistically controlled.

### Implications of Results

There are several implications related to the results of the current research project. One implication is the potential for normalization of sexual attraction by psychologists toward clients. Consistent with previous research, a large majority of respondents (79%) reported at least one incidence of sexual attraction toward a client. While therapists have historically responded to sexual attraction with feelings of anxiety and guilt, knowledge that the large majority of psychologists have this experience may foster a more accepting environment for discussion of these phenomena. The open discussion of feelings of attraction is important as one risk factor for enacting boundary violations is withholding information regarding attraction from supervisors or consultants (Blanchard & Lichtenberg, 1998; Meek & McMinn, 1999; Samuel & Gorton, 1998).

A primary implication of the current research is validation of attachment theory as applicable to the phenomenon of sexual contact between psychologists and clients. While the literature to date has made observations about characteristics of such individuals, there has been limited empirical investigation of theory to explain the characteristics. Establishing a research body of knowledge for theory in this area may have far-reaching effects in various forums such as graduate training and treatment programs for those who have sexual contact with clients.

Although the results of the current research suggest minimal impact of historical forms of graduate training it is possible that changes might lead to improvement in this area. Several topics could be addressed during training to increase students' understanding of sexual contact and sexual attraction, with the goal of preparing them for future situations in their practice.

First, education regarding relationships between attachment and sexual contact may be useful in sensitizing individuals to the issue. Strategies for increasing students' self-awareness of their own attachment history and current patterns may be particularly helpful. Self-report measures such as the ECR-R (Fraley, Waller & Brennan, 2000) as well as small group discussion may be utilized to promote this self-awareness of attachment patterns. Thus new therapists may be familiar with their own risk factors for sexual involvement. In particular, trainees should be educated that loss of, or conflict in an important relationship may lead to activation of attachment behaviours, resulting in a particularly vulnerable period.

Trainees may also benefit from information about the typical development of sexual dual relationships (Epstein & Simon, 1990a, 1990b; Seto, 1995, Simon, 1999a, 1999b).. Knowledge in this area may sensitize people to cues of the gradual erosion of treatment boundaries that often precede sexualized contact (Celenza, 1998; Folman, 1991). Examples of these cues include perceiving the client as 'special' or different from other clients, socialization of therapy, excessive therapist self-disclosure, and extending session length. These cues should ideally serve as stimuli to obtain supervision to specifically address this situation.

The topics of sexual dual relationships and sexual attraction are often limited to a

circumscribed seminar in a professional ethics class. Ideally, graduate training would incorporate these topics into numerous educational forums. For example, theory seminars could integrate sexual attraction and sexual contact into various theoretical perspectives on the therapeutic relationship. For example, psychodynamic, behavioral and cognitive-behavioral approaches would provide varied interpretations and explanations of the phenomena. Additionally, practica and internship settings could include exploration of these topics in both group and individual supervision settings.

Trainees may find experiential exercises useful to heighten their awareness and preparation for managing attraction to clients. For example, instructors could encourage trainees to consider the characteristics of clients they have, or would likely find themselves attracted to. Trainees may also benefit from exploring the potential negative outcomes of sexual relationships, possibly drawing upon their real-life experiences with previous partners. Small-group discussions may be particularly useful in revealing various unconsidered potentials that may serve to inoculate therapists.

Unfortunately, various education strategies regarding sexual contact may influence only a proportion of those at risk. For example, training may be useful for those therapists described by Simon (199b) as being incompetent due to poor training and boundary blind spots, or those experiencing situational stressors such as bereavement. There are other individuals for whom any amount and form of education may not alter behavior. Those with enduring traits placing them at risk for sexual contact may be particularly unreceptive to training interventions. Such may be the case for individuals with borderline, narcissistic and antisocial personality disorders or those with sexual disorders such as frotteurism (Gabbard, 1994; Schoener & Gonsiorek, 1998, 1989; Simon, 1999b).

