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Perceived Impact of Childhood Experiences on Adult Attachment Among the Members of Zetseat Apostolic Reformation Church, Addis Ababa

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Abbreviations and Acronyms

AAI	Adult Attachment Interview
APA	American Psychological Association
CECA.Q	Childhood Experience of Care and Abuse Questionnaire
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
MDD	Major Depressive Disorder
PTSD	Post-Traumatic Stress Disorder
RAAS	Revised Adult Attachment Scale
SPSS	Statistical Package for the Social Sciences
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

Abstract

This study explores the perceived impact of childhood experiences—specifically caregiver antipathy, neglect, physical abuse, and sexual abuse—on adult attachment styles among members of the Zetseat Apostolic Reformation Church in Addis Ababa, Ethiopia. Utilizing a cross-sectional quantitative design, data were collected from 210 adult participants using the Revised Adult Attachment Scale (RAAS) and the Childhood Experience of Care and Abuse Questionnaire (CECA.Q). The findings revealed that insecure attachment was the most prevalent style collectively accounting for 62.4% of the sample (fearful 25.2%, dismissing 21.4%, and preoccupied 10.5%), while secure attachment comprised 37.6%. Statistically significant associations were found between insecure adult attachment styles and experiences of caregiver antipathy, physical abuse, and sexual abuse, with fearful attachment particularly linked to sexual abuse. In contrast, childhood neglect did not demonstrate a significant correlation with adult attachment styles in this sample. No significant gender and relationship status differences in attachment styles were observed. The findings reinforce attachment theory's claim that early caregiving experiences, especially those involving emotional rejection or abuse, have enduring effects on adult relational patterns. The study highlights the need for trauma-informed pastoral care and emotional support within religious communities and calls for culturally sensitive approaches to understanding and addressing attachment-related issues in Ethiopia.

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Chapter One

Introduction

1.1 Background

Bowlby's attachment theory offers valuable insights into the fundamental role of attachment figures and the attachment system in human development and relationships. According to Bowlby, infants are born with a set of innate behaviors, known as attachment behaviors, that are designed to ensure proximity to supportive individuals called attachment figures. These attachment figures, typically primary caregivers such as parents, fulfill crucial roles in providing protection, support, and helping infants regulate their emotions (Bowlby, 1982).

The attachment system, which governs these behaviors, has evolved over time as an adaptive mechanism to increase the chances of survival and reproduction in a species with vulnerable and dependent offspring (Bowlby, 1982). While the primary caregivers are the primary attachment figures during infancy, other individuals can also serve as attachment figures throughout life (Ainsworth, 1973). These can include grandparents, siblings, friends, romantic partners, teachers, therapists, and even symbolic figures. Together, these attachment figures form a hierarchy of attachment figures for an individual (Heinicke &Westheimer, 1966). Attachment figures, through their responsiveness and availability, play a crucial role in shaping individuals' sense of security and their beliefs about themselves and others (Ainsworth, 1991).

Attachment figures are not just any relationship partners; they serve specific functions within the attachment system (e.g., Hazan & Shaver, 1994; Ainsworth, 1991; Hazan & Zeifman, 1994). First, they act as targets for proximity seeking in times of stress or need. When separated from attachment figures, individuals, especially infants, may experience distress and engage in efforts

to reunite with them. Second, attachment figures are viewed as safe havens that provide comfort, support, and protection. Their presence and availability help individuals feel secure and alleviate distress. Third, attachment figures serve as secure bases from which individuals can explore the world and pursue their goals. The presence of attachment figures provides a sense of security that allows individuals to venture out, knowing that they have a reliable source of support to return to if needed.

A central concept in attachment theory is that early life experiences can influence individual differences in adult attachment by serving as a foundation for the development of various skills, competencies, and resources. For instance, responsive and supportive caregiving during childhood can help children build interpersonal skills that enable them to interact with others in healthy and adaptive ways. These social abilities can further support the formation of high-quality friendships (Englund, Kuo, Puig, & Collins, 2011).

While there are multiple pathways through which early experiences may affect later outcomes—such as brain development, emotional regulation, and behavioral coordination—the key idea is that these early experiences set the stage for future development. The effects, whether positive or negative, create a series of developmental processes, or "cascades," that can influence significant outcomes over time (Masten & Cicchetti, 2010).

The organizational perspective on close relationships highlights how past relational experiences shape new relationship dynamics, emphasizing the ongoing influence of earlier relationship histories (Simpson, Collins, Farrell, & Raby, 2015). A growing body of research supports this framework, demonstrating the long-term impact of early experiences on later relational outcomes (Sroufe, Egeland, Carlson, & Collins, 2005).

Drawing from attachment theory, early family dynamics plays crucial role in shaping children's psychological well-being (Bowlby, 1969). A person’s sense of security in adulthood is thought to have its origins in early caregiving experiences. Early attachment experiences are undoubtedly a significant factor in shaping adult attachment security, but they are unlikely to be the sole explanation. It is important to note that numerous other factors can also play a role in influencing adult attachment patterns as individuals progress through life (Fraley & Brumbaugh, 2004). Attachment theories suggests that nurturing caregiving, characterized by responsiveness to a child's needs, facilitates the development of positive self-perceptions and trust in others. However, adverse childhood experiences, such as neglect, abuse, or family dysfunction, can disrupt this process and lead to negative self-concepts and distrust of others (Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards & Marks, 1998).

Attachment theory, backed by longitudinal studies like the one conducted by Grossmann, Grossmann, and Waters (2005), posits that a crucial belief is that secure attachment in adulthood is typically the result of a positive childhood environment characterized by stable, affectionate, non-intrusive, and responsive relationships with caregivers. On the other hand, insecure attachment stems from less stable and more disrupted upbringing, as well as neglectful, controlling, or traumatic experiences with primary caregivers. These formative experiences shape individuals' internal working models of self and others, which in turn influence their expectations and behaviors in future relationships. Consequently, differences in adult attachment security or insecurity can significantly impact individuals' life trajectories and overall adjustment.

In healthy environments, children develop secure attachment styles, viewing themselves as deserving of love and others as dependable. Conversely, negative experiences may engender

attachment anxiety, where individuals feel unworthy of love and fear rejection, or attachment avoidance, characterized by mistrust and avoidance of close relationships as a defense mechanism (Cummings & Miller-Graff, 2015; Cummings & Davies, 2011; Bowlby, 1969; Davies & Woitach, 2008). Early family relationships significantly influence children's emotional security and their ability to form healthy perceptions of themselves and others. Sensitive caregiving is important in fostering resilient psychological development.

The literature on adult attachment has identified four attachment styles, which are derived from the dimensions of attachment anxiety and avoidance. The first attachment style is secure attachment. People with a secure attachment style have a positive sense of self-worth, hold positive views of others, and feel comfortable with intimacy in relationships. They trust in their own abilities and believe that others will be responsive and available to them (Hazan & Shaver, 1987; Bartholomew & Horowitz, 1991; Pietromonaco & Barrett, 2000).

The second attachment style is preoccupied attachment. Individuals with a preoccupied attachment style often have low self-esteem and seek validation and closeness from others to compensate for their self-doubts. They frequently experience anxiety about potential rejection and rely heavily on their partners for reassurance. The third attachment style is dismissing attachment. Those with a dismissing attachment style tend to keep emotional distance from others and may have a dismissive attitude towards intimacy. They prioritize independence and self-reliance, downplaying the significance of close relationships. They may have a positive self-perception but tend to avoid emotional closeness (Hazan & Shaver, 1987; Bartholomew & Horowitz, 1991; Pietromonaco & Barrett, 2000).

The fourth attachment style is fearful attachment. People with a fearful attachment style have deep-seated mistrust of others and struggle with both the desire for closeness and the fear of

being hurt or rejected. They may have a negative view of themselves and others, leading to confusion about their own needs and difficulties in forming clear strategies for fulfilling their attachment needs. These attachment styles reflect diverse patterns of beliefs, emotions, and behaviors within relationships. They are shaped by early experiences with caregivers and significantly impact individuals' approach to relationships and their ability to establish secure and satisfying connections with others (Hazan & Shaver, 1987; Bartholomew & Horowitz, 1991; Pietromonaco & Barrett, 2000).

Emerging researches in Ethiopia have explored the role of adult attachment styles in interpersonal and psychological functioning. Ayenew (2016) conducted a study on 306 adults in Addis Ababa and found that individuals with higher levels of attachment anxiety and avoidance reported significantly lower relationship satisfaction, with attachment dimensions explaining 20.3% of the variance. A follow-up study by the same author (2021) highlighted how attachment insecurity, particularly avoidance, significantly predicted conflict resolution styles among couples, reinforcing the relational consequences of insecure bonding. In a clinical context, a study conducted at Tikur Anbessa Specialized Hospital with 429 psychiatric patients revealed that approximately 62% exhibited insecure attachment patterns—predominantly fearful and preoccupied styles—compared to only 38% who displayed secure attachment, suggesting a link between attachment and psychological vulnerability. Although conducted outside Ethiopia, qualitative research on Ethiopian adoptees in Australia further illustrated how early disruptions in attachment shaped adult relational experiences and identity development (Mcdonald et al., 2020). Collectively, these studies underscore the importance of culturally relevant attachment research in Ethiopia and suggest that insecure attachment may have widespread relational and mental health implications.

Ethiopia, with its diverse cultural and religious landscape, is home to the Zetseat Apostolic Reformation Church. It is important to investigate how early childhood experiences may influence adult attachment styles within the Zetseat Apostolic Reformation Church, a religious community. This exploration allows us to understand the potential impact of these experiences on attachment-related beliefs and behaviors, shedding light on the interplay between early upbringing and adult attachment dynamics within the context of this specific religious community.

Understanding the factors that shape adult attachment styles is essential for comprehending relational dynamics within specific communities. Within the Zetseat Apostolic Reformation Church childhood experiences may play a critical role in influencing adult attachment patterns.

While the link between childhood experiences and adult attachment has been well-documented globally, there is a significant lack of studies exploring this relationship in Ethiopia. The cultural and religious context, such as that of the Zetseat Apostolic Reformation Church, may introduce unique dynamics that influence attachment formation and its impact on adult functioning. Addressing this gap in research is crucial for understanding the role of childhood experiences in shaping adult attachment and its broader implications for individuals' personal and relational well-being within Ethiopian communities.

1.2 Statement of the problems

Although attachment theory posits that early childhood caregiving experiences are foundational in shaping adult attachment styles (Bowlby, 1982; Ainsworth, 1991), significant gaps remain in understanding how this relationship unfolds across diverse cultural, religious, and geographic contexts. Much of the existing research is concentrated in Western, individualistic

societies, often focusing on nuclear family dynamics and overlooking the influence of extended kinship, communal caregiving, and spiritual frameworks that are prevalent in collectivist cultures (Rothbaum et al., 2000; van IJzendoorn & Bakermans-Kranenburg, 2010). For example, while caregiver antipathy is strongly linked to fearful attachment in European samples (Bifulco et al., 2005), emerging evidence from Ethiopia suggests that communal support networks and religious communities may buffer these negative effects (Ayenew, 2016, 2021). Additionally, the specific impact of different forms of childhood adversity—such as emotional neglect versus physical abuse—on adult attachment has not been thoroughly explored in regions where caregiving and disciplinary practices differ from Western norms (Felitti et al., 1998).

