

Effectance Motivation: A Practical Outcome of Attachment-Focused Integrative Reminiscence

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The classic indicator of secure attachment in infancy and childhood is exploration of the environment. This is no less true in adulthood; however, researchers have substituted the term “effectance motivation” for exploratory behavior following earned secure attachment. The term refers to “natural approach-based motivational tendencies” that result in effective interactions with the environment. Earned secure adults demonstrate a shift from an avoidance-oriented achievement motivation profile in achievement settings to a more appetitive, effectance-like achievement motivation profile in these settings and are less hesitant to investigate matters of concern, to master techniques or skills, or to engage fully in their environments in general. This article presents a case study from a larger narrative intervention in which it was hypothesized that the participant would demonstrate new levels of effectance motivation following an attachment-focused integrative reminiscence (AFIR) intervention. Through the case study methodology, the reader can ascertain the mental life of the participant, which cannot be captured in quantitative or objective ways. It gives the reader access, to some extent, to the phenomenology of the shift in attitude from an avoidance orientation to an effectance orientation as it unfolds in this particular human story. A comparison between pre-intervention and post-intervention evaluations shows clear evidence of increased effectance motivation in the work environment following the AFIR intervention. Future research is needed to establish that it is the AFIR intervention that causes the beneficial effect observed in the present study.

Key Terms: Attachment; Earned Secure; Effectance Motivation; Love and Belonging; Integrative Reminiscence

Psychologists (e.g., Bowlby, 1969; Maslow, 1954) have proposed that the degree of warmth and affection in our earliest relationships can make a critical difference in human psychological, physical, and social well-being in just about every life domain (Cook & Cook, 2010; Simmons, Gooty, Nelson, & Little, 2009). Continuing research provides strong support for this position (Cassidy & Shaver, 2008; Puig, Englund, Simpson, & Collins, 2013), thus it is important to develop and implement interventions for persons who experience insufficient warmth and affection in the early years.

Attachment theorists (Ainsworth, Blehar, Waters, & Wall, 1978) have developed a classification system for the degree of warmth and affection between infant and caregiver in early life. While Attachment Theory is most often discussed in terms of its mechanics, Sroufe and Waters (1977) emphasize that the concept of attachment is not reducible to the mechanics of the interactions between the infant and caregiver—the behaviors (smiling, looking, touching, approaching, clinging, crying)

designed to reduce proximate distance between caregiver and child. Rather, the attachment construct refers to the invisible but very real “affective tie” between infant and caregiver (p. 1185). A secure attachment is a non-material, emotional, but very real tether binding the infant and caregiver in a warm and affectionate relationship.

Attachment theory classifies infants into one of four categories. One category consists of securely attached infants who feel secure enough in their connections to their caregivers to freely explore their environment, knowing that their caregivers are available when needed, and three categories for insecurely attached infants (Ainsworth, Blehar, Waters, & Wall, 1978; Main & Solomon, 1990). The three categories for insecurely attached infants are the anxious/ambivalently attached, whose prior experiences suggest that the caregiver may or may not be available when needed; the anxious/avoidantly attached, whose prior experiences suggest that the caregiver will not be available when needed; and the disorganized/disoriented infants, whose prior experiences suggest that the caregiver is likely to cause the infant to feel fear or terror. Infants who fall into any of the three insecure attachment categories are less likely to freely explore their environments due to continuing feelings of insecurity, thus the classic indicator of

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attachment status in infancy and childhood is the degree to which the child freely explores and engages with the environment (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1988; Elliot & Reis, 2003; Green & Campbell, 2000).

Exploratory behavior is also the classic indicator of secure attachment in adulthood (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1988; Elliot & Reis, 2003; Feeney & Van Vleet, 2010; Green & Campbell, 2000). Bowlby (1988) was quite explicit that the attachment-exploration relationship applies “from the cradle to the grave” (p. 163). Feeney and Van Vleet (2010) demonstrated that certain attachment-related behaviors in an adult partner (responsiveness, non-interference with exploratory behavior, and being accepting and encouraging) can positively influence exploratory behavior in adulthood. Green & Campbell (2000) demonstrated the attachment-exploration relationship in 100 undergraduate students (79 females and 20 males, one not reported) in a series of laboratory experiments. In addition, Elliot and Reis (2003) demonstrated the relationship in four different studies involving 737 college students (474 female, 262 male); however, following Ainsworth’s lead, Elliot & Reis substituted White’s (1969) term “effectance motivation” for secure attachment-based exploratory behavior in adults.

Effectance motivation refers to “the desire for effective interaction with the environment” (White, 1969, p. 317), including the tendency to investigate matters of concern, to master techniques or skills, or to engage fully in the environment in general. Insecure attachment is identified as an impediment to its emergence (Elliot & Reis, 2003). Arguing that adult achievement motivation is equivalent to what White conceptualized as effectance motivation, Elliot & Reis tested the relationship between adult attachment and adult achievement motivation in four different studies. They hypothesized that in achievement settings (e.g., work, school), securely attached adults would exercise their natural, approach-based motivational tendencies and mastery pursuits. In other words, secure adults would not fear failure so much that they would avoid free engagement in achievement settings because they have internalized the ready and unconditional availability of attachment figures’ support and comfort, if needed. They also hypothesized that insecure attachment would interfere with effectance motivation in achievement settings, as insecure adults would feel too unsafe and too unsupported to risk failure in achievement settings.

