Attachment Styles and Enneagram Types: Development and Testing of an Integrated Typology for use in Marriage and Family Therapy

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ABSTRACT

This study developed and tested a new typology for use in Marriage and Family Therapy. The typology was created by integrating two already established typologies currently in use in MFT, the attachment style typology and the Enneagram typology. The attachment typology is based on attachment theory, a theory of human development that focuses on how infants and adults establish, monitor and repair attachment bonds. Differences in attachment style are associated with different kinds of relationship problems. The Enneagram typology categorizes people according to differences in attention processes. These differences in attention processes are also associated with different kinds of relationship problems, but also with different kinds of spiritual problems and talents. Support was found for both the internal and external validity of the integrated typology. The results were discussed in terms of relationship satisfaction and attachment based therapy. Implications for using the integrated typology to address spirituality in MFT were also discussed.

DEDICATION

This dissertation is dedicated to my beloved attachment teachers:

My parents, Bob and Gail,

My siblings, Jon, Jamey, and Karen,

My husband, Jeff,

And my sons,

Michael and Christopher

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Chapter One: Introduction

The recognition and treatment of systemic patterns of thoughts, emotions and behaviors comprise the essence of a family systems approach to therapy (Nichols & Schwartz, 2001). Typologies allow for the observation and organization of information about complex systems, so they are frequently used in Marriage and Family Therapy theory and research. Early examples of typological approaches in MFT include Bowen Family Systems Therapy (Kerr & Bowen, 1988), which is based on a typology of interaction styles (fused, cut-off, and autonomous) and Structural Family Therapy (Minuchin, 1974) which organizes information about families using a typology defined in terms of boundaries (diffused/enmeshed, rigid/disengaged, and clear/normal).

More recent examples of MFT research using typological approaches is found in Allen and Olson (2001) who used cluster analysis to identify different types of African-American marriages; Ball and Hiebert (2006) who used a qualitative methodology to develop a typology of pre-divorce marriages; Bayer and Day (1995) who created a typology of married couples based on different patterns of differentiation, defined in terms of personal authority; and Silverstein et al. (2006) who developed a typology of how people orient themselves in relationships using the intersecting dimensions of focus and power.

The attachment style typology (Johnson & Whiffen, 1999; Shaver & Mikulincer, 2005) is another well known typology that is frequently used in MFT. Perhaps its most familiar application is found in the Emotion Focused Therapy (EFT) model (Johnson, 2007; Johnson & Whiffen, 2003), but it is also used in a wide variety of other applications (e.g. Erdman & Caffery, 2003; Johnson & Whiffen, 2003; Rholes & Simpson, 2004).

One of the most important strengths of the attachment typology is that it has grown out of a theory of human development, attachment theory (Bowlby, 1969/1982, 1973, 1980), which has yielded an astonishing range of research findings in many different disciplines (Cassidy & Shaver, 1999; Mikulincer & Shaver, 2007).This heritage means that the field of MFT is linked, through the attachment typology, with a broad community of theory and research. For example, through the attachment typology, the field of MFT has the ability to integrate family systems knowledge with knowledge from the fields of biology and evolution science (Bowlby, 1969/1982), developmental psychology and social psychology (Shaver & Mikulincer, 2005), religious studies (Mikulincer & Shaver, 2007) and religious studies (Miner, 2007).

Despite the strengths of the attachment typology both in terms of clinical and research applications, the typology's usefulness is limited by a lack of rich, nuanced descriptions of the similarities and differences among the categories that comprise the typology (Mandara, 2003). Johnson and Whiffen (1999) highlight the necessity of addressing individual differences in attachment based therapies, but note that more research is needed in order to fully understand the clinical significance of these differences. In addition, there has been a call among attachment researchers for more attention to the possible clinical importance of subgroup differences among the four attachment styles (Mikulincer & Shaver, 2007). The purpose of this dissertation was to respond to these calls for a more complex, nuanced attachment typology for use in MFT.

Attachment Style Typology

Attachment theory is a theory of human development that focuses on how infants and adults establish (Main, 1999), monitor (Bowlby, 1969/1982), and repair (Siegel, 1999) close relationships with others. Because attachment relationships are vital to survival, human consciousness has evolved to attend selectively to relevant attachment information and

selectively exclude non relevant information (Shaver & Mikulincer, 2002). However, what constitutes relevant attachment information varies from person to person, and from situation to situation (Bowlby, 1969/1982; Mikulincer & Shaver, 2003).

While all humans engage in attachment relationships, individual differences in how these relationships are organized in childhood enhance the adaptive value of attachment relationships (Bowlby, 1969/1982). It is these adaptive individual differences, developed in the context of close relationships, and encoded in internal working models, which give rise to the relatively stable patterns of thought, emotion and sensations that are recognized as attachment types, or personalities (Shaver & Mikulincer, 2005), and alternatively referred to as styles (Mandara, 2003).

Attachment Styles

In the attachment typology, types are defined by the patterns created by the intersection of the two components that comprise the attachment system: attachment related anxiety and attachment related avoidance (Mikulincer & Shaver, 2007). The anxiety component functions to regulate the amount of monitoring and appraising of an attachment partner's proximity, availability, and responsiveness in which a person engages. A highly anxious person engages in more monitoring and appraising of attachment related information than a less anxious person. The avoidance component functions to regulate the direction of attachment related behavior (towards or away from) that a person engages in with regard to the attachment figure. A highly avoidant person engages in more "moving away" behavior than a less avoidant person (Mikulincer & Shaver, 2003).

The intersection of the attachment anxiety dimension and the avoidance dimension produces four prototypes (Mandara, 2003). The high anxiety, low avoidance type engages in a

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lot of monitoring and appraising of attachment figures, but does not engage in high levels of behaviors that serve to create distance from the attachment figure. The high anxiety, high avoidance type engages in both high levels of monitoring and appraising behavior, as well as high levels of distance creating behavior. The low anxiety, high avoidance type does not engage in high levels of monitoring and appraising behavior, but does engage in a lot of distancing behavior. The low anxiety, low avoidance type does not engage in high levels of either monitoring and appraising behavior, or distancing behavior (Mikulincer & Shaver, 2003).

Strengths of the Attachment Typology

Because most of the research on attachment theory has been conducted in the positivistic tradition that is the hallmark of modern, western science (Miller, 2004), there are well developed measures of attachment styles that make it possible to integrate clinical research from MFT studies with research from other fields. For example, Makinen and Johnson (2006) used the Experiences in Close Relationships – Revised (ECR-R) measure of attachment style (Fraley, Waller & Brennan, 2000), developed in the social psychology tradition, in order to investigate the effectiveness of EFT. The findings from Makinen and Johnson's study contribute to clinical knowledge about EFT, but they also contribute to knowledge in the field of social psychology, where the ECR-R was developed.

Limitations of the Attachment Typology

An important limitation of the attachment typology derives from the same source as the typology's primary strength – its reliance on a positivist perspective (Miller, 2004) as the primary source of knowledge. While the research that has been generated by attachment theory has been used to address important clinical questions, there has been very little research conducted on the subjective experience of different kinds of people in attachment relationships.

This lack of research on subjective experiences limits the usefulness of the attachment style model for MFT, because a commitment to the existence, and clinical importance, of subjective reality is one of the defining hallmarks of the MFT field, and a unique strength that MFT brings to the larger psychotherapy community (Nichols & Schwartz, 2001). Commitment to the importance of subjective experience has led to the development of important clinical theories and models in MFT, including narrative therapy (White, 2004) and solution focused therapy (Miller, R. B.; Hubble & Duncan, 1996). In addition to these established models, attention to subjective experience has also allowed the field of MFT to develop clinical models for addressing spiritual experience in therapy (Walsh, 1999). Given the centrality of subjective experience in MFT theory and practice, the lack of research on subjective experiences of people in attachment relationships, both within the field of MFT, and in the larger attachment theory research community, limits the effectiveness and usefulness of the attachment typology.

Enneagram Typology

The Enneagram (pronounced any-a-gram) has developed over the course of centuries primarily as a folk psychology (Castillo, 2001; Mills, S., 2001; White, 2004) concerned with the categorization and treatment of spiritual difficulties (Palmer, 1988). The development of the Enneagram in a folk psychology tradition has resulted in a personality typology that provides rich, vivid, and nuanced descriptions of the different types of people. This tradition has also served to develop detailed and complex descriptions of different types of challenges and strengths that accompany the development of the different types, particularly with regard to spiritual talents and challenges (Palmer, 1988). Recently, psychotherapists, including MFTs, have begun to find the Enneagram a useful tool for working with individuals, couples, and

families (Bettinger, 2005; Callahan, 1992; Eckstein, 2002; Grodner, 2002; Huber, 1999; Matise, 2007; Schneider & Schaeffer, 1997; Tolk, 2006; Totton & Jacobs, 2001; Wyman, 1998).

Enneagram Types

The construct of Enneagram type that is developed in the present study is derived from Palmer (1988, 1995; Palmer & Brown, 1997). In Palmer's model, each Enneagram type is defined by a distinct focus of attention that develops in childhood in the context of close relationships with caregivers. For each type, the focus of attention is conceptualized as an emotional regulation strategy, and is associated with a core emotion, or passion, and a characteristic thought pattern, or mindset. Additionally, each focus of attention is also associated with a complimentary area of excluded attention, called a blind spot.

Palmer's model of the Enneagram is unique in the field of Enneagram studies because the model overtly incorporates a methodology for continuing the tradition of self observation and sharing of personal narratives that gave rise to the Enneagram, and allows for retention of the Enneagram's grounding in folk and spiritual psychology. The methodology incorporated in Palmer's model is termed the "narrative tradition" (AET, 2008), and focuses on the development of narrative practices that facilitate the sharing and recording of different individual's stories about what it is like to be a specific Enneagram type. The power of this approach has been documented in a separate field by Mills, J. (2001) who explored how semi-structured interviews facilitate a shared construction of meaning between the interviewer and the interviewee. The foundation of this methodology is the belief that the best way to learn about another person is to hear their story. The organization of these stories in terms of the Enneagram typology allows for the recognition and appreciation of the similarities and differences in the experiences of different

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Enneagram types, and similarities and differences of experience within groups of the same Enneagram type.

Strengths of the Enneagram Typology

The Enneagram's long, slow development, in the tradition of folk psychology (Bruner, 1990; Castillo, 2001; Mills, S., 2001) has resulted in a personality typology that provides rich, vivid, and nuanced descriptions of different types of people. This tradition has also contributed to the development of detailed and complex descriptions of different kinds of challenges and strengths that are associated with the different types, especially in the area of spiritual development (Palmer, 1988, 1995; Palmer & Brown, 1997). In contrast to the attachment typology, the Enneagram typology links different patterns of suffering with particular forms of personal and spiritual strengths. This linkage results in broader, more encompassing portrayals of human experience than is currently provided by the attachment typology.

Limitations of the Enneagram Typology

While the Enneagram's unique history has resulted in a typology that is rich in knowledge about subjective experiences of people in both spiritual and human relationships, its unorthodox (from the perspective of the positivistic tradition) development has also resulted in a typology that is based on language, concepts, and practices that are foreign to western psychotherapy traditions. The reliance on language, concepts, and practices drawn from ancient spiritual knowledge systems and traditions limits the usefulness of the Enneagram as an MFT typology both in terms of research and clinical practice.

Effective Typologies

Typologies are cultural constructions that allow for the categorization of objects according to relevant variables. Humans construct typologies because they are useful tools for

gathering, comprehending, and applying information about complex systems, including human systems (Mandara, 2003; Robins, John & Caspi, 1998). Personality typologies are used in MFT and other branches of psychotherapy because some clinicians find that they increase the effectiveness of the therapeutic process (Totton & Jacobs, 2001). When typologies are useful, they reveal patterns of characteristics that would not be visible in the absence of the categorization. This emphasis on patterns of interacting variables is particularly important when complex systems such as individuals, couples, and families are the subject of investigation, because change in these systems are often non-linear, and cannot be fully understood using non-systemic approaches (Mandara, 2003). While both the attachment typology and the Enneagram typology are effective models for use in MFT, the effectiveness of each is limited in different ways.

Characteristics of Effective Typologies

Totton and Jacobs (2001) identify five characteristics that a typology should possess if it is likely to be an effective tool for use in psychotherapy. Most importantly, a typology should have the power to reveal relevant patterns of characteristics in clients. It is the recognition of differences in patterns of characteristics among different categories that provides the explanatory power of typologies. The second criterion for an effective typology is that it should be coherent. When a typology is coherent, the categories that comprise the typology are distinct, yet clearly related to each other in a meaningful way. An important component of coherence is the number of categories making up the typology. If there are either too many or too few categories, meaningful patterns will not be revealed.

The third criterion is that the typology should contribute to a greater understanding of the individuals being categorized than would be possible in the absence of the categorization. This

increased understanding occurs because the typology adds the new knowledge about relevant patterns to everything that is already known about the individual. This point is important because a common objection to personality typologies is that they result in stereotyping, or over-simplification of individuals (Totton & Jacobs, 2001). When use of a typology results in a loss of information about the individual (including stereotyping), this would be an indication of either an ineffective typology, or a misuse of an effective typology.

The final two criteria are closely linked. An effective typology should contribute to an increased ability to predict clinically relevant information, and by extension, should serve to generate useful treatment strategies. The ability to predict relevant information arises out of the revelation of patterns created by the typology. In this sense, an effective typology is used like a trail map. If the client's current location on the map can be located, then the pattern shows where the client was previously, and where the client is going to be next, unless the pattern is changed. Treatment strategies can be developed in the context of this knowledge.

Totton and Jacobs (2001) organized their discussion of effective typologies around the requirements of clinical practice, and did not address research implications. However, a typology that is not constructed in such a way as to allow for scientific research will be limited in its usefulness as a clinical tool. This is because the process of scientific research allows for linkages to be made between the knowledge gained from the typology with knowledge gained from other, related research agendas. Therefore, a sixth criterion should be included when evaluating the effectiveness of a typology: an effective typology should be congruent with scientific research methods.

Using Totton and Jacob's (2001) criteria, both the attachment typology and the Enneagram typology are complete, coherent, and useful. Both typologies reveal patterns of

characteristics that therapists have found to be useful clinically. Both typologies contribute to increased understanding of individuals, couples, and families. Both typologies provide maps that assist therapists in assessing clients, making clinical predictions, and devising appropriate treatment strategies.

The effectiveness of the attachment typology is limited by a primary reliance on a positivistic (Miller, 2004) research agenda that has led to a neglect of attention to subjective experiences of being in attachment relationships, and to a dearth of information about positive qualities associated with the different styles. In contrast, the Enneagram typology is limited by a non-traditional history that has established very few links with traditional qualitative or quantitative research. This has led to an isolation of the field of Enneagram studies from the larger community of psychotherapy practice and research, including MFT practice and research.

Research Questions

The purpose of this dissertation was to develop a more complex, nuanced attachment typology for use in MFT by integrating the existing attachment typology with the Enneagram typology. Two research questions were developed to guide this research. The first question addressed the internal validity of the integrated typology. In typological analyses, internal validity is tested by examining whether the configurations of characteristics predicted by the conceptual model occur more frequently in a sample than would be expected by chance (von Eye, 2002). Therefore, the research question that was developed to investigate the internal validity of the integrated typology was, "Do patterns of characteristics of the attachment types coincide with patterns of characteristics of the Enneagram types in predictable ways?"

The second research question addressed the external validity of the integrated model. In typological analyses, one way of assessing external validity is by using the integrated typology to

make predictions about a variable of interest that is not part of the conceptual model (Mandara, 2003; Smith & Foti, 1998; von Eye, 2002). The issue of external validity also addresses the clinical usefulness of the integrated typology. If the integrated typology contributes to increased understanding of an unrelated variable, then the model has the potential for being clinically useful in a way that neither of the original typologies could be alone. The question that was developed to guide the assessment of external validity of the integrated typology was, "Does the integrated typology contribute to knowledge about different patterns of anxiety and avoidance with respect to relationship satisfaction?"

Overview of Research Design

Typologies can be successfully integrated when they share an underlying structure of some kind (Mandara, 2003; von Eye, 2002). For example, Lienert, Reynolds, and Lehmacher (1990) integrated Eysenck's (1953) personality typology with Cattell's (1972) personality typology by focusing on the underlying structure that contributed to characteristics of extraversion in both typologies.

In the present study, the attachment typology and the Enneagram typology appear to share an underlying structure based on attentional processes that develop in the context of early childhood relationships with caregivers. In addition to this shared focus on attentional processes, there are striking similarities among some of the prototypes used in the two typologies. Prototypes are abstract exemplars, or constructs, that identify the essential qualities that are necessary for membership in each of the categories of the typology (Mandara, 2003). Members of a category need not share all the qualities of the prototype, but they must share the essential, or core qualities. Mandara describes prototypes using the example of dogs:

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[A] German Sheppard-like dog may represent the prototype for the concept dog. Dogs

vary to the degree that they fit the prototype. However, there are core factors that are

most important for being a member of a type. Therefore, every dog may not be an

exemplar of the dog concept, but they do have the core properties that make them a

dog. (p.133)

Bartholomew and Horowitz (1991) developed four prototypes of attachment styles based

on the work of Hazan and Shaver (1987) in the context of their research on adult attachment

processes. Bartholomew's prototypes are widely used as a foundation for research on attachment

styles (Bartholomew & Shaver, 1998). Daniels and Price (2000), Palmer (1988), and Palmer and

Daniels (2003), have developed prototypes of the nine Enneagram types for didactic use. Table 1

summarizes the similarities between Bartholomew and Horowitz's prototypes for the Dismissing

Avoidant type, the Preoccupied type, and the Fearful Avoidant type, and Palmer's Observer

(Enneagram Type Five), Giver (Enneagram Type Two), and Loyal Trooper (Enneagram Type

Six).

Table 1

Similarities in Typology Prototypes

Attachment Style (Bartholomew & Horowitz, 1991)	Enneagram Attention Style (Palmer, 1988)
Dismissing Avoidant	The Observer (Type 5)
I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.	Detached from love and charged emotion. Needing privacy to discover what they feel. Separated from people in public, feeling more emotional when they're by themselves…As a psychological strategy, detachment minimizes contact
Preoccupied	The Giver (Type 2)
I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.	Twos move toward people, as if seeking an answer to the inner question: Will I be liked? They have a marked need for affection and approval; they want to be loved, to be protected, and to feel important in other people's lives
Fearful Avoidant	The Trooper (Type 6)
I am somewhat uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I sometimes worry that I will be hurt if I allow myself to become to close to others	Sixes lost faith in authorities when they were young. They remember being afraid of those who had power over them, of being unable to act on their own behalf. Those memories have carried over into adult life as a suspiciousness of other people's motives.

The similarities among some of the prototypes of the two typologies, in addition to a shared emphasis on attentional processes that develop in the context of childhood relationships with caregivers, suggest that the two typologies may be compatible (Mandara, 2003; Smith & Foti, 1998; von Eye, 2002).

Typological Analysis

This study used a typological analysis approach (Mandara, 2003; Robins, John, & Caspi, 1998; von Eye, 2002) as a way to conceptually integrate the attachment typology and the Enneagram typology, and to empirically test the resulting integrated typology. Typological analysis methods are especially appropriate when the researcher wants to view the study subject (individual, dyad, or family) as a whole, indivisible system. This is because typological analysis

is a person centered approach, as opposed to a variable centered approach (Mandara, 2003; Robins, et al., 1998; von Eye, 2002). Person centered approaches focus on patterns of variables within subjects with the goal of categorizing subjects based on similarities and differences arising from these internal patterns (Mandara, 2003; Robins, et al., 1998; von Eye, 2002). Variable centered approaches focus on the relationship between variables, with the goal of categorizing clusters of patterns of relationships among variables. The Five Factor Model (FFM) in psychology is a familiar example of the variable centered approach (Robins, et al., 1998).

While typologies have been used for thousands of years in folk psychology traditions (Koss-Chioino & Hefner, 2006), the typological approach is also well established as a method of research in psychotherapy disciplines (Mandara, 2003). In particular, the typological analysis approach is useful in cases such as the present study, when the researcher wants to integrate knowledge accumulated in non-traditional ways, as Enneagram knowledge has been, with knowledge accumulated by traditional scientific methods, as is the case with the attachment style model (Castillo, 2001; Fischer, Jome, & Atkinson, 1998; Mandara, 2003).

Methodological Procedures

A successful typological analysis results in the development of a richer, more complex, and more effective typology (Mandara, 2003). In the present study, the typological analysis brought together the characteristics of the attachment typology categories, defined by *anxiety* and *avoidance*, with the characteristics of the Enneagram categories, defined by *focus of attention*. The categories that comprised the resulting integrated typology were richer and more complex because they integrate two separate, differentiated patterns into one more complex, integrated pattern for each prototype (Siegel, 1999).

Configural Frequency Analysis. The methodology that was used in this dissertation was based on Configural Frequency Analysis (CFA) (von Eye, 2002). CFA focuses on conceptualizing and testing similarities and differences of configurations of variables within and between groups of subjects. In CFA, a configuration is defined as, "the ensemble of categories that describe a cell of a cross-tabulation" (von Eye, 2002, p. 5). In the present study, the categories that were cross-tabulated were the categories of the attachment typology and the Enneagram typology. Three separate CFA hypotheses were developed to test the internal validity of the integrated typology. The first two hypotheses addressed the pattern of configurations of focus of attention and avoidance, and focus of attention and anxiety. The third hypothesis addressed the pattern of configurations of focus of attention, anxiety, and avoidance combined. The first two hypotheses were tested using Analysis of Variance (ANOVA) tests, and the third hypothesis was tested a using chi-square goodness of fit test.

The final step in a typological analysis is to explore the utility (Smith & Foti, 1998) or external validity (von Eye, 2002) of the integrated typology. Whether conceptualized in terms of utility or external validity, the point of this final step is to investigate whether the newly defined categories contribute to increased understanding of other relevant variables. In terms of effectiveness as a psychotherapeutic tool (Totton & Jacobs, 2001), the new typology should yield an increased understanding of the individuals being categorized, should contribute to the therapist's ability to predict clinically relevant information, and should contribute to the generation of new treatment strategies. In the present study, the issue of the clinical relevance of the integrated typology was addressed by investigating differences among the categories with regard to relationship satisfaction.

Attachment theory and the Enneagram were developed at different points in history, for different purposes, and under different philosophical assumptions about epistemology and ontology. However, the two typologies share an underlying agreement about human development processes and the nature of human consciousness. Specifically, both typologies, share an assumption that human consciousness has a dual structure.

Dual Structure of Human Consciousness

The model of consciousness that has most influenced western thought, including scientific thought, is Kant's approach. Kant found that reality cannot be experienced directly. Rather, humans construct a model of reality and interact with this model. As explained by Forman (1999):

> In his Critique of Pure Reason, Kant maintained that we cannot experience reality in itself…directly. Rather, we can only encounter the world through a limited number of categories…If some experience came to us in other terms, we simply could not entertain it – we would have no category for it. (pp. 2 – 3)

For Kant, human consciousness is not dual. Instead, duality exists in the structure of the universe itself. Reality exists, but the human mind cannot experience reality directly, so there are two things: reality, and consciousness of reality. In Kant's model, there is no question of experiencing reality directly, so there is no discussion of what part of the human would do such a thing.

Other philosophers, while not holding the influence on western thought that Kant has, have identified human consciousness, rather than reality itself, as inherently dualistic. Forman (1999) finds duality in the theoretical writing of Jean Paul Sartre:

[I]n his analysis of the human situation, Sartre suggests that in every perception there

are two epistemological structures: intentional knowledge and nonintentional

nonpositional self-awareness. The two are always encountered together, yet are of

deeply different natures. Though most of us overlook the inherently transcendental

character of consciousness and identify with our roles, this identification is a

mistake: we are not truly our roles, and we all intuitively know it (p.155).

Similarly, Helminiak (1998) describes the "bimodal structure of consciousness,": "

Consciousness is double. By one and the same consciousness, you are aware of some

object and simultaneously aware of yourself as the aware subject". (p. 20)

Dual Consciousness and Attention

Where Sartre identified intentional knowledge and nonintentional, nonpositional self-

awareness, Helminiak finds reflecting and non-reflecting consciousness. Both are addressing

consciousness as having two distinctly different, yet intimately linked parts. One part is aware of

being aware. The other part is aware of objects of consciousness. In this dualistic model of

consciousness, *attention* describes the ability to identify which part of consciousness is currently

being inhabited. The ability to shift back and forth between awareness of objects and awareness

of being aware is an important part of both the attachment typology and the Enneagram

typology, though it is more heavily emphasized in the Enneagram model (Mikulincer & Shaver,

2003).

Development of Consciousness

In both the attachment typology and the Enneagram typology, development of

consciousness is assumed to occur along two lines, in accordance with its dual nature. In each

case, the type, which actively constructs reality, is conceptualized as a relatively stable pattern of

thoughts, emotions, and sensations (Funder, 2001) that develops in early childhood and that

almost all people are capable of recognizing as a "me" separate and unique from other people

(Habermas & Bluck, 2000). This personality type is socially constructed in that it develops in the

context of social relationships and its development is inseparable from the development of

language (Main, 2000).

