



The psychometric qualities of a short version of the Experiences in Close Relationships Scale – Revised Child version



Katrijn Brenning^{a,*}, Stijn Van Petegem^a, Janne Vanhalst^{b,c}, Bart Soenens^a

^a Department of Developmental, Personality and Social Psychology, Ghent University, Ghent, Belgium

^b KU Leuven - University of Leuven, Belgium

^c Post-doctoral fellow at Research Foundation Flanders (FWO), Belgium

ARTICLE INFO

Article history:

Received 13 January 2014

Received in revised form 4 April 2014

Accepted 5 April 2014

Keywords:

ECR-RC

Attachment

Short version

Validation

ABSTRACT

The Experiences in Close Relationships Scale – Revised Child version (ECR-RC; Brenning, Soenens, Braet, & Bosmans, 2011a) is a valuable tool for measuring anxious and avoidant attachment to parents in middle childhood and adolescence. However, given its substantial length, the present study aimed to develop an abridged ECR-RC. Four separate samples were used to attain this goal. First (Sample 1, $N = 1880$; $M = 12$ years), item selection resulted in a 12-item version, comprising six items for attachment anxiety and six items for attachment avoidance. Next, psychometric properties of this brief ECR-RC were investigated in Sample 1 and cross-validated in an older sample (Sample 2, $N = 310$; $M = 16$ years) and in a clinical sample (Sample 3, $N = 99$; $M = 14$ years). In all three samples, comparison of the full and reduced ECR-RC revealed similar psychometric properties. In a final sample (Sample 4, $N = 110$; $M = 18$ years), we assessed reliability, factor structure and validity when administering the 12-item ECR-RC as a stand-alone instrument. In conclusion, the brief ECR-RC showed excellent reliability and validity.

© 2014 Published by Elsevier Ltd.

1. Introduction

Attachment theory (Bowlby, 1980) is a well-established framework for studying interpersonal relationships. As the quality of interpersonal relationships seems to be an important determinant of psychosocial development, a reliable and practical assessment of attachment is essential. To capture children's and adolescents' attachment representations to the parents, recent research developed a child version of the Experiences in Close Relationships Scale – Revised (ECR-RC; Brenning et al., 2011a). The ECR-RC (and original ECR-R by Fraley, Waller, and Brennan (2000)) captures the two fundamental dimensions of attachment, that is, attachment anxiety and attachment avoidance (Brennan, Clark, & Shaver, 1998). Whereas attachment anxiety refers to preoccupation with social support, jealousy, fear and vigilance concerning abandonment and rejection, attachment avoidance involves avoidance of intimacy, discomfort with closeness, and self-reliance. The ECR-RC has a number of important advantages over other available measures of attachment in middle childhood and adolescence, as it (a) explicitly distinguishes between anxiety and avoidance instead of providing an overall assessment of attachment insecurity, (b)

has a clear and interpretable factor structure and scales with strong internal consistency, and (c) is similar to the ECR-R used for adults, which is important for longitudinal research. However, due to practical considerations, the substantial length of the ECR-RC may impede the administration of this scale. Therefore, the present study seeks to meet the need for an empirically validated abridged version of the ECR-RC.

1.1. Attachment and psychosocial correlates in children and adolescents

Attachment anxiety and attachment avoidance are expected to relate to several key psychosocial outcomes (Bowlby, 1980). First, we expect to find a relationship between both insecure attachment dimensions and depressive symptoms. Previous research with children supported this relationship (e.g., Muris, Meesters, van Melick, & Zwambag, 2001). Second, we expect insecure attachment representations to parents to relate to different emotion regulation (ER) strategies (Shaver & Mikulincer, 2002). In previous research, anxiously attached youngsters showed more dysregulating ER (e.g., rumination) whereas avoidantly attached youngsters exhibited relatively more suppressing strategies to deal with their emotions (e.g., denial; Brenning, Soenens, Braet, & Bosmans, 2012). Third, both high psychologically controlling and low responsive parenting are expected to relate to anxious and avoidant attachment.

* Corresponding author. Address: Department of Developmental, Personality and Social Psychology, H. Dunantlaan 2, 9000 Ghent, Belgium. Tel.: +32 92646426.

E-mail address: Katrijn.Brenning@UGent.be (K. Brenning).

With regard to responsiveness, research in middle childhood and adolescence indicated that a lack of parental responsiveness is more strongly related to avoidant attachment than to anxious attachment (e.g., Karavasilis, Doyle, & Markiewicz, 2003). As for psychological control, both attachment anxiety and attachment avoidance in middle childhood and adolescence were associated equally strong with this parenting behavior (e.g., Karavasilis et al., 2003). Given these well-documented associations, the present study examines depressive symptoms, ER, and parenting dimensions as correlates of attachment, to determine the external validity of our abbreviated ECR-RC.

1.2. *Experiences in Close Relationships Scale – Revised Child version*

The ECR-RC is a self-report questionnaire on parent–child attachment that consists of 36 statements about the children's mother or father. Using a scale from 1 (*not at all*) to 7 (*very much*), 18 items tap into attachment anxiety (e.g., 'I worry that my father/mother does not really love me') and 18 items tap into attachment avoidance (e.g., 'I prefer not to tell my father/mother how I feel deep down'). The reliability and validity of the ECR-RC has been evidenced in several independent samples (e.g., Brenning, Soenens, Braet, & Bosmans, 2011b). In terms of reliability, the ECR-RC showed high levels of internal consistency and in terms of validity, the ECR-RC subscales correlated with depressive symptoms, ER strategies and parenting dimensions as detailed above (e.g., Brenning, Soenens, Braet, & Bal, 2012; Brenning et al., 2012).