In their first study, Elliot and Reis measured attachment, achievement motives, achievement goals relevant to the course students were taking, and a self-generated list of eight personal achievement goals students were pursuing in daily life. Regression analyses showed that securely attached participants demonstrated a higher need for achievement, a lower fear of failure, and adopted

more approach-based personal achievement goals than insecurely attached participants. In their second study, they used an improved measure of attachment, measured attachment prior to measuring other constructs, and measured SAT scores and GPA to see if ability affected outcomes. Results from Study 2 were consistent with Study 1. In their third study, yet a third measure of attachment was used, as well as a semi-projective measure of achievement motivation, rather than a self-report measure. The researchers also controlled for socially desirable responses, thus addressing the issue of response bias. The results remained consistent with the previous two studies and the findings were essentially unaffected when controlling for response bias. Their fourth study focused on students’ appraisal of challenge, threat, and competence as potential mediators of the consistently demonstrated attachment-achievement relationship. Results showed student appraisal of challenge, threat, and competence to mediate the relationship between attachment status and achievement. In other words, attachment status influenced appraisal of challenge, threat, and ability, which in turn influenced achievement. In these studies, Elliot & Reis provided consistent evidence that securely attached adults manifest an “appetitive, effectance-like achievement motivation profile” in the achievement setting, whereas insecurely attached adults manifest an “avoidance-oriented achievement motivation profile.” In other words, the classic indicator of secure attachment in childhood—environmental exploration and mastery—continues as the classic indicator in adulthood.

The opportunity to achieve a secure attachment status remains available across the lifespan (Saunders, Jacobvitz, Zaccagnino, Beverung, and Hazen, 2011; Siegel, 2012). *Earned secure* attachment refers to the achievement of a secure attachment status later in life rather than in the first relationships with caregivers (Paley, Cox, Burchinal, & Payne, 1999). Main, Kaplan, & Cassidy (1985) found that women who had worked through the story of their own insecure attachments to their mothers and were able to discuss the difficult story coherently, were subsequently able to attach securely to their own children. Attachment style is transmitted intergenerationally (Van IJzendoorn & Bakermans-Kranenburg, 1997), thus these women were able to break the intergenerational cycle of insecure attachment through some form of attachment narrative review. Main, Kaplan, & Cassidy (1985) indicate that “unfavorable attachment experiences seem to have been considered and integrated into mental process long before the interview took place” (p. 96), suggesting that these women had engaged in what has been labeled “integrative reminiscence” (Haight & Dias, 1992) in regards to their unfavorable attachment experiences.

In general, integrative reminiscence—a form of life review in which memories are recalled, examined, appraised, and resolved (Butler, 1963; Gibson, 2004) –

has been shown to help resolve internal conflict, revise self-schemas, increase self-worth, disconfirm negative beliefs about the self (Watt & Cappeliez, 1995, 2000; Wong & Watt, 1991), and to increase self-acceptance, self-esteem, and self-efficacy (Haight & Dias, 1992; Fry & Barker, 2002; Seigel, 2012), among other psychological health benefits. A substantial number of physical health benefits have also been attributed to integrative reminiscence (see Sabir, Henderson, Kang, & Pillemer, under review). The present study applied what we label an attachment-focused integrative reminiscence (AFIR) intervention (Sabir et al., under review) based on the work of Main, Kaplan and Cassidy (1985) and on prior research suggesting that integrating unfavorable attachment experiences might be primarily responsible for the psychological and physical health benefits consistently attributed to integrative reminiscence (Pearson, Cohn, Cowan, and Cowan, 1994; Seigel, 2010, 2012). Prior integrative reminiscence interventions touch to some degree on themes of attachment. The AFIR intervention described here differs from past efforts, however, in its particular emphasis on reminiscence around attachment themes.

Taken together, the work of Main, Kaplan, & Cassidy (1985) and Siegel (2010, 2012) helps us to understand a mechanism by which an AFIR intervention might impact attachment security. Siegel's theory of Interpersonal Neurobiology describes the interconnections among the mind, brain, and interpersonal relationships. He makes the compelling case that the warm and affectionate interpersonal experiences that produce attachment security also produce mental integration; thus, if one can demonstrate mental integration, one can deduce secure attachment. Main, Kaplan, & Cassidy (1985) deduced adult attachment status by examining the coherency in women's narratives of their childhood attachment-related experiences (mental integration). These two bodies of research suggest that the AFIR process—sufficient processing of unfavorable attachment experiences within a sufficiently warm and affectionate relationship (e.g., therapist, spouse)—might suffice for the intimate human contact necessary for achieving the earned-secure attachment status, restoring the integrated self, and generating effectance motivation. In Siegel's words, "A general implication of [Main, Kaplan, & Cassidy's (1985)] findings is that even with difficult past childhood experiences the mind is capable of achieving an integrated perspective..." (Seigel, 2012, p. 352).

The purpose of the present study is to present the case study of a 33 year old African American woman, Delores (pseudonym), describing the changes in behavior reported following completion of an AFIR intervention. The case study describes the lack of warmth and affection in her relationships with caregivers in early life that might justify an insecure attachment classification and a subsequent avoidance orientation in the achievement context.

It describes the participant's experience of vulnerability and emotional connection during the AFIR process and the subsequent demonstration of effectance motivation within the achievement context that systematically accompanies secure attachment. Through the case narrative the reader can ascertain the mental life of the participant, which cannot be captured in quantitative or objective ways (Siegel, 2012). It gives the reader access, to some extent, to the phenomenology of the shift in attitude from an avoidance orientation to an effectance orientation, as it unfolds in this particular human story (See Yin, 1984).