There is also a pronounced geographic gap, as the vast majority of attachment research originates from high-income Western countries, which limits the generalizability of findings (van IJzendoorn & Bakermans-Kranenburg, 2010). In Sub-Saharan Africa, where communal child-rearing and religious institutions often supplement parental care, very few studies have examined attachment dynamics (Ayenew, 2016, 2021). This geographic imbalance obscures important contradictions: for instance, while paternal absence is associated with dismissing attachment in Western contexts (Chisholm et al., 2005), studies from Ethiopia report no such association, possibly due to the compensatory role of extended family (Ayenew, 2021). Furthermore, while Western literature emphasizes parental sensitivity as the primary determinant of secure attachment, qualitative research on Ethiopian adoptees points to spiritual figures as alternative attachment anchors—an area that remains largely unexamined in African religious communities (Mcdonald et al., 2020).

These contextual, and geographic gaps highlight the need for research that examines how childhood experiences interact with unique socio-religious ecosystems, such as those found in

the Zetseat Church, to shape adult attachment. By employing culturally adapted measures and comparing findings to global models, such research can help reconcile contradictions between Eurocentric theories and Ethiopian realities, ultimately advancing a more inclusive and context-sensitive understanding of attachment development.

1.3 Objectives

The general objective of this research is to explore the relationship between early childhood experiences and adult attachment styles among members of the Zetseat Apostolic Reformation Church in Ethiopia. The study aimed to understand how childhood experiences, such as caregiver antipathy, neglect, and abuse, influence the development of attachment patterns in adulthood.

In pursuit of this general objective, the specific objective of the research is to answer the following research questions:

1. What is the most prevalent adult attachment style (secure, preoccupied, dismissing, and fearful) among members of the Zetseat Apostolic Reformation Church?
2. Is there a gender difference among members of the Zetseat Apostolic Reformation Church in terms of adult attachment styles?
3. How does marital status relate to adult attachment styles among members of the Zetseat Apostolic Reformation Church?
4. How does the participants childhood experiences of caregiver antipathy, neglect and abuse (physical and sexual) relate to their current adult attachment styles?

1.4. Significance of the study

The significance of this study lies in its potential to provide valuable insights into the role of childhood experiences in shaping adult attachment styles, particularly within the cultural and religious context of the Zetseat Apostolic Reformation Church in Ethiopia. By examining the relationship between caregiver antipathy, neglect, and abuse during childhood and their impact on adult attachment, the study contributes to a deeper understanding of how these factors influence individuals' psychological well-being and interpersonal relationships.

This research is particularly important as it addresses a gap in the existing literature on attachment theory in Ethiopia, where there is limited exploration of these dynamics within local communities. Understanding adult attachment patterns in the context of religious and cultural influences can help identify specific needs for psychological support and interventions within the church community. Moreover, the findings may guide future programs aimed at improving caregiver-child relationships, enhancing emotional regulation, and fostering healthier social connections.

The findings of this study are highly significant for parents and counselors within the Church community. By illuminating the profound impact that early childhood experiences and parenting styles have on the development of adult attachment patterns, the study equips parents with practical knowledge about how their behaviors—such as providing warmth, consistency, and emotional support—can foster secure attachment in their children, which in turn contributes to healthier relationships and greater emotional well-being in adulthood. For counselors, these insights are invaluable for guiding interventions and support strategies; understanding the roots of attachment-related difficulties enables them to offer more targeted advice and support to individuals and families, promoting resilience and helping to break cycles of insecurity and

relational distress. Ultimately, this knowledge empowers both parents and counselors in the Church to nurture stronger, more supportive family environments, thereby enhancing the overall relational health of the community.

Additionally, exploring gender differences in childhood experiences and adult attachment styles will contribute to a more nuanced understanding of how these factors may differ across sexes, allowing for the development of more tailored approaches in addressing attachment-related issues. Ultimately, this study's significance extends beyond academic knowledge, as it has the potential to inform the church to come up with interventions and practices that promote emotional well-being and stronger relationships with in its community.

1.5. Delimitation of the study

The delimitation of this study defines the boundaries of what will and will not be covered, focusing the research on specific aspects while acknowledging important areas left unexplored.

This study is confined exclusively to adult members of the Zetseat Apostolic Reformation Church in Addis Ababa, Ethiopia, and does not include members of other churches, denominations, or religious communities, nor does it consider individuals from different cultural or geographic backgrounds. The research centers solely on the relationship between negative childhood experiences—specifically caregiver antipathy, neglect, physical abuse, and sexual abuse—and adult attachment styles as measured by self-report questionnaires. It does not address the effects of positive childhood experiences, such as supportive parenting, or the role of peer and sibling relationships in attachment development, even though these factors may also significantly influence adult relational patterns.

Furthermore, the study does not investigate the impact of broader social, economic, or educational variables, nor does it examine how factors like community support, church involvement, or spiritual practices might moderate the relationship between childhood experiences and adult attachment.

The analysis is cross-sectional, capturing data at a single point in time, and therefore does not track changes in attachment styles or relational outcomes over the lifespan. Additionally, the study does not employ qualitative methods, such as interviews or focus groups, which could provide deeper insights into the lived experiences of participants.

By setting these boundaries, the study aims to provide a focused examination of how adverse childhood experiences relate to adult attachment within a specific religious context, while recognizing that many relevant influences and perspectives remain outside its scope.

1.5. Operational definitions of terms

Adult Attachment Styles: These refer to the patterns of behavior, emotional responses, and interpersonal dynamics that individuals exhibit in close relationships, typically categorized as secure, preoccupied, dismissing, or fearful as measured by (Bartholomew & Horowitz, 1991).

Adult: For the purposes of this study, an adult is defined as an individual whose chronological age falls within the range of 20 to 60 years as measured by (Santrock, 2019).

Secure Attachment: A style where individuals generally feel confident in their relationships, trusting that their attachment figures will be responsive and supportive as measured by (Collins, 1996).

Preoccupied Attachment: A style characterized by a strong desire for closeness, often driven by anxiety and fear of abandonment as measured by (Collins, 1996)

Dismissing Attachment: A style where individuals tend to avoid closeness and emotional dependence, often valuing independence over connection as measured by (Collins, 1996)

Fearful Attachment: A style characterized by a combination of desire for closeness and fear of rejection or being hurt as measured by (Collins, 1996)

Caregiver Sensitivity: The responsiveness of a caregiver to a child's needs, emotions, and behaviors, including the ability to provide comfort, protection, and consistent care as measured by (Bifulco, Bernazzani et al. 2005)

Childhood Neglect: The failure of a caregiver to provide basic emotional, physical, or psychological needs, leading to a lack of care, support, or attention as measured by (Bifulco, Bernazzani et al. 2005)

Childhood Abuse: The physical, emotional, or sexual mistreatment of a child by a caregiver or other significant person as measured by (Bifulco, Bernazzani et al. 2005)

Chapter Two

Review of Related Literature

This chapter examines research findings on the connections between childhood experiences, including care, neglect, and abuse, and their influence on adult attachment. In this review, we will explore the foundations and development of attachment theory, followed by its transition to adult attachment. Next, we will examine what gives rise to individual differences in adult attachment patterns. Subsequently, empirical findings on the impact of early childhood experience on adult attachment will be discussed. Finally, we will review literature on sex difference in adult attachment.

2.1. Overview of attachment theories

In the early 1930s, John Bowlby began developing his ideas about the profound effects of love and loss while working with delinquent boys. He noticed these children struggled to form close emotional bonds, often due to severe disruptions in their early lives, such as maternal loss or frequent changes in caregivers (Bowlby, 1944). Bowlby hypothesized that a stable, nurturing relationship with a mother or mother-figure is essential for mental health, a notion he formalized in a report for the World Health Organization (Bowlby, 1951). While his work gained recognition, he sought a deeper understanding of why maternal deprivation adversely affected social and emotional development (Bowlby, 1969/1982).

During the 1950s, Bowlby collaborated with James and Joyce Robertson at the Tavistock Clinic to study maternal separation further. They observed that separated children exhibited a predictable series of reactions: protest, characterized by distress and attempts to regain their

caregiver; despair, marked by listlessness and signs of depression; and detachment, where the child appeared to recover but displayed emotional disconnection from the parent upon reunion (Bowlby, Robertson, & Rosenbluth, 1952). Bowlby identified this detachment as a defense mechanism to cope with pain and rejection (Bowlby, 1969/1982).

At the time, psychoanalytic theories attributed these behaviors to an underdeveloped or stuck ego, while others blamed new environments or insufficient care. However, Bowlby argued that separation itself, rather than external factors, caused the distress. His quest to understand the profound impact of parent–child separation shaped his work and legacy, influencing his theories on attachment and personality development (Bowlby, 1969/1982).

Building on ethological theory, Bowlby (1969/1982) proposed that "protest" behaviors, such as crying and searching, serve to maintain proximity to a caregiver, a critical survival strategy for infants who are inherently unable to protect or care for themselves. Drawing from research on animal behavior, Bowlby highlighted that young animals born defenseless are especially vulnerable to predation, suggesting that infants who could stay close to an attachment figure had a greater likelihood of surviving to reproductive age. This evolutionary pressure shaped infants to exhibit traits like large eyes and appealing smiles to elicit caregiving responses from adults. Over time, as infants develop, they adopt more active behaviors to gain a specific caregiver's attention, forming an attachment bond. These attachment behaviors—such as crying, maintaining visual contact, or crawling toward the caregiver—function to secure proximity and ensure a sense of safety.

Bowlby introduced the concept of the attachment behavioral system, an instinctual motivational system shaped by natural selection to regulate closeness to caregivers. This system operates similarly to a homeostatic control system, aiming to maintain physical or emotional

proximity to the caregiver and achieve "felt security" (Sroufe & Waters, 1977a). When a caregiver is perceived as present and responsive, the child feels secure and is more inclined to explore and engage socially. Conversely, perceived threats to the caregiver's presence or the child's safety trigger anxiety or fear, prompting proximity-seeking behaviors for comfort and reassurance. These behaviors enhance the child's protection and ultimately contribute to evolutionary fitness by increasing survival odds.

Ainsworth, Waters, Blehar and Wall (1978) introduced the Strange Situation, a laboratory procedure designed to study infant-parent attachment. In this paradigm, 12-month-old infants are observed with their parents during structured separations and reunions. The focus is on the infants' responses during reunions, revealing three primary attachment patterns. Approximately 60% of infants display secure attachment, becoming upset when separated but easily comforted upon the parent's return. Another 20% exhibit insecure-resistant (or anxious-ambivalent) attachment, showing intense distress during separation and conflicting behaviors upon reunion—seeking comfort but also resisting it. The third pattern, insecure-avoidant attachment, is characterized by minimal distress during separation and active avoidance of the parent upon reunion.

Later, Mary Main and colleagues (Main & Solomon, 1990) identified a fourth category: disorganized/disoriented attachment, where infants display confused or contradictory behaviors that fail to effectively regulate proximity to the caregiver. Main and Hesse (1990) associated this pattern with parents who experienced unresolved trauma or significant losses, often leading to depressive caregiving behaviors.