An additional implication of the current research is the provision of new knowledge to treatment providers of professionals who transgress sexual boundaries. While exploring options for data collection the author identified several treatment programs as well as individual therapists who provide such services. Treatment programs for sexual contact with clients, such as the Sante institute in Texas and Homewood in Ontario, serve a variety of professional groups including physicians, lawyers, dentists, and clergy. While the current research was focused upon psychologists, the results are theoretically applicable to other professionals involved in fiduciary relationships. Treatment approaches in this area may benefit from inclusion of attachment-based assessment and intervention approaches. Assessment through various attachment measures such as the ECR-R as well as interview processes may serve to clarify motivation for sexual contact with clients. Further, understanding of motivational issues may assist in establishing a treatment plan for therapeutic interventions. Various authors have written extensively on therapeutic interventions based upon attachment theory. A discussion of this literature is beyond the scope of this project, but the interested reader is directed to Lyddon (2001), Dozier and Tyrrell (1998), Pistole (1999), Slade (1999) Krause and Haverkamp (1996) and Dozier, Cue and Barnett (1994).

A particular contribution of the current research may relate to the treatment of recidivists. While attachment anxiety is related to any incidence of sexual contact even when gender is controlled for, there is evidence that attachment anxiety is related to contact with both current and previous clients whereas gender is not. Thus, an emphasis on addressing attachment anxiety would appear even more warranted in cases where multiple boundary transgressions are present.

A final implication of this research relates to the confirmation that the phenomenon of psychologist-client sexual contact is vastly under reported. While 25 respondents acknowledged sexual contact with clients, 259 respondents reported approximately 556 client reports of sexual contact. There is clearly a substantive number of psychologists engaging in sexual contact who are unwilling to report such behaviour, even on an anonymous and confidential survey. It is logical to assume, therefore, that they are unwilling to report this behaviour to obtain supervision and treatment. It appears that the only way the vast majority of these occurrences come to light is through client reports. Given this, regulating bodies face challenges in identifying professionals of concern and ensuring rehabilitation where possible. Hence, there is support for the recently developed “zero-tolerance” policies to promote identification of individuals who have sexual contact with clients. Within these policies, professionals are mandated by their governing bodies to report sexual contact by other professionals.

#### Limitations

Several limitations and cautions were identified for the current study. First, caution is warranted with regard to generalization of results for several reasons. First, there is the lower response rate (40%) from the surveyed population, making generalization of the results a cautious endeavor. Further, the sampling pool was limited to CRHSPP members who reported their primary language as English. While many Quebecois were included in the sample, those who designated French as their primary language were not included due to translation concerns. Additionally, there were a relatively high number of responses for doctorate level psychologists and a relatively low number of responses for master's level psychologists. One explanation for this is that empathy for the researcher as a doctoral

student would be more likely for doctorate level respondents, which could increase their response rate. Another factor that may differentiate respondents from non-respondents is the possibility that those who engage in sexual contact with clients do not respond as frequently to this type of inquiry. This possibility is supported by the disparity between self-reports and client reports of sexual contact. Hence, the current research likely captures only a small proportion of individuals who engage in sexual contact with clients.

Another limitation of the study was lack of clarity with one of the anchors for the Likert-scale experience items. The anchor of "1 - 2%" was intended to capture incidences that had occurred at least once, but with less than two percent of clients. While several respondents did endorse items with notations such as "only once", it is possible that some incidence of behaviours were missed. It is important to note, however, that this would not be the case with regard to sexual contact as additional open-ended questions would have captured such respondents.

The use of a dimensional attachment measure, the ECR-R, is associated with particular limitations. The ECR-R is based upon a dimensional, rather than prototypical or categorical conceptualization of attachment. Griffin and Bartholomew (1994a) suggest that this conceptualization implies that each dimension is independent of others which limits the emergence of properties arising from combinations of the dimensions. Additionally, it is assumed that there is no qualitative shift at a particular point in the dimension that divides people into different categories. Thus, important qualitative differences between individuals may be obscured (Collins & Feeney, 2000). That is, one may be able to "carve nature at its joints" (Meehl, 1999) if there is meaningful difference between factor scores of -0.1 and 0.1 on the anxiety dimension. A final concern for

dimensional measures is the temptation to view the dimensions derived from principal components analysis as reflective of the fundamental structure of adult attachment. "It is easy to confuse the process of uncovering the structure of a given set of items and uncovering the structure of the human psyche" (Griffin & Bartholomew, 1994b, p.29). Hence, it is important to remember that factors derived from principal components analyses are reflective of the items generated and included by researchers. The resultant equation does not tell us whether the fundamental aspects of the topic at hand have been included or left out (Hazan & Shaver, 1994b). That is, while the ECR-R is based upon a 323 item pool, it is possible that not all relevant aspects of attachment, or even the most salient aspects, are included in the current instrumentation.