In the following study, it was hypothesized that Delores would demonstrate earned-secure attachment by engaging in new levels and new forms of exploratory and achievement behavior. In other words, she would demonstrate a shift from insecure attachment's avoidance-oriented achievement motivation profile to secure attachment's more appetitive, effectance-like achievement motivation profile following attachment-focused integrative reminiscence (AFIR). The shift in attachment status discussed in the current study is operationalized using language from Maslow's (1954) hierarchy of needs – the language of the transition from the *love and belonging* stage to the *self-esteem* stage. The conceptual equivalence of Maslow's concept of love and belonging and Bowlby's concept of attachment is commonly recognized in human development theory (Baumeister & Leary, 1995; Berscheid, 2010; Everly, 1993; Johnston, 2005; Otway & Carnelley, 2013). An unsatisfied need for love and belonging is equivalent to an insecure attachment and is characterized by avoidant behaviors such as over-dependence on the environment and a sense of helplessness. A satisfied need for love and belonging is equivalent to a secure attachment and leads to the exploratory behavior of the next stage in the hierarchy (self-esteem). Thus, the languages of love and belonging and attachment are often used interchangeably.

Human development stage theorists in general posit that humans develop through a set series of need stages over the life course. Once one need stage is satisfied, that need recedes as the next need emerges. In each stage, the individual interacts with the world in qualitatively different ways that are designed to meet the needs of that particular stage (Erikson, 1963; Kegan, 1982; Maslow, 1954). A love and belonging/self-esteem spectrum and coding scheme were developed to determine whether any movement from the love and belonging stage to the self-esteem stage of Maslow's hierarchy was evidenced following the AFIR intervention. Participants were rated along a love and belonging/self-esteem spectrum before and after the intervention.

The Love and Belonging/Self-Esteem Spectrum

The love and belonging/self-esteem spectrum and coding scheme were developed by the author. There are

five locations along the spectrum as used in this study: Survival and Safety; Belonging; Love and Affection; Self-Esteem I; and Self-Esteem II. Survival and Safety refer to the satisfaction of basic material needs required for human survival such as food and shelter. Although Maslow discussed the love and belonging need as a single concept, for the purposes of this study, it seemed necessary to separate the need into two components. The decision derived from the author’s personal experience in caregiving relationships; however, the decision was confirmed by more than half of the participants’ experiences, as well, including Delores’s (Sabir, 1996). The two components reflect situations in which parents’ continuing presence in the home or family was unquestioned; however, the parent(s)’ demonstration of warmth and affection went missing. Therefore, the love and belonging concept was separated into two components: (a) Belonging, which indicates participant and caregiver’s consistent physical presence in the home and life, and (b) Love and Affection, which indicates a warm emotional presence in the home and life or the affection shared between participant and parent(s)/caregiver(s). Based on Maslow’s description, self-esteem also has two dimensions: a high evaluation of the self based on self-discovery of one’s capabilities and affirmation from others of one’s own self-evaluation. Thus, Self-Esteem I refers to engagement in exploratory behaviors through which one might discover her capabilities, and Self-Esteem II refers to the interest in or desire for affirmation from others of one’s self-assessment of personal capabilities. The transition point on the spectrum from the love and belonging stage (sufficient meeting of the love and belonging need) to the self-esteem I stage (entry to new exploratory behavior) represents the achievement of a secure attachment status and the subsequent demonstration of an effectance-based motivation profile (see Table 1).

The AFIR Intervention

Based on the aforementioned theory and on the author’s phenomenological sense of the AFIR process, it was expected that the intimate, warm, confidential

climate of the workshops and the experience of being deeply visible and unconditionally accepted might help to satisfy the “love and belonging” need in these adult participants and launch them into the creative, initiative-taking behavior of the self-esteem stage. Several elements were important for creating the sort of climate in which participants might take the emotional risks that are essential for the success of this intervention. Some of the more logistical elements include preparing and sharing a meal together; participant agreement to abide by a set of ground rules (e.g., confidentiality, non-judgment); and trust-building games and exercises, such as a Barter Party in which participants blindly bartered for gifts among each other. Less tangible elements include the personal “holding” capacity (Kegan, 1982) of the facilitator, easing into the vulnerability and the mourning of attachment-related losses.

The facilitator. The task of the facilitator in an AFIR intervention is to connect affectionately to the participants at those particular points in the life experience where s/he was made to feel most alienated or rejected—right where the attachment experience was most unfavorable. The idea is to provide the opportunity for the participant to revise his or her interpretation of personal worth to significant others based on the facilitator’s capacity to effectively join the emotional intimacy of the AFIR encounter. If the facilitator can provide a suitable holding environment for the participant—which requires a certain emotional maturity, sensitivity, and grasp of relevant attachment processes on the part of the facilitator—the participant can risk a level of vulnerability they avoid in most other circumstances. It is in these shared moments of deep vulnerability that the sense of a trusted connection is restored. The facilitator’s preparedness is essential, for in this situation participants easily perceive any discrepancy between what he or she experiences at the emotional level and what the facilitator presents (Rogers, 1980). Rogers iterates again and again that it is what occurs emotionally between participant(s) and facilitator that matters, as opposed to any intellectual brilliance or diagnostic perceptiveness. He writes that “One hypothesis is that the client moves from experiencing himself as an unworthy, unacceptable, and

Table 1. *Love and Belonging/Self-Esteem Spectrum*

Survival and Safety	Belonging	Love Affection	Transition Point	Self-esteem I	Self-esteem II
→→→→→	→→→→→	→→→→→		→→→→→	→→→→→
Basic material needs	Physical presence	Emotional presence or Secure attachment Insecure attachment		Proof to self re: abilities or Effectance motivation Avoidance motivation	Affirmation from others re: abilities

unlovable person to the realization that he is accepted, respected, and loved, in this limited relationship with the therapist..." (1951, p. 158). He later states that "I am quite convinced that this communication takes place, primarily at the subverbal, subliminal, or subconscious levels" (1951, p. 172).

Easing into the vulnerability. Participants are invited to recall experiences that they have long sought to avoid or to ignore, through various means, due to the emotional pain that accompanies them. The steps in the intervention (See Table 2) allow for a paced approach to these memories, so that participants slowly recognize as they go along that what they feared is no longer as threatening as it may have been at an earlier time. For example, participants played a name game in which they shared their historical and continuing emotional connection to their first names. First names are usually far less threatening to examine than surnames can be, and initiate the introspective process in a gentle and often humorous way. Throughout the intervention process, the facilitator shares her own story first and her process of working through it to model both vulnerability and resilience.