Ainsworth's work has had significant influence despite criticisms (e.g., Lamb et al., 1984; Rothbaum et al., 2000). First, it provided an empirical foundation for understanding attachment

behaviors in both secure and threatening contexts. Second, it established the first taxonomy of individual differences in infant attachment, inspiring decades of research into what influences secure versus insecure attachment and its implications for emotional and social development. Finally, Ainsworth demonstrated that attachment patterns in the Strange Situation are linked to parental responsiveness observed in the home during the infant's first year. Secure infants tended to have responsive parents, while insecure infants often had caregivers who were inconsistent or rejecting. Her research has been pivotal in framing attachment theory as a model for studying personality development and individual differences.

In infancy, the sense of security primarily depends on external factors, such as the availability and responsiveness of caregivers. Over time, children form internal working models—mental representations of their interactions with caregivers that guide the regulation of their attachment system (Bretherton & Munholland, 2008). When caregivers are warm, responsive, and consistently available, children develop secure working models. These children view themselves as worthy of love and others as reliable, enabling them to confidently explore their environment, build positive social relationships, and trust that caregivers will be there when needed. Conversely, when caregivers are cold, rejecting, or inconsistent, children develop insecure working models. They may perceive themselves as unworthy of love and others as unreliable, leading to behaviors such as excessive demands for attention or emotional withdrawal in pursuit of self-sufficiency (DeWolff & van IJzendoorn, 1997).

Working models are composed of two key dimensions: models of self (representations of one's own worth) and models of others (expectations about others' reliability). These models can be positive or negative and influence self-concept, as well as attitudes and expectations toward others.

The concept of working models is central to attachment theory for two reasons. First, it emphasizes the importance of early experiences in shaping personality development. Unlike many theories in social and personality psychology that focus on individual differences (e.g., traits, social behaviors, or ideological preferences), attachment theory explains the developmental origins of these differences and their persistence over time. Second, working models integrate attachment theory with cognitive science. Bowlby (1980) incorporated ideas from cognitive psychology to explain how interpersonal experiences are encoded, represented in memory, and influence attention and defensive behaviors. This intersection remains a key area of research in modern attachment theory (Dykas & Cassidy, 2011).

While Bowlby and Ainsworth initially focused on infant-caregiver relationships, they posited that attachment dynamics persist throughout life, influencing behavior and relationships "from the cradle to the grave" (Bowlby, 1979, p. 129). This perspective has informed modern research in two key ways. The first one is the lifespan implications of attachment.Bowlby argued that early attachment experiences shape emotional and social functioning across the lifespan. Attachment theory is not limited to childhood but provides a framework for understanding interpersonal functioning throughout life. For instance, Bowlby (1944) linked early attachment disruptions to emotional detachment and relationship difficulties in adolescents. Disruptions in attachment, internalized as insecure working models, can serve as risk factors for psychopathology, reinforcing the theory's relevance in personality development and clinical psychology.

The second one is the continuity of the attachment behavioral system in adulthood.Weiss (1982) suggested that attachment relationships remain relevant in adulthood, not necessarily as protective bonds but as sources of security and support for managing challenges. Adult

attachment relationships, including romantic partnerships, share behavioral features with infant-caregiver attachments, such as seeking proximity, deriving comfort from the partner's presence, and experiencing distress when the partner is unavailable (Weiss, 1975; Ainsworth, 1989).

Building on this, Hazan and Shaver (1987) proposed that adult romantic relationships are partly governed by the attachment behavioral system. Romantic partners, like caregivers, provide emotional security, physical closeness, and comfort. These relationships involve shared discoveries, mutual fascination, and behaviors such as "baby talk." Hazan and Shaver's work has significantly influenced the study of adult relationships, with researchers exploring attachment dynamics in marriage (Kobak & Hazan, 1991; Creasey & Jarvis, 2009), communication (Feeney, 1994), and conflict resolution (Domingue & Mollen, 2009). Even relationship dissolution has been conceptualized as an attachment process involving protest, despair, and detachment (Weiss, 1975; Hazan & Shaver, 1992).

Despite similarities, infant-caregiver and adult romantic attachments differ in important ways. First, infant-caregiver relationships are asymmetrical; infants rely on caregivers, but caregivers are not "attached" to infants in the same sense. Romantic relationships, however, are more reciprocal, with partners alternating between caregiving and attachment roles. Second, romantic relationships include a sexual dimension, which distinguishes them from parent-child bonds (Hazan & Zeifman, 1994). While both involve intimate behaviors like hugging or cuddling, sexual intimacy is unique to romantic partnerships.

In summary, attachment theory provides a unifying framework for understanding interpersonal relationships across the lifespan, acknowledging both continuities and distinctions between infant-caregiver and adult romantic bonds.

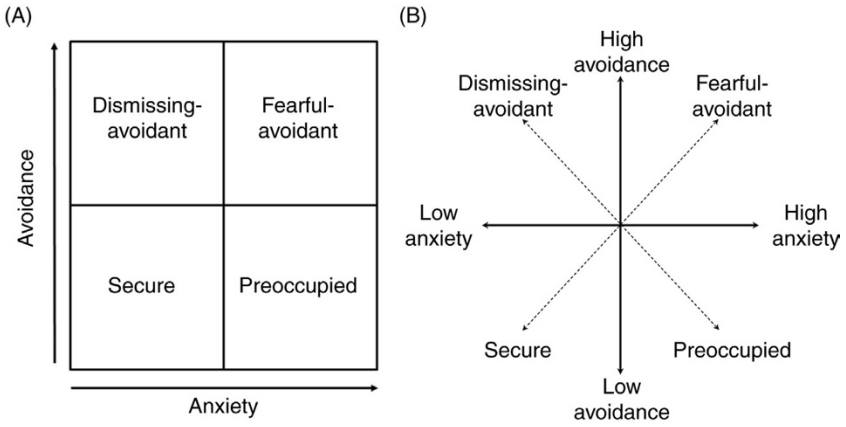
2.2. Individual differences in attachment

Hazan and Shaver's (1987) groundbreaking research established that the attachment patterns observed in infancy—secure, avoidant, and anxious-ambivalent—extend into adulthood and characterize how individuals approach close relationships. Their work found that most adults are secure in relationships, comfortable with intimacy, and confident in their ability to trust and depend on others. However, avoidant adults often struggle with emotional closeness, using distance as a defense against vulnerability, while anxious-ambivalent adults exhibit insecurity, clinginess, and a heightened fear of rejection. Using brief descriptions of these attachment types, Hazan and Shaver asked participants to self-identify their attachment style. They found that the proportion of adults identifying with these categories mirrored the distribution seen in Ainsworth's infant Strange Situation studies.

Building on this, Bartholomew and Horowitz (1991) refined the model by proposing four distinct attachment styles: secure, fearful-avoidant, preoccupied, and dismissing-avoidant. These styles are derived from two dimensions: model of self and model of others, each of which can be positive or negative. Secure individuals possess positive views of both self and others, enabling healthy, trusting relationships. Fearful-avoidant individuals, with negative views of both self and others, avoid intimacy due to insecurity and a fear of emotional pain. Preoccupied individuals, marked by a positive view of others but a negative view of self, are overly focused on relationships, often at the cost of their own emotional stability. In contrast, dismissing-avoidant individuals, who have a positive view of self but a negative view of others, prioritize autonomy and independence over emotional closeness.

Figure

Theoretical frameworks describing adult attachment differences include: (A) the four-category model introduced by Bartholomew and Horowitz (1991), and (B) a two-dimensional version of that model, where the four attachment styles are positioned within a coordinate space. In this framework, the horizontal axis typically represents attachment-related anxiety or the self-model, while the vertical axis reflects attachment-related avoidance or the model of others.



Bartholomew's four-category framework expanded on Hazan and Shaver's original model by splitting avoidant attachment into fearful-avoidance and dismissing-avoidance, reflecting distinct motivations behind avoidance. Fearful-avoidant individuals are driven by insecurity and fear of being hurt, while dismissing-avoidant individuals consciously value independence and downplay the need for relationships. This differentiation has been influential in understanding the complexities of avoidance in adult relationships.

Modern attachment research often conceptualizes attachment styles along two continuous dimensions: attachment anxiety and attachment avoidance (e.g., Brennan, Clark, & Shaver, 1998). Attachment anxiety involves low self-worth, hypersensitivity to rejection, and intense efforts to seek reassurance and closeness. Individuals high in attachment anxiety often employ hyperactivating strategies, such as heightened emotional reactivity and excessive proximity-

seeking. In contrast, attachment avoidance is characterized by discomfort with intimacy, excessive self-reliance, and emotional suppression. Those high in avoidance rely on deactivating strategies, minimizing emotional needs and distancing themselves from others during times of distress.

These dimensions are not only central to understanding adult attachment but also align with attachment-related behaviors observed in infancy. Fraley and Spieker's (2003) analysis of the Strange Situation data demonstrated parallels between infant behaviors (e.g., proximity-seeking versus avoidance and angry-resistant behaviors) and the modern adult dimensions of attachment anxiety and avoidance.

Together, Hazan and Shaver's three-category system, Bartholomew's four-style framework, and the two-dimensional model of anxiety and avoidance provide a nuanced understanding of how individuals regulate emotions, form relationships, and respond to threats in attachment contexts. This evolution in conceptualizing adult attachment has advanced research on how early experiences, cognitive processes, and interpersonal dynamics influence attachment patterns across the lifespan, offering a comprehensive perspective on attachment stability, change, and its impact on emotional and relational well-being.

2.3. Empirical findings on the impact of early childhood experience on adult attachment

Early caregiving provides a foundation for social and personality development, potentially influencing later experiences in subtle ways. This indicates that childhood experiences can have lasting impacts on future outcomes. However, these effects are not deterministic; positive caregiving in childhood does not guarantee social success, and individuals who faced neglect or

abuse can still develop into socially and emotionally competent adults. This highlights the multifaceted and multidetermined nature of individual differences in adult relationships (Fraley & Brumbaugh, 2004; Sroufe & Jacobvitz, 1989).

Attachment theory does not claim that adult relational behaviors are solely determined by childhood experiences. Instead, it posits those early experiences shape development without dictating it. While caregiving histories in childhood may scaffold later outcomes, other factors also contribute. Research suggests that individual differences in adult attachment originate from early experiences but are shaped by numerous factors, as emphasized by the prototype perspective. This perspective enriches our understanding by emphasizing the complexity of developmental pathways (Duck, 1994).

Positive attachment experiences in early childhood, particularly those marked by sensitive and supportive caregiving, can serve as a protective buffer against the adverse effects of hardship. In contrast, adverse attachment experiences are frequently linked to the development of insecure attachment styles and an increased risk for later psychological difficulties (Hesse & Main, 2000; Wright, Crawford, & Del Castillo, 2009). Furthermore, experiences of childhood abuse and neglect have been consistently associated with insecure attachment outcomes (Raby, Labella, Martin, Carlson, & Roisman, 2017).

Factors influencing adult attachment styles include caregiving quality, family environments, social competence, and the quality of peer and friendship relationships. These elements, prominent in childhood, continue to influence adult attachment and relationship functioning. This multifactorial view underscores the importance of contextual and developmental factors in shaping adult attachment patterns (Sroufe & Jacobvitz, 1989).

Studies examining the connection between childhood experiences of care, neglect, and abuse and adult attachment styles often rely on retrospective reports. These studies reveal that adults who recall warm, affectionate relationships with their caregivers tend to view themselves as securely attached, while those who recall neglectful or abusive caregiving often report insecure attachment styles (Hazan & Shaver, 1987; Collins & Read, 1990). Contextual factors, such as maternal depression, family psychopathology, or high parental conflict, also influence the caregiving environment and adult attachment. For example, individuals who experienced parental depression or divorce during childhood often report greater insecurity in adult attachment styles (Mickelson, Kessler, & Shaver, 1997; Davila, Burge, & Hammen, 1997). Additionally, early stressors like father absence or low socioeconomic status are associated with insecure attachment in adulthood (Chisholm et al., 2005; Fraley et al., 2013).