Additional concerns with the ECR-R include potential bias in retrospective recall of attachment patterns (Leiper & Casares, 2000; Rothbard & Shaver, 1994; Scharfe & Bartholomew, 1998). Given that secure individuals are more able to present a coherent story of past and current relationships, some have hypothesized that "attachment security may be positively associated with accuracy of recall and, conversely, attachment insecurity may be associated with inaccuracy of recall" (Scharfe & Bartholomew, p. 221). While these concerns have primarily been based upon prototypical or categorical measures of attachment, bias in retrospective recall can not be ruled out in the current study.

A primary concern with self-report measurement in the field of attachment is potential inaccuracy of respondents for several reasons such as unconscious defensive processing, social desirability bias and limited insight (Bartholomew, 1994; Bretherton & Munholland, 1999; Crowell et al., 1999; Dozier & Tyrrell, 1998; Frazier, Byer, Fischer, Wright, & DeBord, 1996; Lopez, 1995). While this is considered an issue in any self-

report measure, it may be particularly relevant to attachment issues as psychological defense processes may be particularly relevant (Brennan, Clark & Shaver, 1998). The issue of social desirability in adult attachment measurement was specifically explored by Leak and Parsons (2001) who noted that most investigations utilize the Marlowe-Crowne Social Desirability Scale (SDS), which unfortunately does not discriminate between intentional distortion and unconscious defensiveness. Their research using the Inventory of Desirable Responding (IDR – Version 6), found that The Attachment Style Questionnaire (ASQ; Feeney et al., 1994), The Adult Attachment Scale (AAS; Collins & Read, 1990) and the Relationship Questionnaire (RQ; Bartholomew & Horowitz, 1991) were all contaminated with conscious response distortion. While consideration was given to including a measure of social desirability in the current research, the potential risks of increasing the length of the survey in terms of a lower response rate, were deemed to outweigh the potential benefits.

An ongoing challenge for investigators in the field of attachment is limited precision in assessing the low ends of the Anxiety and Avoidance dimensions (Fraley, Brennan & Waller, 2000). That is, individuals with modestly increased factor scores on Anxiety or Avoidance may not be well differentiated from those without increased levels. Given this, any linear relationships between attachment dimensions and psychologists' experiences may not have been accurately reflected. This limited precision may have obscured some relationships between attachment patterns and psychologists' behaviour leading to Type II error. Additionally, the large number of analyses conducted may have allowed for Type I errors.

The number of respondents acknowledging sexual contact with clients or previous clients was relatively small. This may have obscured additional relationships between attachment and sexual contact. Having a larger group of individuals reporting sexual contact would have been advantageous in terms of statistical analysis. Finally, for several analyses, the significant results were modest in terms of the variance accounted for. Thus, the practical implications of the results may be limited. This is of particular note for the logistic regression models of sexual contact with clients. While the relationships were considered statistically significant, there was limited variance accounted for by the models. Thus there are other factors not considered in the current analysis that contribute to the likelihood of individuals reporting sexual contact with clients. Examples of these factors include dissolution of a primary relationship before sexual contact occurred, use of substances, limited clinical supervision, and sexual contact with one's own therapist.

#### Future Research

Several avenues for further investigation in this area can be identified. Accessing the non-responding population through a different research design with more possibilities for follow-up may yield new information. Given that less than half of the population responded, there is room for improvement in the current survey design. Specifically, a research design with pre-notification and additional follow-up reminders may increase response rate. Obtaining data from those individuals who are really reluctant to acknowledge sexual contact with clients is a particular challenge. It is apparent that there are a substantial number of such individuals when one considers the client reports of sexual contact in the current and previous research. It is possible that alterations to the cover letter which emphasize the complete anonymity of the research would be influential.