In addition to a relatively stable, recognizable "me" or personality, there is also a

witnessing observer (Baron-Cohen, 1999; Siegel, 1999) that is capable of experiencing

unconstructed, or greater, reality (Helminiak, 2001). The witnessing observer is the non-

constructed, non-active part of human consciousness. The witnessing observer is the part of

human consciousness that is capable of observing the personality itself (Siegel, 1999).

Dual consciousness in attachment typology. In the attachment typology, dual

consciousness takes the form of the conscious and the unconscious mind, shaped by evolutionary

forces to enhance survival (Bowlby, 1969/1982). From an attachment theory perspective, human

consciousness is thought to have been shaped by evolution to support attachment processes at all

costs, much like breathing. Like breathing, attachment processes operate in the unconscious

mind, because they are so essential to survival. Just as attention can be brought to the breath,

attention can be brought to attachment processes. Just as the breath can be regulated once

attention has been brought to it, so can the attachment processes be regulated by bringing them

under attention. In both cases, once attention moves on, the processes continue as before, outside

of awareness (Siegel, 1999, 2007).

Dual consciousness in Enneagram typology. In the Enneagram typology, dual

consciousness takes the form of the *personality* and the *observer*. The personality is

conceptualized as operating unconsciously, following habitual patterns of thought, emotion and

behavior that are determined by the focus of attention. The observer is conceptualized as the part of a person that has the capacity to observe the personality as it engages with the world (Palmer, 1988).

Nature of Reality

The two typologies being integrated in this dissertation can be categorized as occupying a middle ground (Held, 2007) between the social constructivist and positivistic conceptualizations of reality. This is because both typologies emphasize the role of attention management in the development and maintenance of the types. From a social-constructivist perspective, the filtering of information that results from different attention management strategies acts to shape the reality that people inhabit, and as a consequence, each person's reality is at least partially unique (Werner-Wilson & Davenport, 2003). At the same time, there are universal attachment needs, and universal strategies for meeting these needs. This means that the reality that humans inhabit is also shared, in that reality for all humans is shaped by the need to attend to attachment relationships (Ainsworth, 1967).

<div align="center">Organization of the Dissertation</div>

This chapter presented an explanation of the research problem and the purpose of the study. This chapter also presented an overview of the methodology that was used to address the research problem. Finally, this chapter presented the research questions and a discussion of the philosophical assumptions that serve as the foundation of the study.

The remainder of the dissertation is organized into four chapters. The second chapter reviews literature on the development of attachment styles and Enneagram types, with a focus on implications for relationship satisfaction. In the third chapter, hypotheses are developed to address the research questions. The third chapter also presents the methodology that was used to

collect and analyze the data. The fourth chapter presents the results of the data analysis. The fifth

chapter discusses the results in terms of the new integrated typology and addresses clinical

implications and future research.

Chapter Two: Literature Review

The purpose of this chapter is to review relevant literature on the attachment typology and the Enneagram typology. This review focuses on highlighting similarities between the two traditions in terms of their shared focus on attentional processes as an underlying structure of the types.

Attachment Theory

Attachment theory developed in the context of Freud's agenda of improving human relationships through the identification, categorization and remediation of problems that people encounter in their love and work lives. Just as Freud's work marked a drastic departure from earlier, spiritual, approaches to psychology (Palmer, 1995), so Bowlby's attachment theory marked a drastic departure from the established psycho-analytic approach to psychology that was paramount in western culture when Bowlby did his original work (Ainsworth & Bowlby, 1991; Main, 2000). Prior to Bowlby's work, the field of psychology, in the tradition of Freud, had organized models of human health and suffering around a belief that children's inner worlds were defined by fantasy having little to do with external reality.

What made Bowlby's work an important break with established psychological science was his insistence on, and evidence for, the reality of children's (and by extension) adults' experiences. Bowlby insisted that what went on in a person's internal world was systematically linked, through the imaginative capacity, with real things in the objective world (Ainsworth & Bowlby, 1991). Both Freud's and Bowlby's theories put the child's imagination at the center of development. But the Freudian tradition was organized around the necessity of helping adults to see that the imagination was disconnected from reality. In contrast, in Bowlby's theory, the

imagination is the mechanism that allows the child to maintain proximity to his or her caregivers, and is thus essential to survival in the physical world (Bowlby, 1969/1982).

Development of Attachment Styles

Over the course of thousands of emotional interactions between the child and the parent, an attachment style develops. Attachment styles are stable patterns of interrelated thoughts, emotions, and behaviors that have been empirically linked with differences in childhood relationships with caregivers (Shaver & Mikulincer, 2005). Attachment styles first develop as a shared pattern between the caregiver and the child, such that the baby may have different attachment styles with different caregivers. As the child matures, the attachment style coalesces into a stable personality pattern that is less susceptible to change from one relationship to the next (Shaver & Mikulincer, 2005). Although attachment styles in adults are intrapersonal patterns, they can be influenced by the attachment styles of others an individual is in close relationship with (Mikulincer & Shaver, 2007). In this sense, attachment based therapies are truly systemic, because changing the attachment pattern at any level of the family creates change at other levels as well (Byng-Hall, 1999, 2008; Cassidy, 1999).

Internal Working Models

An individual's first attachment relationship is with one or a few caregivers. Attachment behavior in these early relationships is characterized by "safe haven behavior" in which the infant turns to the parent when afraid or distressed, and "secure base behavior" in which the infant uses the parent as a base from which to explore the environment (Cassidy, 1999). Even in these very early relationships, the baby actively chooses its attachment partner, and actively participates in maintaining the relationship (Main, 1999).

The baby is able to engage in attachment behavior by developing internal working models. Internal working models are attentional filters that develop in the course of repeated interactions with caregivers to allow for rapid and largely unconscious monitoring of the parent's whereabouts, availability, and state of mind toward the baby (Bretherton & Munholland, 1999). While a young child has independent working models for each caregiver, by later childhood these working models coalesce into a generalized internal model of attachment that is carried forward into adulthood. This generalized internalized working model then shapes the adult's experience of the self, of attachment partners, and of adult romantic relationships (Crowell, Fraley, & Shaver, 1999; Pietromonaco & Barrett, 2000). Ainsworth (1967)describes the essence of internal working models in her description of the attachment process:

> This internalized something that we call attachment has aspects of feelings, memories, wishes, expectancies, and intentions, all of which…serves as a kind of filter for the reception and interpretation of interpersonal experience and as a kind of template shaping the nature of outwardly observable response. (p. 429)

Evolutionary Theory Perspective on Attachment Styles

Bowlby developed the concept of internal working models out of his study of information processing theory (Ainsworth & Bowlby, 1991; Bowlby, 1969/1982). Bowlby noted that all baby animals are born with, or quickly learn, adaptive responses to danger. For very simple animals, this response is very simple (move away from pain). For more complex animals, the responses become more complex (e.g., run up a tree, keep up with the herd). For humans in particular, Bowlby believed that the problem of responding to danger was especially complex. Bowlby noted two key reasons for the special complexity of the human infant's learned response to

danger: the necessity for future orientation and the necessity for exploring the environment (Bowlby, 1969/1982).

Necessity for future orientation. Human infants, unlike most other baby animals, find safety in being picked up and carried by their caregiver, rather than moving away from danger on their own. Bowlby noted that this form of protection causes special problems because humans are constantly moving around. This means that even more than knowing where a caregiver is in the present moment, the baby must be able to anticipate where the mother will be in the next moment, when danger might appear (Bowlby, 1973; Kobak, 1999).

Necessity for exploring environment. Bowlby also noted that humans, more than perhaps any other animal, survive by being behaviorally adaptable. Humans are able to do this because human brain development is oriented toward being greatly influenced by the context in which it develops (Hrdy, 1999). This means that a young child's brain integrates with its environment and so is extremely well adapted to that particular environment. But in order for this integration to occur, children must be able to actively explore the environment in which they are living and developing (Bowlby, 1973; Kobak, 1999).

The structure of internal working models reflects the dual and often contradictory necessities of being future oriented in order to ensure protection from harm, and being present oriented in order to be able to explore novel situations. The necessity for future orientation results from the need to know where the parent is at all times, including anticipating where he or she will be in the future. The necessity for present orientation results from the need to explore the environment. Bowlby saw the attachment system as an elegant solution to this complex attentional problem (Bowlby, 1973). The original attachment system, shared between the child and the parent, is a homeostatic system, regulating the attention of both partners (but especially

the child's) so that the child can simultaneously monitor the parent's availability and also engage in exploration. In dangerous or otherwise distressing situations, the system is oriented more toward the availability of the parent, while in relaxed situations the system is oriented more towards play and exploration (Hill, Fonagy, Safier, et al., 2003).

Exclusion of information. In addition to highlighting the way internal working models allow babies to manipulate relational objects in order to actively participate in attachment relationships, Bowlby also noted that babies can learn to defensively exclude attachment related information. Again drawing on information processing research, Bowlby noted that humans selectively exclude available but irrelevant information as a way to cope with the infinite amount of information that is constantly impinging on the system. Bowlby theorized that this capacity to selectively exclude information is used in attachment relationship with, "the goal of warding off perceptions, feelings, and thoughts that would otherwise cause unbearable anxiety and psychological suffering" (Bowlby, 1987, p. 93).

Manipulating attention to regulate attachment. Bowlby especially focused on the manipulation of attention that a child must engage in when he or she is forced to "not know" something that she or he does know. For example, when a child is forced to "not know" that she or he is being abused, or that his or her parent is extremely unhappy (Bowlby, 1988). However, Bowlby theorized that attention manipulation plays a role in all attachment relationships, not just traumatic ones. Research by Mikulincer and Shaver (2003) on differences in attention according to attachment style provides empirical support for Bowlby's hypothesis that manipulation of attention is used to regulate all attachment relationships (see also Hadley, 1985; Magai, 1999; Main, 2000).

Childhood Attachment Patterns

Mary Ainsworth used Bowlby's initial writings as an organizational framework for her empirical work, conducting observational research on parent child interactions in both Uganda (Ainsworth, 1967) and in the United States (Ainsworth, Blehar, Waters, and Wall,1978). In addition, and more famously, she developed a now widely used laboratory based protocol for assessing parent - child attachment, the Strange Situation Procedure (Ainsworth et al., 1978).

Through her naturalistic and laboratory work, Ainsworth was able to identify individual differences in attachment styles. Ainsworth demonstrated that these differences fell into three broad patterns of parent - child interactions which she labeled as secure, insecure-avoidant, and insecure-ambivalent. Within these broad groupings Ainsworth noticed subcategories, or variations on the basic types, but did not have a large enough sample size to quantitatively investigate these variations (Ainsworth et al., 1978).

Attention management strategies. In addition to identifying the three broad categories of attachment patterns, Ainsworth found that there were two underlying dimensions to the patterns. As Brennan, Clark and Shaver (1998) note,

> Right from the start, Ainsworth's three major attachment "types" could be conceptualized as regions in two-dimensional space, the dimensions being Avoidance (discomfort with closeness and dependency) and Anxiety (crying, failing to explore confidently in the absence of mother, and angry protest directed at mother during reunions after what was probably experienced as abandonment). (p. 48)

These underlying dimensions are associated with complex strategies for attaining attachment related goals (Shaver & Mikulincer, 2005).The avoidance dimension is associated with a strategy used by a child who is overwhelmed, physically or emotionally, by the parent, or

alternatively, by a child who is consistently ignored (Ainsworth, et al., 1978; Siegel, 1999). Use of this strategy involves "deactivation" of the attachment system (Magai, 1999). An avoidant child appears to be paying attention to objects other than the mother (for example, the child might appear to be absorbed with playing with a toy and oblivious of the parent). The logic of this strategy is that it allows the child to maintain at least minimal contact with the parent without being overwhelmed with emotion (Siegel, 1999). As can be seen from this example, the term "deactivation" is somewhat of a misnomer because the attachment system is not deactivated, but rather is dampened, to allow for a minimal attachment connection. Shaver and Mikulincer (2005) define this as a secondary strategy, which is used when the primary, secure type strategy is not viable.

In contrast to the avoidant dimension, the anxiety dimension is associated with a strategy employed by a child whose parent is inconsistently responsive to the child's needs (Ainsworth et al., 1978; Siegel, 1999), and use of this strategy involves "hyperactivation" of the attachment system (Magai, 1999). This strategy is typically used by a child when the parent is inconsistent with regard to meeting attachment needs. For example, sometimes the parent might notice that the child needs attention, but other times the parent might be oblivious to the child's needs. In addition, this parent might also sometimes attempt to provide help or otherwise interfere with the child when the child does not actually need anything at the moment. In response to this inconsistency in the parent, the anxious child will basically remain anxious all the time, constantly asking for attachment responses from the parent, whether anything is needed or not. The logic of this strategy is that if the system is hyperactivated all the time, there might be a chance of receiving attention when it is needed. Where the avoidant strategy is used by a child to maintain attachment contact without being overwhelmed emotionally or physically, the anxiety

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strategy is used by a child in an attempt to maximize attachment related attention at all times, in order to counteract the inconsistent responses of the parent (Siegel, 1999).

In both cases, the strategies are organized around the management of attention. In the avoidant strategy, attention is directed away from the attachment figure and attachment related thoughts and feelings, and towards other objects such as toys. In the anxious strategy, attention is kept on the attachment figure and the experience of distress, and away from other objects.

Adult Attachment Styles

Research on adult attachment styles began with qualitative investigations into whether there were adult styles that mirrored the parent-infant styles identified by Ainsworth et al. (1978). In order to study possible relationships between parent - infant patterns of attachment behavior and parent's experiences as children, Mary Main and her colleagues developed the Adult Attachment Interview (AAI) (Hesse, 1999). This instrument assesses an adult's coherence of mind when speaking about memories of childhood interactions with parents. This research focuses on unconscious mental processes. Research using the AAI has found the same three broad categories originally identified by Ainsworth in parent-infant dyads (Hesse, 1999). In particular, research using the AAI reinforces the role of attention in different attachment styles. As Hesse (1999) summarizes:

> Within the AAI, the organization of language pertaining to attachment…appears to be a manifestation of the "dynamics" of cognition and emotion mediated by attention. (p 427 – 428)

Building on the work of Bowlby and Ainsworth, Hazan and Shaver (1987) also began investigating adult attachment styles qualitatively, but instead of focusing on an adult's experiences with their own parents, they focused on adult romantic relationships. Hazan and

Shaver demonstrated that adults have attachment styles regarding romantic relationships that mirror the parent-infant patterns identified by Ainsworth (1978). Hazan and Shaver labeled these three distinct adult attachment styles, "secure," "insecure avoidant," and "insecure preoccupied." This initial work led to an explosion of research on adult attachment styles using self-report methods (see Bartholomew & Shaver, 1998; Hazan & Shaver, 2004; Shaver & Mikulincer, 2004, for reviews).

Hazan and Shaver's (1987) three style model was refined and expanded by Bartholomew and Horowitz (1991) into a four category model, with the inclusion of the "insecure fearful avoidant" type. This model was significant because it recast adult attachment into the same two dimensional space that Ainsworth and her colleagues conceptualized for parent – infant attachment (Bartholomew & Shaver, 1998).

Brennan, Clark, and Shaver (1998) conducted a study of all available self-report measures of adult attachment and found additional support for Bartholomew and Horowitz's (1991) four category model defined by the two orthogonal dimensions of anxiety and avoidance. Brennan et al. found that the anxiety dimension taps an individual's anxiety about abandonment or insufficient love, while the avoidance dimension taps an individual's avoidance of intimacy and emotional expression, distrust of relationship partner's goodwill, and desire to maintain self-reliance.

Though Hazan and Shaver began their investigations into adult attachment styles by focusing on romantic attachments, there is compelling evidence that adult attachment styles apply to not just romantic relationships, but generalize to all important adult relationships (Hazan & Shaver, 1990; Shaver & Mikulincer, 2005). Fraley, Waller, and Brennan (2000) have developed a four quadrant model that can be used to map an individual's anxiety and avoidance

regarding attachment relationships. Using this model, a person's attachment style can be described as high anxiety, low avoidance; high anxiety, high avoidance; low anxiety, high avoidance; or low anxiety, low avoidance.

The Enneagram

The Enneagram typology is based on a model of development similar to attachment theory, focusing on how differences in the organization of attention in childhood in the service of the relationship with the caregiver lead directly to specific challenges and problems in adulthood. Unlike attachment theory, the Enneagram model also conceptualizes differences in childhood development also giving rise to specific strengths and talents, including specific spiritual talents (Palmer, 1988, 1995).

The Enneagram typology is derived from an ancient study of spirituality, introduced to the west by G. I. Gurdjieff (Blake, 1996). Like the attachment typology, the Enneagram emphasizes the importance of understanding individual differences in information processing. As Blake states:

> The Enneagram emerged as concerned with the organization of complexity – in such guises as goal-seeking, autonomous behavior, and discrete changes of order – and there is a curious sense in which it appears centered on information-processing. This is curious because Gurdjieff did not have the concept of information, especially as it began to develop fifty years later. (p.1)

History of the Enneagram

While its origins remain much debated, there is evidence that the Enneagram was used by nonliterate people in Middle Eastern culture as a way of sharing and preserving knowledge about spiritual development that had been discovered through observations of self and nature (Bennett,

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1914/1983; Blake, 1996; Rohr & Ebert, 2004). The passions of the Enneagram typology were

originally identified by Evagrius Ponticus, a Christian monk who lived in the Egyptian desert

around 300 C.E (Rohr & Ebert, 2004). Evagrius wanted to know why monks sometimes

abandoned their spiritual vows and their monastic communities, after making great sacrifices to

adopt the desert way of life. Evagrius conducted extensive interviews with monks in order to

determine the source of the problem. He succeeded in identifying and cataloguing eight specific

hindrances which he called "thoughts" (Harmless & Fitzgerald, 2001, p. 507) and referred to as

the "eight evil thoughts" (p. 507). The ninth hindrance, fear, was seen by Evagrius to be an

overarching condition that supported the other eight hindrances.

Evagrius believed these "evil thoughts" caused suffering for the monks because they

acted to "incite the passions" (Harmless & Fitzgerald, 2001 p. 516). Passion in this sense refers

to the emotional state that is the opposite of apatheia. *Apatheia* was a term that the desert fathers

borrowed from the Greek stoics. It does not hold the same meaning as the English "apathy"

Rather, Harmless explains:

> Evagrius' *apatheia* is not some Stoic ideal of imperturbability. It is a relative calm on the
>
> far side of the storm- a realistic calm that still must face the daily upsets of life.
>
> (Harmless, 2004, p. 348)

Although Evagrius' evil thoughts were later reconceptualized by the Christian church as

the seven deadly sins, for Evagrius, these evil thoughts were not sins in the modern sense

because they were not the result of any action on the person's part. Rather, they came unbidden

and served to pull the person's attention off of contemplation of God and onto the troubling

experience of the passions. Evagrius' remedy for these evil thoughts was "watchfulness" or self-

observation (Harmless, 2004; 2008; Harmless & Fitzgerald, 2001). This emphasis on self-observation has continued into the present as a keystone of Enneagram theory and practice.

Oscar Ichazo made a major contribution to the development of the Enneagram of personality types when he placed the seven deadly sins, first identified by Evagrius Ponticus, and the seven virtues of Christianity, onto the Enneagram symbol in the 1970s. This placement of the passions and corresponding virtues onto the Enneagram symbol marks the beginning of the modern Enneagram typology (Tart, 1983).

In addition to placement of the seven passions and their corresponding virtues, Oscar Ichazo also added two other passion/virtue combinations to complete the nine pointed symbol. The two passion/virtue combinations that Ichazo added were deceit/hope and fear/faith. Deceit in this case refers to the personality's sense of itself as a unitary, complete whole, without a witnessing observer. In Ichazo's model, fear follows naturally from the basic deceit that the personality exists in isolation. Fear refers to the personality's natural (and accurate) knowledge that ultimately, "I will cease to exist" (Palmer, 2000). Adding to the modern Enneagram typology, Claudio Naranjo, a psychiatrist who learned the about the Enneagram from Ichazo, placed nine psychoanalytic defense mechanisms on the Enneagram symbol. Naranjo's contribution served to link Gurdjieff's pre-Freudian teachings with modern psychological knowledge of unconscious defensive processes (Palmer, 1988).

The Enneagram Symbol

The Enneagram depicts a nine pointed figure inscribed within a circle. The numbers indicate the position on the symbol that each personality type is associated with. The placement of the Enneagram types on the symbol represents the conceptualized relationship among the types. For example, Type One is located between Type Nine and Type Two on the circle. This

placement indicates that the characteristics of Type One are similar to the characteristics of both

Type Nine and Type Two. In addition, the interconnecting lines of the symbol are conceptualized

as representing interconnections among the Enneagram types, and are used to account for the

observation that the Enneagram types are dynamic, changing in specific ways in response to

different contexts and situations. Using Type One as an example again, Type One is connected

by the inner lines of the symbol with Type Four and Type Seven. This represents the

conceptualization that under circumstances of stress, Type One will "look like" (in terms of

typical thought and emotion patterns) a Type Four, and under circumstances of security, Type

One will "look like" a Type Seven (Palmer, 1988).

Figure 1: The Enneagram of Personality Types
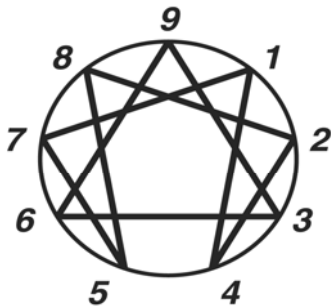
Enneagram and attention strategy. One of the assumptions of the Enneagram typology is

that there are only three attentional strategies a person can engage in unconsciously. A person's

attention will unconsciously move toward, move away, or "zone out" with regard to objects of

consciousness (Palmer, 1988). This assumption is represented on the Enneagram symbol by three

triads, or groups of types. The triad on the right side of the Enneagram symbol is called the Heart

triad and includes Types Two, Three, and Four. This triad is associated with emotion-centered

information processing, and with the "moving toward" bias. The triad on the left side of the

Enneagram symbol is called the Head, or Mental, triad, and includes Types Five, Six, and Seven.

This triad relies especially on mental-centered information processing, and is associated with

"moving away". Finally, the triad at the top of the Enneagram is called the Body triad and

includes Types Eight, Nine, and One. This triad is associated with body-based information

processing, and with a bias toward attentional "zoning out" or "falling asleep" (Palmer, 1988).

Figure 2: Attention Triads

Body Triad:
Zoning Out

Head Triad:
Moving Away

Heart Triad:
Moving Towards
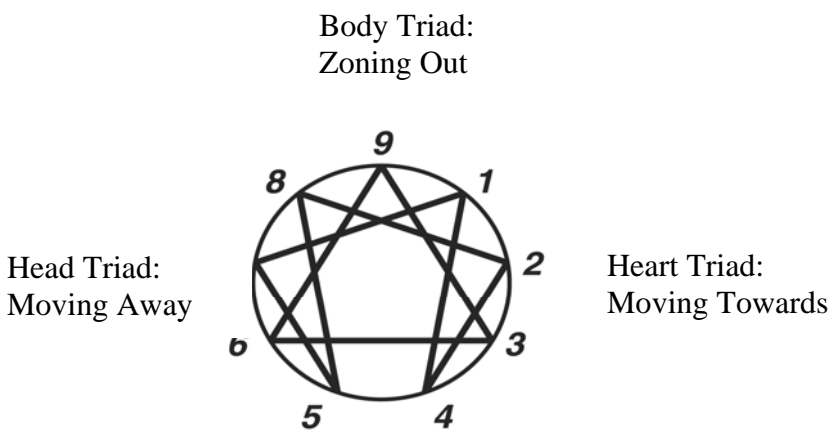
Components of the Enneagram Types

Palmer's (1988, 1995; Palmer & Brown, 1997) conceptualization of the Enneagram

typology is based on the observation that each different type has a distinct focus of attention.

Palmer conceptualizes the types as developing around these foci of attention and corresponding

blind spots early in childhood in order to regulate strong emotions such as fear, anger, and grief

that the child experiences in the context of relationships with parents and other caregivers. The

focus of attention serves the purpose of filtering and shaping information, and ultimately of

shaping subjective realties.