Mourning of attachment-related losses. A critically important element in the AFIR experience is the participant's mourning of his or her particular attachment losses in whatever manner s/he chooses. This is best described by Alice Miller (1981) in her work on the power and necessity of facing the naked truth of disappointing childhood attachment experiences. After undergoing her own form of AFIR (what she called 'uncovering therapy'), Miller wrote that we must take our own childhood suffering seriously if we are ever to function without the subconscious fear that it will overtake us again. She says we must feel the pain and speak about it, and that the result is always a new personal strength born out of that mourning. She writes that *only the mourning* of what was missed can give access to this new personal strength.

The sessions. At the time of this intervention (1995) the series consisted of 14 workshops. It has since been reduced to eight in order to make the process more convenient for participants. Participants met weekly for 2 hours of deeply engaging oral reminiscence work. At each session, questions were posed, the facilitator responded to the questions first from her own life story, then participants took turns sharing and discussing their story. In the first three sessions, participants practiced low-level vulnerability, "thick" description (Geertz, 1973) of minor but meaningful life events, and certain narrative methods. For example participants were asked whether they had ever experienced best-friendship, and, if so, to *show* (rather than *tell*) the moment when they knew they were best friends. In other words, they were asked to show the moment when they knew they could trust that person. In the fourth through the seventh sessions, participants talked through deeply meaningful attachment

experiences (e.g., "What did you want from your mother/father that you did not get?"), and highly significant or traumatic moments which might have included experiences such as being left homeless after a family member died. In these core sessions, the facilitator listened carefully for idiosyncratic meaning in order to help guide participants to and through what seemed to be the actual significance of an event. Participants were encouraged to express rather than suppress emotions around attachment losses. All sharing was completely voluntary throughout the intervention process; however, the time spent early on in developing a safe environment for the work and the preparedness of the facilitator generated high-level openness on the part of all participants. Participants were also prepared for the emotional nature of the intervention during the informed consent process. In sessions eight and nine, participants examined their personal habits and the availability of social support in their present circumstances. In sessions 10-14, participants grappled with the idea of idiosyncratic self-expression and life purpose and were encouraged to select, outline, and initiate steps toward a chosen goal. See Table 2 for a summary of the 14 workshop sessions. All discussion was carefully facilitated by the author. In the following case study, Delores's voice emerges in the Results section.

Methods

Procedure

This was a pretest–posttest intervention study that was conducted in 1996 as part of the requirements for a master's degree from a large university in the southern United States. Delores was one of six participants recruited from an urban African American church during a Sunday church service. She was, at the time, a 33 year old single mother of four with a high school diploma. She was interviewed one-to-one in her home for 60 minutes prior to the start of the intervention. Following that, we met for 14 consecutive weekly two-hour sessions of deeply engaging oral reminiscence work with five other women. Each session began with a substantial dinner time meal for participants and their children, and childcare was provided. Delores was interviewed again for approximately one half-hour one year post-intervention. With her consent, the pre-intervention interview and the post-intervention interview were audio-recorded and transcribed.

The pre-intervention interview. The pre-intervention interview (see Appendix A) was developed by the author from close study of Maslow's human development theory (Goble, 1970; Groves, 1975; Hoffman, 1988; Maslow, A., 1942, 1954, 1961, 1968, 1971; Maslow, B., 1972; Maslow, Birsh, Stein, & Honigmann, 1945); close study of John Bowlby's Theory of Attachment (Bowlby, 1969; Sroufe & Waters, 1977); and close study of several other

Table 2. *Major Components of the Attachment-Focused Integrative Reminiscence (AFIR) Intervention*

Session	Workshop Title	Sample Questions
A. Getting Acquainted		
1.	Introduction	Review of human development theory from the perspective of Maslow's hierarchy. Overview of 14 weeks.
2.	What's in a Name	What have been some of your nicknames over the years
3.	You, A Current Picture	Are you satisfied with your current circumstances?
B. The Past		
4.	Childhood Environment and You: Mother	What did you want from your mother and did not get?
5.	Childhood Environment and You: Father	Was there ever any question whether your father would leave you?
6.	Childhood Environment/Community and You	Select and tell a story that captures what it was like to be in your childhood home?
7.	Significant Moments to Date	What are the events that changed you forever?
C. The Present		
8.	Locating Your Personal Support	Who can you currently rely on when needed?
9.	Your Physical and Spiritual Basis for Well-Being	Do you have an exercise routine?
D. The Future		
10.	An Exploration of Interests	What do you already know the most about?
11.	Make Me a Believer	Tell a story that demonstrates long-term interest in some area.
12.	Small Steps: Selecting a Goal	What do you want to do?
13.	Small Steps: Laying the Steps	What do you think it will take to accomplish that?
14.	Small Steps: Taking the Steps: Celebration and Evaluation	Start.

theories of human psycho-emotional development (Erikson, 1963; Fowler, 1981; Kegan, 1982; Rogers, 1951, 1980) following the author's personal experience of

AFIR and the subsequent sense of a shift in attitude. This was a semi-structured interview in that there were defined questions to be covered; however, either party was permitted to probe any particular question or response. It was designed to elicit responses from interviewees that might be used to identify the stage in Maslow's hierarchy where the interviewee currently placed. The objective of the study was to determine whether any shift from the love and belonging stage to the self-esteem stage of Maslow's hierarchy was evidenced following the AFIR intervention. It was expected that the climate of the workshops (intimate, confidential, warm) and the workshop processes (which facilitate being deeply known and unconditionally accepted simultaneously) might help to satisfy the "love and belonging" need in adults and help launch them into the creative, initiative-taking behavior of the self-esteem stage.