While most of this research relies on retrospective data, recent longitudinal studies provide more robust evidence. For example, Dinero, Conger, Shaver, Widaman, and Larsen-Rife (2008) found that the nature of parent-child relationships at age 15 was a predictor of attachment security a decade later, at age 25. Similarly, the Young Finns Study found that maternal nurturance at age 10 was negatively correlated with avoidant attachment two decades later (Salo et al., 2011). A study by Fraley, Roisman, Booth-LaForce, et al. (2013) used data spanning from infancy to adolescence to examine how changes in maternal sensitivity impacted adult attachment styles. They found that reductions in maternal sensitivity over time were significantly linked to higher attachment avoidance at age 18. These findings emphasize that while childhood experiences of care, neglect, and abuse can shape attachment, changes in caregiving quality across time are equally influential.

Research has extensively explored the relationship between social competence and adult attachment styles. Secure adults typically exhibit high self-confidence and greater interpersonal warmth, traits indicative of strong social competence (Bartholomew & Horowitz, 1991). They are also more adept at empathizing with others (Simpson et al., 2011) and excel in seeking and providing support during stressful situations (Collins & Feeney, 2000).

Longitudinal studies have further linked childhood social competence to adult relationship functioning. For instance, Simpson et al. (2007), using data from the Minnesota Longitudinal Study of Risk and Adaptation (MLSRA), found that children who were socially competent—defined as being well-liked, respectful, and able to understand and engage with peers—tended to have healthier romantic relationships as young adults. These relationships were characterized by a higher ratio of positive to negative emotional experiences and less negativity overall. While romantic relationship functioning is not synonymous with attachment style, it is a crucial outcome closely tied to attachment theory.

Fraley et al. (2013), analyzing longitudinal data from the NICHD SECCYD, examined social competence trajectories from early childhood through adolescence. Their findings revealed that children who demonstrated higher levels of social competence early in life and showed continued growth in this area were more likely to report secure attachment styles at age 18.

These findings suggest that social competence, shaped by childhood experiences of care, neglect, and abuse, plays a significant role in adult attachment styles and relationship outcomes. Social competence, evaluated at various developmental stages, consistently predicts secure attachment and positive relationship functioning in adulthood.

Psychologists have expanded their focus beyond family dynamics to explore how friendships, especially those formed during adolescence and early adulthood, influence adult attachment

styles. Peer relationships, as some of the first contexts outside the family where intimacy, trust, and support are navigated, play a critical role in shaping attachment orientations (Furman et al., 2002; Fraley & Davis, 1997; Nickerson & Nagle, 2005). Research suggests that close friendships can fulfill attachment functions, with individuals who experience high-quality friendships being more likely to develop secure attachment styles (Bartholomew & Horowitz, 1991).

Friendships also influence romantic relationship functioning. Adolescents form expectations about romantic relationships based on their experiences with close friends (Furman et al., 2002). While childhood experiences of care, neglect, and abuse within families might set the foundation, unique experiences in friendships further shape expectations and attitudes toward romantic relationships. Even when parental influences are accounted for, individual differences in friendship quality remain significant predictors of views on romantic relationships. Furman et al. (2002) suggest that perceptions of friendships may mediate the relationship between family dynamics and romantic relationship functioning.

Prospective research supports these ideas. Simpson et al. (2007), using data from the MLSRA, found that adolescents with higher-quality friendships—characterized by trust, disclosure, and authenticity—had healthier romantic relationships in early adulthood. Similarly, Fraley et al. (2013b), analyzing data from the SECCYD, examined friendship quality using the Friendship Quality Questionnaire (FQQ) from Grades 3 through 6 and at age 15. Their findings indicated that children with high-quality friendships early in life and those whose friendships improved over time were more likely to report secure romantic relationships at age 18.

These findings underscore the importance of both familial and peer relationships in shaping attachment styles. While childhood experiences of care, neglect, and abuse provide an early

framework, the quality of friendships during adolescence and early adulthood contributes uniquely to adult attachment security and romantic relationship functioning.

2.4. Relationship Between Antipathy, Neglect, and Abuse with Attachment Styles: Findings from Previous Studies

Childhood experiences of caregiver antipathy—characterized by hostility, rejection, and emotional coldness—have been consistently linked to insecure attachment patterns in adulthood. Longitudinal studies demonstrate that antipathetic parenting disrupts the development of secure internal working models, fostering fearful and dismissing attachment styles. For instance, Bifulco et al. (2005) found that maternal antipathy strongly predicted fearful attachment in European samples, as children internalized distrust in caregivers' reliability. Similarly, Hazan and Shaver (1994) observed that emotional rejection led to deactivating strategies (e.g., avoidance of intimacy) in adult relationships. However, cross-cultural research highlights variability: Ayenew (2016) reported that Ethiopian adults exposed to antipathy often exhibited secure attachment, suggesting communal or spiritual support may buffer these effects.

Neglect—defined as the absence of emotional or physical care—shows a weaker but significant association with dismissing and preoccupied attachment. Felitti et al. (1998) noted that emotional neglect correlated with dismissing attachment, as neglected children learned to suppress emotional needs. However, findings are context-dependent: While Western studies (Raby et al., 2017) link neglect to avoidance, research in collectivist cultures (e.g., Ayenew, 2021) found no significant correlation, possibly due to compensatory care from extended family. Physical neglect, such as inadequate supervision, has been tied to preoccupied attachment in

adulthood, as individuals hyperfocus on relational validation to counteract feelings of unworthiness (Mikulincer & Shaver, 2007).

Childhood abuse—physical, sexual, or emotional—is strongly associated with fearful and preoccupied attachment. Physical abuse disrupts trust in caregivers, often leading to fearful attachment (Main & Hesse, 1990). For example, Luca and Unger (2014) found physical abuse correlated with attachment avoidance in adulthood. Sexual abuse, particularly, predicts fearful attachment due to trauma-induced shame and confusion about intimacy (Felitti et al., 1998). A meta-analysis by Conradi et al. (2006) revealed that 45% of sexual abuse survivors exhibited fearful attachment, characterized by conflicting desires for closeness and fear of rejection. Emotional abuse, marked by chronic criticism or humiliation, is linked to preoccupied attachment, as individuals develop hypersensitivity to relational threats (Mickelson et al., 1997).

While Western studies emphasize parental sensitivity as central to secure attachment, research in non-Western contexts complicates this narrative. For example, van IJzendoorn and Bakermans-Kranenburg (2010) found that communal caregiving in Sub-Saharan Africa mitigated the effects of antipathy and neglect. Similarly, qualitative work on Ethiopian adoptees highlighted spiritual figures as alternative attachment anchors, reducing reliance on parental models (Mcdonald et al., 2020). These findings underscore the need for culturally sensitive frameworks when interpreting attachment outcomes.

The impact of adverse childhood experiences on attachment is mediated by factors like emotional regulation and social competence. Secure attachment often emerges in high-adversity contexts when protective factors (e.g., supportive peers, mentors) exist (Fraley et al., 2013). Conversely, the absence of such buffers exacerbates insecurity. Gender also moderates

outcomes: Women exposed to sexual abuse are more likely to develop fearful attachment due to societal stigma, whereas men may externalize trauma through avoidance (Del Giudice, 2011).

2.5. Sex difference in adult attachment

The question of whether adult attachment differs by sex has been extensively explored due to findings in broader psychology fields indicating differences in how men and women approach relationships (Dunbar & Machin, 2014). Men are often seen as more emotionally reserved, while women are more invested in relationships. These differences raise the possibility that attachment styles may reflect biological or gender norms rather than attachment-specific experiences. However, attachment researchers, including Bowlby (1969/1982), generally find no significant sex-based differences in attachment styles, with studies reporting weak or small effect sizes (Conradi et al., 2006; Lopez, 2001).

Del Giudice (2009a, 2011) proposed a life-history model suggesting that sex differences in attachment emerge primarily among insecure individuals, shaped by environmental conditions. In harsh and unpredictable environments, individuals may adopt a "fast life strategy," characterized by risk-taking, early sexual maturation, and uncommitted relationships. For men, this aligns with attachment avoidance, while for women, it may resemble attachment anxiety or avoidance under extreme stress. Conversely, stable environments foster a "slow life strategy," resembling attachment security, with fewer sex differences. Del Giudice's meta-analysis (2011) of 100 studies found weak average effect sizes for sex differences in attachment ($d = -0.04$ for anxiety, $d = 0.02$ for avoidance). However, larger differences were observed in unstable regions, where men showed higher avoidance and women higher anxiety.

Some researchers attribute these differences to gender stereotypes rather than evolutionary factors. For instance, men high in avoidance may exaggerate masculine traits like self-reliance, while women high in anxiety may emphasize feminine traits like emotional availability (Eagly & Steffen, 1984). These differences may also vary culturally, with more pronounced differences in societies endorsing traditional gender roles. However, social-developmental accounts rarely address how environmental harshness contributes to sex differences, leaving room for future research to test evolutionary versus social-developmental explanations.

Despite these variations, studies on attachment insecurity's impact on outcomes like partner support, communication, and sexual coercion generally report minimal sex differences. For example, no consistent sex differences were found in the link between attachment style and relationship trust (Karantzas et al., 2014). However, meta-analytic findings suggest attachment avoidance in men is associated with higher instances of sexual coercion, a pattern not observed in women (Karantzas et al., 2015). Overall, while sex differences in attachment are generally small, they may become more pronounced under specific environmental or cultural conditions.

Chapter Three

Methodology

3.1. Design

This study followed a quantitative research approach to examine the correlation between childhood experiences of care and abuse and adult attachment patterns. A cross-sectional design is employed to gather data from participants at a single point in time.

3.2. Setting

The study was conducted at the Zetseat Apostolic Reformation Church, which is located around the Sarbet area in the Kirkos sub-city of Addis Ababa, Ethiopia. The church has been established as a Protestant organization since 1993 E.C. and serves a diverse congregation with a strong emphasis on youth and community development.

The socio-cultural background of the population is predominantly Protestant Christian. The population included both female and male members, with a greater number of females that is also represented in the study. The population made up of various age groups, but the majority are young adults, aligning with the church's active youth ministry and focus on positive youth development. In terms of socioeconomic status, the population came from different backgrounds; however, most are relatively well-educated.

This setting provided a unique context for exploring the relationship between childhood experiences and adult attachment styles within a faith-based, urban Ethiopian community.

3.3. Population, sampling and sample

The target population for this study comprises members of the Zetseat Apostolic Reformation Church. To select participants for the research, a random sampling technique was employed, which falls under the category of probability sampling strategies.

To determine the number of participants required for the study, Yamane's (1967) simplified formula was used because the population size is known. The formula is expressed as:

$$n = N/(1+N(e)2)$$

- n is the required sample size,
- N is the total population size, and
- e is the margin of error or level of precision.