Also, mentioning existing evidence for underreporting sexual contact may suggest that a certain amount of sexual contact is presumed to exist. The research goals could then be described not as identifying the existence of sexual contact, but understanding the dynamics thereof. The implied receptivity of researchers to receive reports of sexual contact may promote increased disclosure of these experiences.

A particularly fruitful area of research could be assessing the attachment patterns of individuals known to engage in sexual contact with clients. Collecting data from participants in treatment programs for sexual boundary crossings was an initial component of the current research. However, this component was not completed due to logistics and difficulty gaining access to the population. Future research with those individual identified as crossing sexual boundaries may provide valuable information. Given that such individuals have already been identified, they may be more forthcoming. Additionally, given that the sample is likely to be small, more time-intensive and multiple forms of attachment measures could be introduced. One example of such a design would include the Family Attachment Interview (FAI) (Bartholomew, 1997; Bartholomew & Horowitz, 1991; Griffin & Bartholomew, 1994a, 1994b) as well as the ECR-R. Based upon ECR-R scores, individuals could be indirectly categorized into types to assess for convergent validity with the FAI. The research with those involved in treatment programs could be expanded to incorporate various professional such as physicians, lawyers, clergy and psychologists to identify commonalities amongst those who transgress sexual boundaries.

Given that the regression models accounted for significant but still limited variance for predicting sexual contact with client, future research in this area is indicated. There are clearly additional influential factors not identified to date that warrant future investigation.

A qualitative research methodology would be suitable for identification of additional relevant characteristics. Expanded understanding of the characteristics associated with transgressing sexual boundaries would provide increasingly refined frameworks to guide education, prevention, assessment and treatment programs in this area.

Given the novelty of the current investigation, replication of this research is indicated. Should such replication confirm the relationship between attachment anxiety and sexual contact, there are various implications for graduate training and treatment programs for those who transgress sexual boundaries. Future research could also investigate the efficacy of interventions based upon attachment theory compared to existing interventions.

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## Appendix A

## Cover Letter

**University of Victoria**

Victoria, British Columbia  
V8W 3N4 Canada

Dear Psychologist,

Over the course of their careers psychologists may have experiences with their clients that include social and physical contact and feelings of attraction. Unfortunately, little is known about these issues for Canadian psychologists. To address this knowledge gap, you are being invited to participate in a research project titled "The relationships between professionals' attachment patterns and their experiences with clients". The goal of the current project is to increase our understanding of these experiences, as well as the personal characteristics that may be related. To this end, arrangements were made to contact a randomly selected national sample of members of the Canadian Register of Health Service Providers in Psychology (CRHSPP).

Enclosed please find a brief survey regarding your experiences in areas such as social contact, sexual attraction, and sexual contact with clients, as well as some rudimentary demographic information. Additionally, information is requested about your experiences in close relationships in general. The average completion time for this survey in a pre-test was around 15 minutes. Also enclosed is a self-addressed stamped envelope for your convenience. The results of this survey will form the basis of my doctoral dissertation work under the supervision of Dr. M. Uhlemann. The results may also be used for publication in a professional journal and presentation at professional conferences.

The data collection phase of this project will be completed over the next four weeks. Obviously this is a very sensitive topic, and participants are assured that they cannot be identified. Each person's contribution is important and I am grateful for your time and effort in this regard.

This survey is completely anonymous, confidential and voluntary; no identifying information is requested. CRHSPP will not know who does or does not participate and your participation will have no bearing upon your membership. Returned questionnaires will be maintained in a locked filing cabinet until seven years after publication (as per APA requirements) when they will be destroyed.

By your return of the completed survey, it is assumed that you have read this letter of invitation and you consent to participate in this research. Please feel free to keep this cover sheet for your records. Since the survey is anonymous, it is logistically impossible to withdraw individual submissions once received. If you have any questions or concerns, please contact the individuals below. Anonymous inquiries could occur by using a public phone or a free email account through hotmail or yahoo. Results will be available to anonymously view at my Website listed below

Your time and assistance is greatly appreciated for this doctoral research project.