In addition to the focus of attention and the corresponding blind spot, each type is also

associated with a particular passion and habitual thought pattern (Palmer 1988; Palmer & Brown,

1997). Together, these elements form a system that maintains the stability of the personality type (Funder, 2001). The passion is conceptualized as a basic emotion that, for whatever reason (including possibly genetic predisposition) was not adequately regulated in early attachment relationships (Schore, 2000, 2002). In order to cope with this unregulated emotion, the child develops a focus of attention that diverts thoughts, emotions, and behaviors away from the unregulated emotion and onto something else. This focus of attention allows the child to maintain close family relationships without being overwhelmed by the unregulated emotion (Schore, 2000, 2002; Siegel, 1999). This focus of attention also leads to the development of a stable pattern of thoughts (habitual thought pattern) that is conceptualized as a strategy for attempting to solve the problem created by the unresolved emotion (Greenberg, 2008). Finally, the focus of attention also leads to the development of a blind spot, defined as a sector of attachment related experience which is excluded from consciousness. The blind spot is conceptualized as a strategy for keeping the habitual thought pattern in place, looking for a solution to the unresolved emotion, without actually ever accessing the problematic emotion itself (see Greenberg, 2008, for a similar conceptualization of emotion and cognition used in Emotion Focused Therapy). Table 2 summarizes the core emotion (or passion), focus of attention, habitual thought pattern and blind spot for each of the nine types.

Table 2

Components of Enneagram Types

Enneagram Type	Core Emotion	Focus of Attention	Habitual Thought Pattern	Blind Spot
One/Perfectionist	Anger	Error	Resentment	Shades of Gray
Two/Giver	Pride	Other People's Needs	Flattery	Own Needs
Three/Performer	Deceit	Success	Vanity	Failure
Four/Romantic	Envy	What's Missing	Melancholy	What's Good in Present
Five/Observer	Avarice	Intrusion	Detachment	Present abundance
Six/Trooper	Fear	Hazard	Doubt	Actual Power of Authority
Seven/Epicure	Gluttony	Pleasant Future Possibilities	Planning	Actual Limitations
Eight/Protector	Lust	Power	Vengeance	Impact on Others
Nine/Mediator	Sloth	Other People's Agendas	Self-Forgetting	Own Agenda

(Adapted from Palmer 1988; Palmer & Brown, 1997)

The Enneagram Prototypes

As noted above, the Enneagram typology is centuries old, and has apparently been used by nonliterate as well as literate cultures. Over time, a variety of different knowledge traditions have developed around the Enneagram symbol (e.g. Blake, 1996; Naranjo, 1990; Palmer, 1988; Riso & Hudson, 2006; Rohr & Ebert, 2004). As popular interest in the Enneagram has grown, descriptions of the Enneagram typology have proliferated at a rapid pace in published literature and on the internet. At the same time, relatively little traditional, scientific research has so far been conducted on the Enneagram typology, leading to a somewhat chaotic state of the field of Enneagram studies at the present time. However, despite the relative chaos of the field, descriptions of the nine Enneagram prototypes are remarkably stable. In other words, a person who learned the Enneagram typology in one tradition or source would not have much difficulty

in recognizing the nine types in the writings of other traditions and sources. Table 3 provides an

example of descriptions of the different types from four different sources.

Table 3

Comparison of Descriptions of Enneagram Types

	Palmer & Brown, (1997)	Riso & Hudson (2006)	Totton & Jacobs (2001)	Wyman (1998)
Type One	Diligent, ethical, practical, angry	Principled, purposeful, self-controlled, perfectionist	Critical of self and others; finds it hard to relax and enjoy; good organizer	Internal critical voice, black and white thinking
Type Two	Helpful, empathetic, manipulative, prideful	Demonstrative, generous, people-pleasing, possessive	Active, generous, optimistic; compulsive carer who ignores own needs	Anticipates other's needs, serving, giving, helping
Type Three	Efficient, persuasive, chameleon like, deceptive	Adaptive, excelling, driven, image-conscious	High energy workaholic; competitive, success-oriented, good leader; out of touch with feelings	Image, facade, persuasive, goal oriented
Type Four	Dramatic, unique, melancholy, envious	Expressive, dramatic, self-absorbed, temperamental	Artistic, passionate, empathic, feeling-centered; searching for meaning and partnership	Unique, longing, self absorbed, concerned with loss/abandonment
Type Five	Private, observant, detached, withholding	Perceptive, innovative, secretive, isolated	Detached and objective; very private, needing solitude; compartmentalized, intellectual	Observer, simple needs, quiet voice, withdraws
Type Six	Loyal, questioning, vigilant, fearful	Engaging, responsible, anxious, suspicious	Anxious and suspicious of life; dislikes and questions authority	Loyal, doubtful, fearful, hyper vigilant,
Type Seven	Optimistic, futuristic, scattered, gluttonous	Spontaneous, versatile, distractible, scattered	Charming and elusive; 'Peter Pan' type who excludes unpleasantness	Eternal optimist, playful, enthusiastic
Type Eight	Territorial, confronting, protective, trustful	Self-Confident, decisive, willful, confrontational	Assertive, all-or-nothing approach; either a leader or rugged individualist; fighter for justice	Confrontational, all or nothing, controlling
Type Nine	Ambivalent, agreeable, stubborn, self-forgetting	Receptive, reassuring, agreeable, complacent	Peacemaker who understands everyone's point of view (except their own); busy but procrastinating	Merge with others, peace at all costs, mediator, peacemaker

Strengths and Talents Associated with Differences in Attention

Although the foci of attention of the nine types are conceptualized as strategies for coping with unregulated emotion in childhood relationships with caregivers, these foci of attention are also conceptualized as giving rise to specific intuitive strengths and talents (Palmer, 1988). Taking Type six as an example, a child who often felt frightened, but did not often feel reassured by the parent, might develop a relationship pattern characterized by excessive doubt about the ability or willingness of the parent to provide safety. As the relationship pattern between the child and the parent solidified over thousands of interactions, the emotion of fear would recede in awareness as the doubtful thoughts became more and more prominent. The emotion of fear becomes the core passion when it becomes the central, but completely unconscious, focus of the child's experience of relationship with the parent. While the emotion of fear becomes less accessible to consciousness, the accompanying doubtful thoughts become more accessible, to the extent that they shape the child's reality.

In the case of Type Six, this doubt would be accompanied by either a complete unawareness of feelings of fear, or alternatively, excessive feelings of fear (Palmer, 1988). By the time this child becomes an adult, the doubtfulness will have become an integral part of the personality. Typical problems that at Type Six might bring to therapy are difficulty trusting in close relationships, difficulty with authority figures, difficulty acting for self, and difficulty sustaining success (Palmer, 1988). Relationship strengths that a Type Six would typically bring to therapy are a capacity for loyalty in close relationships even under very difficult circumstances, intellectual curiosity, and humor (Palmer, 1988, 1995).

In addition to the personal difficulties, challenges, strengths, and talents that are characteristic of each type, each type is also associated with specific emotional and mental

virtues. These mental and emotional virtues are seen to be separate from, but related to, the personal strengths and talents the child develops in the context of early attachment relationships. Staying with the example of Type Six, the fearful child's constant preoccupation with issues of danger and insecurity act to concentrate the child's attention in a way that is similar to formal practices of meditation or prayer. In formal meditation, attention is returned again and again to a chosen object, such as the breath, or a mantra (Goleman, 1996).

For a fearful child, attention is returned again and again to the attachment figure, in an attempt to feel safe. While the personality develops in the context of this human relationship, the child's attention is also being trained to sustain attention on a transcendent object (safety), which is a spiritual process. For the Type Six, this means that developing in parallel to the child's ability to sustain a personal relationship with an unreliable (from the child's perspective) parent (an attachment task), is the ability to sustain a personal relationship with a transcendent object (a spiritual task). In the Enneagram model, the spiritual skills that the Type Six child develops are courage and faith. In this model, personal strengths and problems are seen as developing as coping mechanisms for dealing with the world of human attachments in which the child lives. The spiritual skills develop in the same context, but are concerned with transcending the constructed world, and being in relationship with a spiritual reality (Palmer, 2007).

Summary of Strengths and Challenges of Enneagram Types

The child's placement of attention on one specific aspect of the attachment relationship can be conceptualized as a form of meditation, in which attention is returned again and again to the same object. As a side effect of this attachment related focus of attention, the child also develops other attentional skills that are useful in everyday life, and are seen in the Enneagram model as specific spiritual talents. Another side effect of the development of specific habits of

attention is the development of specific challenges and difficulties in relating to the self and

others. The clinical benefit of mapping these type-related strengths and challenges is that they

can be used in attachment based therapies to make sense of strong emotions that arise in the

process of working with attachment relationships (Greenberg, 2008; Johnson & Whiffen, 2003).

Table 4 summarizes examples of strengths and related challenges for each Enneagram type.

Table 4

Type Related Strengths and Challenges

Enneagram Type	Example of Strengths	Example of Challenges
One/Perfectionist	Intuition for how things could be made more perfect; talent for working hard to improve self, others, situation	Harsh internal critic causes suffering for self and others
Two/Giver	Intuition for seeing what others need; talent for altering self in order to meet others needs	Vulnerable to rejection and loss, due to overemphasis on relationships (especially challenging ones)
Three/Performer	Intuition for what will be successful and valued by others; talent for working hard to achieve success	Impatient with obstructions that thwart the achievement of goals; unaware of feelings
Four/Romantic	Intuition for the nuance and music of emotions; talent for bringing aesthetic imagings into reality	Dissatisfaction and anger with life as it is; hurt and anger over perceived rejection and abandonment
Five/Observer	Intuition for collecting, organizing and interpreting knowledge; talent for being dispassionate and thoughtful	Detachment from life, loneliness, seeing requests as demands
Six/Trooper	Generalized intuition; Talent for being loyal, witty	Generalized doubt and ambivalence; difficulties with authorities
Seven/Epicure	Intuition for seeing pleasurable options for self and others; talent for devising creative ways to exercise pleasant options	Distraction and diversion from deeper commitments; not making/keeping commitments
Eight/Protector	Intuition for patterns and uses of energy; Talent for using energy to protect others, enforce justice	Too much, too soon, too loud, too long – exhausts self and others; over strong reactions to perceived violations of self, property, loved ones
Nine/Mediator	Intuition for knowing what another is experiencing, what another's agenda is; talent for joining with another's agenda as if it were their own	Difficulty saying no; self-forgetting; difficulty knowing what one wants, makes it difficult for other's to know as well

(Adapted from Daniels & Palmer, 2003)

Clinical Use of Typologies

Personality typologies have been used to understand and solve problems in human relationships for thousands of years (Koss-Chioino & Hefner, 2006). While the beginning of clinical use of typologies in modern western psychology is generally associated with Freud's personality categorization model (Koss-Chioino & Hefner, 2006), earlier cultures also developed personality typologies in order to solve problems associated with spiritual relations, that is – relationships with God or a greater reality. For example, ancient Buddhist psychology developed a typology based on three basic actions that people can take: towards, away, or asleep. In Buddhist psychology, these three basic types were identified by the different obstacles each type faced in meditation (Goleman, 1996). Similarly, the history of Christianity includes detailed investigations into how to categorize and treat human problems with relationships with God (Harmless, 2004, 2008; Harmless & Fitzgerald, 2001). As with the Buddhist investigations of typology, early Christian typologies were organized around categorizing human problems with prayer or meditation.

Freud's work marked a drastic departure from previous studies of psychology because he took as his subject the improvement of relationships between people, rather than improving human relationships with God. Freud identified the problems to be solved as problems that people had in their love relationships and their work settings, rather than problems with prayer or experiencing unity with a greater reality (Palmer, 1995). Yet Freud's approach was the same as many earlier spiritual psychologists. His study of psychology was organized around identifying and categorizing types of people, in order to facilitate understanding and treatment. He developed a personality typology that categorized people into types based on problems in the original mother-child relationship, and described how each type faced unique obstacles

preventing the experience of mature, successful love and work relationships (Westen, Gabbard, & Blagov, 2006).

Clinical Use of the Attachment Typology

Depending on the problem being addressed, attachment typologies are used clinically to address either intrapersonal patterns of thought, emotions, and behaviors, or changing patterns shared by a couple, or patterns shared by a family (Byng-Hall, 1999). Attachment security has been defined as, "the capacity to engage directly, flexibly, creatively, and actively in the solution of interpersonal and intrapsychic attachment problems as they arise" (Bretherton & Munholland, 1999, p. 99), and secure patterns are patterns in which attachment related information is accessible to members of the system without being minimized or magnified (Siegel, 1999). The information that is most salient in most attachment based therapies is emotional information, and secure patterns are characterized by an ability to identify and regulate intense attachment related emotions as they arise (Johnson, 2004; Johnson & Whiffen, 2003). A key aspect to this secure style of processing attachment related information is flexibility of attention, which allows for the creation of coherent narratives about past and present attachment experiences (Kobak, 1999; Main, 2000).

High anxiety, low avoidance pattern. For people who are highly anxious, attachment related information is heightened and magnified (Mikulincer & Shaver, 2003). An example of a highly anxious style is a person who continuously monitors his partner for signs that the partner might leave, or might be dissatisfied with the relationship. This person might become very upset over short periods of separation, and have difficulty receiving comfort and reassurance from the partner.

High anxiety, high avoidance pattern. In the high anxiety, high avoidance pattern,

attachment related information is both excluded and magnified (Mikulincer & Shaver, 2003). An

example of a fearful-avoidant pattern is a person who is angry at his partner, wants to fight, but

also is afraid to fight. This person might deny being angry (an avoidant pattern) but at the same

time anxiously monitor the partner for signs that the partner is angry (an anxious pattern).

Low anxiety, high avoidance pattern. The avoidant style is one in which attachment

related information is excluded from the system (Mikulincer & Shaver, 2003). Awareness of

attachment related emotions is minimal, and narratives about attachment experiences are

perfunctory, without concrete examples to support statements. An example of an avoidant pattern

is a person whose partner just left for a long overseas trip, but feels no sadness or anxiety about

being separated, and is perhaps contemptuous of another person who does experience those

feelings (Siegel, 1999).

Low anxiety, low avoidance pattern. While this pattern has traditionally been associated

with security (Johnson & Whiffen, 1999), this association is not fully supported by the literature

(Mikulincer & Shaver, 2007). It is possible that a low anxiety, low avoidance pattern may be an

attachment strategy, just like the other styles. If this were the case, then this style would be

characterized as neither actively monitoring nor appraising attachment related information, nor

actively moving away from attachment related experiences. Instead this style would involve

actively "zoning out" (Palmer, 1988) with regard to attachment related information. Because this

style still involves active management of attention with regard to attachment information, it is

not secure, in the sense described above. It is hoped that the integrated typology being developed

in this dissertation will add to further understanding of this unresolved issue.

Attachment Style and Relationship Satisfaction

Traditionally, the low anxiety, low avoidance style has been conceptualized as the normal, non-pathological state, while the other styles (high anxiety, low avoidance; low anxiety, high avoidance; and high anxiety, high avoidance) have been conceptualized as problematic, developing out of less than ideal attachment contexts, either in childhood, adulthood or both (Ainsworth et al., 1978; Bowlby, 1973, 1987; Johnson, 2004; Makinen & Johnson, 2006). Thus, the focus of clinical work has often been directed towards changing high avoidance, and/or high anxiety attachment styles to a low anxiety, low avoidance style (Johnson & Whiffen, 1999).

In terms of empirical research, however, the picture is less clear. Following an exhaustive review of the literature on attachment styles and relationship satisfaction, Mikulincer and Shaver (2007) concluded that very little is yet known about how attachment style processes contribute to relationship satisfaction. While it is clear that in general, insecure styles are associated with lower relationship satisfaction, it is not yet clear what processes cause this association. Researchers do not yet know whether attachment style influences relationship satisfaction, or alternatively, whether relationship satisfaction influences attachment style (Mikulincer & Shaver, 2007).

Mikulincer and Shaver's (2007) conclusion that relatively little is still known about the relationship between attachment style and relationship satisfaction is important to the present study because the integrated model being developed conceptualizes all individual attachment styles, including the low anxiety, low avoidance style, as having potential for being associated with relationship problems, because they are stable patterns of interacting that developed in childhood, and may not be appropriate in the different attachment contexts encountered by the adult. For example, a person with a low anxiety, low avoidance style who is in relationship with

a person who has a high anxiety style, might have low relationship satisfaction, even though their own attachment style is considered to be non-problematic. This example reinforces the point made by Johnson and Whiffen (1999) that both the individual styles of the partners, and the relationship itself, must be addressed in attachment based therapies. This point provides some context for the conceptualization, described above, of the low anxiety, low avoidance style as also deriving from a particular form of restricted attention with regard to attachment related information.

Attachment Style and Change Processes in Therapy

While attachment based approaches to therapy have been shown to be quite effective (Johnson, 2007), in general this effectiveness is not strongly associated with change in attachment styles. For example, Makinen and Johnson (2006) found that while couples who completed treatment for attachment injuries improved in terms of trust and other outcome measures, their anxiety and avoidance levels, or attachment styles (measured using the ECR-R), did not change. Using a different measure of attachment security Levy, Meehan, Kelly, et al. (2006) found that while borderline patients' attachment narratives became more coherent after a year of therapy, and thus were rated as secure, these patients were still rated as unresolved regarding childhood trauma and loss. In addition, a study of how people with different attachment styles make use of psychotherapy services found that people with secure styles use psychotherapy services more than people with insecure styles (Riggs & Jacobovitz, 2002).

Taken together, these findings indicate that the relationship between attachment style and clinical outcomes is still not well understood. Mikulincer and Shaver (2007) speculate that one reason for this lack of clarity is that there may be important subgroup differences within the four attachment styles that affect clinical outcomes. Mikulincer and Shaver give the example of the

high anxiety, high avoidance categorization: within the group of people who are categorized as high anxiety, high avoidance, there may be two subgroups, one in which the high anxiety, high avoidance configuration represents an organized personality pattern, and one in which the same configuration represents a disorganized, chaotic response to managing relationships. Using the same logic, there could also be two subgroups within the low anxiety, low avoidance categorization. One subgroup would consist of people who are secure in the sense that their low anxiety and avoidance scores reflect comfort with attachment related emotions and the ability to engage in relationship patterns that neither exclude nor magnify attachment related information (Siegel, 1999). The other subgroup might consist of people for whom the low anxiety, low avoidance pattern reflects an insecure strategy for manipulating attachment related information to maintain a "zoned out" experience with regard to attachment information. The first three hypotheses tested in this dissertation make use of this analysis of possible subgroup differences among the four attachment styles.

Clinical Use of Enneagram Typology

Relatively little research has been conducted addressing use of the Enneagram as a clinical tool. Among the studies that address clinical uses of the Enneagram, most are theoretical works, without an empirical component. For example, Wyman (1998) developed a conceptual model integrating the Enneagram typology with the Meyers-Briggs typology for use with individuals. In Wyman's model, the Enneagram types are thought to represent the darker aspects of the personality, while the MBTI characteristics represent the strengths and talents of the personality. Grodner (2002) used the Enneagram typology as a component in an integrative model of Energy psychotherapy. In this model knowledge of the different thought patterns associated with different Enneagram types is seen as being a useful adjunct to the Energy model

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of psychotherapy. Similarly, Tolk (2006) integrated the Enneagram typology with schema therapy, in an effort to enhance the effectiveness of schema therapy. Bettinger (2005) uses the Enneagram typology in conjunction with a family systems framework in treatment of relationship issues in polyamorous families of gay men. Finally, Matisse (2007) conceptualizes the Enneagram typology as a tool that lends itself to integration with a wide range of counseling theories.

Just two studies were identified that included an empirical component. Schneider and Schaeffer (1997) conducted a qualitative study of sex addicts to explore relationships between Enneagram type and addictive behavior, recovery, and therapeutic processes. Huber (1999) examined relationships among Enneagram type, drug and alcohol abuse, and addictive and depressive personality characteristics. Taken together, this literature indicates that the Enneagram is being used clinically, and is being investigated empirically. However, the work that has been done so far has barely scratched the surface of developing a coherent research agenda on clinical uses of the Enneagram typology.

Summary

Although the attachment typology and the Enneagram typology were developed in very different contexts, for different purposes, they share a focus on the importance of attentional processes related to maintaining early childhood relationships with caregivers. In both typologies, these attentional processes are identified as a primary force in the development and maintenance of the patterns of thought, emotion, and behavior that define the types in each system. While there are strong similarities between the two typologies, the Enneagram typology is broader in the sense that it also describes strengths and talents associated with each different

type. In contrast, the attachment typology conceptualizes the low anxiety, low avoidance type as

being normal, while the insecure types are conceptualized as being problematic.

Chapter Three: Methods

The purpose of this chapter is to present the research design that was chosen to empirically develop, test, and explore the integrated typology that was introduced in Chapters One and Two. After providing an overview of the research design, this chapter develops and presents the hypotheses that were used to test and explore the new typology. Next, the rationale for the sample selection and instrument is discussed, and a description of the data collection procedure and data analysis is provided. The chapter concludes with a description of the sample and the data that were collected.

The research design for this study was divided into two parts. The first part focuses on the development and testing of the integrated typology. The second part focuses on exploring the utility of the new typology by using it to generate a hypothesis about the relationship between the newly derived "EnneaAttach" categories and relationship satisfaction (Mandara, 2003; Smith & Foti, 1998; von Eye, 2002, 2005).

In the typological approach being used in this study, the integrated typology to be tested depicts the hypothesized relationship between two original typologies. The hypotheses about how the two typologies fit together are derived using logic and existing knowledge about the characteristics of the two typologies that are to be integrated (Mandara, 2003; Smith & Foti, 1998; von Eye, 2002). In the present study, the two typologies that are being integrated are the attachment typology and the Enneagram typology. For the purposes of testing the integrated typology, three hypotheses were developed. The first hypothesis predicts how the Enneagram types vary in terms of avoidance. The second hypothesis predicts how the Enneagram types vary in terms of anxiety. The third hypothesis builds on the first two hypotheses about anxiety and avoidance to form a prediction about the overall categorization of the nine Enneagram types and

four attachment styles into four new categories, termed by the researcher EnneaAttach categories.

<center>*Development of Hypotheses*</center>

Mikulincer and Shaver (2003) stress the importance of understanding that anxiety and avoidance are two independent subsystems of the overall attachment system. As independent subsystems, attachment and avoidance operate in parallel to each other, but can also have feedback effects in which the action of one system affects the other system. For example, a person might avoidantly withdraw from an emotionally charged attachment situation, but this withdrawal could in turn increase attachment related anxiety. Mikulincer and Shaver (2003) conceptualize the difference between anxiety and avoidance in terms of intensity and direction. The anxiety dimension is associated with variations in the intensity with which a person monitors and appraises attachment related information for relevance and meaning. The avoidance dimension is associated with variations in the direction of movement, towards are away from, attachment related information. This conceptualization of anxiety as a function of intensity and avoidance as a function of movement serves as the foundation for the development of the first two hypotheses.

Hypothesis One: Avoidance

In the attachment typology, the avoidance dimension is associated with de-activation of the attachment system (Magai, 1999). People who are high on the avoidance dimension organize their attachment related thoughts, emotions and behaviors in patterns that are organized to de-emphasize the importance of attachment information. In addition, in the attachment typology, the direction of attachment related behavior is specifically associated with the avoidance dimension. People who are high on the avoidance dimension unconsciously manipulate their attention in

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ways that serve to move attention away from attachment related information (Shaver &

Mikulincer, 2003). As discussed in Chapter One, the Enneagram types are associated with

specific attentional directions ("toward," "away from," and "falling asleep"), regarding objects of

consciousness (including, presumably attachment figures), according to their positioning on the

Enneagram symbol (Palmer, 1988). Translating these three attentional movements into the two

categories of high and low avoidance led to the prediction that Enneagram types positioned on

the left side of the symbol (associated with "moving away") would be high in avoidance, while

Enneagram types positioned on the right side of the symbol (associated with "moving towards")

would be low in avoidance

   Special case of categorizing Type Nine. In the Enneagram typology, Type Nine, "The

Peace Maker," is a special case. Type Nine is located at the exact top of the Enneagram symbol.

In order to integrate the Enneagram typology, comprised of nine types, with the attachment

typology, comprised of four types, a decision had to be made about how to conceptualize Type

Nine in terms of the attachment style dimensions. The decision was made to conceptually split

Type Nine using the "wing" variable in the Enneagram symbol. The Enneagram wing refers to

the fact that each type has two adjoining types, one on the right and one on the left. While the

types are considered to be essentially categorical, the wings represent the dimensional aspect of

the Enneagram model, in that the characteristics of each type shade into the features of the

neighboring types (Palmer, 1988). For the present study, Type Nines with a One wing are

conceptualized as being on the right side of the Enneagram and are referred to as Type Nine

(wing One) while Type Nines with an Eight wing are conceptualized as being on the left side of

the Enneagram symbol and are referred to as Type Nine (wing Eight). Figure 3 illustrates Type

Nine and its two wings.