The total number of members in ZARC is 885, and out of the total number of members there are 353 members are children and teenagers which are under the age of 20 years. Therefore, these members will not be part of the study. This makes the population size 532 members. The findings relating to culture and adult attachment suggest that cultural differences are not always found (eg, van IJzendoorn & Bakermans-Kranenburg, 1996, 2010; Doherty, Hatfield, Thompson & Choo, 1994). Therefore, the revised adult attachment scale (RAAS) and the childhood experiences of care and abuse questionnaire (CECA.Q) will be adopted for the use of the study. For this reason, 150 members that can't fill the questionnaires which will be presented in English because of communication barrier will be subtracted from the total population number 532. Thus, for this study, the total population size (N) was set at 382 members, and a margin of error (e) of ±5% was chosen, corresponding to a 95% confidence level. Using these parameters, the formula yielded a calculated sample size of approximately 196 participants. This calculation

ensures an adequate and statistically reliable representation of the target population for the purposes of the study.

3.4. Tools/instruments of data collection

Demographics that are included in the study are age and gender, with answers 0 ‘male’ and 1 ‘female’. In addition, respondents will be asked about their marital status (‘single’, ‘engaged’, ‘married’, ‘separated’, ‘divorced’, ‘widowed’).

This study utilized two well-established instruments for data collection to ensure a comprehensive assessment of the variables under investigation. The Revised Adult Attachment Scale (RAAS), specifically the Close Relationships Version, is adopted and employed to measure adult attachment styles. This self-report tool evaluates key dimensions of attachment, such as closeness, dependence, and anxiety, providing valuable insights into patterns of attachment in adult relationships. The RAAS is widely recognized for its reliability and validity, making it an appropriate choice for examining attachment tendencies and their impact on interpersonal dynamics.

Additionally, the Childhood Experiences of Care and Abuse Questionnaire (CECA.Q) is adopted and used to gather detailed information on participants’ childhood experiences, particularly focusing on caregiving and exposure to abuse. This structured instrument systematically evaluates the quality of care received during childhood and identifies adverse experiences such as neglect or maltreatment.

The Childhood Experience of Care and Abuse Questionnaire (CECA.Q) has been shown to possess strong reliability and validity across various studies. Bifulco et al. (2005) conducted foundational work on the CECA.Q, reporting high internal consistency for the antipathy ($\alpha = .81$)

and neglect (α = .80) scales, as well as strong test-retest reliability and significant correlations with the Parental Bonding Instrument (PBI), supporting concurrent validity. Smith, Bifulco, and colleagues (2002) validated the CECA.Q in community samples, showing that it reliably differentiated between individuals with and without histories of depression, thereby demonstrating criterion validity.In a study by Bifulco et al. (1994), the CECA.Q was found to be significantly associated with lifetime history of depression and other clinical outcomes, further supporting its utility in both clinical and community populations.

It also exhibits solid test-retest reliability, indicating stability over time. Regarding validity, the CECA.Q shows significant correlations with established measures such as the Parental Bonding Instrument (PBI), particularly in assessing antipathy and neglect, supporting its concurrent validity. Moreover, the questionnaire is significantly associated with lifetime history of depression, highlighting its criterion validity. These findings support the CECA.Q as a reliable and valid tool for evaluating adverse childhood experiences in both clinical and community populations.

Research has consistently demonstrated that the Revised Adult Attachment Scale (RAAS) possesses satisfactory reliability and validity. Collins, N. L. (1996) conducted foundational work on the RAAS, reporting strong internal consistency for its subscales, with Cronbach's alpha values typically exceeding 0.70, and specifically noting alpha values of 0.83 for the anxiety dimension and 0.76 for the avoidance dimension, indicating good reliability. Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998) provided evidence for the validity of the RAAS through exploratory and confirmatory factor analyses, supporting its three-factor structure (secure, anxious, and avoidant attachment styles) and confirming its construct validity. Graham, J. M., & Unterschute, M. S. (2015) reviewed the psychometric properties of the RAAS and concluded that

item rewording in some adaptations further enhanced internal consistency and construct validity, supporting the RAAS as a reliable and valid tool for assessing adult attachment across various populations and contexts.

Together, these instruments provide a robust framework for data collection, ensuring a thorough exploration of the correlation between childhood care and abuse and adult attachment patterns.

3.5. Procedures of data collection

The data collection process for this study followed a structured series of steps to ensure clarity, efficiency, and respect for participants' rights. Initially, participants were informed about the purpose of the study, its procedures, and the measures in place to maintain confidentiality. This includes providing a clear explanation of how their data will be used solely for research purposes and emphasizing that participation is entirely voluntary. Following this, informed consent was obtained from each participant before their involvement in the study. This ensured that participants understood their rights and agreed to take part in the research willingly.

Once consent is secured, participants were asked to complete the Revised Adult Attachment Scale (RAAS), a self-report instrument designed to measure adult attachment styles. After completing the RAAS, participants proceeded with the Childhood Experiences of Care and Abuse Questionnaire (CECA.Q) interview.

Data collection sessions was arranged at times and locations that are convenient for the participants, such as within the church premises or other suitable venues that ensured comfort and privacy. This approach aimed to create a supportive and accommodating environment, allowing participants to engage fully and provide accurate responses.

3.6. Methods of data analyses

The data analysis for this study has involved the use of both descriptive statistics and correlation analyses to address the research questions effectively. Descriptive statistics provided a comprehensive summary of the data, including measures of central tendency and dispersion, allowing for a clear understanding of the demographic and variable distributions within the sample. Correlation analyses was then conducted to explore the relationships between childhood experiences of care and abuse and adult attachment patterns. This has helped to determine the strength and direction of these associations. Data was analyzed using Statistical Package for the Social Sciences (SPSS) software, a widely recognized and robust tool for quantitative data analysis.

The Revised Adult Attachment Scale (RAAS) developed by Collins (1996) was employed in this study to assess adult attachment styles—secure, preoccupied, dismissing, and fearful—among members of the Zetseat Apostolic Reformation Church in Addis Ababa, Ethiopia. The scale was adapted for general close relationships (including family, friends, and romantic partners) rather than solely romantic contexts, ensuring cultural and relational relevance within the church community

Participants responded to 18 items using a 5-point Likert scale, ranging from 1 ("not at all characteristic of me") to 5 ("very characteristic of me"). These items were designed to assess three key dimensions of attachment:

- Closeness: Comfort with emotional intimacy (e.g., “I find it relatively easy to get close to people”).
- Dependence: Willingness to rely on others (e.g., “I am comfortable depending on others”).

- Anxiety: Fear of rejection or abandonment (e.g., “I often worry that other people don't really love me”).

Some negatively worded items were reverse coded to ensure that higher scores consistently represented greater security or anxiety. From the individual item responses, mean scores were computed for the three dimensions: CLOSE, DEPEND, and ANXIETY.

A composite score (CLOSDEP) was calculated by averaging the closeness and dependence dimensions. Based on theoretical guidelines and cutoff values around the midpoint of the 5-point scale (i.e., 3), participants were classified into one of four attachment styles:

- Secure: High CLOSDEP, Low Anxiety
- Preoccupied: High CLOSDEP, High Anxiety
- Dismissing: Low CLOSDEP, Low Anxiety
- Fearful: Low CLOSDEP, High Anxiety

To determine the most prevalent attachment style among members of the Zetseat Apostolic Reformation Church, percentages were used.

The relationship between childhood experiences of caregiver antipathy and current adult attachment style was analyzed using a chi-square test to assess differences across the four attachment categories. Specifically, the antipathy subscale of the CECA.Q was used to measure hostile or cold parenting behaviors experienced before the age of 17.

The antipathy scale assesses perceptions of maternal and paternal emotional coldness, hostility, and rejection. Participants responded to a series of items—such as “She was very difficult to please”—on a 5-point Likert scale (1 = no, not at all; 5 = yes, definitely). Items 8 and 11 were reverse-coded to ensure that higher scores consistently reflected greater antipathy. After reverse coding, the following items were summed for both mother and father antipathy scales:

items 1, 4, 6, 8, 9, 10, 11, and 16. To compute the overall antipathy score, the higher of the two totals (maternal or paternal) was retained and assigned to the variable “antipathy.” Based on established criteria, a cutoff score of 25 or more indicated the presence of antipathy, while scores below 25 signified absences.

These antipathy scores were then used to classify participants into two groups—antipathy present and antipathy absent. This classification was statistically analyzed using chi-square tests to examine its association with adult attachment styles.

To assess the impact of early caregiving neglect on adult relational patterns, this study utilized the neglect subscale of the Childhood Experience of Care and Abuse Questionnaire (CECA.Q). Specifically, the neglect scale captures the degree to which participants perceived their parents—both mother and father—as emotionally unavailable, inattentive, or indifferent during childhood. Participants responded to items such as “She/he did not seem interested in what I was doing” using a 5-point Likert scale (1 = no, not at all; 5 = yes, definitely).

To ensure consistency in scoring, items 2, 3, 5, 12, 13, and 14 were reverse-coded. Then, the following items were summed for each parent to produce two separate scores: items 2, 3, 5, 7, and 12–15. The higher total score between the mother and father scales was taken as the participant's overall neglect score, and recorded under the variable “neglect.” A cutoff score of 24 or more was used to classify participants as having experienced neglect. Those with scores below 24 were categorized as not neglected. This binary classification (neglect present/absent) was then analyzed in relation to adult attachment styles. A chi-square test was conducted to examine the statistical association between reported childhood neglect and adult attachment categories.

Similarly, the relationship between childhood abuse experiences (physical and sexual) and adult attachment was analyzed through a chi-square test. To examine how early experiences of physical abuse influence adult attachment patterns, the study employed the physical abuse subscale. This validated measure assesses the severity and frequency of physical abuse by primary caregivers before the age of 17.

Participants were asked to recall and respond to a series of binary (Yes/No) questions concerning their mother's and father's disciplinary behavior. The physical abuse subscale included four key questions. Each Yes response was coded as 1, and each No response as 0, producing a possible total score from 0 to 4 for each parent. The higher score between the mother and father was retained as the participant's overall score under the variable "physical abuse."

Participants were categorized as having experienced physical abuse if they scored 1 or higher. A score of 0 indicated the absence of physical abuse. This binary classification was then statistically analyzed using chi-square tests to assess the relationship between childhood physical abuse and adult attachment styles.

To assess the impact of childhood sexual abuse on adult attachment patterns, this study utilized the sexual abuse subscale. This subscale was specifically designed to capture the presence and severity of sexual abuse experienced before the age of 17.

Participants were asked a series of seven Yes/No questions addressing different aspects of their experiences with sexual abuse. Each Yes response was scored as 1, and each No as 0, resulting in a total possible score between 0 and 7. Participants who responded "Yes" to any one of the items received a total score ≥ 1, classifying them as having experienced sexual abuse. Those with a score of 0 were classified as having no history of sexual abuse. This score was stored under the variable name "sexual abuse."

This classification was then statistically tested against participants' adult attachment styles. Using chi-square analysis, the study evaluated whether there was a significant association between a history of childhood sexual abuse and the type of attachment style developed in adulthood.

Finally, to explore gender and marital status differences in adult attachment styles, a chi-square test was used to identify significant associations between gender and marital status with attachment classifications. These techniques collectively provided meaningful insights into the research questions and contributed to understanding the link between early life experiences and adult attachment styles.

3.7. Ethical issues

At the outset of sample selection, the study's purpose was explained, and full consent was obtained from participants and relevant authorities. A cover note accompanied the research instruments, outlining the study's objective while assuring participants of the confidentiality and anonymity of their responses. It was also made clear to participants that their involvement was entirely voluntary and that all information collected would be used solely for research purposes.