The post-intervention interview. The post-intervention interview (see Appendix B) was also developed by the author and was conducted one year following the AFIR intervention. Since lifespan data on spectrum-relevant experiences were collected only one year prior, the post-intervention interview focused on new spectrum-relevant experiences that might have occurred over the past year. It probed for indicators of changes in attachment relationships and for new levels of initiative-taking, new interests, resourcefulness, or new achievements. Sample questions: "Have you noticed yourself taking actions in ways you didn't before [the sessions]?" If yes, "What led to those changes?"

Measures

Survival and Safety. The Survival and Safety stage was operationalized as parental/caregiver provision of basic material needs required for human survival such as food and shelter. Sample question: "Who paid the bills in your house when you were a child?"

Belonging. The Belonging stage was operationalized as the consistent physical presence of caregivers in the home or family or the family in a community. Sample question: "Did you change schools often?"

Love and Affection. The Love and Affection stage was operationalized as the emotional presence of caregivers or experiences with caregivers that might meet (or fail to meet) needs for affectionate connection. Sample question: "Was s/he a hugger?"

Self-Esteem 1. The Self-Esteem 1 stage was operationalized as a high evaluation of self; desire for

competence, achievement, or mastery; a sense of adequacy and capability; willingness to try new things or to take on a challenge; initiative-taking; or resourcefulness. Sample question: “What kinds of things are you good at?”

Self-Esteem II. The Self-Esteem II stage was operationalized as the desire for appreciation or recognition for one’s work or contributions and desire for honest feedback regarding efforts. Sample question: “Name any awards you have earned (ever).”

Data Analysis

According to Braun and Clarke (2006) qualitative analytic methods can be divided into two camps, more or less: those stemming from a particular theoretical position which guides the analyses (etic), and those independent of any theory and open to emergent themes (emic). This study employed an etic analysis driven by the researcher’s interest in theory suggesting that participants might demonstrate a certain shift along the developmental spectrum after an AFIR intervention. Data from the interviews were coded for specific statements of behaviors and experiences that were relevant for any of the five locations on the Love and Belonging/Self-Esteem spectrum.

Each transcribed pre-intervention interview was read several times by the author and coded based on a qualitative assessment of responses. For each participant, relevant responses were listed at their corresponding place along the love and belonging/self-esteem spectrum. Each participant was rated for central placement on the spectrum at three different time periods—during childhood, immediately pre-intervention, and one year post-intervention—based on the quality of the evidence falling at that point on the spectrum. For example, on the childhood rating spectrum in the case study below, Delores provides high quality evidence regarding her mother’s degradation and rejection of her during childhood and no evidence of any efforts to affirm her abilities during childhood. Based on this, it was deduced that Delores retained some residual need for a sense of love and belonging.

Each post-intervention interview was treated similarly and used to assign participants along the spectrum one year post-intervention. All transcribed pre- and post-intervention interviews were read by the master’s degree committee chair and the coding and placements were examined jointly in detail until 100 percent agreement was achieved. Each participant’s pre-intervention placement along the spectrum was compared to her post-intervention placement along the spectrum to ascertain whether there was any movement along the spectrum at one year post-intervention.

Results

Early Life

Survival and Safety: Delores is one of nine children. Both parents worked and supported the family until she was twelve when her father died. Her parents provided whatever they needed and much of what they wanted. Her family lived in a quiet middle-class neighborhood of single family homes.

Belonging: Family rituals included Sunday dinners and TV together, then Sunday kick-ball games. Delores never changed schools, but attended the schools near her home. She and her sisters and brothers were known for “sticking together.” Delores never knew her grandparents on either side of the family, nor did she ever meet any other family members from either side of the family. The children were not included in decision-making when they were younger.

Love and Affection: Delores talked to herself mostly when sad or disappointed. She discussed some of her concerns with her sisters (mostly) and brothers, but not with her parents. Her parents’ style of communicating with her was stern. “Let us know they mean business. No smile on their face or nothing.” Delores’ mother showed favoritism among her children, and Delores was the least favored. She said she looks just like her mother and always has. Her mother told her she would never amount to anything. Her mother was reliable and always there to pick them up from school, buy new clothes, etc., but she ridiculed and humiliated Delores badly. “I never did feel I was special in any way. I didn’t feel like I was something important. My mother had certain children [of her own] that she felt like was so special.” When they were young her mother baked a lot—fresh donuts, bread. Her father was away a lot doing construction work. Her father was mean, and she was afraid to be at home with him. She loved him very much. On the day he died in a car accident, they tried to talk him into staying home.

Self-Esteem I: Delores participated in sports in grade school. She ran track, played basketball and softball.

Self-Esteem II: No parts of the story place in this category.

Circumstances Just Prior to the Intervention

Survival and Safety: Delores had completed high school and had worked a steady job for ten plus years. She was single with four children.

Belonging: Delores said she did not concern herself with acceptance by others. She didn’t care about that. She said she had no one in her life to support her. “I have been on my own since I was 18, and I worked two and

three jobs a day. So, basically, I really didn't fall back on no one, but myself." She attends church regularly and says church is her only social involvement.

Love and Affection: Though they never married, until recently Delores lived fourteen years with her children's father, with whom she was deeply in love. When asked if she requires a lot of demonstrated affection in romantic relationships, Delores responded, "None of that. I can do or die (with or without). That's the way I was raised. And all that hugging and kissing, no I do not like it." She preferred to just talk and have things in common. She had a boyfriend.