Figure 3: Type Nine Wings

Type Nine

Eight Wing   One wing
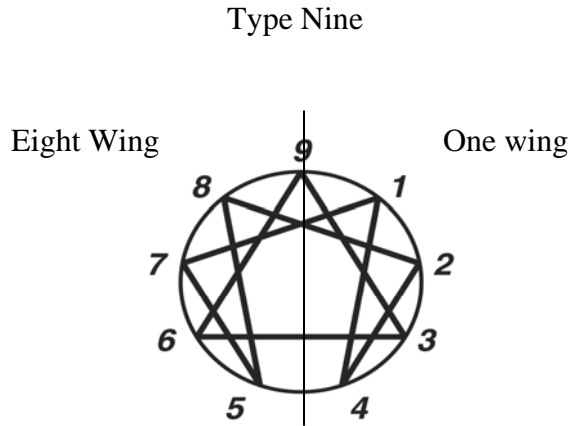
Because the types on the right side of the Enneagram are assumed to have a "moving toward" bias and the types on the left side of the Enneagram are assumed to have a "moving away" bias, the following hypothesis was made:

H1. It is hypothesized that Enneagram types 1, 2, 3, 4, and 9(w1) will be significantly lower in avoidance than Enneagram types 5, 6, 7, 8, and 9(w8).

Figure 4 depicts the hypothesized relationship between Enneagram type and avoidance.

Figure 4: Enneagram and Avoidance

High Avoidance   Low Anxiety
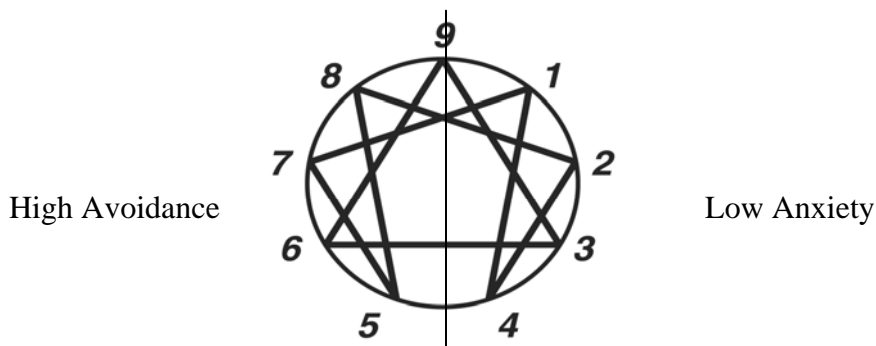
Hypothesis Two: Anxiety

In the attachment style model, anxiety is associated with hyper-activation of the attachment system. Individuals who are high on the anxiety dimension intensely engage in mental, emotional, and physical monitoring and appraisal of information that is relevant to concerns about whether attachment figures are available, close, and responsive. Availability, closeness, and responsiveness can be monitored either in physical or psychological terms, or both (Mikulincer & Shaver, 2003).

High anxiety types. Qualitative descriptions of the Enneagram types indicate that some types would be expected to be higher in attachment related anxiety than others. Types Two, Four, Six, Eight, and Nine (wing Eight) have been identified as more likely to be high in anxiety than Types One, Three, Five, Seven, and Nine (wing One).

On the right side of the Enneagram symbol (associated with "moving towards") both Type Two and Type Four are described as being highly interested in relationships, and appreciative of and talented at understanding emotional communication (Palmer, 1988, 1995). The world view of Type Two is: "people depend on my help; I am needed" (Palmer, 1995, p. 22). This world view is supported by a focus of attention on others' needs, and a corresponding lack of attention to the Two's own needs. This focus on others' needs involves intense monitoring of others, in order to discern what is needed (Palmer, 1988). The world view of Type Four is: "something is missing; others have it; I have been abandoned" (Palmer, 1995, p. 47). This world view is supported by a focus of attention on what's missing in the present, and a corresponding lack of attention to what's good in the present. This pattern of attention in Type Four is also associated with hyper-vigilance about possible abandonment (Palmer, 1995). Both of

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these attentional concerns suggest that Type Four would engage in high levels of monitoring and appraising of attachment related information.

On the left side of the Enneagram symbol (associated with "moving away"), Types Six and Eight are both described as being concerned with issues of power and authority (Palmer, 1988, 1995). The key role of attachment figures as sources of authority was identified by Bowlby (1979), but has received almost no research attention since then. Similarly, Palmer (1988) briefly summarizes each Enneagram type's relationship with authority, but does not provide a discussion of why authority might play a central role in development of the types. While Bowlby and Palmer seem to agree that authority plays an important role in development generally, in the present analysis, Type Six and Type Eight stand out as having particularly distinct relationships with attachment figures as authority figures.

The world view of Type Six is: "the world is a threatening place; question authority" (Palmer, 1995, p. 55). This world view is supported by a focus of attention on hazard. In response, Type Six intensely monitors others in order to protect against being harmed or left helpless by untrustworthy authority figures. This concern with authority in Type Six predicts especially intense monitoring of attachment figures that are also seen as authority figures. The world view of Type Eight is: "the world is an unjust place; I defend the innocent" (Palmer, 1995, p. 71). This world view is supported by a focus of attention on power. Type Eight's is intense concern with issues of protection and justice predicts intense monitoring of attachment figures that appear to be either in need of protection, or alternatively, threatening to dominate the Eight.

Low anxiety types. In contrast to Types Two, Four, Six, and Eight, prototype descriptions of Types One, Three, Five, and Seven indicate that intense appraisal and monitoring of others is not a key part of their attachment strategies. On the right side of the Enneagram symbol, Type

One and Type Three are both described as energetic, hard workers (Palmer, 1988, 1995). The world view of Type One is: "the world is an imperfect place; I work towards improvement" (Palmer, 1995, p. 14). This world view is supported by a focus of attention on error, and a complimentary lack of attention to shades of grey. Type One works very hard to be perfect, and by extension, to be worthy of love by attachment figures. This strategy involves intense focus on work and tasks, as opposed to intense focus on the attachment figure. The world view of Type Three is: "the world values a champion; avoid failure at all costs" (Palmer, 1995, p. 31). This world view is supported by a focus of attention on success, and a corresponding exclusion of attention to issues involving failure. Type Three works very hard to be successful at whatever role he or she inhabits, and by extension, to be valued by attachment figures. This strategy involves intense monitoring of the self, in terms of presenting a successful image, but less monitoring of the attachment figure.

On the left side of the Enneagram symbol Type Five and Type Seven are both described as being exceptionally unperturbed by the external world. The world view of Type Five is: "the world is invasive; I need privacy to think and refuel my energies" (Palmer, 1995, p. 47). This world view is supported by a focus of attention on intrusion, and an exclusion of information regarding having enough. In withdrawing from the external world, Type Fives report a strong reliance on, and attachment to, a vivid, interesting, rewarding inner life (Palmer, 1988, 1995). This indicates that Type Five would not be expected to intensely engage in monitoring and appraising of attachment figures, and so would be expected to be low in anxiety. The world view for Type Seven is: "the world is full of opportunity and options; I look forward to the future" (Palmer, 1995, p. 63). This world view is supported by a focus of attention on pleasant future possibilities, and an exclusion of information regarding actual limitations. This approach

involves intense appraisal and monitoring of pleasant future options, but does not involve intense monitoring and appraisal of attachment figures.

As with the avoidance dimension, Type Nine is split between a high anxiety categorization and a low anxiety categorization. The world view of Type Nine is: "my efforts won't matter; don't make waves; keep the peace" (Palmer, 1995, p. 79). This world view is supported by the Nine's focus of attention on other people's agendas, and a complementary exclusion of information about the Nine's own agenda. The analysis of Type Nine with regard to intensity of monitoring and appraising is that Nines who are more One-like (having a One wing) will be more concerned with being worthy of love, like a One, and thus engage in lower levels of monitoring of the attachment figure. Alternatively, Nines who are more Eight-like (having an Eight wing) will be more concerned with attachment figures as sources of authority, like an Eight, and thus engage in higher levels of monitoring of the attachment figure.

Based on the preceding analysis of the Enneagram types in terms of attachment strategies, the following hypothesis was made about the categorization of Enneagram types with regard to attachment anxiety:

H2: It is hypothesized that Enneagram types 1, 3, 5, 7, and 9s (w1) will be significantly lower in anxiety than Enneagram types 2, 4, 6, 8, and 9s (w8).

Figure 5 depicts the hypothesized relationship between Enneagram types and anxiety.

Figure 5: Enneagram and Anxiety

High Anxiety   Low Anxiety

High Anxiety   Low Anxiety

Low Anxiety   High Anxiety

High Anxiety   Low Anxiety

Low Anxiety   High Anxiety
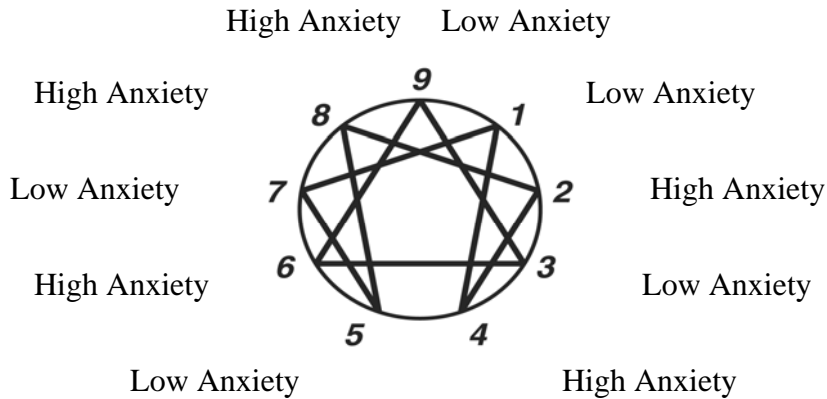
Hypothesis Three: Integration of Attachment Style and Enneagram Type

The first two hypotheses categorize the Enneagram types with regard to avoidance and anxiety. The first categorization is based on avoidance, and results in two groups of Enneagram types. The low avoidance group consists of Enneagram Types One, Two, Three, Four, and Nine (wing One) and the high avoidance group consists of Enneagram Types Five, Six, Seven, Eight, and Nine (Wing Eight). The second categorization is based on anxiety, and also results in two groups. The low anxiety group consists of Enneagram Types One, Three, Five, Seven, and Nine (wing One), while the high anxiety group consists of Enneagram Types Two, Four, Six, Eight, and Nine (wing Eight).

Combining these two categorizations results in an integrated typology in which Enneagram Types Two and Four are predicted to have high anxiety and low avoidance scores, and are defined as "EnneaAttach Group 1"; Enneagram Types Six, Eight, and Nine (wing Eight) are predicted to have both high anxiety and high avoidance scores, and are defined as "EnneaAttach Group 2"; Enneagram Types Five and Seven are predicted to have low anxiety and high avoidance scores, and are defined as "EnneaAttach Group 3"; and Enneagram Types

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One, Three, and Nine (wing One) are predicted to have both low anxiety and low avoidance scores, and are defined as "EnneaAttach Group 4". Figure 6 depicts the conceptualized integration of Enneagram types and attachment styles.

Figure 6: Integration of Enneagram Types and Attachment Styles

High Anxiety   Low Anxiety
High Avoidance   Low Avoidance

High Anxiety   Low Anxiety
High Avoidance   Low Avoidance

9

8   1

Low Anxiety   High Anxiety
High Avoidance   7   2   Low Avoidance

6   3

High Anxiety   Low Anxiety
High Avoidance   5   4   Low Avoidance

Low Anxiety   High Anxiety
High Avoidance   Low Avoidance
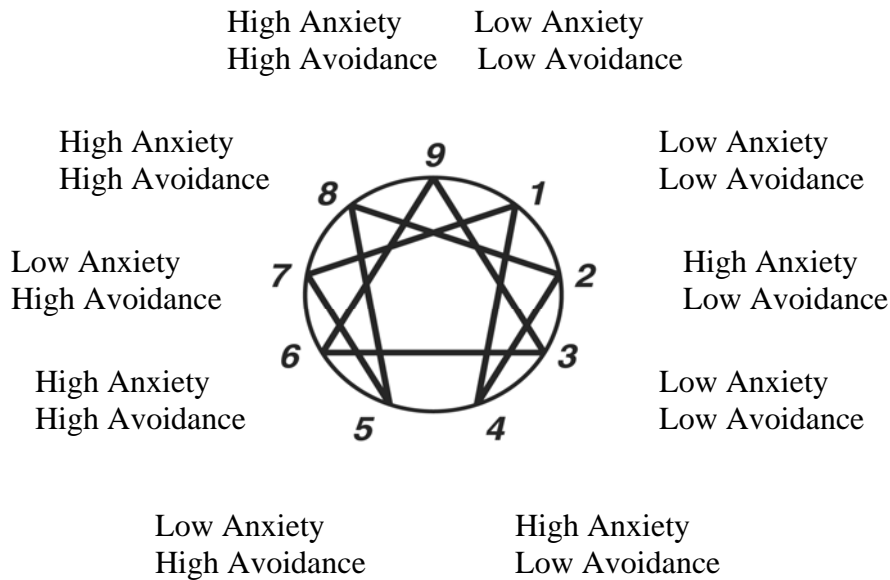
Characteristics of EnneaAttach Group 1. If the typology is valid, subjects who have an attachment style characterized by a high anxiety, low avoidance pattern (Attach Style 1), should also be categorized as EnneaAttach Group 1, having a focus of attention characterized by either other people's needs (Enneagram Type Two) or what's missing (Enneagram Type Four).

Characteristics of EnneaAttach Group 2. Subjects who have an attachment style characterized by a high anxiety, high avoidance pattern (Attach Style 2) should also be categorized as EnneaAttach Group 2, having a focus of attention that is characterized by either hazard (Enneagram Type Six), power (Enneagram Type Eight), or other people's agendas (sub focus on power) (Enneagram Type Nine, wing Eight).

Characteristics of EnneaAttach Group 3. Subjects who have an attachment style characterized by a low anxiety, high avoidance pattern (Attach Style 3) should also be categorized as EnneaAttach Group 3, having a focus of attention characterized by either intrusion (Enneagram Type Five) or pleasant future possibilities (Enneagram Type Seven).

Characteristics of EnneaAttach Group 4. Subjects who have an attachment style characterized by a low anxiety, low avoidance pattern (Attach Style 4) should also be categorized as EnneaAttach Group 4, having a focus of attention characterized by either error (Type One), success (Type Three), or other people's agendas (sub focus on error) (Enneagram Type Nine, wing One).

Combined, these predictions are summarized by the hypothesis:

H3: The overall association between attachment styles and Enneagram types is significantly different than would be expected to occur due to chance.

An appropriate test for overall association of two typologies is a chi-square test for goodness of fit (Everitt, 2001; Howell, 2002; Kinnear & Gray, 2008).

Hypothesis Four: Integrated Typology and Relationship Satisfaction

The final step in the typological analysis approach being used in this study is to use the integrated typology to generate and test a hypothesis about a related variable of interest. The ability of a typology to reveal new patterns regarding an external variable provides evidence supporting the external validity of the typology (Mandara, 2003).

In the present study, relationship satisfaction was chosen as the external variable of interest. Relationship satisfaction is of central interest to marriage and family therapy researchers and practitioners and yet relatively little is known about how attachment style affects relationship satisfaction (Mikulincer & Shaver, 2007). In contrast to the attachment typology, the integrated

typology includes detailed information about differences in focus of attention among the

categories. This additional information is expected to improve the ability of the integrated

typology to predict differences in relationship satisfaction beyond that found in attachment-based

models of therapy (e.g. Johnson & Whiffen, 1999; Makinen & Johnson, 2006). Previous research

that has examined the relationship between attachment style and relationship satisfaction has

found that even though attachment styles are comprised of both anxiety and avoidance

dimensions, only the anxiety dimension was consistently found to be significantly related to

differences in relationship satisfaction (Kurdek, 2002; Mikulincer & Shaver, 2007).

In contrast, the proposed integrated typology suggests that by combining information

from the attachment typology with information about differences in focus of attention provided

by the Enneagram typology yields more complex and specific predictions about the relationship

between both the anxiety and avoidance dimensions and relationship satisfaction. For example,

both EnneaAttach Group 1 and EnneaAttach Group 2 are characterized as highly anxious.

Therefore, based on attachment research, the prediction would be that both groups should have a

similar negative relationship with relationship satisfaction. However, based on the integrated

typology, important differences among high anxiety individuals are predicted. Specifically,

EnneaAttach Group 1 intensely monitors attachment figures regarding issues of availability (e.g.

"I often worry that my partner doesn't really love me"), but does not use attentional strategies

associated with the avoidance dimension (e.g., "It does not help to turn to my romantic partner in

times of need"). The focus of attention for individuals in EnneaAttach Group 1 is either on

"other people's needs," or "what's missing/fear of abandonment." Both of these attentional focus

points serve to orient individuals in this group toward the attachment relationship, rather than

away, and to keep attention on attaining attachment related goals (e.g., pleasing the attachment partner; not being abandoned by the attachment partner).

In contrast, EnneaAttach Group 2 (high anxiety, high avoidance) individuals intensely monitor attachment figures but also engage in avoidance strategies that serve to dampen the impact of not attaining attachment goals. The focus of attention of individuals in this group is on either hazard or power (or for type Nine, other people's agendas with a sub focus on power). In contrast to the focus of attention of EnneaAttach Group 1, the focus of attention for EnneaAttach Group 2 serves to heighten negative aspects of the attachment relationship (e.g., attachment partner is not trustworthy; attachment partner is weak).

These differences in attention management with respect to the importance of attachment related goals (avoidance) and with respect to differences in focus of attention are expected to be associated with differences in the strength of the negative relationship between anxiety and relationship satisfaction. The reason that the anxiety-satisfaction correlation is expected to be lower for individuals with high avoidance is that the effects of anxiety on relationship satisfaction are expected to be offset by the dampening effect of high avoidance.

Subgroup differences are also expected between the two low anxiety EnneaAttach groups. Both EnneaAttach Group 3 and EnneaAttach Group 4 are characterized by low anxiety, associated with less intense monitoring and appraising of attachment figures. Just as with EnneaAttach Group 1 and 2, EnneaAttach Group 3 and 4 are distinguished not by differences in anxiety, but by differences in avoidance. Individuals in EnneaAttach Group 3 engage in low levels of monitoring and appraising (anxiety), in combination with high levels of dampening of attachment related goals (avoidance). In contrast, EnneaAttach Group 4 engages in low levels of monitoring and appraising, but in combination with *low* levels of dampening of attachment

related goals. This means that for EnneaAttach Group 4, any attachment anxiety that is experienced will not be offset by the dampening effects of the high avoidance strategy. This leads to the expectation that there will be a stronger negative relationship between anxiety and relationship satisfaction for EnneaAttach Group 4 than for EnneaAttach Group 3.

Based on this analysis of differences in focus of attention for the two low avoidance EnneaAttach groups (1 and 4), compared to the high avoidance EnneaAttach groups (2 and 3), there are expected to be significant differences in the size of correlation coefficients between anxiety and relationship satisfaction. Specifically,

H4: Individuals classified into EnneaAttach Groups 1 & 4 are expected to have a stronger negative relationship between anxiety and relationship satisfaction than individuals classified into EnneaAttach Groups 2 & 3.

This hypothesis was investigated using a Z test for difference in correlation coefficients (Howell, 2002), in which the correlation coefficients for anxiety and satisfaction were compared for the two pairs of EnneaAttach groups.

Research Instrument

A paper and pencil questionnaire was developed for use in data collection (see Appendix A). The questionnaire consisted of the Experiences in Close Relationships-Revised (ECR-R) (Fraley, Waller, & Brennan, 2000) and the Kansas Marital Satisfaction Scale (KMSS) (Schumm, 1983). Both measures are in the public domain. In addition, the questionnaire also asked respondents to identify their Enneagram type, Enneagram sub-type and Enneagram wing, and whether they considered themselves to be in a committed relationship. Respondents who answered "yes" to being in a committed relationship were instructed to complete the KMSS items, while respondents who answered "no" were instructed to skip the KMSS items.

Experiences in Close Relationships- Revised Questionnaire

The Experiences in Close Relationships (ECR) Questionnaire was initially developed by Brennan, Clark, and Shaver (1998). The questionnaire is used to assess individual differences in attachment-related anxiety and attachment-related avoidance. To construct the questionnaire, the authors combined items from all published self-report adult attachment questionnaires available at the time. Using factor analysis, the authors identified two dimensions that underlie all the items. The authors labeled these dimensions *anxiety* (concerned with fear of rejection and abandonment) and *avoidance* (concerned with discomfort with closeness and discomfort depending on others).

Fraley, Waller, and Brennan (2000) revised the ECR by using Item Response Theory (IRT) techniques on the original pool of items obtained by Brennan et al. (1998). The ECR-R is very similar to the ECR, but is improved in its ability to assess anxiety and avoidance in terms of both the amount and the uniformity of information that is obtained (Fraley, Waller, & Brennan, 2000). Internal consistency reliability for the ECR-R is reported to be .90 or higher for both subscales (Sibley & Liu, 2005). Examples of anxiety items are, "I worry that romantic partners won't care about me as much as I care about them" and "I'm afraid that I will lose my partner's love." Examples of avoidance items are, "I find it difficult to allow myself to allow myself to depend on romantic partners" and "It helps to turn to my romantic partner in times of need" (reverse scored).

Kansas Marital Satisfaction Scale

The Kansas Marital Satisfaction Scale (KMSS) was developed by Schumm (1983) to fill a need for a brief, easily administered measure of marital satisfaction. The three items that comprise the KMSS scale are: "how satisfied are you with your relationship?"; "how satisfied

are you with your partner as a partner?"; and "how satisfied are you with your relationship partner?"

The KMSS has proved to be a reliable and valid measure of marital satisfaction, providing concurrent and discriminate validity (Schumm, Paff-Bergen, Hatch et al., 1986). Burnett (1987) found that the KMSS is a good choice for researchers or clinicians who need a brief, yet valid and reliable measure of marital satisfaction. Furthermore, the KMSS has been shown to retain its reliability and validity when translated into languages and cultures that are different from the context in which the measure was originally developed (e.g., Chung, 2004; Green, Woody, Maxwell et al., 1998; Shek, 1993).

Despite extensive research documenting the KMSS's usefulness in other languages and cultures there is apparently no research documenting the KMSS's validity and reliability with non-traditional (e.g. not married, but committed heterosexual, gay or lesbian) couples. However, because the sample used in the present study was likely to include people in committed, non-traditional relationships, the decision was made to re-word the three items so that they could be used with people who are in committed relationships, but not married. This decision was justified on the basis of the KMSS's long record of being a robust measure that has translated well into a variety of cultures. Furthermore, research indicates that attachment relationship processes are similar across different types of relationships, and that non-traditional couples are more like traditional couples (in terms of attachment relationships) than they are different (Kurdek, 2006; Means-Christensen, 2003).

Enneagram Type

While a variety of measures exist to assess attachment style, different approaches to assessing Enneagram type are still being developed and evaluated. Because relatively little is

known about assessing Enneagram types, choosing a sample in which Enneagram type could be determined with a relatively high degree of confidence was crucial to the validity and reliability of the study. Currently, the two "gold standards" (Daniels & Price, 2000, p.107) for assessing Enneagram type are: a) a diagnostic typing interview by a certified Enneagram teacher; and b) self-typing after completion of a ten-week Enneagram course, or equivalent training (Daniels & Price, 2000). Daniels and Price (2000) have developed the Essential Enneagram Test, which is a self-report instrument for assessing Enneagram type. The use of this instrument relies on a two-part process that allows for a period of self-reflection and re-checking of one's original choice of Enneagram type. This assessment method is in keeping with the philosophy of the Enneagram model which has developed around a belief in self-development as the paramount goal, over development of a more efficient typing method that might be more suited to large scale empirical research.

For the present study, the decision was made to address the difficulties with Enneagram typing by choosing a sample of people who had already received extensive training in how to self identify their type. This decision forced a reliance on a somewhat restricted population from which to draw the sample, but was justified because of the high degree of confidence that could be placed in the accuracy of the assessment of Enneagram type that was obtained by using this population.

Sample Selection

Because the decision had been made to include only subjects who had already received extensive training in how to self-identify their type, the sample selection for this study was "purposeful" (Patton, 2002, p 40). While more commonly associated with qualitative research, purposeful sampling has also been used in quantitative studies where the topic being studied is

relatively new and not well understood. For example, researchers on attention and mindfulness have purposefully sampled highly trained Buddhist meditators in order to study different aspects of human consciousness (e.g. Ekman, Davidson, Ricard, & Wallace, 2005; Lutz, Greischar, Rawlings, Ricard, & Davidson, 2004; Nielsen, 2006). Similarly, Underwood (2005) used a purposeful sample of Trappist monks in order to study intrapersonal processes associated with compassionate love. Both of these studies used purposeful sampling of people who had participated in extensive training and practice to develop specific capacities of consciousness. These capacities are assumed to be shared by other humans, but are not as easily accessible for study by people who have not had an opportunity to develop them.

The current study used as subjects members of the Association of Enneagram Teachers in the Narrative Tradition (AET). The AET is an international organization dedicated to the development and teaching of the Enneagram in the Narrative Tradition. Membership is restricted to people who have completed at least one week of Enneagram training with the Enneagram Professional Training Program (EPTP). AET membership is approximately 400 people, from approximately 24countries. Using AET members as subjects ensured that all participants in the study had received enough training in the Enneagram to accurately self-identify their Enneagram type. The logic here is the same as that underlying the studies described above: the ability to observe one's own thoughts and emotions is assumed to be a universal capacity of humans, but it is more easily studied using a sample of people who have received training in how to do this. In addition, this sampling method has been used successfully by previous Enneagram researchers, all of whom were able to identify significant relationships between Enneagram types and other personality measures (Brown & Bartram, 2005; Palmer, 1988; Wagner & Walker, 1983).