Although the ECR-RC appears to be a highly reliable and valid instrument, the length of the ECR-RC can be problematic, especially as the ECR-RC is often only one of the many questionnaires in a particular study. For example, attachment researchers are often interested in studying both antecedents (e.g., parenting), mediators (e.g., ER) and different outcomes (e.g., depressive symptoms) of attachment. In addition, attachment researchers often investigate not only the mother–child relationship but several attachment representations (e.g., father–child, sibling–child). For many participants, completing such a large number of items may be problematic, especially in research with young children or participants with deficits that limit their capacities to administer a series of questionnaires (e.g., ADHD, motion or developmental reading disorder). Hence, the present research aims to obtain a reduced version of the scale with high internal consistency and predictive power. To select the items of the brief ECR-RC, a Principal Component Analysis (PCA) was conducted on the 36-item ECR-RC (Sample 1, $N = 1880$). Next, to examine the psychometric properties of the brief ECR-RC, reliability analyses, PCA and Confirmatory Factor Analyses (CFA) were conducted in Sample 1–4 ($N = 1880$, $N = 310$, $N = 99$ and $N = 110$, respectively). Further, construct validity was investigated by comparing relationships between the brief and full ECR-RC and depressive symptoms, ER and parenting dimensions (Sample 1–3). Finally, we evaluated construct validity of the brief ECR-RC as a stand-alone instrument (Sample 4, $N = 110$).

2. Methods

2.1. *Participants and procedure*

For Sample 1, several datasets were merged to obtain a sample of 1880 participants. This aggregated sample included the data of all adolescents reporting on the ECR-RC from the studies reported in Brenning et al. (2011a) and Brenning et al. (2012). The total sample comprised slightly more girls (55.2%) and the participants' age ranged between 8 and 16 years ($M = 12.05$, $SD = 1.26$). The majority of the youngsters came from intact families (78.5%), whereas the remaining participants were from divorced families (20.6%) or

families where one of the parents was deceased (0.9%). Regarding level of education, 67.6% of the participants were following the academic track (i.e., preparing for college or university studies), whereas the remaining participants were preparing for technical proficiencies.

Sample 2 comprised the data from a study by Van Petegem, Beyers, Brenning, and Vansteenkiste (2013), which had a total sample size of 310. The adolescents (64.4% girls) ranged in age between 13 and 20 years ($M = 16.22$, $SD = 1.46$). Again, most youngsters came from intact families (84.1%) whereas the remaining participants were from divorced families (13.9%) or families where one of the parents was deceased (1.9%). As for education, 66.7% of the adolescents followed an academic track, whereas the others were preparing for technical proficiencies.

Sample 3 comprised the clinical data ($N = 99$, 72.73% male) from a study by Brenning et al. (2012). The participants came from different mental health care centers in Belgium (psychiatric ward in a general hospital and public mental health care centers). The patients' age ranged from 10 to 18 years ($M = 14.28$, $SD = 1.91$). In terms of family structure, 52.6% of the participants came from intact families, whereas the remaining participants were from divorced families (40.2%) or families where one of the parents was deceased (7.2%). Regarding level of education, 31.6% were following the academic track, whereas the others were preparing for technical proficiencies. The participants had a mean score of 15.05 (range 4–39) on depressive symptoms (Child Depression Inventory; CDI). Elevated levels of depressive symptoms were reported by 45.5% of the children (score of 16 and above) (Timbremont, Braet, & Roelofs, 2008).

Finally, the participants for Sample 4 were adolescents ($N = 110$) from a previous investigation by Vanhalst, Luyckx, and Goossens (2014). The youngsters (73.6% girls) ranged in age from 15 to 18 years ($M = 17.68$, $SD = 0.76$). The majority of the youngsters came from intact families (67.3%), whereas the remaining participants were from divorced families (27.3%) or families where one of the parents was deceased (5.5%). Regarding level of education, 52% of the participants were following the academic track, whereas 48% were following an arts track.

3. Measures

3.1. *Attachment (Samples 1, 2, 3 and 4)*

All participants from Sample 1 to 3 completed the 36-item ECR-RC. Youngsters rated the 18 anxiety and 18 avoidance statements about their mother (Study 1–3) and father (Study 1). For Sample 4, only our final 12-item selection of the ECR-RC (for both attachment to mother and father) was administered. Cronbach's alphas and the procedure of item selection is reported in Section 4.

3.2. *Depressive symptoms (Samples 1, 2, 3 and 4)*

Children's depressive symptoms were measured with the CDI in Samples 1 and 3 (Kovacs, 1985) and with the Center for Epidemiologic Studies – Depression Scale (CES-D; Radloff, 1977) in Samples 2 and 4. The CDI has 27 items dealing with sadness, self-blame, loss of appetite, insomnia and interpersonal relationships. For each item, respondents choose one of three responses that best describes them (e.g., 'I feel like crying every day'). Good levels of internal consistency and validity of the CDI have been established (Kovacs, 1985). Cronbach's alphas were .87 and .83 in the Sample 1 and 3, respectively. The CES-D has 20 items, with participants rating how often they experienced cognitive, somatic, and psychological symptoms of depression (e.g., feeling sad). In Sample 2, we included an often-used brief 12-item version of the CES-D because

Download English Version:

<https://daneshyari.com/en/article/7252232>

Download Persian Version:

<https://daneshyari.com/article/7252232>

[Daneshyari.com](https://daneshyari.com)