Yours truly,

Tracey Nigro

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*Associate Vice-President, Research (250-472-4362)*

## Appendix B

Survey Instrument**Demographic Information - Please select the applicable response**

- 1) Age: \_\_\_30 and under \_\_\_31-40 \_\_\_41-50 \_\_\_51-60 \_\_\_61-70 \_\_\_71 and over
- 2) Gender: \_\_\_ Male \_\_\_ Female
- 3) Marital status: \_\_\_Single \_\_\_Married \_\_\_Separated/Divorced \_\_\_Other/Specify\_\_\_\_\_
- 4) Have you provided individual therapy in the last two years? \_\_\_ Yes \_\_\_ No
- 5) What is the highest level of education you have completed? \_\_\_Master's \_\_\_Doctorate
- 6) What academic department is your highest degree from (e.g. Clinical, Counselling)? \_\_\_\_\_
- 7) How many years have you provided professional therapy services? \_\_\_\_\_ years
- 8) During your graduate program, was the topic of sexual contact with clients addressed? \_\_\_No \_\_\_Yes
- 9) During your graduate program, was the topic of sexual attraction to clients addressed? \_\_\_No \_\_\_Yes
- 10) Would you consider your practice to be rural or urban? \_\_\_Rural \_\_\_Urban
- 11) What percent of your typical workweek is spent in private practice with individuals? \_\_\_\_\_Percent

**Experiences in Close Relationships**

The statements below concern how you feel in emotionally intimate relationships. Please consider how you *generally* experience relationships, *not* just what is happening in a current relationship (if you are in one). Respond to each statement by circling a number to indicate how much you agree or disagree with the statement

**During my past and current relationship(s):**

<b>Experiences</b>	Strongly Disagree		Neutral/Mixed			Agree Strongly	
1) I'm afraid that I will lose my partner's love	1	2	3	4	5	6	7
2) I prefer not to show a partner how I feel deep down	1	2	3	4	5	6	7
3) I often worry that my partner will not want to stay with me	1	2	3	4	5	6	7
4) I feel comfortable sharing my private thoughts and feelings with my partner	1	2	3	4	5	6	7
5) I often worry that my partner doesn't really love me	1	2	3	4	5	6	7
6) I find it difficult to allow myself to depend on romantic partners	1	2	3	4	5	6	7
7) I worry that romantic partners won't care about me as much as I care about them	1	2	3	4	5	6	7
8) I am very comfortable being close to romantic partners	1	2	3	4	5	6	7
9) I often wish that my partner's feelings for me were as strong as my feelings for him or her	1	2	3	4	5	6	7
10) I don't feel comfortable opening up to romantic partners	1	2	3	4	5	6	7

## During my past and current relationship(s):

Experiences	Disagree Strongly		Neutral/ Mixed			Agree Strongly	
11) I worry a lot about my relationship	1	2	3	4	5	6	7
12) I prefer not to be too close to romantic partners	1	2	3	4	5	6	7
13) When my partner is out of sight, I worry that he or she might become interested in someone else	1	2	3	4	5	6	7
14) I get uncomfortable when a romantic partner wants to be very close	1	2	3	4	5	6	7
15) When I show my feelings for romantic partners, I'm afraid they will not feel the same about me	1	2	3	4	5	6	7
16) I find it relatively easy to get close to my partner	1	2	3	4	5	6	7
17) I rarely worry about my partner leaving me	1	2	3	4	5	6	7
18) It's not difficult for me to get close to my partner	1	2	3	4	5	6	7
19) My romantic partner makes me doubt myself	1	2	3	4	5	6	7
20) I usually discuss my problems and concerns with my partner	1	2	3	4	5	6	7
21) I do not often worry about being abandoned	1	2	3	4	5	6	7
22) It helps to turn to my romantic partner in times of need	1	2	3	4	5	6	7
23) I find that my partner(s) don't want to get as close as I would like	1	2	3	4	5	6	7
24) I tell my partner just about everything	1	2	3	4	5	6	7
25) Sometimes romantic partners change their feelings about me for no apparent reason	1	2	3	4	5	6	7
26) I talk things over with my partner	1	2	3	4	5	6	7
27) My desire to be very close sometimes scares people away	1	2	3	4	5	6	7
28) I am nervous when partners get too close to me	1	2	3	4	5	6	7
29) I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am	1	2	3	4	5	6	7
30) I feel comfortable depending on romantic partners	1	2	3	4	5	6	7
31) It makes me mad that I don't get the affection and support I need from my partner	1	2	3	4	5	6	7
32) I find it easy to depend on romantic partners	1	2	3	4	5	6	7
33) I worry that I won't measure up to other people	1	2	3	4	5	6	7
34) It's easy for me to be affectionate with my partner	1	2	3	4	5	6	7
35) My partner only seems to notice me when I'm angry	1	2	3	4	5	6	7
36) My partner really understands me and my needs	1	2	3	4	5	6	7