Data Collection Procedures

After receiving IRB approval, (see Appendix B), data were collected in person at two AET workshops (Dayton, OH, May 12 -15, 2007 and Colorado Springs, CO, July 5 – 8, 2007). Workshop participants were asked to complete the paper and pencil instrument described above. Participants were instructed to complete the questionnaire at their convenience and return the questionnaire either to a collection envelope, or by mail. Approximately 150 questionnaires were distributed, and 75 (approximately 50%) of the questionnaires were returned. Based on observations made by the researcher, there did not appear to be any systematic differences in terms of who chose to complete the survey and who chose not to.

Sample Characteristics

The sample consisted of 14Type Ones (19%); 6 Type Twos (8%); 5 Type Threes (7%); 8 Type Fours (11%); 2 Type Fives (3%); 6 Type Sixes (8%); 9 Type Sevens (12%); 5 Type Eights (7%) and 14 Type Nines (19%). So far, there is no published research assessing the distribution of Enneagram types in the general population, so there is no way of knowing whether the sample distribution is representative of the general population. However, the sample does include at least two responses from each of the nine types. In this regard, the sample of the present study is similar to samples obtained in other Enneagram research. For example, Schneider and Schaeffer's (1997) sample consisted of 9 Type Ones; 2 each of Type Two, Three, Five, Six, and Seven; 3 Type Fours; 6 Type Eights; and 5 Type Nines, for a total of 33.

Based on the observations of the researcher, the population that the sample was drawn from can be characterized as predominately Caucasian, older, better educated and wealthier than the general U.S. population. Samples used in other Enneagram studies are similar to the present study in this regard (e.g., Brown & Bartram, 2005; Snyder & Ruderman, 1998; Wagner &

Walker, 1983). The anxiety and avoidance means and standard deviations for this sample were found to be similar to statistics collected by Fraley (2008) in an on-going internet based study. Overall, the sample appears to have a reasonable distribution of Enneagram types, and to be similar to Fraley's (2008) very large sample with regard to distribution of anxiety and avoidance scores. Based on these observations, it was concluded that the sample could be considered adequately representative of the nine Enneagram types, and of the general population in terms of anxiety and avoidance scores.

Limitations of the Sample

Data concerning demographic variables was not collected as part of this study. The decision to not collect demographic data was justified on the basis that there are no indications that gender or other demographic variables significantly affect attachment style (Mikulincer & Shaver, 2007), or Enneagram type (Brown & Bartram, 2005; Snyder & Ruderman, 1998; Wagner & Walker, 1983) and that demographic variables are not components of the configurations that comprise the categories of either the original typologies. In addition, because of the relatively small group size of the workshops at which the questionnaires were being distributed, and the fact that many of the respondents were personally known to the researcher, the decision was made that excluding demographic data would enhance the protection of respondents' anonymity. Because demographic variables were not integral to either of the original typologies, priority was given to further protecting anonymity by not collecting any demographic information. Gender has been found to be a factor in relationship satisfaction at the dyad level (Mikulincer & Shaver, 2007). However, since this study does not address relationship satisfaction at the dyad level, information on gender would not have been pertinent to this aspect of the study, either.

An additional limitation concerns an error made in the production of the questionnaire. One of the anxiety items was left out, and an avoidance item was included twice. This error was discovered after the first round of data collection, but the decision was made to exclude the item from analysis for the entire group. There were no significant differences in the descriptive statistics for either the anxiety variable or the avoidance variable whether the item was included or excluded in the analyses.

Chapter Four: Results

The purpose of this study was to develop a new typology for use in MFT by integrating the attachment typology with the Enneagram typology. In Chapter Three, hypotheses were developed to empirically test predictions derived from the integrated typology. These hypotheses described the expected relationships between Enneagram types and attachment styles in terms of patterns of anxiety, avoidance, and focus of attention. In addition to the hypotheses developed to test the new typology, hypotheses were also developed to explore the utility of the model.

Data Analysis

The data from the questionnaires were entered into SPSS for analysis. Of the 75 questionnaires that were returned, 6 were excluded from analysis because only one side was completed, or all the items were marked as "1." This resulted in a sample size of 69.

Once the data were entered into SPSS, the anxiety and avoidance variables were created following the instructions provided by Fraley (2008). First, items that had been reverse worded for the questionnaire were reverse scored. Then, for each case, the scores for each anxiety item were added together, and the sum was divided by 17, and the scores for each avoidance item were added together, and the sum was divided by 18. The coefficient alpha for the anxiety scale was .88 and for the avoidance scale was .89, indicating an acceptable level of internal reliability for both scales (Howell, 2002).

Attachment Style Variable

In order to create the attachment style variable, the sample was first divided into four subgroups based on high and low anxiety scores, and high and low avoidance scores. For the anxiety subgroups, subjects were categorized as low anxiety if their anxiety score was less than the midpoint of the anxiety scale (3.5). Subjects were categorized as high anxiety if their anxiety

score was greater than or equal to 3.5. The same procedure was used to categorize subjects according to high and low avoidance. After subjects were categorized according to high and low anxiety and avoidance, the attachment style variable was created by assigning a value of 1 to subjects who were categorized as high anxiety, low avoidance; a value of 2 to subjects who were categorized as high anxiety, high avoidance; a value of 3 to subjects who were categorized as low anxiety and high avoidance; and a value of 4 to subjects who were categorized as both low anxiety and low avoidance.

Relationship Satisfaction Variable

The relationship satisfaction variable was created by adding the three relationship satisfaction items together and dividing by three. The coefficient alpha for the KMSS scale was .93, indicating an acceptable level of internal reliability for the relationship satisfaction measure (Howell, 2002).

Descriptive Statistics

The sample consisted of 69 cases. The descriptive statistics with regard to anxiety and avoidance scores for this sample are summarized in Table 5. Mean anxiety for the sample was 3.22 (s. d. = 99). The minimum anxiety score was 1.22 and the maximum anxiety score was 5.83. Mean avoidance for the sample was 3.02 (s.d. = .88). The minimum avoidance score was 1.14 and the maximum avoidance score was 5.35. These anxiety and avoidance statistics are comparable to the statistics gathered by Fraley (2008) based on an on-line sample of over 22,000 people, in which 78% of the sample as female, and 15% of the sample was married. For Fraley's entire sample, mean anxiety was 3.64 (s.d. = 1.33) and mean avoidance was 2.93 (s.d. = 1.18). In addition, the correlation between anxiety and avoidance for this sample was r = .42, similar to Fraley's group correlation of r = .41. The similarities between the descriptive statistics of this

sample and Fraley's much larger sample indicate that the sample was representative of the general population with respect to anxiety and avoidance scores. Table 5 summarizes the descriptive statistics for anxiety and avoidance of the entire sample.

Table 5

Descriptive Statistics of Sample

	N	Mean	s.d.	Minimum	Maximum
Anxiety	69	3.22	.99	1.22	5.83
Avoidance	69	3.02	.88	1.14	5.35

Descriptive Statistics by Attachment Style

     In this sample, 20 subjects (29%) were categorized as AttachStyle 1 (high anxiety, low avoidance). Mean anxiety for this group was 4.19, (s.d. = 57), and mean avoidance for this group was 2.92, (s.d. = .53). Nine subjects (13%) were categorized as AttachStyle 2 (high anxiety, high avoidance). Mean anxiety for this group was 4.05 (s.d. = 77) and mean avoidance for this group was 4.26 (s.d. = 50). Nine subjects (13%) were categorized as AttachStyle 3 (low anxiety, high avoidance). Mean anxiety for this group was 2.73 (s.d. = .51) and mean avoidance for this group was 3.90 (s.d. = .30). Thirty-one subjects (45%) were categorized as AttachStyle 4 (low anxiety, low avoidance). Mean anxiety for this group was 2.48 (s.d. = .58) and mean avoidance was 2.47 (s.d. = .69).

     This distribution of attachment styles is roughly similar to the distribution obtained by Bartholomew and Horowitz (1991), using a different measure of attachment style. Bartholomew and Horowitz had a sample size of 77, with 14% categorized as preoccupied (corresponding to high anxiety, low avoidance); 21% categorized as fearful (corresponding to high anxiety, high

avoidance); 18% categorized as dismissing (corresponding to low anxiety, high avoidance); and

50% categorized as secure (corresponding to low anxiety, low avoidance). Table 6 summarizes

the descriptive statistics of the sample by attachment style.

Table 6

Descriptive Statistics by Attachment Style

	N	Mean Anxiety	s.d.	Mean Avoidance	s.d.
AttachStyle1 (high anxiety, low avoidance)	20	4.19	.57	2.92	.53
AttachStyle2 (high anxiety, high avoidance)	9	4.05	.77	4.26	.50
AttachStyle3 (low anxiety, high avoidance)	9	2.73	.51	3.90	.30
AttachStyle4 (low anxiety, low avoidance)	31	2.48	.58	2.47	.69

Descriptive Statistics by Enneagram Type

No previous study has examined the attachment styles of different Enneagram types, so

there is no way of assessing whether the distributions of attachment style by Enneagram type

obtained in this sample are representative of the general population. However, there do appear to

be distinct patterns of anxiety and avoidance among the types, as summarized in Table 7.

Table 7

Descriptive Statistics by Enneagram Type

Enneagram Type	N	Mean Anxiety	s.d.	Mean Avoidance	s.d.
One	14	2.65	.88	2.58	.82
Two	6	3.58	1.32	2.60	.53
Three	5	2.20	.82	2.94	1.01
Four	8	4.02	1.14	3.01	.70
Five	2	3.06	1.10	4.24	.00
Six	6	3.32	.85	3.13	.97
Seven	9	2.92	.69	3.12	.88
Eight	5	3.43	.64	3.34	1.35
Nine	14	3.61	.76	3.27	.79
(Wing One)	8	3.60	1.01	3.02	.39
(Wing Eight)	6	3.63	.27	3.62	1.90

Relationship Satisfaction Statistics by Attachment Style

The AttachStyle 1 group (high anxiety, high avoidance) had a mean satisfaction score of 4.95 (s.d. = .1.25). The AttachStyle 2 group (high anxiety, high avoidance) had a mean satisfaction score of 5.24 (s.d. = 1.24). The AttachStyle 3 group (low anxiety, high avoidance) had a mean satisfaction score of 5.75 (s.d. = .83). The AttachStyle 4 group (low anxiety, low avoidance) had a mean satisfaction score of 5.73 (s.d. = 1.24). An ANOVA test of difference in

means indicated that here were no significant differences in relationship satisfaction by AttachStyle (F = 1.54, df = 3, ns).

Table 8

Relationship Satisfaction Statistics by Attachment Style

	N	Satisfaction	s.d.
AttachStyle 1	14	4.95	1.25
AttachStyle 2	7	5.24	1.24
AttachStyle 3	8	5.75	.83
AttachStyle 4	26	5.73	1.24

Relationship Satisfaction Statistics by Enneagram Type

Of the total sample of 69, 55 respondents (80%) indicated that they were currently in a relationship. Of those 55, 11 (20%) were Type Ones, 4 (.07%) were Type Twos, 4 (.07%) were Type Threes, 8 (15%) were Type Fours, 2 (.04%) were Type Fives, 6 (12%) were Type Sixes, 6 (12%) were Type Sevens, 3 (.06%) were Type Eights, and 11 (20%) were Type Nines. Of the 11 Type Nines who reported being in a relationship, 6 (.55%) reported having a One wing, and 5 (.45%) reported having an Eight wing. The mean relationship satisfaction for the group was 5.5 (s.d. = 1.21). The minimum satisfaction score was 1.00 and the maximum satisfaction score was 7.00.

Type Ones had a mean satisfaction score of 4.94, (s.d. = 2.1); Type Twos had a mean satisfaction score of 5.83 (s.d. = .33); Type Threes had a mean satisfaction score of 6.08 (s.d. = .49); Type Fours had a mean satisfaction score of 5.15 (s.d. = 1.05); Type Fives had a mean satisfaction score of 5.57 (s.d. = .47);Type Sixes had a mean satisfaction score of 6.06 (s.d. =

.65); Type Sevens had a mean satisfaction score of 5.56 (s.d.= 1.11); Type Eights had a mean

satisfaction score of 5.89 (s.d. = .77); and Type Nines had a mean satisfaction score of 5.40 (s.d.

=.76). Table 9 summarizes the relationship satisfaction statistics by Enneagram type. An

ANVOA test of difference of means indicated there were no significant differences in

relationship satisfaction by Enneagram type (F = .71, df = 8, ns).

Table 9

Relationship Satisfaction Statistics by Enneagram Type

Enneagram Type	N	Mean Satisfaction	s.d.
One	11	4.94	2.1
Two	4	5.83	.33
Three	4	6.08	.49
Four	8	5.15	1.05
Five	2	5.57	.47
Six	6	6.06	.65
Seven	6	5.56	1.11
Eight	3	5.89	.77
Nine	11	5.40	.76
Whole Group	55	5.5	1.21

Hypothesis One - Three

Avoidance. Hypothesis One predicted that Enneagram Types One, Two, Three, Four, and

Nine 9 (wing One) (Group 1) would have a significantly lower mean avoidance than Enneagram

Types Five, Six, Seven, Eight, and Nine (Wing Eight) (Group 2). This hypothesis was tested by

comparing mean levels of avoidance for the two groups using a t-test for difference in means

(Howell, 2002). Mean avoidance for Group 1 was 2.78 and for Group 2 was 3.35. As predicted, the t-test showed this difference was statistically significant (t = -2.67, p < .05).

Anxiety. Hypothesis Two predicted that Enneagram Types One, Three, Five, Seven, and Nine (Wing One) (Group 3) would have a significantly lower mean anxiety than Enneagram Types Two, Four, Six, Eight, and Nine (Wing Eight) (Group 4). This hypothesis was tested by comparing mean levels of anxiety for the two groups using a t-test for difference in means (Howell, 2002). The mean level of anxiety for Group 3 was 2.88 and for Group 4 was 3.63. As predicted, the t-test showed this difference was statistically significant (t = -3.35, p < .01).

Patterns of anxiety and avoidance. The first two hypotheses tested in this study addressed categorization of the Enneagram types in terms of the independent dimensions of anxiety and avoidance. Hypothesis Three addressed the categorization of Enneagram types in terms of the intersection of the two dimensions of anxiety and avoidance. Hypothesis Three was developed by combining the categorizations of Enneagram groups according to anxiety and avoidance (Hypothesis One and Hypothesis Two). The hypothesis predicted that there would be an association between the attachment typology and the Enneagram typology such that knowing how an individual was categorized using one of the typologies would provide information about how that individual would be categorized using the second typology. The overall association between attachment style and EnneaAttach group was tested using a chi-square test for goodness of fit. The results are shown in Table 10.

Table 10

Chi-square test for Goodness of Fit

		AttachStyle 1	AttachStyle 2	AttachStyle 3	AttachStyle 4	Total
EnneaAttach Group 1	Count	7	1	0	6	14
	Expected Count	4.1	1.8	1.8	6.3	
EnneaAttach Group 2	Count	6	5	4	2	17
	Expected Count	4.9	2.2	2.2	7.6	
EnneaAttach Group 3	Count	1	3	3	4	11
	Expected Count	3.2	1.4	1.4	4.9	
EnneaAttach Group 4	Count	6	0	2	19	27
	Expected Count	7.8	3.5	3.5	12.1	
Total		20	9	9	31	69

The overall chi-square statistic for this table was 27.26 (df = 9, p < .005), indicating that there is an overall association between the attachment typology and the Enneagram typology, and leading to the acceptance of Hypothesis Three. In addition to the chi-square statistic, the strength of association between the two typologies was tested using Goodman and Kruskal's lambda. Goodman and Kruskal's lambda, "measures the proportional reduction in error achieved when membership of a category on one attribute is used to predict category membership of the other" (Kinnear & Gray, 2008, p. 397). The lambda value for this table was significant for both attachment style dependent association (Value = .15, p < .001) and AttachGroup dependent association (Value = .15, p < .001). Taken together, these results provide support for the internal validity of the integrated typology.

Hypothesis Four: Integrated Typology and Relationship Satisfaction

The fourth hypothesis addressed the external validity of the integrated typology by predicting that the strength of the negative association between anxiety and relationship satisfaction should be affected by whether an individual is classified in one of the high avoidance EnneaAttach groups (EnneaAttach Group 2 or Group 3) or one of the low avoidance groups (EnneaAttach Group 1 or Group 4). This relationship was tested by dividing the sample into high and low avoidance groups and then comparing the size of the correlation coefficients in the two subgroups.

There were 33 individuals in the high avoidance groups and 22 in the low avoidance group. As expected, the size of the Pearson correlation coefficient for the low avoidance group was negative and significantly different from zero (r = -.391; p<.05). In contrast, the correlation for the high avoidance group was not found to be significantly different from zero (r = -.109; p = .630). A Z test for differences between independent correlations (Howell, 2002), however, provided only marginal support for the hypothesized difference in correlations (z = 1.03; p =.15). Taken together, the results are considered to provide partial support for Hypothesis 4. There is some evidence that integrated typology adds to the findings from attachment research that there is a negative relationship between anxiety and relationship satisfaction. Adding information from the Enneagram typology about differences in the focus of attention for individuals based on their level of avoidance allows for more complex and precise predictions of differences in levels of relationship satisfaction than could be achieved with information from the attachment typology alone.

Chapter Five: Discussion

This study began by identifying a need for the development and testing of a new typology for use in Marriage and Family Therapy. This need was described in terms of the lack of detailed knowledge about individual differences in the subjective experience of attachment. In response to this need, a new typology was developed by integrating two already established typologies: the attachment typology and the Enneagram typology. The integration of these two typologies resulted in a typology that retains the strengths of the original typologies, while also addressing specific weaknesses of each. The present chapter first discusses the results of the data analysis in terms of internal and external validity of the integrated typology, and in terms of future research based on the new typology. The chapter concludes by addressing clinical implications of the EnneaAttach typology, focusing on implications for addressing spiritual issues in MFT.

Validity of the Integrated Typology

In the integrated typology, the nine Enneagram types, defined by differences in focus of attention, are categorized as subtypes of the four attachment styles, defined by differences in patterns of attachment related anxiety and avoidance. This sub classification produced a typology of attachment styles that provides more detailed information about relevant differences among people concerning how they experience attachment relationships, including attachment related priorities in terms of attention, and attachment related strengths and talents.

The internal validity of the integrated typology was examined by the development and testing of three hypotheses that related to the categorization of Enneagram types with regard to attachment styles. The first two hypotheses predicted differences among Enneagram types with regard to attachment related anxiety and avoidance. The third hypothesis predicted that specific Enneagram types would be associated with specific attachment styles at a rate higher than would

be expected by chance. The results of the data analysis provided support for all three of these hypotheses, providing support for the conclusion that the integrated typology is internally valid.

The fourth hypothesis addressed the external validity of the integrated typology by predicting that the strength of the negative association between anxiety and relationship satisfaction should be affected by whether an individual is classified in one of the high avoidance EnneaAttach groups (EnneaAttach Group 2 or Group 3) or one of the low avoidance groups (EnneaAttach Group 1 or Group 4). Taken together, the results are considered to provide partial support for hypothesis 4. There is some evidence that the integrated typology adds to the findings from attachment research that there is a negative relationship between anxiety and relationship satisfaction. Adding information from the Enneagram typology about differences in the focus of attention for individuals based on their level of avoidance allows for more complex and precise predictions of differences in levels of relationship satisfaction than could be achieved with information from the attachment typology alone.

Overall, the results of this dissertation provide support for a conceptualization of the integrated typology as reflecting attachment related differences in the organization of attention that are relevant with respect to related variables, such as relationship satisfaction. The prototypes that are derived from the integrated typology can be conceptualized as displaying specific patterns of anxiety, avoidance (from the attachment typology) and focus of attention, and excluded information (from the Enneagram typology). In addition, each type is associated with different attachment related relationship problems and challenges, and with different attachment related strengths and talents. Table 11 summarizes the information about the typology prototypes that is contained in the integrated typology.

Table 11

Integrated Typology

Attach Style	Low Anxiety, Low Avoidance	High Anxiety, Low Avoidance	Low Anxiety, High Avoidance	High Anxiety, High Avoidance
Enneagram Type	1, 3, 9 (w1)	2, 4	5, 7	6, 8, 9 (w8)
Focus of Attention	1 – error 3 – success 9 - other people's position	2 – other people's needs 4 – what's missing	5 – intrusion 7 – pleasant future options	6 – hazard 8 – power 9 – other people's position
Blind Spot (excluded information)	1 - Shades of grey 3 - Failure 9 - Own agenda	2 - Own needs 4 - What's good in present	5 - Existing abundance 7 - Actual limitations	6 - Actual power of authority 8 - Impact on others 9 - Own agenda
Relationship Talent	1 - Dedicated to working to improve situation 3 - Optimism 9 - Aware of other's position	2 - Aware of other's needs 4 - Able to share intense emotions	5 - Aware of what other's want 7 - Aware of creative solutions to problems	6 - Loyal 8 - Protective 9 - Aware of other's position

Attachment Security

Increasing clients' security in close relationships is a key goal in most attachment- based

therapies (Bowlby, 1979; Johnson, 2007; Makinen & Johnson, 2006). However, a wide array of

different understandings of what security means has led to many diverse approaches to

enhancing security. Furthermore, research on outcomes of attachment based therapies indicates

that current understandings of the relationship between therapy and enhanced security are still

not complete (e.g. Makinen & Johnson, 2006; Mikulincer & Shaver, 2007).

The attachment relationship is comprised of three basic components (Main, 1999; Siegel,

1999). These components involve the exchange and processing of attachment related information

in the attachment dyad. Since these components comprise a system, they occur cyclically and

simultaneously, but are presented linearly here. First, an individual receives attachment

information (verbal and nonverbal) from the attachment partner. Next the individual processes this information. This processing includes drawing on past attachment experiences (memories) and information about the future (expectations derived from past and current experience). Finally, the individual responds to the partner. Restrictions or diversions of attention in any of these phases will result in an attachment experience that is incoherent and therefore less than secure (Siegel, 1999). In both parent - child attachment relationships and adult attachment types, attachment strategies are enacted by means of (primarily) unconscious habits of attention that affect specific parts of this attachment cycle (receive-process-respond). These habits of attention determine the intra- and interpersonal patterns of sensation, emotion and thought that constitute attachment patterns, and prevent a person from experiencing security.

Attentional differences in the EnneaAttach categories point to differences in the way people fail to think and speak coherently in terms of this receive, process, respond cycle, and to different ways that restricted attention contributes to insecurity in attachment relationships. In these terms, a person who is "secure" with regard to attachment is, first, able to take in all attachment related information (verbal and nonverbal) from the partner. Secondly, a secure person is able to process this information with full access to relevant memories, and to relevant expectations about the future. These expectations about the future, which are also included in the processing, are based on current experience and complete processing of past events. Finally, the person is fluent in verbal and nonverbal attachment language. This means the person can communicate the results of the processing to the partner with precision and nuance (Siegel, 1999).

Clinical Implications

Bowlby (1988) hypothesized that there are two ways to experience attachment security in adulthood. One way was to be raised in an attachment relationship in which attachment needs were consistently met. Bowlby believed this would result in an adult who was secure. The other way, which Bowlby called "earned secure" was for an adult who had grown up insecure to participate in corrective relationships in adulthood. This concept of earned security lies at the heart of attachment related approaches to therapy. However, the research pathways that have developed to study and treat adult security issues began with Ainsworth's (1967; 1978) research on parent-infant dyads.

Ainsworth noted that the word "secure" stems for the Latin *sine cure*, meaning without care (Bowlby & Ainsworth, 1991). Bowlby (1973) expanded on this definition of security by stating:

> For not only young children, it is now clear, but human beings of all ages are found to be at their happiest and to be able to deploy their talents to best advantage when they are confident that, standing behind them, there are one or more trusted persons who will come to their aid should difficulties arise. The person trusted provides a secure base from which his companion can operate (p. 359).

In the parent-child dyads that Ainsworth studied, the secure children appeared to exist in the happy state described by Bowlby, in which changing situations were met with changes in attention, accompanied by changes in thoughts, emotions, and behaviors. In the Strange Situation procedure, while the mother was with the child, the child's attention turned to the toys in the room. When the mother left the room, the secure child's attention was focused entirely on the missing mother, and this focus of attention was accompanied by crying and searching behavior.

When the mother returned, the secure child asked for and received reassurance from the mother, and then the child's attention turned back to exploration of the toys in the room (Ainsworth et al, 1978). This is an example of existing "without care" not because the child was not dealing with problems, but because the child's attention was free to respond appropriately to the changing situation.