Chapter Four

Findings and Discussion

4.1. Findings

4.1.1. Demographic characteristics

The demographic characteristics of the study participants are summarized in the table below. The sample consisted of 210 individuals, with a greater proportion of females compared to males.

Table 1

Demographic characteristics of participants

Variable	Category	Count	Percentage (%)
Sex	Male	84	40.0%
	Female	126	60.0%
Marital Status	Single	140	66.7%
	Engaged	6	2.9%
	Married	63	30.0%
	Separated	1	0.5%
	Divorced	0	0.0%
	Widowed	0	0.0%

Regarding marital status, the majority of participants (66.7%) were single followed by those who were married. There were no participants who identified as divorced or widowed. The average age of participants was 26 years with a standard deviation of 6 years.

4.1.2. Adult Attachment Styles among ZARC Community

Table 2 presents the frequency and percentage distribution of adult attachment styles among the 210 participants. The distribution indicates insecure attachment styles were the most prevalent among members of the Zetseat Apostolic Reformation Church, collectively accounting for 62.4% of the sample (fearful 25.2%, dismissing 21.4%, and preoccupied 10.5%), while secure attachment comprised 37.6%. Additionally, 11 participants (5.2%) were marked with a code of "0," which indicates participants who did not fall into any defined attachment category.

Table 2

Adult attachment style (secure, preoccupied, dismissing, and fearful) distribution of the participants

Variable	Frequency	Percent
0	11	5.2
SECURE	79	37.6
PREOCC	22	10.5
DISMISS	45	21.4
FEARFUL	53	25.2
Total	210	100.0

4.1.3. Association between gender and adult attachment styles

A cross-tabulation table (crosstab) was generated to display the frequency of each attachment style separately for males and females. Next, a Chi-square test was applied to assess whether the observed differences in attachment styles across gender groups were statistically significant. The output included the Pearson Chi-Square value, degrees of freedom (df), and p-value.

Table 3

A cross-tabulation (crosstab) of the frequency of each attachment style separately for males and females

	0	SECURE	PREOCC	DISMISS	FEARFUL
Male	6	32	14	15	17
Female	5	47	8	30	36
Total	11	79	22	45	53

As depicted in Table 3, the cross tabulation presents the distribution of adult attachment styles across gender. For males, the most common attachment style was secure individuals, followed by fearful, dismissing, and preoccupied, with 6 not categorized into any style (coded as 0). For females, secure attachment was also the most prevalent, followed by fearful, dismissing, and preoccupied, with 5 falling into the uncategorized group.

The Pearson Chi-Square value is 8.319 with 4 degrees of freedom and an associated p-value of .081, which is above the conventional threshold of 0.05. This indicates that there is no statistically significant association between sex and attachment style at the 5% level.

Taken together with the crosstabulation, which showed some variation in how males and females are distributed across attachment styles (e.g., females having slightly more fearful and dismissing styles, and males more preoccupied), the findings suggest some observable differences but not at a level that is statistically significant. Thus, while gender-based trends in attachment may exist within this sample, they cannot be confidently generalized without further investigation or a larger sample size.

4.1.3. Association between marital status (relationship) and adult attachment styles

A cross-tabulation table (crosstab) was generated to display the frequency of each attachment style separately for relationship status. Those that are single are assigned to the 'not in relationship' category, those that are engaged and married are assigned to the 'in relationship' category and the one person who is separated is put in the 'unassigned' category. Next, a Chi-square test was applied to assess whether the observed differences in attachment styles across relationship status groups were statistically significant. The output included the Pearson Chi-Square value, degrees of freedom (df), and p-value.

Table 4

A cross-tabulation (crosstab) of the frequency of each attachment style for relationship status

Style	Not in Relationship	In Relationship	Unassigned	Total
0	9	2	0	11
SECURE	49	30	0	79
PREOCC	18	4	0	22
DISMISS	27	17	1	45
FEARFUL	37	16	0	53
Total	140	69	1	210

Secure attachment (37.6%), with a fairly even distribution between those in a relationship (30) and those not (49), indicating relational stability regardless of current relationship status. Insecure attachment styles—preoccupied, dismissing, and fearful—were collectively more prevalent (56.2%). Preoccupied individuals were mostly not in a relationship (18 out of 22), suggesting difficulty maintaining relational bonds. Dismissing attachment was present in both

groups but more common among the non-partnered, reflecting their preference for emotional independence. Fearful attachment showed a strong association with being single (37 out of 53), consistent with their avoidance of intimacy.

The Pearson Chi-Square value was 8.676 with 8 degrees of freedom and a p-value of .370, indicating that the association is not statistically significant at the conventional alpha level of .05. It is also noted that 40% of the cells had expected counts less than 5, which may affect the reliability of the chi-square results. Therefore, the Likelihood Ratio yielded a value of 8.408 with a p-value of .395 is preferred, still indicating an association that is not statistically significant. Overall, the findings suggest there is no significant relationship between attachment style and relationship status in this sample.

4.1.4. Association between childhood experiences of caregiver antipathy and adult attachment styles

As depicted in Table 5, among the 203 valid cases, 179 participants reported the presence of antipathy, while 24 reported its absence. In the antipathy-present group, the most common attachment style was secure. In contrast, within the antipathy-absent group, attachment styles were more evenly distributed but much less frequent. This disparity suggests a potential association between antipathy and the development of insecure attachment styles, particularly dismissing and fearful.

The chi-square test indicates a statistically significant relationship between cutoff antipathy and attachment style (Pearson Chi-Square = 10.815, df = 4, p = .029). However, the test's reliability is somewhat compromised because 30% of cells have expected counts less than 5, exceeding the standard threshold of 20%. Therefore, the Likelihood Ratio Chi-Square value of 10.568 (p = .032, df = 4) is preferred, still indicating a statistically significant association.

Table 5

A cross-tabulation (crosstab) of the frequency of each attachment style for absent and present cutoff antipathy

	0	SECURE	PREOCC	DISMISS	FEARFUL	Total
Absent	3	4	4	3	10	24
Present	8	74	18	39	40	179
Total	11	78	22	42	50	203

The Symmetric Measures show a Phi and Cramer's V value of .231, both with a significance level of .029, suggesting a moderate strength of association between childhood antipathy and adult attachment style. This implies that individuals who experienced high levels of antipathy during childhood are more likely to develop insecure attachment patterns in adulthood.

4.1.5. Association between childhood experiences of neglect and adult attachment styles

From the 203 valid cases, 192 participants reported the presence of neglect, while only 11 participants reported its absence. In the neglect-present group, the most frequent attachment style was secure. Among those who did not report neglect, the numbers were small and more dispersed. However, due to the very small size of the neglect-absent group, interpretation must be cautious.

Table 6

A cross-tabulation (crosstab) of the frequency of each attachment style for absent and present cutoff neglect

	0	SECURE	PREOCC	DISMISS	FEARFUL	Total
Absent	1	3	0	3	4	11
Present	10	75	22	39	46	192
Total	11	78	22	42	50	203

The Pearson Chi-Square test yielded a value of 2.820 with 4 degrees of freedom and a p-value of .588, indicating that the relationship between childhood neglect and adult attachment style is not statistically significant. Additionally, the test assumptions are violated since 50% of the cells have expected counts less than 5, exceeding the acceptable threshold of 20%. Therefore, the Likelihood Ratio Chi-Square result is used instead ($\chi^2 = 3.904$, df = 4, p = .419), which still confirms no significant association.

4.1.6. Association between childhood experiences of Physical abuse and adult attachment styles

Out of the total sample, 134 individuals reported the absence of physical abuse, while 76 individuals reported its presence. Among those who did not experience physical abuse, the most common attachment style was secure. In the group that did report physical abuse, secure attachment was also relatively common. This distribution suggests that individuals who did not experience physical abuse were more likely to display secure attachment styles, while those who did experience physical abuse showed a more dispersed attachment pattern with slightly higher representation in insecure styles.

The Pearson Chi-Square value is 9.326 with 4 degrees of freedom and a p-value of .053, which is just above the conventional threshold of 0.05, indicating marginal non-significance. However, given that 3 cell (30%) has an expected count less than 5, which does not meet the

assumption for chi-square analysis exceeding the standard threshold of 20%, thus results are considered unstable. Therefore, the Likelihood Ratio Chi-Square value of 9.711 ($p = .046$, $df = 4$) is preferred, which crosses the significance threshold, suggesting a statistically significant association between childhood physical abuse and adult attachment style.

Table 7

A cross-tabulation (crosstab) of the frequency of each attachment style for absent and present cutoff physical abuse

	0	SECURE	PREOCC	DISMISS	FEARFUL	Total
Absent	6	45	11	36	36	134
Present	5	34	11	9	17	76
Total	11	79	22	45	53	210

Effect size metrics—Phi and Cramer's V—both yield a value of .211 with a significance level of .053, indicating a moderate strength of association between physical abuse and attachment style, though marginally outside traditional significance cutoffs.

In summary, while the Pearson chi-square test is marginally non-significant, both the likelihood ratio and trend analysis suggest that there is a statistically significant and moderately strong relationship between childhood physical abuse and adult attachment patterns. Specifically, the presence of physical abuse is associated with a greater likelihood of developing insecure attachment styles in adulthood.

4.1.7. Association between childhood experiences of sexual abuse and adult attachment styles

From the total sample, 166 participants reported no experience of sexual abuse, while 44 participants reported having experienced it. Among those who did not experience sexual abuse, the most common attachment style was secure. In contrast, among participants who experienced sexual abuse, the distribution skewed more toward fearful attachment, with lower counts in secure, dismissing, and preoccupied categories. Over 45% of participants who experienced sexual abuse exhibited fearful attachment (20/44). This pattern suggests that individuals who reported sexual abuse were more likely to exhibit fearful and other insecure attachment styles in adulthood.

Table 8

A cross-tabulation (crosstab) of the frequency of each attachment style for absent and present cutoff sexual abuse

	0	SECURE	PREOCC	DISMISS	FEARFUL	Total
Absent	9	67	19	38	33	166
Present	2	12	3	7	20	44
Total	11	79	22	45	53	210

The Pearson Chi-Square value is 12.151 with 4 degrees of freedom and a p-value of .016, indicating a statistically significant relationship between childhood sexual abuse and adult attachment style. Although 2 cells (20%) had expected counts less than 5, this falls within acceptable limits for the chi-square test, making the result reliable.

The Symmetric Measures—Phi and Cramer's V—both yield a value of .241 with a significance level of .016, indicating a moderate and statistically significant strength of association between experiences of childhood sexual abuse and adult attachment styles.

In conclusion, these findings indicate a significant and moderately strong association between experiencing sexual abuse in childhood and the development of insecure attachment styles, particularly fearful attachment, in adulthood.