Below is a list of experiences that may be relevant for psychologists. Please indicate **the percentage of clients** with whom you have had these experiences during your entire professional career by circling the applicable number.

For the purpose of this survey: "Previous client" refers to a person who has stopped receiving therapy sessions. "Client" refers to a person who receives ongoing therapy sessions with you. "Termination" refers to the end of scheduled therapy sessions. In your responses, only consider adult clients (those 19 and over).

E.g.: If one accepted a token gift from about 25% of clients, then the number "4" would be circled as below:

Experiences	Never	1-2%	3-10%	11-20%	21-40%	41-60%	Over 60%
<i>E.g.) Accepting a token gift from a client</i>	0	1	2	3	4	5	6
1) Noticing a client is physically attractive	0	1	2	3	4	5	6
2) Kissing a client	0	1	2	3	4	5	6
3) Feeling sexual attraction toward female clients	0	1	2	3	4	5	6
4) Feeling sexual attraction toward male clients	0	1	2	3	4	5	6
5) Flirting with a client	0	1	2	3	4	5	6
6) Calling a client by their first name	0	1	2	3	4	5	6
7) Disclosing feelings of sexual attraction to a client	0	1	2	3	4	5	6
8) Giving a client theater, sports, or other event tickets that you learned at the last minute you could not use	0	1	2	3	4	5	6
9) Hugging a client	0	1	2	3	4	5	6
10) Engaging in sexual contact with a client including intercourse	0	1	2	3	4	5	6
11) Engaging in sexual contact with a client <u>not</u> including intercourse	0	1	2	3	4	5	6
12) Accepting an invitation to a client's special occasion	0	1	2	3	4	5	6
13) Becoming social friends with a former client	0	1	2	3	4	5	6
14) Seriously thought about becoming friends with a client but not acted on these thoughts	0	1	2	3	4	5	6
15) Engaging in any sexual contact with a previous client after a two year post-termination time period	0	1	2	3	4	5	6
16) Engaging in any sexual contact with a previous client within two years of termination	0	1	2	3	4	5	6
17) Holding a client's hand	0	1	2	3	4	5	6
18) Seriously thought about having sexual contact with a client but not acted on these thoughts	0	1	2	3	4	5	6

19) If you have had any sexual contact with clients, please indicate the number of: \_\_\_ Females \_\_\_ Males

20) Was any of this sexual contact within the last five years? \_\_\_ Yes \_\_\_ No

21) Has a client ever told you about sexual contact with another therapist? \_\_\_ Y \_\_\_ N

22) If Yes, how many clients have told you about such sexual contact? \_\_\_\_\_

*Thank you for your participation.*

If the return envelope is damaged or misplaced, please return to:  
Tracey Nigro, A241 MacLaurin, University of Victoria  
Box 3010 Victoria, BC V8W 3N4

Appendix C

Reminder Post Card



Just  
a  
Reminder.....

You were recently sent a questionnaire from a Doctoral student at the University of Victoria regarding your experiences with clients. If you have not already done so, please return the questionnaire at your earliest convenience.