The attention of the children who were partners in insecure dyads was limited by the requirements of the attachment relationship. For the anxious/ambivalent child, attention remained focused on the mother long after she returned and tried to provide reassurance. For the avoidant child, attention remained focused away from the mother, even though the child was experiencing distress. In both insecure styles, the child's attention is bound to the attachment relationship, rather than flowing freely to respond to the next development in the environment.

Adult attachment researchers, building on Ainsworth's conceptualization of security in parent-child dyads, have taken several different approaches to conceptualizing adult security. Developmental psychologists conceptualize adult security in terms of the mind's ability to freely remember and process childhood attachment experiences (Hesse, 1999). Social psychologists conceptualize adult security in terms of low anxiety and avoidance, indicating that the adult is not engaging in high levels of attachment related monitoring and appraising, nor is he or she engaging in high levels of moving away from attachment related experiences (Kobak, 2002). Finally, the Emotion Focused Therapy model, drawing on attachment theory, conceptualizes security as resulting from the resolution of attachment injuries (Makinen & Johnson, 2006).

These different models share a common goal in their attempts to conceptualize and operationalize security. Each model is trying to capture the sense of free attention that Ainsworth et al. (1978) originally identified in parent-child dyads. This challenge is especially difficult

because it require a translation from an interpersonal level (parent-child dyad) to an intrapersonal level (individual adult attachment style).

Alternative Conceptualization of Attachment Based Therapy

The results of the present study support an alternative conceptualization of adult security, and by extension, an alternative model of attachment based therapy, based on the integration of attachment style and Enneagram type. In this model, security is conceptualized as flexible attention (Main, 2000) accompanied by minimization of the blind spot (Palmer & Brown, 1997). In this model, security is not derived from a particular pattern of attention with regard to one or a few other human beings. Rather, security reflects, "the capacity to engage directly, flexibly, creatively, and actively in the solution of interpersonal and intrapsychic attachment problems as they arise" (Bretherton & Munholland, 1999. p 99) and is derived from the ability to process information freely, without being impeded by pre-established patterns of relationship. Table 12 summarizes the three major approaches to conceptualizing security, and the model that is derived from the results of this dissertation. For each model, examples of how security is measured in each tradition and the treatment implications that flow from these conceptualizations are included.

Table 12

Models of Adult Security

	Developmental Psychology (e.g. Hesse, 1999)	Social Psychology (e.g. Kobak, 2002)	Emotion Focused Therapy (e.g. Makinen & Johnson, 2006)	Integration of Enneagram and Attachment Style
Definition of Security	Narrative Coherence	Low Anxiety, Low Avoidance	Resolution of Attachment Injury	Flexible Attention/Reduction of Blind Spot
Measurement	Adult Attachment Interview (AAI)	Experiences in Close Relationships (ECR-R)	Attachment Injury Measure (AIM), ECR-R	Subjective Narrative of Experience
Possible Clinical Implications	Develop coherent narrative of early attachment relationships	Reduce attachment related anxiety/ avoidance	Identify and process attachment related emotions	Develop self-observation skills/bring attention to blind spot

Clinical Practices Associated with Integrated Model

      The clinical implementation of this model resembles an integration of mindfulness based therapy (e.g. Germer, Siegel, & Fulton, 2005) with Emotion Focused Therapy (e.g. Greenberg, 2008). Clinical practices associated with this model might focus on developing self-observation skills, including learning how to work with the blind spot (which, by definition, is not easily accessible to self-observation), accompanied by the development of emotional regulation skills. Assessment of security in this model would be accomplished by qualitative interviews that focused on identification of habitual focus of attention (Enneagram type) and degree of flexibility of attention (rigidity of blind spot).

      In the attachment experience, attention is actively focused on one aspect of the attachment relationship. Other aspects of the relationship are either ignored, or actively suppressed. In this way, the person is actively constructing reality. This pattern is established

early in life when the person begins to develop a strategy for managing his or her primary attachment relationship. The person then internalizes this strategy, so that he or she is no longer managing the relationship, but is instead managing him or herself, by controlling what information is taken in and what is excluded. In the integrated model of therapy, clients learn to voluntarily relax attention that has been unconsciously incorporated into habitual attachment patterns, and instead allow attention to move freely, including into the blind spot. This process functions to create an experience of security, in which attachment related information is neither being excluded nor magnified, and thoughts, emotions, and behaviors are attuned and resonant with the needs of both the self and the attachment partner (Siegel, 1999; Sigel & Hartzell, 2003).

Integrated Typology and Spiritual Experience

One reason that attachment theory has become so widely used in MFT is because it lends itself to integration with existing models and theories of therapy (Johnson, 2004). However, despite the wide variety of clinical applications that attachment theory has engendered, there has been virtually no discussion in the MFT literature of spiritual and religious implications of using attachment based therapies. While attachment processes in religious and spiritual experiences have been studied (see Miner, 2007 for a review) there are apparently no MFT clinical models that attempt to integrate attachment based approaches to therapy with spiritual or religious orientations to therapy. This lack of an integrative model is surprising, given the growing calls to address spiritual and religious dimensions of experience in MFT (Carlson & Erickson, 2002; Onedera & Greenwalt, 2008, Walsh, 1999). In addition, there is increasing evidence that incorporating spirituality into therapy approaches increases the effectiveness of the therapy (Galanter, 2005; Pargament, 2007; Richards & Bergin, 2005; Worthington & Sandage, 2002).

Attachment based differences in religious and spiritual experiences and development

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have been identified among adults (Granqvist, 2002; Granqvist, Ivarsson, Broberg, et al., 2007; Kirkpatrick & Shaver, 1992; Rowatt & Kirkpatrick, 2002) and among children and adolescents (Granqvist & Dickie, 2006). However, so far virtually no conceptual or empirical work has been published that attempts to integrate a spiritual dimension with attachment based therapies.

Over the last several decades, there has been a surge of interest in religious and spiritual issues, both in the general U.S. population and among marriage and family therapists (Grams, Carlson, & McGeorge, 2007; Miller, Korinek, & Ivey, 2004). When Stander, Piercy, McKinnon, and Helmeke. (1994) surveyed the marriage and family therapy literature over two decades ago, they found very little attention was being paid to matters of spirit in family therapy. In commenting on these findings eight years later, Carlson, Kirkpatrick, Hecker, and Kilmer (2002) stated:

> The silence in the literature as to these issues seemed to send a message that the topics of spirituality and religion were inappropriate to address in therapy. During the past five years, however, the silence has been broken and there has been a significant increase in attention to the importance of addressing the spiritual and religious aspects of client's lives. (p 158)

Similarly, a substantial majority of MFTs report that spirituality and/or religion is important in their own personal and professional lives (Carlson et al., 2002). MFTs' interest in working with spiritual and religious issues in their clinical practices has been documented (Miller, Korinek, & Ivey, 2004; Prest, Russel, & D'Souza, 1999; Wendel, 2003) and religion and spirituality are considered important topics both personally and professionally by a majority of MFT faculty members (Grams, et al., 2007).

MFTs' interest in religion and spirituality is in tune with the needs and desires of the American public. A recent report by the Pew Research Center (2008) found that over 90% of Americans believe in God or a universal spirit. In addition, Stewart and Gale (1994) found that 66% of clients "prefer a therapist with spiritual values….and [and 81%] desire a therapist who would enable them to integrate their values and beliefs in therapy" (Prest et al. 1999, p. 61).

Until fairly recently, spiritual and religious resources were not considered appropriate tools for clinicians to use (O'Hanlon, 2006; Pargament & Saunders, 2007; Stander et al., 1994). However, over the past several decades therapists have become increasingly comfortable with incorporating spiritual and religious components into models of therapy (Miller et al. 2004). Yet despite the clear desire by both MFT clinicians and clients for therapeutic approaches that include a religious or spiritual dimension, the field of MFT is divided over how to integrate spirituality with existing clinical models.

History of Spirituality in MFT

The field of MFT has been engaged since its inception with the challenge of including a spiritual dimension in models of therapy. Bateson (1972) in particular saw his work as encompassing something extra-ordinary, or spiritual, when he wrote about the necessity of changing epistemologies in order to change systems. Bateson discussed the challenges of grasping what it means to move back and forth between constructed and unconstructed reality (which Bateson referred to as "the map and the territory), writing:

> Let me say that *I* don't know how to think that way. Intellectually, I can stand here
> and I can give a reasoned exposition of this matter; but if I am cutting down a tree,
> I still think "Gregory Bateson" is cutting down the tree. *I* am cutting down the tree.

"Myself" is to me still an excessively concrete object, different from the rest of what I

have been calling "mind." (p 468)

However, Bateson apparently did not attempt to integrate any existing spiritual models with his

approach as a way to solve the problems he encountered in trying to move between map and

territory.

The work of Virginia Satir also holds examples of the importance of spirituality in the

early days of MFT (Brothers, 1993; Lee, 2002; McLendon, 2000). In general, early MFT

theorists seemed to agree that spirituality was important, that it had something to do with a

systemic approach to understanding and resolving human problems, but it was difficult, or

impossible to explain or even talk about. As the field of MFT matured, religious and spiritual

issues faded as appropriate topics to be addressed either in practice or research (Walsh, 1999). In

moving away from spirituality and religion, MFT clinicians and theorists were in step with other

branches of psychology and psychotherapy of that time, all of which did not view spiritual issues

as within their domain (Miller, 1999).

Current Approaches to Spirituality in MFT

By the mid nineties, critiques of this exclusionary stance were being articulated and

possible solutions for spiritually and religion to be re-integrated into the practice of MFT was

being offered. Doherty (1995) argued that in avoiding addressing spirituality and religion with

clients, therapists were abdicating their responsibility to address moral issues. Doherty made a

strong case for the importance of a moral dimension to MFT theory and practice. However, this

approach sidestepped the question of whether spiritual approaches had anything to offer other

than a moral dimension. In contrast to Doherty, Frame (1996) presented an approach to therapy

in which spiritual and religious issues were dealt with from a social constructionist perspective.

Both of these approaches were challenged by Wendell (2003) who argued that neither a generic morality approach, nor a social constructionist approach, could adequately address the spiritual needs of clients. Wendell argued that in practice, spirituality cannot be separated from religion. Based on this analysis, Wendell believes that therapists who want to work with spiritual issues need to receive pastoral training in addition to their psychotherapy training. However, as Doherty (2003) points out, this requirement would virtually ensure that the vast majority of MFTs would not address spiritual issues in therapy. In addition, Wendell's proposal argues against the viability of incorporating a spiritual dimension into already existing clinical models.

At present, the field is at something of an impasse. While the social constructionist approach is prevalent, it is not a complete solution, as Wendell notes. At the same time, there is an increasing sense of the need of some kind of resolution. Spiritual directors recognize the usefulness of traditional psychology in helping people with their spiritual life, and psychotherapists recognize the usefulness of spirituality in helping people with their ordinary life (Miller, 1999; Pargament, 2007; Sperry & Shafranske, 2005; Watson, 1997). Increasingly, there is a need for integrative approaches that bring together sacred and secular psychologies in a way that preserves the integrity of each of the individual models.

The integrated typology developed in this study provides an alternative approach to addressing spirituality in MFT. In this model, attachment experience and spiritual experience are understood to be two side of a coin (Forman, 1999). These two sides correspond to the double faced nature of human consciousness, as discussed in Chapter One (Foreman, 1999; Helminiak, 2001). This model of spirituality asserts that both attachment experiences and spiritual experiences are products of specific placements of attention. An infant learns the attachment

placement unconsciously. In contrast, the placement of attention that results in spiritual

experience can be consciously learned.

Attachment styles characterize differences in how infants and adults establish, monitor

and repair attachment bonds. This work is done through the management of attention.

Specifically, infants learn to withdraw attention from some aspects of reality and direct attention

to the attachment relationship in order to maintain the relationship. In this way, infants learn to

actively shape the relationship, as well as the context of the relationship (constructed reality).In

contrast, spiritual experience can be thought of as an experience of unconstructed reality. Rather

than active construction, spiritual experience is an experience of receptivity, experiencing things

as they actually are. The integrated typology emphasizes that both of these states are founded on

specific placements of attention. Humans learn the active, constructive placement as infants, in

order to be in relationship with caretakers. Lack of knowledge about unconstructed attention by

contrast may contribute to relationship problems.

As noted above, in the attachment experience, attention is actively focused on one aspect

of the attachment relationship. Other aspects of the relationship are either ignored, or actively

suppressed. In this way, the person is actively constructing reality. A person begins life by

developing a strategy for managing his or her primary attachment relationship. The person then

internalizes this strategy, so that he or she is no longer managing the relationship, but is instead

managing him or herself, by controlling what information is taken in and what is excluded.

The key feature of the attachment experience is the focus of attention and the

corresponding blind spot (area of excluded information). The blind spot is the place where the

attention has been removed, in order to maintain the focus of attention on the attachment

relationship. This placement of attention is inherently incoherent, because it involves missing

attachment related information (Siegel, 1999) and by extension, inherently insecure (Siegel, 1999).

In spiritual experience, attention is withdrawn from maintaining the attachment relationship (this is the only active part of the experience), and allowed to return to the blind spot, creating an experience of coherence. Once attention has been withdrawn from the attachment mechanism, attention becomes passive and receptive, and the person is no longer constructing reality. Instead, the person is experiencing unconstructed reality, which is a spiritual experience (Palmer, 2000). In this model, adult attachment relationships are the "crucible" (Schnarch, 1991) in which the shift from active to passive attention can occur. The attention is actively engaged with the attachment relationship, and the focus of attention is relatively easy to identify. The therapist can assist the clients in relaxing this focus of attention on the attachment relationship, thus experiencing the self and other in unconstructed reality, or spiritual security.

Future Research

The most pressing issue for future research is to gather additional qualitative information organized around the integrated typology. In keeping with the narrative tradition on which this new typology draws, it is essential to collect narratives from different Enneagram types about their subjective experiences of anxiety and avoidance in terms of both human relationships and spiritual experiences.

In terms of quantitative research, this dissertation provides a way forward for Mikulincer and Shaver's (2007) agenda of learning more about sub group differences among the four attachment styles. As Mikulincer and Shaver suggest, it would be worthwhile to continue work on refining self-report attachment measures to better distinguish among subgroups. By working with these scales in the context of the EnneaAttach groups, and the information about differences

in focus of attention provided by these groups, progress could be made in increasing the validity and clinical usefulness of these types of measures.

Conclusion

This present study has developed and tested a new integrated typology for use in MFT. This typology addresses the limitations of both the attachment typology and the Enneagram typology on which it is based, and in addition, provides new perspectives on attachment based models of therapy. Perhaps most importantly, this integrated typology provides an alternative approach to spirituality in MFT. The main contribution made by this study is bringing attention to the importance of the role of attachment related focus of attention in understanding and working with both relationship problems and spiritual difficulties, and the role that MFT clinicians can play in helping to resolve these difficulties.

REFERENCES

AET (2008). *The narrative tradition: What is the Enneagram in the Narrative Tradition?*

Retrieved August 10, 2008, from Association of Enneagram Teachers in the Narrative

Tradition Web site: http://www.aetnt.com/enneagram-narrative-tradition /htm.

Ainsworth, M. D. S. (1967). *Infancy in Uganda: Infant care and the growth of love.* Baltimore,

MD: Johns Hopkins Press.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A*

psychological study of the strange situation. Hillsdale, N. J.: Lawrence Erlbaum

Associates.

Ainsworth, M. D. S & Bowlby, J. (1991). An ethological approach to personality development.

American Psychologist, 46, 333-341.

Allen, W. D., & Olson, D. H. (2001). Five types of African-American marriages. *Journal of*

Marital and Family Therapy, 27, 301 – 314.

Ball, D., & Hiebert, W. (2006). Four pre divorce marital typologies that aid in clinical

assessment. In C. A. Everett & R. E. Lee (Eds.), *When marriages fail: Systemic family*

therapy interventions and issues (pp. 71 – 84). New York: Haworth Press.

Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a

four-category model. *Journal of Personality and Social Psychology, 61*, 226 – 244.

Bartholomew, K. & Shaver, P. R. (1998). Methods of assessing adult attachment: Do they

converge? In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close*

relationships (pp. 25 -45)*. New York: Guilford Press.

Baron-Cohen, S. (1999). *Mindblindness: An essay on autism and theory of mind*. Cambridge,

MA: The MIT Press.

Bateson, G. (1972). *Steps to an ecology of mind*. NY: Ballantine.

Bayer, J. P., & Day, H. D. (1995). An empirical couple typology based on differentiation. *Contemporary Family Therapy, 17*, 265 – 271.

Bennett, J. G. (1914/1983). *Enneagram studies*. York Beach, ME: Coombe Springs Press.

Bettinger, M. (2005). Polyamory and gay men: A family systems approach. *Journal of GLBT Family Studies, 1,* 97 – 116.

Blake, A. G. E. (1996). *The intelligent Enneagram.* Boston, MA: Shambala Publications.

Bowlby, J. (1969/1982). *Attachment and loss: Vol. 1: Attachment*. New York: Basic Books.

Bowlby, J. (1973). *Attachment and loss: Vol. 2: Separation*. New York: Basic Books.

Bowlby, J. (1979). *The making and breaking of affectional bonds*. London, England: Tavistock Publications.

Bowlby, J. (1980). *Attachment and loss: Vol. 3: Loss*. New York: Basic Books.

Bowlby, J. (1987). Defensive processes in light of attachment theory. In D. P. Schwartz, J. L. Sacksteder, & Y. Akabane (Eds.), *Attachment and therapeutic process: Essays in honor of Otto Allen Will, Jr.* (pp. 63 – 79). Madison, CT: Universities Press.

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development.* New York: Basic Books.

Brennan, K. A., Clark, L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An integrative overview. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships* (pp. 46 - 76). New York: Guilford Press.

Bretherton, I., & Munholland, K. A. (1999). Internal working models in attachment relationships: A construct revisited. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of*

Attachment: Theory, Research, and Clinical Applications (pp. 89-111). New York: Guilford Press.

Brothers, B. (Ed.). (1993). Spirituality and couples: Heart and soul in the therapy process Binghamton, NY: Haworth.

Brown, A. & Bartram, D. (2005, June). *Relationships between OPQ and Enneagram types: Research report, Version 1.3*. Surrey, England: SHL Group. Retrieved August 10, 2008 from Enneagram Institute Web site: http://www.enneagraminstitute.com/articles/SHCresearch.

Bruner, J. (1990). *Acts of meaning*. Cambridge, MA: Harvard University Press.

Burnett, P. (1987). Assessing marital adjustment and satisfaction: A review. *Measurement & Evaluation in Counseling and Development, 20*, 113 – 121.

Byng-Hall (1999). Family and couple therapy: Toward greater security. In J. Cassidy & P. R. Shaver (Eds.). *Handbook of attachment: Theory, research, and clinical applications* (pp.625 - 648). New York: Guilford Press.

Byng-Hall, J. (2008). The crucial roles of attachment in family therapy. *Journal of Family Therapy, 30*, 129-146.

Callahan, W. J. (1992). *The Enneagram for youth*. Chicago, IL: Loyola University Press.

Carlson, T., & Erickson, M. (2002). A conversation about spirituality in marriage and family therapy: Exploring the possibilities. *Journal of Family Psychotherapy, 13*, 1 – 11.

Carlson, T. D., Kirkpatrick, D., Hecker, L. & Kilmer, M. (2002). Religion, spirituality, and marriage and family therapy: A study of family therapists' beliefs about the appropriateness of addressing religious and spiritual issues in therapy. *American Journal of Family Therapy, 30*, 157-171.

Cassidy, J. (1999). The nature of the child's ties. In J. Cassidy & P. R. Shaver (Eds.). *Handbook of attachment: Theory, research, and clinical applications* (pp. 3 - 20). New York: Guilford Press.

Cassidy, J., & Shaver, P. R. (Eds.). (1999). *Handbook of attachment: Theory, research, and clinical applications*. New York: Guilford Press.

Castillo, R. J. (2001). Lessons from folk healing practices. In W. Tseng & J. Streltzer (Eds.), *Culture and psychotherapy: A guide to clinical practice* (pp. 81 – 102). Washington DC: American Psychiatric Press.

Cattell, R. B. (1972). The 16 P. F. and basic personality structure: A reply to Eysenck. Journal of *Behavioral Science, 1,* 169 – 187.

Chung, H. (2004). Application and revision of the Kansas Marital Satisfaction Scale for use with Korean couples. *Psychological Reports, 95*, 1015 – 1022.

Crane, D. R., Middleton, K. C., & Bean, R. A. (2000). Establishing criterion scores for the Kansas Marital Satisfaction Scale and the Revised Dyadic Adjustment Scale. *The American Journal of Family Therapy, 28*, 53 – 60.

Crowell, J. A., Fraley, R. C., & Shaver, P. R. (1999). Measurement of individual differences in adolescent and adult attachment. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 434 - 465). New York: Guilford Press.

Daniels, D. N., & Price. V. A. (2000). *The essential Enneagram: The definitive personality test and self-inventory guide.* San Francisco: HarperCollins.

Davila, J. (2003). Attachment processes in couple therapy: Informing behavioral models. In S. M. Johnson & V. E. Whiffen (Eds.), *Attachment processes in couple and family therapy* (pp. 124 -143) New York: Guilford Press.

Davila, J., & Cobb, R. (2004). Predictors of change in self-reported and interviewer-assessed adult attachment: Tests of the individual difference and life stress models of attachment change. *Personality and Social Psychology Bulletin, 29*, 859 – 870.

Doherty, W. J. (1995). *Soul searching*. New York: Basic Books.

Doherty, W. J. (2003). A wake up call: Comment on "lived religion and family therapy." *Family Process, 42*, 181-183.

Eckstein, D. (2002). The couple's Enneagram questionnaire (CEQ). *The Family Journal: Counseling and Therapy for Couples and Families, 10,* 101 – 108.

Ekman, P., Davidson, R. J., Ricard, M., & Wallace, B. A. (2005). Buddhist and psychological perspectives on emotions and well-being. *Current Direction in Psychological Science, 14,* 59 -63.

Erdman, P., & Caffery, T. (2003). *Attachment and family systems: Conceptual, empirical, and therapeutic relatedness.* New York: Brunner-Routledge.

Everitt, B. S. (2001). *Statistics for psychologists: An intermediate course*. Mahwah, NJ: Laurence Erlbaum Associates.

Eysenck, H. J. (1953). *The structure of human personality*. New York: Methuen.

Fischer, A. R., Jome, L. M., & Atkinson, D. R. (1998). Reconceptualizing multicultural counseling: Universal healing conditions in a culturally specific context. *Counseling Psychologist, 26,* 525 – 588.

Forman, R. K. (1999*). Mysticism, mind, consciousness*. Albany, NY: State University of New
York Press.

Fraley, R. C. (2008). *Information on the Experiences in Close Relationships-Revised (ECR-R)*
Adult Attachment Questionnaire. Retrieved August 10, 2008, from University of Illinois,
Attachment, Cognition, & Personality Laboratory Web site:
http://www.psych.uiuc.edu/~rcfraley/measures/ecrr.htm.

Fraley, R. C., &, Brumbaugh, C. C. (2004). A dynamical approach to conceptualizing and
studying stability and change in attachment security. In W. S. Rholes & J. A. Simpson
(Eds.) *Adult Attachment: Theory, research, and clinical implications* (pp. 86 – 132). New
York: Guilford Press.

Fraley, R. C., Garner, J. P., & Shaver, P. R. (2000). Adult attachment and the defensive
regulation of attention and memory: Examining the role of preemptive and postemptive
defensive processes. *Journal of Personality and Social Psychology, 79,* 816 – 826.

Fraley, R. C., Waller, N. G., & Brennan, K. A. (2000). An item-response theory analysis of self-
report measures of adult attachment. *Journal of Personality and Social Psychology, 78,*
350-365.

Frame, M. (1996). A social constructionist approach to counseling religious couples. *The Family*
Journal, 4, 299 – 307.

Funder, D. C. (2001). Personality. *Annual Review of Psychology, 52*, 197 – 221.

Galanter, M. (2005). Spirituality and the healthy mind; Science, therapy, and the need for
personal meaning. NY: Oxford University Press.

Germer, C. K., Siegel, R. D., & Fulton, P. R. (Eds.). (2005). *Mindfulness and psychotherapy*.
New York: Guilford Press.

Goleman, D. (1996). *The meditative mind*. New York: Jeremy P. Tarcher.

Grams, W., Carlson, T., & McGeorge, C. (2007). Integrating spirituality into family therapy training: An exploration of faculty members' beliefs. *Contemporary Family Therapy, 29*, 147 – 161.

Griffin, D. & Bartholomew, K. (1994). Models of self and other: Fundamental dimensions underlying measures of adult attachment. *Journal of Personality and Social Psychology, 67,* 430 – 445.

Griffin, W. A., & Greene, S. M. (1999). *Models of family therapy: The essential guide*. Philadelphia, PA: Taylor & Francis.

Granqvist, P. (2002). Attachment and religiosity in adolescence: Cross-sectional and longitudinal evaluations. *Personality and Social Psychology Bulletin, 28*, 260 – 270.