4.2. Discussion

The study found that insecure attachment styles were the most prevalent among members of the Zetseat Apostolic Reformation Church, collectively accounting for 62.4% of the sample (fearful 25.2%, dismissing 21.4%, and preoccupied 10.5%), while secure attachment comprised 37.6%. This distribution contrasts sharply with global patterns where secure attachment typically represents the most common style at approximately 60% across cultures (Collins, 1996). However, this distribution aligns with some domestic Ethiopian research patterns, where Tadesse and Bekele (2019) similarly reported that insecure attachment styles were predominant, with only 31% secure attachment compared to 58% insecure attachment (34% anxious and 24% avoidant) among Ethiopian adults. The consistency between our findings and this domestic research suggests that insecure attachment may indeed be more prevalent in Ethiopian populations than global. Never the less, this study results show an even higher prevalence of insecure attachment (62.4%) compared to the domestic Ethiopian study (58%), which may reflect the specific religious community context of the study or methodological differences in attachment classification. Also, the results align more closely with studies from other Sub-Saharan African contexts experiencing socioeconomic stress, where secure attachment rates

range from 28-33% in countries like Nigeria, South Africa, and Kenya (Adeoye, 2022; Ngcobo & Dlamini, 2021; Mwangi & Kamau, 2020; Mensah & Ankomah, 2020). The researches indicates that factors such as poverty, unemployment, health crises, and economic instability contribute to these lower rates of secure attachment. Cultural practices, including extended family networks and community child-rearing systems, also influence attachment patterns in these regions. The prevalence of insecure attachment styles in these contexts reflects the unique socio-cultural and economic challenges faced by Sub-Saharan African countries, highlighting the significant impact of environmental stressors on attachment development.

These findings warrant considerable reservation given the cultural limitations of Western-derived attachment instruments in Ethiopian contexts. The Revised Adult Attachment Scale (RAAS) and CECA.Q, while psychometrically sound in Western populations, may not adequately capture the nuanced attachment dynamics present in Ethiopian collectivist culture, where multiple caregivers, extended family networks, and spiritual communities play crucial roles in emotional development.

Despite the high prevalence of childhood antipathy (reported by 170 participants) and neglect (reported by 192 participants), a significant portion of the study population (37.6%) demonstrated a secure attachment style in adulthood. This finding is noteworthy, as it highlights the complex and multifaceted nature of attachment development. While attachment theory (Bowlby, 1969; Ainsworth, 1991) emphasizes the role of early caregiving experiences in shaping attachment patterns, it also acknowledges the potential for resilience. One possible explanation for the emergence of secure attachment amidst adversity is the presence of protective factors during later stages of development, such as supportive relationships with extended family, peers, or mentors. Moreover, the severity and duration of antipathy and neglect likely varied, with some

individuals experiencing less intense or less prolonged exposure. Additionally, some participants may have achieved what is known as “earned secure attachment” — a process by which individuals reflect on and heal from early adverse experiences, often through meaningful adult relationships or spiritual growth within supportive communities such as the Zetseat Apostolic Reformation Church. Lastly, self-reported attachment measures may reflect current relational self-perceptions rather than strictly mirroring early-life experiences. Collectively, these considerations suggest that secure attachment can still emerge in adulthood, even among individuals exposed to considerable relational adversity in childhood.

The chi-square test results revealed no statistically significant gender differences in attachment styles ($\chi^2 = 8.319$, $p = .081$), corroborating Bartholomew and Horowitz’s argument that attachment patterns are shaped more by caregiving experiences than biological sex (Bartholomew & Horowitz, 1991). This supports Bowlby’s and Conradi et al.’s findings that sex-based differences in attachment are generally small and often not significant (Bowlby, 1969/1982; Conradi et al., 2006). Although females showed slightly more fearful and dismissing tendencies and males were more preoccupied, these differences were not statistically meaningful.

The analysis revealed no statistically significant association between attachment style and relationship status ($\chi^2 = 8.676$, $p = .370$), though descriptive patterns showed theoretically consistent trends. Secure attachment individuals were relatively evenly distributed between partnered (30) and non-partnered (49) status, demonstrating relational stability regardless of current circumstances. In contrast, insecure attachment styles displayed predictable patterns: preoccupied individuals were predominantly single (18 out of 22), reflecting their struggles with relationship maintenance due to abandonment fears and excessive reassurance-seeking behaviors that can strain long-term partnerships (Collins & Feeney, 2000). Fearful attachment showed the

strongest association with single status (37 out of 53), consistent with their simultaneous desires for closeness coupled with intimacy fears that lead to relationship avoidance as a self-protective mechanism. Dismissing attachment individuals, while present in both relationship categories, showed a slight tendency toward single status, reflecting their preference for emotional independence and discomfort with intimacy, though they may form partnerships when emotional distance can be maintained (Mikulincer & Shaver, 2016).

The non-significant association between attachment styles and relationship status may be partially explained by the relatively young age of participants (mean age 26 years), representing a developmental phase characterized by active romantic exploration where attachment styles have not yet crystallized into stable relationship patterns. Research demonstrates that emerging adulthood involves significant relationship instability, with individuals experiencing multiple romantic transitions before settling into committed partnerships, and relationship stability typically increases with age (Arnett, 2000). Young adults at this developmental stage are still negotiating the balance between autonomy and connection while prioritizing personal growth and career establishment, with developmental tasks like "finding intimacy" often not fully realized until the late twenties or thirties. Additionally, emerging research on non-traditional relationship forms among young adults suggests this population may be redefining romantic commitment in ways that do not align with conventional relationship status categories (Jamison & Ganong, 2011), contributing to the observed non-significant association.

The presence of caregiver antipathy significantly correlated with adult attachment style ($\chi^2 = 10.815$, $p = .029$). Although the findings indicate a statistically significant relationship between caregiver antipathy and adult attachment style, a closer examination of the distribution reveals an intriguing complexity. Specifically, while 179 out of 203 participants reported the presence of

antipathy, only 40 and 39 of them exhibited fearful and dismissing attachment styles, respectively. Interestingly, the secure attachment group within the antipathy-present category was the largest, with 74 individuals. This distribution challenges a straightforward interpretation that antipathy invariably leads to insecure attachment. Several explanations may account for this pattern. Protective factors in later childhood or adolescence, varying degrees of severity, adult reorganization of attachment and measurement and self-perception bias may be possible explanations. Nevertheless, participants who experienced antipathy were more likely to report fearful or dismissing attachment styles, underscoring Hazan and Shaver's hypothesis that negative caregiver interactions foster distrust in others' reliability (Hazan & Shaver, 1994). This is consistent with the literature, which explains that hostile and emotionally cold parenting disrupts the development of secure attachment, fostering mistrust and avoidance in relationships (Bifulco, Bernazzani et al., 2005). These results align with longitudinal studies by Fraley et al., which linked parental rejection to avoidance and anxiety in adult relationships (Fraley, Hudson, Heffernan & Segal, 2015). The findings emphasize the role of early emotional climates in shaping attachment prototypes, as posited by Bowlby's internal working model framework (Bowlby, 1988).

Contrary to expectations from prior studies (e.g., Raby et al., 2017), the analysis found no significant relationship between childhood neglect and adult attachment ($\chi^2 = 2.820$, $p = .588$). This discrepancy could be due to cultural influences or how neglect is perceived in this community, where collectivist norms might mask subtle emotional neglect that instruments like the CECA.Q may not fully capture. Additionally, this may be due in part to the small number of participants who reported no neglect (11), limiting the power of the statistical test.

The findings showed a statistically significant relationship between childhood sexual abuse and adult attachment ($\chi^2 = 12.151$, $p = .016$), particularly with fearful styles. Similarly, physical abuse also showed a moderate association ($\chi^2 = 9.711$, $p = .046$). A large percent of participants who experienced sexual abuse exhibited fearful attachment, reflecting Main and Hesse's observations that trauma disrupts coherent attachment strategies, leading to disorganized relational patterns (Main & Hesse, 1990). These results are in line with existing literature that traumatic experiences disrupt the formation of a coherent attachment system and often lead to fearful or insecure styles in adulthood (Felitti et al., 1998; Main & Hesse, 1990).

Overall, the findings of this study are largely consistent with attachment theory and the existing body of empirical literature. However, the lack of significant association between neglect and adult attachment style suggests that contextual and cultural factors must be considered when interpreting these results.

Chapter Five

Summary, Conclusion and Implications

6.1. Summary

This study explored the perceived impact of childhood experiences—specifically caregiver antipathy, neglect, physical abuse, and sexual abuse—on adult attachment styles among members of the Zetseat Apostolic Reformation Church in Ethiopia. Using the Revised Adult Attachment Scale (RAAS) and the Childhood Experience of Care and Abuse Questionnaire (CECA.Q), data were collected from 210 adult participants.

The findings revealed that insecure attachment was the most prevalent style collectively accounting for 62.4% of the sample (fearful 25.2%, dismissing 21.4%, and preoccupied 10.5%), while secure attachment comprised 37.6%. These results point to a notable presence of insecure attachment styles within the community. Statistically significant relationships were found between insecure adult attachment and experiences of caregiver antipathy, physical abuse, and sexual abuse. However, childhood neglect did not show a significant correlation with adult attachment styles in this particular sample. Furthermore, no significant gender and relationship status differences were found, although trends suggested slight variations in attachment styles between the categories.

6.2. Conclusion

The findings of this study reinforce the foundational claims of attachment theory, emphasizing that early caregiving experiences have lasting effects on how individuals form and maintain relationships in adulthood. Participants who experienced supportive and affectionate caregiving

during childhood were more likely to report secure attachment, while those who encountered emotional rejection, hostility, or abuse showed higher tendencies toward insecure attachment styles, such as fearful and dismissing. Particularly, sexual abuse was strongly linked to fearful attachment, illustrating how trauma can deeply disrupt internal models of trust and emotional safety. Interestingly, neglect did not emerge as a statistically significant predictor of attachment style, which may reflect cultural variations in how emotional unavailability or inattentiveness is perceived. Overall, the study highlights the enduring influence of early adverse experiences on adult relational behavior, while also acknowledging the possible role of cultural context in shaping these outcomes.

6.3. Implications

For Zetseat Apostolic Reformation Church, these findings have significant practical implications. The substantial presence of insecure attachment suggests a need for more intentional emotional and psychological support. The church can play a pivotal role in healing relational wounds by developing trauma-informed pastoral care, counseling services, and community education.

Introducing small group programs for individuals with a history of abuse, training spiritual leaders to recognize attachment-related distress, and creating safe, inclusive spaces for emotional expression could all contribute to healthier relational dynamics. Parenting workshops emphasizing empathy, non-hostile communication, and secure caregiving—rooted in both psychological principles and biblical values—can also foster long-term emotional well-being. Importantly, counseling and ministry approaches should avoid gender-based assumptions and

instead focus on individual experiences and needs using inclusive frameworks like the secure base model.

6.4. Limitations

Despite offering valuable insights, the study is not without limitations. A significant limitation of this study stems from employing Western-derived attachment instruments (RAAS and CECA-Q) administered in English without Amharic translation or cultural adaptation for the Ethiopian context. Language barriers in psychological assessment can lead to misinterpretation, reduced comprehension, and compromised response validity, with research showing over 60% of standardized psychological tests developed in Western contexts creating biases when applied to diverse cultural backgrounds without proper adaptation. The cultural inappropriateness compounds these linguistic limitations, as Western attachment theories may not capture Ethiopian collectivist society's complex relational dynamics, including communal child-rearing, extended family networks, and hierarchical structures where multiple caregivers and spiritual figures serve as attachment anchors. Ethiopian culture associates emotional experiences with spiritual forces and community relationships, requiring culturally specific assessment tools that Western individualistic frameworks fail to reflect. This limitation threatens construct validity and raises ethical concerns about applying Western psychological constructs to non-Western populations without validation, necessitating caution in interpreting findings and highlighting the need for culturally responsive attachment measures reflecting Ethiopian relational patterns, spiritual beliefs, and collectivist values.