*Thank you for your participation.*

## Appendix D

## Inter-Item Correlations for the Experiences in Close Relationships - Revised

Table D1

## Inter-Item Correlations Between ECR-R Avoidance Items

Item	1	3	5	7	9	11	13	15	17	19	21	23	25	27	29	31	33	35
1	1.00	.751	.657	.603	.523	.572	.519	.592	.592	.470	.531	.466	.465	.400	.496	.388	.363	.329
3	.751	1.00	.672	.594	.510	.585	.543	.590	.651	.432	.564	.445	.455	.377	.503	.337	.338	.336
5	.657	.672	1.00	.623	.540	.564	.516	.566	.598	.466	.546	.489	.453	.352	.465	.410	.306	.410
7	.603	.594	.623	1.00	.595	.527	.410	.652	.518	.454	.496	.504	.518	.426	.509	.428	.321	.383
9	.523	.510	.540	.595	1.00	.448	.370	.565	.464	.464	.459	.549	.488	.353	.423	.452	.297	.423
11	.572	.585	.564	.527	.448	1.00	.433	.542	.502	.580	.480	.472	.396	.322	.475	.506	.339	.401
13	.519	.543	.516	.410	.370	.433	1.00	.463	.500	.316	.425	.322	.399	.259	.413	.236	.261	.272
15	.592	.590	.566	.652	.565	.542	.463	1.00	.469	.475	.468	.558	.487	.412	.563	.489	.336	.380
17	.592	.651	.598	.518	.464	.502	.500	.469	1.00	.398	.570	.377	.434	.303	.404	.342	.269	.322
19	.470	.432	.466	.454	.464	.580	.316	.475	.398	1.00	.394	.487	.418	.351	.472	.527	.354	.461
21	.531	.564	.546	.496	.459	.480	.425	.468	.570	.394	1.00	.389	.406	.394	.473	.376	.319	.386
23	.466	.445	.489	.504	.549	.472	.322	.558	.377	.487	.389	1.00	.458	.422	.421	.554	.278	.401
25	.465	.455	.453	.518	.488	.396	.399	.487	.434	.418	.406	.458	1.00	.433	.492	.362	.276	.384
27	.400	.377	.352	.426	.353	.322	.259	.412	.303	.351	.394	.422	.433	1.00	.401	.254	.290	.307
29	.496	.503	.465	.509	.423	.475	.413	.563	.404	.472	.473	.421	.492	.401	1.00	.369	.483	.403
31	.388	.337	.410	.428	.452	.506	.236	.489	.342	.527	.376	.554	.362	.254	.369	1.00	.255	.467
33	.363	.338	.306	.321	.297	.339	.261	.336	.269	.354	.319	.278	.276	.290	.483	.255	1.00	.246
35	.329	.336	.410	.383	.423	.401	.272	.380	.322	.461	.386	.401	.384	.307	.403	.467	.246	1.00