Granqvist, P., & Dickey, J. R. (2006). Attachment and spiritual development in childhood and adolescence. In E. C. Roehlkepartain, P. E. King, L. Wagener, & P. L. Benson (Eds.), *The handbook of spiritual development in childhood and adolescence* (pp. 197 – 210). Thousand Oaks, CA: Sage.

Granqvist, P., Ivarsson, T., Broberg, A., & Hagekull, B. (2007). Examining relations among attachment, religiosity, and new age spirituality using the Adult Attachment Interview. *Developmental Psychology, 43*, 590 – 601.

Green, R. G., Woody, D., Maxwell, S., Mercer, R., Williams, S. (1998). Reliability and validity of the Kansas Marital Satisfaction Scale in a sample of African-American husbands and wives. *Psychological Reports, 82*, 255 – 258.

Greenberg, L. (2008). Emotion and cognition in psychotherapy: The transforming power of affect. *Canadian Psychology, 49*, 49 – 59.

Grodner, B. (2002). Using hypnotic language patterns to enhance energy psychotherapy. In F. P.

    Gallo (Ed.), *Energy psychology in psychotherapy: A comprehensive sourcebook* (pp. 152

    – 166). New York: WW Norton & Company.

Habermas, T., & Bluck, S. (2000). Getting a life: The emergence of the life story in adolescence.

    Psychological Bulletin, 126, 748 – 769.

Hadley, J. L. (1985). Attention, affect, and attachment. *Psychoanalysis & Contemporary*

    Thought, 8, 529 – 550.

Harmless, W. (2004). *Desert Christians: An introduction to the literature of early monasticism.*

    New York: Oxford University Press.

Harmless, W. (2008). *Mystics*. Oxford, England: Oxford University Press.

Harmless, W. & Fitzgerald, R. R. (2001). The sapphire light of the mind*: The Skemmata* of

    Evagrius Ponticus. *Theological Studies, 62*, 498 – 259.

Harris, T. (2002). Attachment-related psychodynamics: Another shake to the kaleidoscope.

    Attachment & Human Development, 4, 201 - 206.

Hazan, C., & Shaver, P. R. (1987). Romantic love conceptualized as an attachment process.

    Journal of Personality and Social Psychology, 52, 511 – 524.

Hazan, C., & Shaver, P. R. (1990). Love and work: An attachment-theoretical perspective.

    Journal of Personality and Social Psychology, 59, 270 – 280.

Hazan, C. & Shaver, P. R. (2004). Attachment as an organizing framework for research on close

    relationships. In H. T. Reis & C. E. Rusbult (Eds.), *Close relationships: Key readings*
(pp.

    153 – 174). Philadelphia, PA: Taylor & Francis.

Held, B. S. (1995). *Back to reality: A critique of postmodern theory in psychotherapy*. New

    York: W. W. Norton.

Held, B. S. (2007). *Psychology's interpretive turn.* Washington DC: American Psychological

    Association.

Helminiak, D. A. (1998). *Religion and the human sciences: An approach via spirituality.*

    Albany, New York: State University of New York Press.

Helminiak, D. A. (2001). Treating spiritual issues in secular psychotherapy. *Counseling &*

    Values, 45, 163 – 189.

Hesse, E. (1999). The Adult Attachment Interview: Historical and current perspectives. In J.

    Cassidy & P. R. Shaver (Eds.), *Handbook of Attachment: Theory, research, and clinical*

    applications (pp. 395 - 433). New York: Guilford Press.

Hill, J., Fonagy, P., Safier, E., & Sargent, J. (2003). The ecology of attachment in the family.

    Family Process, 42, 205 – 221.

Howell, D. C. (2002). *Statistical methods for psychology, 5th edition.* Pacific Grove, CA:

    Duxbury.

Huber, M. G. (1999). Myers-Briggs Indicator correlations with Enneatype 6. *Journal of Ministry*

    in Addiction & Recovery, 6, 75 – 97.

Hrdy, S. (1999). *Mother nature: A history of mothers, infants, and natural selection.* New York:

    Pantheon.

Johnson, S. M. (2004). Attachment theory: A guide for healing couple relationships. In W. S.

    Rholes & J. A. Simpson, (Eds.), *Adult attachment: Theory, research, and clinical*

    implications (pp. 367 - 387)*.* New York: Guilford Press.

Johnson, S. M. (2007). A new era for couple therapy: Theory, research, and practice in concert.

    Journal of Systemic Therapies, 26, 5 – 16.

Johnson, S. M. & Makinen, J. (2003). Posttraumatic stress. In D. K. Snyder & M. A. Whisman (Eds.), *Treating difficult couples: Helping clients with coexisting mental and relationship disorders* (pp. 308 – 329). New York: Guilford Press.

Johnson, S. Makinen, J. & Millikin, J. (2001). Attachment injuries in couple relationships: A new perspective on impasses in couples therapy. *Journal of Marital and Family Therapy, 27*, 145 – 155.

Johnson, S. M., & Whiffen, V. (1999). Made to measure: Adapting emotionally focused couple therapy to partners' attachment styles. *Clinical Psychology: Science and Practice, 6*, 366 – 381.

Johnson, S. M. & Whiffen, V. E. (Eds.). (2003). *Attachment processes in couple and family therapy*. New York: Guilford Press.

Josephson, A. M. & Peteet, J.R. (Eds.). (2004). *Handbook of spirituality and worldview in clinical practice*. Washington, DC: American Psychiatric Publishing.

Kerr, M. E. & Bowen, M. (1988). *Family evaluation*. New York: W.W. Norton.

Kinnear, P. R. & Gray, C. D. (2008). *SPSS 15 made simple*. New York: Psychology Press.

Kirkpatrick, L. A., & Hazan, C. (1994). Attachment styles and close relationships: A four-year prospective study. *Personal Relationships, 1*, 123 – 142.

Kirkpatrick, L. A., & Shaver, P. R. (1992). An attachment-theoretical approach to romantic love and religious belief. *Personality and Social Psychology Bulletin, 18*, 266 – 275.

Kobak, R. (1999). The emotional dynamics of disruptions in attachment relationships: Implications for theory, research, and clinical intervention. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 21 - 43). New York: Guilford Press.

Kobak, R. (2002). Building bridges between social, developmental, and clinical psychology. *Attachment & Human Development, 4*, 216-222.

Koss-Chioino, J. D., & Hefner, P. (Eds.). (2006). *Spiritual transformation and healing: Anthropological, theological, neuroscientific, and clinical perspectives.* Oxford, U.K.: Alta Mira Press.

Kurdek, L. A. (2002). On being insecure about the assessment of attachment styles. *Journal of Social and Personal Relationships, 19,* 811 – 834.

Kurdek, L. A. (2006). Differences between partners from heterosexual, gay, and lesbian cohabitating couples. *Journal of Marriage and Family, 68*, 509 – 258.

Lee, B. (2002). Congruence in Satir's model: Its spiritual and religious significance. *Contemporary Family Therapy, 24*, 57 – 78.

Leveridge, M., Stoltenberg, C., & Beesley, D. (2005). Relationship of attachment style to personality factors and family interaction patterns. *Contemporary Family Therapy, 27,*

Levy, K. N., Meehan, K. B., Kelly, K. M., Reynoso, J. S., Weber, M., Clarkin, J. F., et al. (2006). Change in attachment patterns and reflective function in a randomized control trial of transference-focused psychotherapy for Borderline Personality Disorder. *Journal of Consulting and Clinical Psychology*, *74*, 1027 – 1040.

Lienert, G. A., Reynolds, J. H., & Lehmacher, W. (1990). Personality agreement identified by configural frequency analysis. *Personality and Individual Differences, 11*, 497 – 501.

Lutz, A., Greischar, L. L., Rawlings, N. B., Ricard, M., & Davidson, R. J. (2004). Long-term meditators self-induce high-amplitude gamma synchrony during mental practice. *Proceedings of the National Academy of Sciences, 101*, 16369 – 16373.

McLendon, J. (2000). The Satir system. In J. Carlson & L. Sperry (Eds.). *Brief therapy with individuals and couples* (pp. 331 – 364). Phoenix, AZ: Zeig, Tucker, & Theisen.

Magai, C. (1999). Affect, imagery, and attachment: Working models of interpersonal affect and the socialization of emotion. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 787 - 802). New York: Guilford Press.

Main, M. (1990). Cross-cultural studies of attachment organization: Recent studies, changing methodologies, and the concept of conditional strategies. *Human Development, 33,* 48 – 61.

Main, M. (1999). Attachment Theory: Eighteen points with suggestions for future studies. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 845 - 887). New York: Guilford Press.

Main, M. (2000). The organized categories of infant, child, and adult attachment: Flexible vs. inflexible attention under attachment-related stress. *Journal of the American Psychoanalytic Association, 48,* 1055 – 1096.

Makinen, J., & Johnson, S. M. (2006). Resolving attachment injuries in couples using emotionally focused therapy: Steps toward forgiveness and reconciliation. *Journal of Consulting and Clinical Psychology, 74*, 1055 – 1064.

Mandara, J. (2003). The typological approach in child and family psychology: A review of theory, methods, and research. *Clinical Child and Family Psychology Review, 6,* 129 – 146.

Matise, M. (2007). The Enneagram: An innovative approach. *Journal of Professional Counseling: Practice, Theory, & Research, 35,* 38 – 58.

Means-Christensen, A. J. (2003). Assessing nontraditional couples: Validity of the Marital

        Satisfaction Inventory – Revised with gay, lesbian, and cohabitating heterosexual

        couples. *Journal of Marital & Family Therapy, 29*, 69 – 83.

Meyers, S. A., & Landsberger, S. A. (2002). Direct and indirect pathways between adult

        attachment style and marital satisfaction. *Personal Relationships, 9*, 159 – 172.

Mikulincer, M. &, Shaver, P. R. (2003). The attachment behavioral system in adulthood:

        Activation, psychodynamics, and interpersonal processes. In M. P. Zanna (Ed.),

        Advances in experimental social psychology, Vol. 35 (pp. 53 -152). San Diego, CA:

        Academic Press.

Mikulincer, M. &, Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics, and*

        change. New York: Guilford Press.

Miller, M. M., Korinek, A., & Ivey, D. C. (1994). Spirituality in MFT training: Development of

        the spiritual issues in supervision scale. *Contemporary Family Therapy, 26*, 71-81.

Miller, R. B. (2004). *Facing human suffering*. Washington, DC: American Psychological

        Association.

Miller, S., Hubble, M., & Duncan, B. (1996). *Handbook of solution-focused brief therapy*. San

        Francisco, CA: Jossey-Bass.

Miller, W. R. (Ed). (1999). *Integrating spirituality into treatment*. Washington, DC:

        American Psychological Association.

Mills, J. (2001). Self-construction through conversation and narrative in interviews. *Educational*

        Review, 53, 285 – 301.

Mills, S. (2001). The idea of different folk psychologies. *International Journal of Philosophical*

        Studies, 9, 501 – 519.

Miner, M. (2007). Back to the basics in attachment to God: Revisiting theory in light of

    theology. *Journal of Psychology and Theology, 35*, 112 – 122.

Minuchin, S. (1974). *Families and family therapy.* Cambridge, MA: Harvard University Press.

Naranjo, C. (1990). *Enneatype structures*: *Self-analysis for the seeker.* Prescott, AZ: Hohm

    Press.

Newgent, R. A., Parr, P. E., Newman, I., & Higgins, K. K. (2004). The Riso-Hudson Enneagram

    Type Indicator: Estimates of reliability and validity. *Measurement and Evaluation in*

    Counseling and Development, 36, 226 – 237.

Newman, J. W. (1996). *Disciplines of attention*. New York: Peter Lang Publishing.

Nichols, M. P., & Schwartz, R. C. (2001). *The essentials of family therapy*. Boston, MA: Allyn

    and Bacon.

Nielsen, L. (2006). Awareness of subtle emotional feelings: A comparison of long-term

    meditators and nonmeditators. *Emotion, 6*, 392 – 405.

O'Hanlon, B. (2006). *Pathways to spirituality: Connection, wholeness, and possibility for*

    therapist and client. NY: W.W. Norton & Co.

Onedera, J. D., & Greenwalt, B. (2008). Introduction. In J. D. Onedera (Ed.), *The role of religion*

    in marriage and family counseling (pp. 3 – 15). New York: Routledge/Taylor & Francis

    Group.

Palmer, H. (1988). *The Enneagram*: *Understanding yourself and others in your life*. San

    Francisco, CA: HarperCollinsPublishers

Palmer, H. (1995). *The Enneagram in love and work: Understanding your intimate & business*

    relationships. San Francisco, CA: HarperCollinsPublishers.

Palmer, H. (2000, May). *The Enneagram and identification*. Workshop at Esalen Institute. Big

    Sur, CA.

Palmer, H., & Brown, P. B. (1997). *The Enneagram advantage*. New York: Three Rivers Press.

Palmer, H., & Daniels, D. (2003). *Licensed teaching materials package for graduates of the*

    Enneagram Professional Training Program. The Trifold School for Enneagram Studies.

Palmer, H. (2007, March 18). *The Enneagram: A psychological and spiritual addition to*

    practice. Presentation at Psychotherapy Networker Symposium East. Washington DC,

Pargament, K. I. (2007*). Spiritually integrated psychotherapy: Understanding and addressing*

    the sacred. New York: Guilford Press.

Pargament, K., & Saunder, S. (2007). Introduction to the special issue on spirituality and

    psychotherapy. *Journal of Clinical Psychology, 63*, 903 – 907.

Patton, M. Q. (2002). *Qualitative research & evaluation methods. 3ʳᵈ edition*. Thousand Oaks,

    CA: Sage Publications.

Pew Research Center (2008). *U. S. religious landscape survey.*. Retrieved August, 10, 2008,

    from the Pew Forum on Religion and Public Life website:

    http://www.religions.pewforum.org/reports/htm.

Pietromonaco, P. R., & Barrett, L. F. (2000). The internal working models concept: What do we

    really know about the self in relation to others? *Review of General Psychology, 4,* 155 –

    175.

Prest, L. J. A., Russel, R., & D'Souza, H. (1999). Spirituality and religion in training,

    practice and personal development. *Journal of Family Therapy, 21*, 60-77.

Richards P. S. & Bergin, A. E. (Eds.). (2005). *A spiritual strategy for counseling and*

    psychotherapy 2ⁿᵈ edition. Washington, DC: American Psychological Association.

Riggs, S. A., & Jacobovitz, D. (2002). Adult attachment and history of psychotherapy in a

      normative sample. *Psychotherapy: Theory, Research, Practice, Training, 39,* 344 – 353.

Riso, D. R. & Hudson, R. (2006). *Understanding the Enneagram.* NY: Houghton & Mifflin.

Rholes, W. S. & Simpson, J. A. (Eds.). (2004). *Adult attachment: Theory, research, and clinical*

      implications. New York: Guilford Press.

Robins, R. W., John, O. P., & Caspi, A. (1998). The typological approach to studying

      personality. In R. B. Cairns, L. R. Bergman, & J. Kagan (Eds.), *Methods and models for*

      studying the individual (pp. 135 -160). Thousand Oaks, CA: Sage.

Rohr, R., & Ebert, A. (2004). *The Enneagram: A Christian perspective*. NY: Cross Road Press.

Rowatt, W., & Kirkpatrick, L. (2002). Two dimensions of attachment to God and their relation to

      affect, religiosity, and personality constructs. *Journal for the Scientific Study of Religion*,

      41, 637 – 651.

Schnarch, D. M. (1991). *Constructing the sexual crucible: An integration of sexual and marital*

      therapy. New York: W. W. Norton.

Schneider, J. & Schaeffer, B. (1997). The Enneagram typology: A tool for understanding and

      counseling sex addicts. *Sexual Addiction & Compulsivity, 4*, 245 – 278.

Schore, A. N. (2000). Attachment and the regulation of the right brain. *Attachment & Human*

      Development, 2, 23 – 47.

Schore, A. N. (2002). Clinical implications of a pscyhoneurobiological model of projective

      identification. In S. Alhanati (Ed.), *Primitive mental states: Psychobiological and*

      psychoanalytic perspectives on early trauma and personality development, vol. 2. (pp. 1 -

      65). London, England: Karnac Books.

Schumm, W. R. (1983). Characteristics of the Kansas Marital Satisfaction Scale in a sample of

    79 married couples. *Psychological Reports, 53*, 583-588.

Schumm, W. R., Paff-Bergen, L. A., Hatch, R. C., Obiorah, F. C., Copeland, J. M., Meens, L. D.,

    et al. (1986). Concurrent and discriminate validity of the Kansas Marital Satisfaction

    Scale. *Journal of Marriage and the Family, 48,* 381 – 387.

Shaver, P. R. & Mikulincer, M. (2002). Attachment-related psychodynamics. *Attachment &*

    Human Development, 4, 132 – 161.

Shaver, P. R., & Mikulincer. M. (2004). What do self-report attachment measures assess? In W.

    S. Rholes & J. A. Simpson (Eds.), *Adult attachment: Theory, research, and clinical*

    implications (pp. 17 – 54). New York: Guilford Press.

Shaver, P. R., & Mikulincer. M. (2005). Attachment theory and research: Resurrection of the

    psychodynamic approach to personality. *Journal of Research in Personality, 39*, 22 – 45.

Shek, D. T. (1993). The Chinese version of the Kansas Marital Satisfaction Scale: Some

    psychometric and normative data. *Social Behavior and Personality, 21,* 205 – 214.

Sibley, C. G., Fischer, R., & Liu, J. H. (2005). Reliability and validity of the revised experiences

    in close relationships (ECR-R) self-report measure of adult romantic attachment.

    Personality and Social Psychology Bulletin, 31, 1524 – 1536.

Siegel, D. J. (1999). *The developing mind*. New York: Guilford Press.

Siegel, D. J. (2007). *The mindful brain: Reflection and attunement in the cultivation of well-*

    being. New York: W. W. Norton & Company.

Siegel, D. J. & Hartzell, M. (2003). *Parenting from the inside out*. New York: Jeremy P. Tarcher.

Silverstein, R., Bass, L., Buxbaum, L., Tuttle, A., Knudson-Martin, C., & Huenergardt, D.

    (2006). What does it mean to be relational? A framework for assessment and ractice.

Family Process, 45, 391-405.

Smith, J., & Foti, R. (1998). A pattern approach to the study of leadership emergence. *Leadership Quarterly, 9*, 147 – 160.

Snyder, K. & Ruderman, V. (1998). *The Enneagram and intimacy*. Unpublished manuscript.

Sperry, L. & Shafranske, E. P. (Eds.). (2005). *Spiritually oriented psychotherapy*. Washington, DC: American Psychological Association.

Stander, V., Piercy, F. P., MacKinnon, D. & Helmeke, K. (1994). Spirituality, religion and family therapy: Competing or complementary worlds? *American Journal of Family Therapy, 22*, 27-41.

Stewart, S. P. & Gale, J. E. (1994). On hallowed ground: Marital therapy with couples on the religious right. *Journal of Systemic Therapies, 13,* 16 – 25.

Tart, C. (Ed.). (1983). *Transpersonal psychology*. El Cerito, CA: Psychological Processes.

Tolk, L. S. (2006). *Integrating the Enneagram and schema therapy: Bringing the soul into psychotherapy.* Dissertation Abstracts International, 67 (2-B), pp. 1172.

Totton, N. & Jacobs, M. (2001). *Character and personality types*. Philadelphia, PA: Open University Press.

Underwood, L. G. (2005). Interviews with Trappist monks as a contribution to research methodology in the investigation of compassionate love. *Journal for the Theory of Social Behavior, 35,* 285 -302.

van IJzendoorn, M. H. (1995). Adult attachment representations, parental responsiveness, and infant attachment: A meta-analysis on the predictive validity of the Adult Attachment Interview. *Psychological Bulletin, 117,* 387 – 403.

Varela, F., & Shear, J. (Eds.). (2002). *The view from within: First-person approaches to the study of consciousness.* Bowling Green, OH: Imprint Academic.

von Eye, A. (2002). *Configural frequency analysis: Methods, models and applications*. Mahwah, NJ: Lawrence Erlbaum Associates.

Wagner, J. & Walker, R. E. (1983). Reliability and validity study of a Sufi personality typology: The Enneagram. *Journal of Clinical Psychology, 39,* 712 – 717.

Wallace, B. A. (2000). *The taboo of subjectivity: Toward a new science of consciousness.* Oxford, England: Oxford University Press.

Walsh, F. (Ed.). (1999). *Spiritual resources in family therapy*. New York: Guilford Press.

Watson, W. (1997). Soul and system: The integrative possibilities of family therapy. *Journal of Psychology and Theology, 25*, 123 – 135.

Werner-Wilson, R., & Davenport, B. (2003). Distinguishing between conceptualizations of a attachment: Clinical implications for Marriage and Family Therapy. *Contemporary Family Therapy, 25,* 179 -193.

Westen, D., Gabbard, G. O., & Blagov, P. (2006). Back to the future: Personality structure as a context for psychopathology. In R. F. Krueger & J. L. Tackett (Eds.), *Personality and psychopathology* (pp. 335 – 384). New York: Guilford Press.

Wendell, R. (2003). Lived religion and family therapy: What does spirituality have to do with it? *Family Process, 42*, 165-179.

Whiffen, V. & Johnson, S. (1998). An attachment theory framework for the treatment of childbearing depression. *Clinical Psychology: Science and Practice, 5*, 478 – 493.

White, M. (2004). Folk psychology and narrative practice. In L.E. Angus & J. McLeod (Eds.),

    The handbook of narrative and psychotherapy: Practice, theory, and research (pp. 15

    – 52). Thousand Oaks, CA: Sage Publications.

Worthington, E.L. & Sandage, S.J. (2002). Religion and spirituality. In J.C. Norcross (Ed.),

    Psychotherapy relationships that work (pp. 383 – 399). Oxford University Press.

Wyman, P. (1988). Integrating the MBTI and the Enneagram in psychotherapy: The core of

    self and the defense system. *Journal of Psychological Type, 46*, 28 – 40.

Appendix A: Attachment Style Questionnaire

Enneagram type_____

Sub-type (if known) _____

Wing (if known) _____

The statements below concern how you feel in emotionally intimate relationships. We are interested in how you *generally* experience relationships, not just in what is happening in a current relationship. Respond to each statement by circling the number that indicates how much you agree or disagree with the statement.

1. I'm afraid that I will lose my partner's love.

2. I often worry that my partner will not want to stay with me.

3. I often worry that my partner doesn't really love me.

4. I worry that romantic partners won't care about me as much as I care about them.

5. I often wish that my partner's feelings for me were as strong as my feelings for him or her.

6. I worry a lot about my relationships.

7. When my partner is out of sight, I worry that he or she might become interested in someone else.

8. When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.

9. I rarely worry about my partner leaving me.

10. My romantic partner makes me doubt myself.

11. I do not often worry about being abandoned.

12. I find that my partner(s) don't want to get as close as I would like.

13. Sometimes romantic partners change their feelings about me for no apparent reason.

14. My desire to be very close sometimes scares people away.

15. I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.

16. It makes me mad that I don't get the affection and support I need from my partner.

17. I worry that I won't measure up to other people.

18. My partner only seems to notice me when I'm angry.

19. I prefer not to show a partner how I feel deep down.

20. I feel comfortable sharing my private thoughts and feelings with my partner.

21. I find it difficult to allow myself to depend on romantic partners.

22. I am very comfortable being close to romantic partners.

23. I don't feel comfortable opening up to romantic partners.

24. I prefer not to be too close to romantic partners.

25. I get uncomfortable when a romantic partner wants to be very close.

26. I find it relatively easy to get close to my partner.

27. It's not difficult for me to get close to my partner.

28. I usually discuss my problems and concerns with my partner.

29. It helps to turn to my romantic partner in times of need.

30. I tell my partner just about everything.

31. I talk things over with my partner.

32. I am nervous when partners get too close to me.

33. I feel comfortable depending on romantic partners.

34. I find it easy to depend on romantic partners.

35. It's easy for me to be affectionate with my partner.

36. My partner really understands me and my needs.

Please complete the following items if you are currently in a committed relationship (e.g. married, living together, or living separately but committed to the relationship) (Partner = husband, wife, lover, etc.)

How satisfied are you with your relationship?

How satisfied are you with your partner as a partner?

How satisfied are you with your relationship with your partner?