Self-Esteem I: Delores said she is good at cooking, sports, and driving. She liked her job as a school bus driver, and she was good at it. On a scale of 1-10, she rated herself an 8 because if she was a 10 she would have had a better job (within the company) than she had. "I feel like if I had a little bit more... education, I feel like I could do better." She had purchased a home. She felt her current circumstances were OK, but hoped to make her future better. She wanted to strengthen her chances of keeping her job position by learning computers. She played BINGO when she had extra time.

Self-Esteem II: Delores had earned many attendance awards at work. She had also won an award for best player on training teams at work.

Pre-Intervention Rating on the Love and Belonging/Self-Esteem Spectrum

The evidence suggests that Delores straddled the end region of the love and belonging stage and the beginning region of the self-esteem I stage. Her early home-life was settled and consistent and her parents were dependable providers. Although there was little affection in her relationships with her parents (mother's ridicule and favoritism, father's meanness) she spent fourteen years in a satisfying romantic relationship with her children's father. Romantic love is recognized as an attachment process equivalent to the affectional bond between infant and caregiver (Hazan & Shaver, 1987), so this relationship likely helped to displace some of the sense of rejection experienced during her early years. At this point, she demonstrated a coherent sense of herself with no notable concerns for whether others accepted her. She learned something of her personal capabilities through sports in grade school. She was a doer at her church – taking ready, capable, and full leadership of the full range of kitchen responsibilities—and she apparently took a responsible approach to her job, as indicated by the attendance awards. She had purchased a home.

During the Intervention

Delores has a great sense of humor, and very often as she told the sensitive parts of her story she made us all laugh. There was one memorable time, however, when she let us into her pain. She told us that her partner of fourteen years (the father of her children) married someone else. She told us how many times he asked her to marry him and how many times she said "no" out of fear that they might lose that certain something if they got married. I don't believe she had ever allowed herself to acknowledge how much it hurt or to show others her vulnerability. She trembled to the bone as she spoke, and she was met and embraced at the depth of her mourning with comfort and care. Out of this shared experience emerged connections—connections we still trust because they were made in pure honesty and in deep sensitivity and tenderness. This experience constitutes a potent touch to the psyche, I believe, helping to dislodge the subconscious and deep-seated fear of aloneness, alienation, and unsafety.

One Year Post-Intervention

Survival and Safety: Delores had taken a higher position at work with an increased salary, and was currently seeking the next level higher position.

Belonging: She remained active at her church but felt much more relaxed among her church members, demonstrating a stronger emotional connection to the people there.

Love and Affection: About love and affection she said,

I put my foot down on that, too, because I feel like it was time for me to let my children's father go on about his business. And the friend I had, I had to put my foot down and let him go about his business because it was a relationship I should never have been into. It was pulling me down, so I had to put my foot down and say, "No, this is it." I'm not going to have anything else to do with either one of them.

Self-Esteem I: Before the intervention, Delores was heavier and was always clean but unkempt. She had lost weight and was walking more and eating less to lose more. She wore several new hair styles and outfits. She said things were going great in her life. She was very pleased about her new position at work. I asked her how she got the new position.

Well, I went in...When I went into the interview, they said bring everything you need to qualify yourself.... So, I took my resumé and some letters that I had from previous employers con-

cerning the job. When I stepped in the office I... passed out a resumé to each interviewer that was interviewing me. I talked to them like I wanted the position really bad. So it took about a month before they said, 'You have the position.' I had applied for it and.... I just told them that I was tired of getting looked over for positions, and I knew I was qualified for the position. The people who came in after me don't know. They can use me in all kinds of positions, but they don't want to give me the position that pays me for what I do.

At that point I asked, "You had not responded that way before?" She responded, "No, I hadn't responded that way at first. But I just said that I wouldn't let them walk over me again. That's all to it, I told them I felt like I wasn't going to let them do me like they had for the last few years on a position. So, I just spoke out and let them know how I felt."

Self-Esteem II: The next level higher position Delores was applying for was a kind of specialist position. She said this with a smile and a gleam in her eyes.

That means a supervisor over 100-120 others. I would be writing out routes, talking with drivers, going on the road for investigation of accidents. I have to do a lot more studying and reading to make sure that when I get forwarded for those tests, I'll be ready this time. The test is like filing, ...what would you do concerning a senior driver and a driver who doesn't have seniority and who would you give a day off between a senior driver and a driver who comes to work everyday....

Delores felt great about her current circumstances. When asked about her future, she said,

Oh, I feel powerful about it, because, I'm going! O.K., I know they've got two positions open. I'm a dispatcher now, but I don't want the other dispatcher position if it becomes open. I don't really want it because... You get enough respect, but it's... too much work to be put on a person for the price that they're asking you to do. I'm determined. I've said to myself. I want the supervisor job. Because I felt like the ones who have the job now, I have more seniority than them. I've been training and been doing more than they have been doing for the past 15 years or more. I feel like I can do just as good as they can and probably make better progress [with] the employees.... You have to have a good attitude and a good response for the driver. They don't want to hear something negative. They always want to hear something positive. Like I said, for the last 10 years when I have worked on that job,

I have worked there straight out, not missing a day.... They don't say 'thank you' or give you a certificate. They just started doing that after I went down to the board meeting and told them how they were treating us and how they wouldn't even care to notify that we were responsible drivers and would be there every day for them.

Post-Intervention Rating on the Love and Belonging/Self-Esteem Spectrum

The evidence suggests that Delores had moved squarely into Self-Esteem II at one year post-intervention. Though she had already demonstrated effectiveness in several domains of her life, clear effectance motivation and natural approach-based motivational tendencies at work (the achievement environment) become evident in her story only at post-intervention. Her desire for and actual movement into higher positions at work were consistently accompanied by a need for respect and recognition for her work. She respected her own capacity and she now sought affirmation of her capacity from those qualified to give it. She said,

I just told them that I was tired of getting looked over for positions I knew I was qualified for. ...They can use me in all kinds of positions, but they don't want to give me the position that pays [respects] me for what I do. ... But I just said that I wouldn't let them walk over [disrespect] me again.