The cross-sectional design means that causal relationships cannot be determined—for instance, whether secure attachment results directly from childhood experiences or more recent

relational influences. The reliance on self-reported, retrospective data may also introduce biases, as participants' current emotional states could affect how they recall and interpret their past.

Additionally, the study was confined to a single religious setting in Addis Ababa, which limits the generalizability of the findings to broader Ethiopian or African populations. Cultural and theological teachings within the church may also influence how attachment behaviors are expressed or reported, possibly masking signs of attachment anxiety or avoidance. Finally, the very small number of participants who reported no neglect constrained the statistical analysis in this area, making it difficult to draw robust conclusions about the impact of neglect.

6.5. Future Directions

Future research should address these limitations by using longitudinal designs that track attachment patterns across key life stages such as courtship, marriage, and parenthood. Such studies could provide richer insight into when and how attachment shifts occur, and whether interventions at specific stages might help.

Mixed-methods approaches—combining quantitative surveys with in-depth interviews—would allow researchers to explore how spiritual practices (like prayer or fasting) function as emotional coping mechanisms or attachment substitutes in the Ethiopian cultural context. Qualitative exploration of how neglect is perceived in communal settings could improve the cultural sensitivity of attachment tools. Finally, examining theological dimensions—such as viewing God as a secure base—could reveal how spiritual beliefs shape attachment styles and promote emotional resilience.

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Appendices

Revised Adult Attachment Scale (Collins, 1996)- Close Relationships Version

The following questions concern how you ***generally*** feel in ***important close relationships in your life***. Think about your past and present relationships with people who have been especially important to you, such as family members, romantic partners, and close friends. Respond to each statement in terms of how you ***generally*** feel in these relationships.

Please use the scale below by placing a number between 1 and 5 in the space provided to the right of each statement.

1----------2----------3----------4----------5

Not at all characteristic of me **Very characteristic of me**

1) I find it relatively easy to get close to people. _____

2) I find it difficult to allow myself to depend on others. _____

3) I often worry that other people don't really love me. _____

4) I find that others are reluctant to get as close as I would like. _____

5) I am comfortable depending on others. _____

6) I don't worry about people getting too close to me. _____

7) I find that people are never there when you need them. _____

8) I am somewhat uncomfortable being close to others. _____

9) I often worry that other people won't want to stay with me. _____

10) When I show my feelings for others, I'm afraid they will not feel the same about me. _____

11) I often wonder whether other people really care about me. _____

12) I am comfortable developing close relationships with others. _____

13) I am uncomfortable when anyone gets too emotionally close to me. _____

14) I know that people will be there when I need them. _____

15) I want to get close to people, but I worry about being hurt. _____

16) I find it difficult to trust others completely. _____

17) People often want me to be emotionally closer than I feel comfortable being. _____

18) I am not sure that I can always depend on people to be there when I need them. _____

CECA.Q

FAMILY RELATIONSHIPS IN CHILDHOOD

CECA-Q

This questionnaire concerns aspects of childhood. We are equally interested in people with TYPICAL OR ATYPICAL experience.

We would be very grateful if you could fill in all of the following questions about yourself.

Your gender: (Please circle) MALE/FEMALE

Your current age: _____

Marital status: _____

Today's date: _____ (DD/MM/YY)

1A. WHO BROUGHT YOU UP BEFORE AGE 17?

List the PARENT FIGURES who brought you up in childhood for at least a year or longer. Circle any of those that apply:

Mother figure(s):

0. Birth mother

Stepmother

Female relative _____

Family friend (incl godparent)

Foster mother

Adoptive mother

Other _____

Father figure(s):

Birth father

Stepfather

Male relative

Family friend

Foster father

Adoptive father

Other _____

1B. Were you ever in a children's home or institution prior to age 17?

(Please circle) YES/NO

If yes: What was the total length of time in the children's home? _____ years

1C. LOSS OF PARENT BEFORE AGE 17

MOTHER

Did mother die before you were age 17? YES/NO

If yes: What age were you? AGE _____

FATHER

Did father die before you were age 17? YES/NO

If yes: What age were you? AGE _____

Have you ever been separated from your parent for one year or more before age 17?

Mother: YES/NO

Father: YES/NO

If separated:

At, what age were you first separated?

Mother: AGE _____

Father: AGE _____

How long was this separation?

Mother: _____ YEARS

Father: _____ YEARS

What was the reason for separation? (please circle)

Mother: 1. Illness 2. Work 3. Divorce/separation 4. Never knew parent 5. Abandoned 6. Other reason

Father: 1. Illness 2. Work 3. Divorce/separation 4. Never knew parent 5. Abandoned 6. Other reason

Please describe your experience: _____

2. AS YOU REMEMBER YOUR MOTHER FIGURE IN YOUR FIRST 17 YEARS

Please circle the appropriate number. If you had more than one mother figure, choose the one you were with longest, or the one you found most difficult to live with.

WHICH MOTHER FIGURE ARE YOU DESCRIBING BELOW?

Birth mother

Step-mother/father's live-in partner

Other relative (e.g., aunty, grandmother)

Other non-relative (e.g., foster mother, godmother)

Other (describe): _____

For each statement, circle:

5 = Definitely Yes, 4 = Yes, 3 = Unsure, 2 = No, 1 = Not at all

She was very difficult to please 5 4 3 2 1

She was concerned about my worries 5 4 3 2 1

She was interested in how I did at school ... 5 4 3 2 1

She made me feel unwanted 5 4 3 2 1

She tried to make me feel better when I was upset ... 5 4 3 2 1

She was very critical of me 5 4 3 2 1

She would leave me unsupervised before I was 10 years old ... 5 4 3 2 1

She would usually have time to talk to me ... 5 4 3 2 1

At times she made me feel I was a nuisance ... 5 4 3 2 1

She often picked on me unfairly 5 4 3 2 1

She was there if I needed her 5 4 3 2 1

She was interested in who my friends were ... 5 4 3 2 1

She was concerned about my whereabouts ... 5 4 3 2 1

She cared for me when I was ill 5 4 3 2 1

She neglected my basic needs (e.g., food and clothes) ... 5 4 3 2 1

She did not like me as much as my brothers and sisters ... 5 4 3 2 1

(Leave blank if no siblings)

Do you want to add anything else about your mother? _____

3. AS YOU REMEMBER YOUR FATHER FIGURE IN YOUR FIRST 17 YEARS

Please circle the appropriate number. If you had more than one father figure, choose the one you were with longest, or the one you found the most difficult to live with. If you had no father in the household then leave out this section.

WHICH FATHER FIGURE ARE YOU DESCRIBING BELOW?

Birth father

Step-father/mother's live-in partner

Other relative (e.g., uncle, grandfather)

Other non-relative (e.g., foster father, adoptive father)

Other (describe): _____

For each statement, circle:

5 = Definitely Yes, 4 = Yes, 3 = Unsure, 2 = No, 1 = Not at all

He was very difficult to please 5 4 3 2 1

He was concerned about my worries 5 4 3 2 1

He was interested in how I did at school ... 5 4 3 2 1

He made me feel unwanted 5 4 3 2 1

He tried to make me feel better when I was upset ... 5 4 3 2 1

He was very critical of me 5 4 3 2 1

He would leave me unsupervised before I was 10 years old ... 5 4 3 2 1

He would usually have time to talk to me ... 5 4 3 2 1

At times he made me feel I was a nuisance ... 5 4 3 2 1

He often picked on me unfairly 5 4 3 2 1

He was there if I needed him 5 4 3 2 1

He was interested in who my friends were ... 5 4 3 2 1

He was concerned about my whereabouts ... 5 4 3 2 1

He cared for me when I was ill 5 4 3 2 1

He neglected my basic needs (e.g., food and clothes) ... 5 4 3 2 1

He did not like me as much as my brothers and sisters ... 5 4 3 2 1

(Leave blank if no siblings)

Do you want to add anything about your father? _____

4. CLOSE RELATIONSHIPS IN CHILDHOOD

When you were a child or teenager, were there any ADULTS you could go to with your problems or to discuss your feelings?

YES/NO

If yes, who was that? (Circle more than one if relevant)

Mother/mother figure

Father/father figure

Other relative

Family friend

Teacher, vicar, etc

Other (describe): _____

Do you want to note anything about the relationship(s)? _____

Were there other CHILDREN/TEENAGERS your age that you could discuss your problems and feelings with?

YES/NO

If yes, who was that? (Circle more than one if relevant)

Sister

Brother

Other relative

Close friend

Other less close friend(s)

Another person (describe): _____

Do you want to note anything about the relationship(s)? _____

Who would you describe as the TWO CLOSEST people to you as a child/teenager? (Circle up to two)

Mother/mother figure

Father/father figure

Sister or brother

Other relative

Family friend (adult)

Friend your age

Other (describe): _____

Do you want to note anything about the relationship(s)? _____

5. PHYSICAL PUNISHMENT BEFORE AGE 17 BY PARENT FIGURE OR OTHER HOUSEHOLD MEMBER

When you were a child or teenager were you ever hit repeatedly with an implement (such as a belt or stick) or punched, kicked or burnt by someone in the household?

YES/NO

If NO then skip to 6.

If YES:

MOTHER FIGURE

How old were you when it began? AGE _____

Did the hitting happen on more than one occasion? YES/NO

How were you hit?

Belt or stick

Punched/kicked

Hit with hand

Other

Were you ever injured (e.g., bruises, black eyes, broken limbs)? YES/NO

Was this person so angry they seemed out of control? YES/NO

Can you describe these experiences? _____

FATHER FIGURE

How old were you when it began? AGE _____

Did the hitting happen on more than one occasion? YES/NO

How were you hit?

Belt or stick

Punched/kicked

Hit with hand

Other

Were you ever injured (e.g., bruises, black eyes, broken limbs)? YES/NO

Was this person so angry they seemed out of control? YES/NO

Can you describe these experiences? _____

Did you experience this from anyone else in the household? YES/NO

If YES: Describe below _____

6. UNWANTED SEXUAL EXPERIENCES BEFORE AGE 17

When you were a child or teenager did you ever have any unwanted sexual experiences?

YES/NO/UNSURE

Did anyone force you or persuade you to have sexual intercourse against your wishes before age 17?

YES/NO/UNSURE

Can you think of any upsetting sexual experiences before age 17 with a related adult or someone in authority (e.g., teacher)?

YES/NO/UNSURE

If NONE, then skip to end.

If YES or UNSURE to above, then complete the following:

	FIRST EXPERIENCE	**OTHER EXPERIENCE**
AGE		
Was the other person someone you knew?	YES/NO	YES/NO
Was the other person a relative?	YES/NO	YES/NO
Did the other person live in your household?	YES/NO	YES/NO
Did this person do it to you on more than one occasion?	YES/NO	YES/NO
Did it involve touching private parts of your body?	YES/NO	YES/NO
Did it involve touching private parts of the other person's body?	YES/NO	YES/NO

	FIRST EXPERIENCE	**OTHER EXPERIENCE**
Did it involve sexual intercourse?	YES/NO	YES/NO

Can you describe these experiences? _____

THANK YOU!

Thank you for your help with this questionnaire. We realize that it is difficult to give a true picture of your true childhood experience in a questionnaire, so if you have any comments you would like to add, please write them below.

Your response will be treated in the strictest confidence.

Any other comments: _____