Appendix B: IRB Forms

- **Type responses to all questions / requests below. It is recommended that you read through this document before completing.**
- **Do not leave a question blank unless directed. If a required question is not applicable to your study, explain why.**
- **Do not restrict your responses to the space provided. Provide a thorough response to each question. Be as specific as possible, keeping in mind that you are introducing the study to the IRB. Incomplete applications will result in requests for clarification from researchers and will cause delays in review and final approval.**
- **Type responses in the designated shaded boxes or check the designated check boxes.**
- **Use non-technical language throughout your application. Federal regulations require IRB applications to be written in lay language at an 8th grade reading level. Do not use jargon or scientific terms in your explanations/descriptions.**
- **Check for grammatical or typographical errors before submitting. Protocols with substantial errors will be returned for corrections.**
- **This form must be completed and submitted (as a Word document) electronically. Submit all required documents (e.g., Review Form, Initial Review Application, all study forms requested within this application, and bio-sketches) to irb@vt.edu. For questions, contact Carmen Green, IRB Administrator, at ctgreen@vt.edu or (540) 231-4358.**

Section 1: General Information

What is the Study Title: **Attachment Styles and Enneagram Types: Development and Testing of an Integrated Model of Personality for Use in Marriage and Family Therapy**

[Note: If this protocol has been submitted to a federal agency for funding, the title of that application **must** match the title of this submission.]

☐ Check this box if this study **only involves the collection or study of existing data,** documents, records, pathological specimens, or diagnostic specimens **and respond only to the following sections within this document:** Section 1: General Information; Section 2: Justification; Section 8: Confidentiality / Anonymity; Section 14: Research Involving Existing Data; and Section 15: Additional Information below (Note: Section 15 is optional).

1. Will this research involve collaboration with another institution?
    ☒ No
    ☐ Yes

    If yes,

    A. Provide the name of the institution(s):

    B. Indicate the status of this research project with the other institution's IRB:
        ☐ Pending approval
        ☐ Approved [submit approval letter with this IRB application]
        ☐ Other institution does not have a human subject protections review board
        ☐ Other, explain:

Section 2: Justification

2. Describe the background of this study, including supporting research: **Attachment theory has a long history of useful integrations with clinical research and practice (Cassidy & Shaver, 1999; Rholes &**

Simpson, 2004). Specifically, attachment theory has been used successfully to enrich MFT research and clinical work (Johnson, 2004; Wampler). Fraley, Brennan, & Waller (2000) developed an instrument to measure attachment styles (the Experiences in Close Relationships - Revised (ECR-R) that makes it possible to investigate possible relationships between attachment styles (Hazan & Shaver, 1987; Brennan, Clark, & Shaver, 1998) and attention styles (Palmer, 1988; Daniels and Price, 2000)

3. Describe the purpose / objectives of this study and the anticipated findings/contributions: **Current therapies based on attachment theory lack a rich base of knowledge about the inner experience associated with different attachment strategies. This lack may limit therapists' abilities to help clients experience attachment security. The enneagram model of human development has developed a wealth of knowledge about how people subjectively experience close relationships. The enneagram model focuses on individual differences in attentional processes in close relationships. However, there is as yet no theoretical model for how attachment styles and enneagram attention types might be related. The proposed study will develop and empirically test an integrated model of attachment style and enneagram attention type for use in marriage and family therapy.**

4. Explain what the research team plans to do with the study results (e.g., publish, use for dissertation, etc.): **The study results will be used for my dissertation research.**

5. Briefly describe the study design: **Subjects will complete a paper and pencil questionnaire. The questionnaire will be comprised of the Experiences in Close Relationship - Revised (ECR-R) instrument and the Kansas Marital Satisfaction Scale (KMSS). In addition, subjects will be asked to report their (self-identified) enneagram attention type. The data will be entered into SPSS and analyzed.**

Section 3: Recruitment

6. Describe the subject pool, including inclusion and exclusion criteria (e.g., sex, age, health status, ethnicity, etc.) and number of subjects: **The subject pool will consist of members of the Association of Enneagram Teachers in the Narrative Tradition (AET). The AET is an international organization dedicated to the development and teaching of the Enneagram in the Narrative Tradition. Membership is restricted to people who have completed at least one week of enneagram training with the Enneagram Professional Training Program. AET membership is approximately 400 people, from approximately 24 countries. This subject pool was chosen to ensure that all participants have received enough enneagram training to be able to accurately self-identify their enneagram attention type. Because of the purposeful sampling, there are no other inclusion or exclusion criteria.**

7. How will subjects be identified to participate in this research study (If searching existing records to identify subjects, indicate whether the records are public or private. If private, describe the researcher's privileges to the data)? **I have received permission to distribute the questionnaire at three different AET workshops this spring and summer. At each workshop I will have the opportunity to announce the study and distribute the questionnaires and pre-addressed, pre- stamped return envelopes.**

8. The IRB must ensure that the risks and benefits of participating in a study are distributed equitably among the general population and that a specific population is not targeted because of ease of recruitment. Provide an explanation for choosing this population: **I chose to limit the study to AET members because there is as yet no well validated self- report measure for assessing enneagram attention type. Currently, the "gold standards" (Daniels & Price, 2000, p. 107) for assessing enneagram attention type are: 1) a diagnostic typing interview by a certified enneagram teacher; 2) self-typing after completion of a ten-week enneagram course, or equivalent training (Daniels & Price, 2000). However, both of these methods are prohibitively time consuming for the sample size (200 - 300 participants) that I need for the statistical analyses required by the research design I have chosen.**

9. Describe recruitment methods, including how the study will be advertised or introduced to subjects [submit all advertising / recruitment forms (e.g., flyers/posters, invitation letter/e-mail, telephone recruitment script, etc.) with this IRB application]: **At each AET workshop, I will announce that I am conducting research on the relationship between enneagram attention types and attachment styles. I will explain that the questionnaires are anonymous, and that participation is completely voluntary. Questionnaires and stamped return envelopes will be distributed after the announcement. I will instruct participants to complete the questionnaire at their convenience and mail the completed questionnaire back to me using the pre-addressed and stamped envelope.**

Section 4: Requesting a Waiver for the Requirement to Obtain Signed Consent Forms from Participants

This section (Section 4) <u>not</u> required for studies qualifying for exempt review

Many minimal risk socio-behavioral research studies qualify for a waiver of the requirement for the investigator(s) to obtain signed consent forms from subjects [i.e., researcher does obtain verbal or implied (i.e., consent implied from the return of completed questionnaire) consent from subjects; however, does not obtain written consent from subjects]. Examples of types of research that typically qualify for this type of waiver are as follows: internet based surveys, anonymous surveys, surveys not requesting sensitive information, and oral history projects. You may request a waiver of signed consent for either some or all of the study's procedures involving human subjects.

10. Are you requesting a waiver of the requirement to obtain signed consent forms from participants?
    ☐ No, consent forms will be signed by all research participants prior to participating in all research procedures [submit consent document template(s) with this IRB application]
    ☐ Yes

    If yes,

    A. Select **one** of the criteria listed below and describe how your research meets the selected criteria:

        ☐ **Criteria 1:** [Typically used for anonymous surveys] The only record linking the subject and the research would be the consent document and the principal risk would be potential harm resulting from a breach of confidentiality. Each subject will be asked whether the subject wants documentation linking the subject with the research, and the subject's wishes will govern:

        Or

        ☐ **Criteria 2:** The research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context (e.g., sitting down and talking with someone, calling someone at home and asking everyday questions, mall survey, mail survey, internet survey, etc.):

        Either selection of either Criteria 1 or Criteria 2 above, the IRB suggests and may require the investigator to provide subjects with a written or verbal (for telephone interviews) statement regarding the research, which should provide subjects with much of the same information that is required within a consent document. This is typically accomplished by providing subjects with an information sheet (i.e., a document similar to a consent form; however, does not request signatures), supplying the information within the invitation letter, or reading the information sheet to the subject over the phone.

    B. Will you be providing subjects with a written or verbal statement regarding the research?
        ☐ Yes [submit supporting document(s) (e.g., information sheet, invitation letter) with this IRB application]

If yes, check all methods that will be utilized to provide subjects with a statement regarding the
research:

      ☐ Information sheet physically provided to subjects
      ☐ Information sheet will be read to subject over the phone
      ☐ Information captured within the invitation document
      ☐ Other, describe:

☐ No, provide justification for not supplying subjects with this information:

C.   Does this waiver of written consent cover all study procedures involving human subjects?

☐ Yes
☐ No, list the study procedures for which this waiver is being requested to cover (Note: a consent document may be required for the study procedures not included under this waiver):

Section 5: Consent Process

11.   Check all of the following that apply to this study's consent process:
    ☐ Verbal consent will be obtained from participants
    ☐ Written consent will be obtained from participants
    ☒ Consent will be implied from the return of completed questionnaire (if the study only involves implied consent, skip to Section 6 below)
    ☐ Other, describe:

12.   Provide a general description of the process the research team will use to obtain and maintain informed consent **and** respond specifically to A-D below:

.   A.   Who, from the research team, will be overseeing the process and obtaining consent from subjects?

        B.   Where will the consent process take place?

        C.   During what point in the study process will consenting occur (Note: unless waived, participants must be consented before completing any study procedure, including screening questionnaires)?

        D.   If applicable [e.g., for complex studies, studies involving more than one session, or studies involving more of a risk to subjects (e.g., surveys with sensitive questions)], describe how the researchers will give subjects ample time to review the consent document before signing:
        ☐ Not applicable to this study

Section 6: Procedures

13. Provide a step-by-step thorough explanation of all study procedures expected from study participants, including the length of sessions involved, and total time commitment: **Study participants will complete the paper and pencil questionnaire at a place and time of their own choosing. The questionnaire consists of two parts. The first part asks the participants to report their enneagram attention type and a limited amount of demographic information (age, gender, number of weeks of enneagram training). The second part of the questionnaire consists of the 36 item ECR-R and the 3 item KMSS, for a total of 39 items. For the ECR-R items, participants indicate amount of agreement on a seven point scale. For the KMSS items, participants indicate level of satisfaction on a seven point scale. Completion of the questionnaire was estimated to require approximately 20 - 30 minutes.**

14. Describe how data will be collected and recorded [submit all data documents (e.g., questionnaire, interview questions, etc.) with this IRB application]: **Participants will complete a paper and pencil questionnairre at time and place of their conveineance, and mail the completed questionnaire back to me in pre-addressesd, pre-stamped envelopes (provided with the questionnaire). I will code the questionnaires and enter the data into SPSS for analysis.**

15. Where will the study procedures take place? **I will distribute the questionnaires at three separate AET workshops: Asheville, NC; Dayton, OH; and Colorado Springs, CO.**

Section 7: Risks and Benefits

16. What are the potential risks (e.g., emotional, physical, social, legal, economic, or dignity) to study participants? (do **not** state, "There are no risks involved." Acceptable language = "There are no more than minimal risks involved.") **There is a potential risk to study participants that the self-reflection associated with completing the questionnaire could cause emotional pain that the participant did not anticipate and did not want to experience. However, this risk is expected to be very low because all study participants have completed at least one week of intensive training in self- observation and self- reflection, including training and practice in coping with the emotional pain associated with this type of work. In addition, both of the instruments included in the questionnaire are widely used by researchers, and no adverse effects to study participants have been reported.**

17. Does this study involve (check one box): ☒ minimal risk or ☐ more than minimal risk to study participants?
    Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily activities or during the performance of routine physical or psychological examinations or tests.

18. Explain the study's efforts to reduce the potential risks to subjects? **The study will attempt to reduce the potential risk of unanticipated, unwanted emotional pain associated with self-reflection by explaining the nature of the questionnaire, and by stressing that participation is completely voluntary. Furthermore, the potential risk will be reduced by instructing that participants complete the questionnaire at a place and time of their own choosing.**

19. What are the direct or indirect anticipated benefits to study participants and/or society? **Study participants will benefit from this study because the membership of the AET is dedicated to development and teaching of the Enneagram in the Narrative Tradition, and the results of this study will contribute to this organizational goal by increasing knowledge about the enneagram model of personality. Society will benefit from this study because the results should contribute to increased effectiveness of attachment-based therapies.**

Section 8: Confidentiality / Anonymity

20. Will the study release personally identifying study results to anyone outside of the research team (e.g., participants identified in publications with individual consent)?
    ☒ No

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☐ Yes

> **If yes,**
>
> > To whom will identifying data be released?

21. Will researchers be collecting and/or recording identifying information (e.g., name, contact information, etc.) of study participants?
☒ No (identifying information of participants will not be recorded in study files [including signature on consent form])
☐ Yes

> **If yes,**
>
> > *The IRB strongly suggests and may require that all data documents (e.g., questionnaire responses, interview responses, etc.) do not include or request identifying information (e.g., name, contact information, etc.) from participants. If you need to link subjects' identifying information to subjects' data documents, use a study ID/code on all data documents.*
> >
> > A. Describe if/how the study will utilize study codes:
> >
> > B. If applicable, where will the linked code and identifying information document (i.e., John Doe = study ID 001) be stored and who will have access (Note: this document must be stored separately from subjects' completed data documents and the accessibility should be limited)?

22. Where will data documents (e.g., questionnaire, interview responses, etc.) be stored? **In a fireproof lock box in my home office**

23. Who will have access to study data? **Myself**

24. Describe the study's plans for retaining or destroying the study data: **I plan to retain the original questionnaires until I have completed all analyses.**

25. Does this study request information from participants regarding illegal behavior?
☒ No
☐ Yes

> **If yes,**
>
> > > Does the study plan to obtain a Certificate of Confidentiality [visit our website at http://www.irb.vt.edu/pages/studyforms.htm#COC for information about these certificates]?
> > > ☐ No
> > > ☐ Yes (Note: participants must be fully informed of the conditions of the Certificate of Confidentiality within the consent process and form)

Section 9: Compensation

26. Will subjects be compensated for their participation?
☒ No
☐ Yes

> **If yes,**
>
> > A. What is the amount of compensation?

Unless justified by researcher (in letter B below), compensation should be prorated based on duration of study participation. Payment must <u>not</u> be contingent upon completion of study procedures. In other words, even if the subject decides to withdraw from the study, he/she must be compensated, at least partially, based on what study procedures he/she has completed.

B. Will compensation be prorated?
☐ Yes, please describe:
☐ No, explain why and clarify whether subjects will receive full compensation if they withdraw from the study?

Section 10: Audio / Video Recording

27. Will your study involve video and/or audio recording?
☒ No
☐ Yes

If yes,

A. Select from the drop-down box ⟶ select one

B. Provide compelling justification for the use of audio/video recording:

C. How will data within the recordings be retrieved / transcribed?

D. Where will tapes be stored?

E. Who will have access to the recordings?

F. Who will transcribe the recordings?

G. When will the tapes be erased / destroyed?

Section 11: Research Involving Students

28. Does your study include students as participants?
☒ No (if no, skip to Section 12 below)
☐ Yes

If yes,

A. This study involves (select all that apply):
☐ Students in elementary, junior or high school (or equivalent)
☐ College students (select all that apply):
☐ College upperclassmen (Juniors, Seniors or Graduate Students)
☐ College freshmen – please note that some college freshmen may be minors (under the age of 18).
If the study meets the specified criteria, the IRB may grant a waiver of parental permission to include
these minors without individual guardian permission [see question 32B for further information].
Select one of the following:
☐ These minors will be included in this research
☐ Minors will be excluded from this study. Describe how the study will ensure that minors

will not be included:

B. Does this study involve conducting research with students of the researcher? (Note: If it is feasible to use students from a class of students not under the instruction of the researcher, the IRB recommends and may require doing so):

☐ No

☐ Yes, describe safeguards the study will implement to protect against coercion or undue influence for participation:

C. Will the study need to access student records (e.g., SAT or GRE scores, or student GPA scores)?

☐ No

☐ Yes [if yes, a separate signed consent/assent form (for student's approval) and permission form (for

parent's approval if subject is a minor) must be obtained and submitted to the Registrar's office] [submit

consent form template(s) with this IRB application]

Section 11A: Students in Elementary, Junior, or High School
[Answer questions 29 & 30 below if your study involves students in **elementary, junior or high school (or equivalent)**]

29. Will study procedures be completed during school hours?

☐ No

☐ Yes

If yes,

A. Students not included in the study may view other students' involvement with the research during school time as unfair. Address this issue and how the study will reduce this outcome:

B. Missing out on regular class time or seeing other students participate may influence a student's decision to participate. Address how the study will reduce this outcome:

30. You will need to obtain school approval. This is typically granted by the Principal or Assistant Superintendent and classroom teacher. Approval by an individual teacher is insufficient. School approval, in the form of a letter or a memorandum should accompany the approval request to the IRB. Is the approval letter(s) attached to this submission? ☐ Yes or ☐ No, if no, explain why:

Section 11B: College Students
[Answer question 31 below if your study involves **college students**]

31. Will extra credit be offered to subjects?

☐ No

☐ Yes

If yes,

A. Include a description of the extra credit to be provided in Section 9: Compensation above

B. What will be offered to subjects as an equal alternative to receiving extra credit without participating in this study?

Section 12: Research Involving Minors

For more information about involving minors in research, visit our website at
http://www.irb.vt.edu/pages/newstudy.htm#Minors

32. Does your study involve minors (under the age of 18) (Note: age constituting a minor may differ in other States)?
☒ No
☐ Yes

    If yes,

    A. The procedure for obtaining assent from these minors and permission from the minor's guardian(s) should have been described in **Section 5** (Consent Process) in this form.

        Researchers may request a waiver of parental permission if the study meets the criteria specified under letter B below. Requesting a waiver for the requirement to obtain informed permission from guardians may be helpful when recruiting college students for minimal risk socio/behavioral research. Most studies involving minors must obtain parental permission prior to the recruitment of minors.

    B. Are you requesting a waiver of parental permission?
        ☐ No, parents/guardians will provide their permission
        ☐ Yes, describe below how your research meets **all** of the following criteria:
            A) The research involves no more than minimal risk to the subjects:
            B) The waiver will not adversely affect the rights and welfare of the subjects:
            C) The research could not practicably be carried out without the waiver:
            D) (Optional) Subjects will be provided with additional pertinent information after participation:

    C. Does your study reasonably pose a risk of reports of current threats of abuse and/or suicide?
        ☐ No
        ☐ Yes, thoroughly explain how the study will react to these reports (Note: subjects must be fully informed of the fact that researchers must report reasonable threats of abuse or suicide to the appropriate authorities/persons in the Confidentiality section of the Consent or Permission documents):

Section 13: Research Involving Deception

For more information about involving deception in research and for assistance with developing your debriefing form, visit our website at http://www.irb.vt.edu/pages/newstudy.htm#Deception

33. Does your study involve deception?
☒ No
☐ Yes

    If yes,

    A. Describe the deception:

    B. Why is the use of deception necessary for this project?

    C. Describe the process of debriefing [submit your debriefing form with this IRB application]:

    D. By nature, studies involving deception cannot provide subjects with a complete description of the study during the consent process; therefore, the IRB must waive a consent process which does not include, or which alters, some or all of the elements of informed consent. Provide an explanation of how the study meets **all** the following criteria for an alteration of

consent:
- A) The research involves no more than minimal risk to the subjects:
- B) The alteration will not adversely affect the rights and welfare of the subjects:

- C) The research could not practicably be carried out without the alteration:
- D) (Optional) Subjects will be provided with additional pertinent information after participation (i.e., debriefing for studies involving deception):

The IRB requests that the researcher use the title "Information Sheet" instead of "Consent Form" on the document used to obtain subjects' signatures to participate in the research. This will adequately reflect the fact that the subject cannot fully consent to the research without the researcher fully disclosing the true intent of the research.

Section 14: Research Involving the Collection or Study of Existing Data Documents, Records, Pathological Specimens, or Diagnostic Specimens

34.   Will your study involve the collection or study of existing data?
☒ No
☐ Yes

If yes,

A.   From where does the existing data originate?

B.   Provide a description of the existing data that will be collected:

Section 15: Additional Information

35.   Provide additional information not captured within this worksheet here [response to this question **not** required]:

Directions

**This form must be typed and submitted (as a Word document) to the IRB office
<u>electronically</u> along with the other required documents (e.g., Initial Review Application, all
study forms relating to human subjects, and bio-sketches of investigators) to irb@vt.edu.
In addition to submitting electronically, this form, signed by all appropriate parties, must
be received by the IRB office before the submission is processed. Mail or deliver the
original signed copy of this form to: IRB, Virginia Tech, Office of Research Compliance,
1880 Pratt Drive, Suite 2006 (0497), Blacksburg, VA 24061. To speed up the approval
process, signed Review Forms may be scanned or faxed [(540) 231-0959] to the IRB office;
however, the original signatures must also be mailed or delivered to the IRB office for
documentation.**

Section 1: Contact Information

Principal Investigator [Faculty or Faculty Advisor] (all fields required)   **HST = Human Subjects Training**

Name: **Dr. Katherine Allen**	PID: **kallen** What is a PID? (scroll over)	HST completed through: VT in-class training
Department: **Human Development**	Email: **kallen@vt.edu**	Mail Code: **0416**
_____ _____ Signature of Principal Investigator		Date

Co-Investigator(s) [Faculty or Student] (all fields required for each Co-Investigator)

Co-Investigator #1		
Name: **Kristin Arthur**	PID: **kbedow**	HST completed
Organization Name: **Virginia Tech**	Email: **kbedow@vt.edu**	through: VT in-class training
_____ _____ Signature of Co-Investigator #1		Date

Co-Investigator #2		
Name:	PID:	HST completed
Organization Name:	Email:	through: select source
_____ _____ Signature of Co-Investigator #2		Date

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Co-Investigator #3		
Name:	PID:	HST completed
Organization Name:	Email:	through: select source
_____		
_____		
Signature of Co-Investigator #3		Date

Co-Investigator #4		
Name:	PID:	HST completed
Organization Name:	Email:	through: select source
_____		
_____		
Signature of Co-Investigator #4		Date

Departmental Reviewer: (not required for all departments)	
Name: **Dr. Joyce Arditti**	PID:
_____	_____
Signature of Departmental Reviewer	Date

Section 2: General Information

1. Project Title: **Attachment Styles And Enneagram Types: Development And Testing Of An Integrated Model Of Personality For Use In Marriage And Family Therapy**

Enter title as you would like it to appear on the official IRB approval letter.

2. Number of Human Subjects: **200**

3. Do any of the investigators on this project have a reportable conflict of interest? No   If yes, explain:

☒ All investigators of this project are qualified through completion of human subject protections education. Visit our website at http://www.irb.vt.edu/pages/training.html to view training opportunities accepted by the VT IRB. (Note: Do not submit your IRB application until all investigators are qualified)

☒ All investigators listed on this project, along with the departmental reviewer (if applicable), have reviewed this IRB application and all requested revisions from these parties have been implemented into this submission. (Note: Do not submit your application until all parties have reviewed and signed off on the final draft of the materials)

Section 3: Source of Funding

4. Source of Funding Support (check one box):
   ☒ Departmental Research [if Dept. Research, skip to Section 4]

☐ Sponsored Research, including VARIOUS funds & OSP/VT foundation funds [if Sponsored Research, respond to letters A-D below]

    A. Name of Sponsor [if NIH, specify department]**:**

    B. Title of study as listed on OSP application:

    C. OSP number: * Proposal # (enter 8 digit number, **no** dashes/spaces):   , OR

                    * Grant # (enter 6 digit number, **no** dashes/spaces):   , OR

                    * OSP # pending (check box if pending): ☐

    D. Is this project receiving federal funds (e.g., DHHS, DOD, etc.)? select one

Section 4: Exemption Criteria

*Note***:** To qualify for Exemption, the research must meet **all** of the following criteria (a – f):

(a) Be of minimal risk to the subjects; AND

(b) Must <u>not</u> involve pregnant women, prisoners or mentally impaired persons; AND

(c) Must <u>not</u> include survey research with minors unless involving standard educational activities (e.g., educational tests) within the particular education system; AND

(d) Must <u>not</u> include observation of a minor's public behavior unless there is no researcher interaction, AND

(e) Research must <u>not</u> involve video or audio recording of subjects; AND

(f) must be in one or more of the following categories:

5. Please mark/check the appropriate category or categories below which qualify the proposed project for exemption:

☐ 1. Research will be conducted in established or commonly accepted educational settings, involving normal educational practices, such as (a) research on regular and special education instructional strategies, or (b) research on the effectiveness or the comparison among instructional techniques, curricula, or classroom management methods.

☒ 2. Research will involve the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, **unless** the subjects can be identified directly or through identifiers linked to the subjects **and** disclosure of responses could reasonably place the subjects at risk or criminal or civil liability or be damaging to the subjects' financial standing, employability or reputation.

☐ 3. Research will involve the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under item (2) above, **if** (a) the subjects are elected or appointed public officials or candidates for public office; **or** (b) Federal statute(s) require(s) that the confidentiality or other personally identifiable information will be maintained throughout the research and thereafter.

☐ 4. Research will involve the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified directly or through identifiers linked to the subjects.

☐ 5. Research and demonstration projects which are conducted by or subject to the approval of federal agency sponsoring the research, and which are designed to study, evaluate or otherwise examine (a) public benefit or service programs, (b) procedures for obtaining benefits or services under those programs, (c) possible changes in or alternatives to those programs or procedures, or (d) possible changes in methods or levels of payment for benefits or services under those programs.

☐ 6. Taste and food quality evaluation and consumer acceptance studies, if (a) wholesome foods without additives are consumed, or if (b) a food is consumed that contains a food

ingredient at or below the level and for a use found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.