Table D2

## Inter-Item Correlations Between ECR-R Anxiety Items

Item	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36
2	1.00	.362	.239	.347	.561	.491	.467	.406	.423	.415	.391	.440	.384	.373	.284	.311	.450	.309
4	.362	1.00	.120	.443	.329	.296	.221	.406	.417	.404	.349	.378	.382	.210	.220	.240	.320	.303
6	.239	.120	1.00	.264	.467	.439	.440	.320	.343	.255	.357	.273	.340	.409	.554	.625	.291	.354
8	.347	.443	.264	1.00	.416	.425	.392	.455	.423	.269	.290	.325	.294	.346	.368	.358	.442	.306
10	.561	.329	.467	.416	1.00	.564	.481	.449	.509	.374	.389	.419	.411	.444	.411	.447	.470	.380
12	.491	.296	.439	.425	.564	1.00	.686	.481	.533	.334	.441	.377	.427	.592	.401	.469	.492	.405
14	.467	.221	.440	.392	.481	.686	1.00	.429	.438	.293	.369	.321	.342	.589	.369	.403	.461	.391
16	.406	.406	.320	.455	.449	.481	.429	1.00	.725	.458	.464	.472	.505	.412	.400	.461	.536	.514
18	.423	.417	.343	.423	.509	.533	.438	.725	1.00	.474	.524	.487	.534	.488	.409	.483	.549	.560
20	.415	.404	.255	.269	.374	.334	.293	.458	.474	1.00	.597	.633	.697	.274	.384	.389	.427	.508
22	.391	.349	.357	.290	.389	.441	.369	.464	.524	.597	1.00	.541	.606	.369	.440	.455	.466	.551
24	.440	.378	.273	.325	.419	.377	.321	.472	.487	.633	.541	1.00	.629	.305	.368	.369	.441	.527
26	.384	.382	.340	.294	.411	.427	.342	.505	.534	.697	.606	.629	1.00	.336	.441	.467	.520	.536
28	.373	.210	.409	.346	.444	.592	.589	.412	.488	.274	.369	.305	.336	1.00	.369	.412	.439	.377
30	.284	.220	.554	.368	.411	.401	.369	.400	.409	.384	.440	.368	.441	.369	1.00	.721	.405	.430
32	.311	.240	.625	.358	.447	.469	.403	.461	.483	.389	.455	.369	.467	.412	.721	1.00	.442	.504
34	.450	.320	.291	.442	.470	.492	.461	.536	.549	.427	.466	.441	.520	.439	.405	.442	1.00	.477
36	.309	.303	.354	.306	.380	.405	.391	.514	.560	.508	.551	.527	.536	.377	.430	.504	.477	1.00

Table D3

## Inter-Item Correlations Between ECR-R Avoidance and Anxiety Items

Items	Anxiety																	
Avoidance	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36
1	.324	.125	.373	.188	.321	.354	.327	.340	.431	.291	.351	.296	.373	.418	.293	.391	.314	.386
3	.275	.128	.382	.194	.292	.335	.304	.334	.400	.258	.324	.265	.336	.407	.332	.376	.290	.371
5	.292	.143	.396	.228	.305	.424	.367	.347	.435	.306	.383	.276	.353	.439	.357	.404	.353	.365
7	.254	.079	.524	.229	.391	.441	.389	.364	.442	.259	.329	.264	.317	.451	.389	.458	.315	.365
9	.237	.109	.387	.161	.320	.342	.314	.318	.407	.330	.324	.325	.320	.362	.313	.408	.243	.388
11	.291	.197	.404	.209	.329	.462	.420	.430	.464	.310	.358	.315	.354	.440	.357	.429	.385	.441
13	.211	.104	.300	.173	.221	.303	.283	.233	.317	.164	.190	.148	.221	.348	.269	.291	.235	.239
15	.360	.153	.444	.260	.422	.496	.495	.413	.490	.340	.393	.299	.350	.519	.405	.454	.366	.415
17	.211	.161	.401	.249	.314	.331	.305	.406	.494	.271	.367	.294	.338	.361	.339	.390	.247	.350
19	.288	.232	.322	.226	.311	.357	.326	.411	.454	.407	.415	.353	.391	.419	.328	.369	.378	.459
21	.222	.154	.346	.240	.267	.372	.325	.368	.425	.290	.405	.248	.366	.439	.323	.405	.339	.332
23	.228	.136	.360	.247	.281	.403	.333	.418	.465	.332	.337	.291	.335	.388	.343	.405	.331	.480
25	.241	.177	.357	.245	.317	.426	.353	.355	.383	.302	.367	.325	.400	.472	.358	.419	.333	.386
27	.061	.068	.243	.133	.159	.230	.202	.173	.245	.160	.207	.148	.218	.388	.254	.296	.129	.230
29	.290	.232	.368	.310	.372	.416	.395	.384	.433	.310	.360	.289	.352	.532	.387	.421	.367	.348
31	.275	.172	.392	.216	.302	.382	.376	.424	.456	.340	.417	.298	.365	.385	.340	.418	.366	.521
33	.159	.146	.200	.168	.239	.245	.163	.293	.311	.214	.170	.199	.182	.258	.237	.296	.263	.243
35	.249	.199	.261	.255	.293	.354	.291	.353	.392	.300	.398	.240	.360	.391	.347	.386	.388	.425