Delores considered the level of respect a lateral move would offer, but did not confuse what I would term pseudo-respect with genuine respect evidenced by the level of pay attached. She realistically appraised her ability and skill and said, "I am determined. I want the supervisor job." She then outlined her qualifications. She had no delusion about what would be required of her before and after she got the job. Finally, she challenged the board concerning its failure to recognize the workers properly for their work—for the daily and consistent contributions they made to the company—through certificates of appreciation. Her basic sense of personal capacity (Self-Esteem I) was already evident prior to the intervention. Post-intervention, she was able to set personal boundaries (e.g., deciding not to continue seeing her children's father) and to approach her supervisor effectively regarding the higher position.

Her Comments on the Role of the Intervention

[The intervention] helped me to speak out more. You have to let a person know where you are, if not they will just keep on doing what they want to do and you will still be in the same little bind, scared to speak out." What she found most

helpful was “when we started talking about our parents and how we felt about them. About our child-life and how we went on about that...we were going to make it in the world. By just sitting down expressing, discussing about each person’s parents stuff. It helped me a lot because it released me.

Discussion

Decades of attachment research show that the experience of affectionate bonding with other human beings at any point in the lifespan can provide a generalized sense of safety in the world and liberate the individual to learn and grow through exploration and engagement with the environment. This same body of research shows 1) that insufficient bonding with others can handicap the exploration-growth process and 2) that the opportunity to experience sufficient human connection and subsequent growth and development remains available as long as we live. In the present case study, Delores demonstrated an increased capacity to engage effectively in her environment following the experience of affectionate connection (the ready availability of comfort and support at the very places she felt most rejected) in the AFIR intervention.

Delores’s pre-intervention rating showed her to have straddled the threshold of Love and Affection and Self-Esteem I on the spectrum. She identified talking through the story of her mother’s rejection as the most impactful part of the experience, which suggests some lingering need to work through the attachment experience despite the 14 years in a loving adult partnership. Her participation in sports in grade school, and her sense in adulthood that she was good at cooking, sports and driving [the school bus] suggested that she had also made some progress through the Love and Belonging stage at pre-intervention and ascertained some of her own competence (Self-Esteem I). She had also purchased a home. However, she had not pursued affirmation of her competence from those qualified to provide it (Self-Esteem II). The intervention process may have addressed her residual love and belonging/attachment requirements and liberated her to move further into the self-esteem region (Self-Esteem II) and to demonstrate effectance motivation.

Without the fuller narrative of Delores’ experience before, during, and after the intervention process, it might have been impossible to show the nuances of her shift in attitude. The language used prior to the intervention about wanting a higher position at work centered on her personal shortcomings: “I feel like if I had a little bit more... education, I feel like I could do better.” Following the intervention, her language conveyed her personal effectiveness: “I just told them that I was tired of getting looked over for positions I knew I was qualified

for.” Likert scale summaries of participant behaviors before and after the intervention might have shown behavioral or even attitudinal change; however, such quantitative measures would have failed to capture or convey the qualitative sense of this transition. In the case study approach, we gain a sense of the idiosyncratic nature of effectance motivation for the individual.

Prior integrative reminiscence interventions touch, to some degree, on themes of attachment. The AFIR intervention differs from past efforts, however, in its particular emphasis on reminiscence around attachment themes. The question is raised elsewhere (Sabir, Henderson, Kang, & Pillemer, under review) as to whether it is indeed the attachment-related elements in integrative reminiscence protocols that are responsible for the consistent and lasting benefits and gains through integrative reminiscence. If indeed AFIR helps to foster a transition from avoidance to effectance motivation, as this case study suggests, then augmenting current narrative intervention approaches with an attachment focus might prove beneficial and efficient for the therapeutic process.

Effectance motivation emerges naturally in those who are fortunate enough to experience sufficient affection and attention in their early lives. For those who were not as fortunate (rich or poor), it seems a basic imperative to consider ways to develop such a capacity. For the marginalized portions of our population, it seems a basic social justice imperative to do so, particularly if the intervention might make a difference in achievement settings. Training human service professionals (e.g., psychotherapists, social workers, counselors) seems a good place to begin. Selected lay community leaders might also be trained to facilitate AFIRs in their local organizations and communities, as the most essential training requirement is to have worked through one’s own attachment-related experiences. Extensive academic or professional training is not essential.

Limitations

This study has several limitations. First, this was a pre-test, post-test intervention study with no non-intervention control condition, thus no causal relationships or effects can be claimed as a result of the intervention. Second, assessment of the participant by the researcher leaves open the possibility of unintended bias in pre- or post-intervention assessment. Third, the advantage of the case study method is that it can provide a great deal of information about a particular individual. However, this makes it difficult to generalize the results to persons belonging to different categories (e.g., males, Hispanic). Fourth, it is possible that circumstances other than the intervention that took place in the year-long interval between the intervention and the post-test could have been at least partially responsible for the improvements noted in the participant.

Future Research

At least five opportunities for future research are suggested by this study. First, a randomized controlled design would help to establish that it is the intervention that causes the beneficial effect observed in the present study. This design would help to address limitations one, two and four noted above. Second, the randomized controlled trial might also compare an AFIR protocol with an integrative reminiscence (IR) protocol without an attachment focus to determine what the attachment focus contributes. Third, inclusion of both males and females and participants with varied backgrounds will help in determining the degree to which the results are generalizable. Fourth, including a direct measure of attachment would complement and corroborate the qualitative assessment of developmental status and strengthen the argument for a relationship between AFIR and effectance motivation. Finally, Delores identified talking through the story of her mother's rejection as the most impactful part of the experience despite having spent 14 years in a loving adult partnership. This suggests that the 14 years of affection from her beloved partner may have been insufficient to fully address the original shortcomings between infant (herself) and caregivers (her parents). It suggests that although adult romantic love may go a long way toward helping adults to achieve an earned secure attachment status, as prior research suggests, it may not completely displace the need to review and work through the original attachment relationship in order to achieve earned attachment security. Echoing the recommendation of Feeney and Van Vleet (2010), whose work on the role of adult partners in supporting exploratory behavior in adulthood is described above, this study invites further exploration of adult partner influences on earned-secure attachment, exploratory behavior, and effectance motivation.

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Appendix A

The Pre-Intervention Interview

Survival & Safety

- Who paid the bills in your house when you were a kid?
- Where did (s)he work? For how long? Liked job or went dutifully?
- Describe the neighborhood in which you lived the longest? Was it a safe place?
- Describe some of your family's routines or rituals when you were growing up.
- Do you remember regular doctor's visits when you were a child? How were you cared for when you were ill?

Belonging/Place/Membership

- How was your childhood family unique in your community good or bad?
- Was there ever any question whether either of your parents would leave home? Did either leave?
- As an Elementary, Jr. High and High-Schooler did you participate in extracurricular activities?
- Did you change schools often?
- How did your parents discuss your concerns with you?
- How were you included in decision-making in your family?
- Do you often find yourself wondering whether others like you?
- If you knew about a neighborhood or church project that you believed you could help make better, would you just do it without being asked?
- When you attend events or gatherings, do you usually feel a part of things or a visitor/onlooker? Do you most often feel inside or outside the inner-circle of life?
- Think about your entire family background. You don't have to tell me what it may be, but are there things in your family background that you would not want friends and acquaintances around you to know? Why?
- What about your greatest mistakes in life?

Love & Affection

- Who did you talk to when you were sad or disappointed when you were a kid?
- Who helped you most when you were hurt?
- How were your birthdays celebrated?
- What was your parents' style of communicating with you (tone of voice) most often?
- Did your parents seem to understand or have a sense of what you needed or wanted?
- How were you made to feel special out of the bunch at school or home?
- What were your Father's top three priorities when you were a child? What were the top three things he enjoyed doing? Where did he spend his free time?
- What did he do when he was at home?
- Same for Mother?
- What kinds of things did you and your parents do together?
- Were your parents "huggers"? Did they hold and cuddle you a lot?
- Were you the apple of either parent's eye (or of a relative such as an uncle or perhaps someone at your church)? Were you the apple of anyone's eye when you were growing up? Were you ever the apple of anyone's eye? Romantically?

- How are you in romantic relationship? Do you require or like lots of demonstrated affections (touch, holding, presence, etc.)
- What do you need in a relationship?
- Was your mother/father/caregiver a good cook? Homemaker? What was the best way (s)he made "home".
- Who was your best buddy family member?
- How did you decide to have your first child?
- Rate your tolerance level with your child(ren)? High, average, low.

Self-Esteem

- How do you feel about yourself?
- (Name), who are you? What kinds of things do you care about?
- Give me five words that describe you?
- What kinds of things are you good at?
- Who knows that you are good at this?
- Which of your interests have you pursued?
- On a scale of 1-10 you are a _____. Why?
- On what do you spend your extra money?
- What do you do with most of your time when you are not working?
- Name any awards you have earned (ever)?
- Other than your children, what is your greatest accomplishment to date?
- Are you involved with any projects, or programs, or hobbies? Initiated any of these?
- How do you feel about your current circumstances?
- How do you feel about your future?
- What will you and your life be like fifteen years from now?

Support System

- Who are the people in your life who help you get through? (Mom, church, friend, etc.)

Dependence/ Independence

- Take your time to remember. When you are alone, what kinds of things do you find yourself thinking about?
- What drives you? Name a couple of things that you really want or are working for.
- What are three obstacles in your life right now you would have removed if you could? Tell why for each.
- What kinds of things could prevent you from having what you want out of life?
- What are the chances you will have what you want out of life?
- How do you sustain yourself (and your family)?

Self-Actualization

- Do you have a sense of who you were created to be and what you were created to do?

Appendix B

The Post-Intervention Interview

- Take your time to remember. When you are alone, what kinds of things do you find yourself thinking about?
- What do you do with most of your time when you are not working?
- Any new interests, or hobbies, or projects or work lately? Joined any new programs, etc.?
- Have you noticed any change in your tolerance level with your children?
- Have you noticed yourself taking action in ways you didn't before?
- Have you noticed any new sense of self-assertiveness, of having your way, or of personal strength?
- Any new follow-up done on any urges or desires?
- Have you noticed yourself thinking more about what your pastor says, turning it over in your mind for understanding, maybe wondering how it all fits together?
- Have you noticed that you no longer take as "gospel" the words of some other person who you previously always believed had the answers?
- Burned any bridges lately?
- How have relationships between you and any significant other persons in your life changed recently (children, husband, boyfriend, friend...)?
- What would you attribute the change to? How do you account for the change?
- What do you need in a relationship?
- How do you feel about yourself?
- How do you feel about your current circumstances?
- How do you feel about your future?
- Is the way you see yourself now different than the way you saw yourself in the past? What led to these changes [if so]?
- How do you see yourself changing in the future?
- Has being here in the workshops changed the way you think about yourself or the world?
- If so, what in the workshops changed you, do you think?
- What about the workshops was most helpful?
- Least?
- What drives you? Name a couple things that you want or are working on fervently.
- What are three obstacles in your life right now that you would have removed if you could? Tell why for each?
- What kinds of things could prevent you from having what you want out of life?
- What are the chances that you will have what you want out of life?

Last Two Questions:

- Delores, who are you?
- What will you and your life be like fifteen years from now?